

**THE RELATIONSHIP OF AGE, CIRCUMSTANCES,
AND DISCLOSURE OF SEXUAL ABUSE TO LATER FUNCTIONING**

BY

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**A Thesis
Submitted to the Faculty of Graduate Studies
in Partial Fulfilment of the
Requirements for the Degree of
Doctor of Philosophy**

**Department of Psychology
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Winnipeg, Manitoba

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THE RELATIONSHIP OF AGE, CIRCUMSTANCES, AND DISCLOSURE
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DEBBY A. BOYES

A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University
of Manitoba in partial fulfillment of the requirements of the degree
of

DOCTOR OF PHILOSOPHY

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ABSTRACT

The present study examined the effects of age, abuse circumstances, and disclosure of child sexual abuse on current adjustment of adult women. Four hundred and nine undergraduate students at the University of Manitoba completed a 374-item questionnaire. Data obtained included demographic information, risk factors, social desirability, history of sexual abuse and disclosure, and psychosocial adjustment. One half of the sample reported nonconsensual sexual contact before the age of 18 years. Of the sexually abused group, 41% reported nonconsensual sexual contact in more than one developmental age period. Analyses included MANOVAs with adjustment of alpha for multiple tests, and PCAs. Results indicated that women who reported sexual abuse scored significantly higher on measures of psychological symptoms than women who had not reported sexual abuse. Age period at which sexual abuse occurred tended to be related to current adult functioning. Women abused in childhood, or beginning in preadolescence, and continuing into adolescence tended to report more elevated psychological symptoms than women abused beginning in childhood and subsequently, again in adolescence, or women abused in one period only. Women abused in childhood or adolescence tended to report more elevated psychological symptoms than women abused in preadolescence. Use of force statistically affected the degree of women's psychological difficulties. Nine other circumstances surrounding abuse tended negatively to affect women's adjustment. Results were consistent for multiple general, trauma-specific, and aftereffects measures.

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Researchers in the area of child sexual abuse have focused primarily on documenting the widespread occurrence of abuse, and to a lesser extent, on assessing the effects of abuse on adults' and children's psychosocial functioning. Documentation regarding the prevalence of sexual abuse during childhood is persuasive (e.g., Bagley et al., 1984; Elliot & Briere, 1992; Finkelhor, 1979, 1984; Finkelhor, Hotaling, Lewis, & Smith, 1990; Russell, 1983; Wyatt, 1985). Experts in the area (Briere, 1992b; Finkelhor, 1993) generally conclude that child sexual abuse is widespread. More specifically, experts in the area conclude that 1 in 3 to 4 girls and 1 in 6 to 10 boys may experience sexual abuse during childhood.

In recent years, investigators have explored the link between the incidence of child sexual abuse and negative psychological sequelae in adulthood (see Beitchman et al., 1992; Briere, 1992a; Browne & Finkelhor, 1986; Finkelhor, 1990; Tong & Oates, 1990a for reviews) and in childhood (see Beitchman, Zucker, Hood, Da Costa, & Akman, 1991; Browne & Finkelhor, 1986; Finkelhor, 1990; Friedrich, 1993; Kendall-Tackett, Williams, & Finkelhor, 1993; Tong & Oates, 1990b for reviews). Most of the data from empirical studies suggest that child sexual abuse may be associated with multiple psychological difficulties (Jumper, 1995; Mullen, Martin, Anderson, Romans, & Herbison, 1996). Moreover, some data suggest that both personal characteristics and features of the child sexual abuse itself may increase the likelihood of vulnerability to psychological difficulties in adulthood (Beitchman et al., 1991; Beitchman et al., 1992; Browne & Finkelhor, 1986). In addition, the few data available from empirical studies on the nature of disclosure

suggest that negative responses from others upon disclosure of abuse also may increase the likelihood of vulnerability to difficulties both in childhood and in adulthood (Beitchman et al., 1991; Beitchman et al., 1992).

The findings from research on the effects of sexual abuse on psychosocial functioning have substantial implications for therapists who specialize in sexual abuse treatment with adults (e.g., Bass & Davis, 1988; Briere, 1989; Courtois, 1988), with children (e.g., Berliner & Ernst, 1984; Boyes, De Luca, Hiebert-Murphy, & Furer, 1990; Grayston, De Luca, & Boyes, 1992), and with families (e.g., Berliner, 1991; Friedrich, 1990; Giarretto, 1982). For example, therapy which addresses impairments in the development of a sense of self may be more appropriate for women who have been sexually abused during childhood (e.g., boundary issues), and therapy which addresses impairments in the development of interpersonal relationships may be more appropriate for women who have been sexually abused in adolescence (e.g., intimacy issues). Empirical data from the study of the effects of sexual abuse on psychosocial functioning can direct the selection of treatment components in the area of sexual abuse (De Luca, Boyes, Furer, Grayston, & Hiebert-Murphy, 1992; De Luca, Boyes, Grayston, & Romano, 1995; De Luca, Hazen, & Cutler, 1993; Hack, Osachuk, & De Luca, 1994; Hiebert-Murphy, De Luca, & Runtz, 1992). As Summit (1989) concluded, "The question is no longer whether sexual abuse is widespread... The questions (now) are where to put the emphasis in therapy and how to address the needs of the child who will emerge" (p. 425).

CHILD SEXUAL ABUSE

Definition of Child Sexual Abuse

To date, findings from studies in the area have been open to a number of methodological criticisms regarding the definition of child sexual abuse, methods of sampling, choice of design, and statistical inference and control (Briere, 1992b; Briere & Elliot, 1993; Finkelhor, 1986; Haugaard & Repucci, 1988; Leventhal, 1990; Mullen, 1990; Painter, 1986; Peters, 1988; Wyatt & Peters, 1986a; 1986b).

General Definition

The measurement and, ultimately, the definition of the variable of interest--assessment of child sexual abuse--is one of the grounds on which findings from studies, as a group, have been most susceptible to criticism. Threats to the validity and reliability of experimental effects may occur because of inaccurate or inadequate description and measurement of child sexual abuse. In addition, inconsistencies in description and measurement across studies present obstacles to making comparisons of findings, and to efforts of other researchers to replicate procedures and to demonstrate equivalent findings.

The literature contains widely differing definitions of what constitutes child sexual abuse. A commonly used general definition is that of Sgroi, Blick, and Porter (1982): "Child sexual abuse is a sexual act imposed on a child who lacks emotional, maturational, and cognitive development. Authority and power enable the perpetrator [of the sexual act], implicitly or directly, to coerce the child into sexual compliance" (p.9). Brant and Tisza (1977) defined sexual abuse as "the exposure of a child to sexual stimulation inappropriate for the child's age, level of psychosexual development, or role in the family" (p. 81). In order to

study the problem of child sexual abuse, it is imperative that investigators operationalize the terms used in general definitions. Then, decisions can be made about whether or not to include a 'case' or subject. Wyatt and Peters (1986a, 1986b) made a useful distinction between the definition of acts that are considered to be child sexual abuse, and the way that information about child sexual abuse is gathered.

In retrospective research with adults who have been sexually abused in childhood, information about child sexual abuse has been gathered in two ways, generally referred to as subjective and descriptive reports. Subjective reports involve researchers asking one or two general screening questions, and continuing their questioning only if this inquiry elicits a positive response. As well, some researchers have presented subjects with a definition of child sexual abuse, and then have asked whether the subjects had an experience that matched the definition (Baker & Duncan, 1985; Kercher & McShane, 1984; Siegle, Sorenson, Golding, Burnham, & Stein, 1987); while others have asked subjects whether they had been sexually abused without specifying what might constitute abuse (Bifulco, Brown, & Adler, 1991; Mullen, Romans-Clarkson, Walton, & Herbison, 1988).

Subjective reports of abuse have been found to be unreliable. Subjects have denied abuse on a general subjective question, yet have reported behaviours considered to be indicative of abuse. Runtz (1987, 1991), for example, found that university students responded differently to subjective and descriptive questions on child sexual abuse. Twenty-five percent of the subjects who responded 'yes' to questions about

behavioral descriptions
when asked "Do you?"

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behavioural descriptions of sexual acts during childhood responded 'no' when asked "Do you feel that you were sexually abused as a child?"

Discrepancies in the reporting of child sexual abuse prevalence imply that researchers cannot assume that a subjective question will tap experiences of child sexual abuse (Marten, Anderson, Romans, Mullen, & O'Shea, 1993; Wyatt & Peters, 1986a). Comprehensive data may best be gathered through a descriptive method which relies on detailed, behaviourally-specific, and unambiguous questions, such as 'Has an adult touched or fondled your private parts before you reached the age of 16?' (Marten et al., 1993). Peters, Wyatt, and Finkelhor (1986) recommended that questions regarding child sexual abuse follow a multi-item format that lists the specific behaviours in which the researcher is interested (e.g., 'touched your private parts', 'made you touch them in a sexual way', 'attempted intercourse'). The use of multiple behaviourally-specific questions may facilitate recollection of abuse incidents by 'cuing' memory (Mandler, 1984), or clarifying for the subject the nature of the experiences being inquired about (Wyatt & Peters, 1986b).

Although researchers generally agree that sexual acts between children and adults are traumatic events best investigated through descriptive questioning of sexual abuse circumstances, they disagree about which aspects of the sexual abuse are necessary to include in an empirical definition of child sexual abuse. Within a descriptive method of data collection, researchers have used different definitions of what, at minimum, constitutes child sexual abuse. Russell (1984), for example, defined sexual abuse as any unwanted sexual experience before age 14, or attempted or completed rape by age 17, or any attempted or completed

sexual contact that occurred between relatives before the child turned 18. Browne and Finkelhor (1986) restricted their definition to "two overlapping but distinguishable types of interaction: (a) forced or coerced sexual behaviour imposed on a child, and (b) sexual activity between a child and a much older person, whether or not obvious coercion is involved (a common definition of 'much older' is 5 or more years)" (p. 66).

Browne and Finkelhor's (1986) and Russell's (1984) empirical definitions of child sexual abuse vary on several dimensions or criteria such as, for example, the nature of sexual acts. Sexual acts or experiences often have been distinguished as to whether or not they involve physical contact. Physical contact refers to behaviours that involve sexual contact such as kissing and hugging, fondling, touching of genitals, and attempted or completed intercourse of many types. Nonphysical contact refers to sexual experiences that do not involve physical contact between a child and perpetrator, such as exposure of genitals and solicitations to engage in sexual activities.

More and more, researchers are examining child sexual abuse as if it were a heterogeneous entity (Goodwin, 1990; Hartman & Burgess, 1993; Herman, 1992; Terr, 1991), primarily categorized according to dimensions of relationship of a child to a perpetrator, number of perpetrators, and age of perpetrators. Intrafamilial abuse refers to abuse of a child by a family member such as a father, mother, step-parent, sibling, grandparent, and aunt, uncle, or cousin. Researchers have studied, within this broad category, for example, father-daughter incest (Herman, 1981) and sibling abuse (Wiehe, 1990). Extrafamilial abuse refers to

abuse of a child by a nonfamily member such as, for example, a stranger, neighbour, or teacher (Russell, 1983). Multiple perpetrator abuse (Peters, 1988) describes abuse of a child involving more than one perpetrator, either family or nonfamily members; while ritual abuse (Marron, 1988), sex rings and pornography (Burgess, Hartman, McCausland, & Powers, 1984; Schetky, 1988), and nursery crimes (Finkelhor, Williams, & Burns, 1988) describe abuse of many children by many perpetrators. Classification of abuse by age of perpetrator has included, for example, child-perpetrated abuse (Ryan, Metzger, & Krugman, 1990), juvenile or adolescent-perpetrated abuse (Becker, 1990), and same-age peer abuse (Finkelhor & Hotaling, 1984).

However, there seems to be a consensus in the area of child sexual abuse that a definition of child sexual abuse should not be restricted to a single form of sexual abuse (Peters, 1988) and further, that many forms of sexual abuse could be investigated within the same study, if a full-range of information has been gathered (Marten et al., 1993). When limitations are placed on the definition of child sexual abuse, those incidents involving age peers, siblings, adolescents, or children, or those involving less or more serious abuse, may be overlooked (Finkelhor, 1986; Wyatt & Peters, 1986a). For example, in one survey (Finkelhor, 1979), more respondents reported a sexual experience with a family member (26%) than a childhood experience with an older person (16%). Of those respondents reporting a nonconsensual sexual experience with a family member, more reported a childhood experience with a perpetrator of the same generation (96%) than of a cross-generation (4%). As a result, data are not collected that may, in fact, constitute

sexual abuse under another definition, or that also may have an impact on the adjustment of the individual. In addition, researchers who use more restrictive definitions of sexual abuse may report more extreme outcomes than those using broader definitions (Briere, 1992b; Peters, 1988). For example, researchers who restrict the definition of sexual abuse to the most intrusive forms of sexual contact, such as completed rape, may report greater psychological disturbance in children who have been sexually abused than researchers who broaden the definition to forms of nonsexual contact, such as an invitation to do something sexual.

Presently, no empirical evidence justifies the deletion of certain kinds of material (e.g., sexual abuse by a sibling) in data collection concerning sexual abuse. Deletion may only reinforce to individuals that their experiences are not considered to be child sexual abuse. Consequently, reviewers (Finkelhor, 1986; Peters, 1988; Wyatt & Peters, 1986a, 1986b) suggest that researchers "collect data on all abuse experiences regardless of the type of sexual behaviour, the age of the subject or the perpetrator or their relationship to each other, with the exception of consensual incidents with peers" (Wyatt & Peters, 1986a, p. 239). Furthermore, analyses can always be modified to fit more restricted definitions (Briere, 1992b), but data that are not collected initially cannot be recovered later (Finkelhor, 1986). For example, Russell (1983) defined sexual abuse as limited to behaviours involving physical contact, but she also presented data for a broader definition which included noncontact abuse.

Reviewers in the area of child sexual abuse (Beitchman et al.,

1991; Browne & Finkelhor, 1986; Finkelhor, 1990; Kendall-Tackett et al., 1993) have made a useful distinction between the definition of child sexual abuse and factors or circumstances that describe the nature of the abuse, called intervening, mediating, or abuse-specific variables. Many of these abuse-specific variables refer to dimensions on which the definitions of child sexual abuse have varied, including age of child, age difference between child and perpetrator, relationship of child to perpetrator, and indices of what have been termed serious or severe abuse (e.g., use of force, multiple perpetrators, long duration). The separation of child sexual abuse from the circumstances specific to the abuse permits the examination of independent effects of both sexual abuse, and the circumstances of sexual abuse, on psychosocial outcomes for children and adults (Beitchman et al., 1991; Beitchman et al., 1992; Kendall-Tackett et al., 1993).

Accordingly, in the present study, a broad range of information about child sexual abuse was gathered. Collection of data followed a descriptive format of multi-item questions in order to inquire about child sexual abuse per se, and the abuse-specific circumstances. Questions about child sexual abuse focused on sexual experiences along a continuum of progressive physical contact. Sexual experiences in the questionnaire of the present study were consistent with those behaviours most commonly researched (Finkelhor, 1979; Russell, 1986) and legally defined, including: (a) an invitation or request to do something sexual, (b) kissing and hugging in a sexual way, (c) exposure of sex organs, (d) fondling in a sexual way, (e) touching of sex organs, (f) attempted intercourse, and (g) intercourse. Minimum criteria, therefore, for child

sexual abuse was the occurrence of any of these specified behaviours during childhood with someone of any age, excluding consensual same age-peer sexual experiences.

Definition by Age

As noted previously, in the area of child sexual abuse, reviewers have made a distinction between the event of child sexual abuse itself, and the abuse-specific circumstances, such as the age of children who have been sexually abused (Beitchman et al., 1991; Browne & Finkelhor, 1986; Kendall-Tackett et al., 1993). However, researchers rarely have focused on age as a variable of interest. More often than not, descriptions of age have been used to identify more clearly the occurrence of sexual abuse during childhood as opposed to adulthood. As a result, researchers who have focused on children or adults, who have been sexually abused, have studied subjects from a range of wide ages. Most researchers, in their studies on the effects of sexual abuse on adults, have assessed child sexual abuse as an event occurring prior to the age of 18 years; and then, have grouped subjects together within this very broad age range (Kendall-Tackett et al., 1993). Some researchers have restricted their assessment of child sexual abuse to an event occurring prior to the age of 12 (Fromuth, 1986; Gold, 1986), of 15 (Briere & Runtz, 1988b; Elliot & Briere, 1992; Finkelhor, 1984; Runtz, 1987), of 16 (Briere & Runtz, 1989), or of 17 years (Wyatt, 1985; Wyatt & Newcomb, 1990). However, the age of individuals who have been sexually abused has remained a variable of descriptive interest, rather than a variable which might affect the consequences of sexual abuse on individuals.

A question of developmental interest focuses on possible differences in the effects of child sexual abuse on individuals according to the age of onset, but there has been little investigation up to now. A fundamental principle of development is that the time, as well as the nature of experiences, is likely to influence the impact of the experience (Rutter, 1989b): "It matters when events occur" (Rutter, 1985, p. 606). In the context of child sexual abuse, it may matter when sexual abuse occurs.

Few researchers have investigated the differences between child sexual abuse beginning for the first time in childhood and for the first time in adolescence, or that continuing into adolescence following an onset in childhood. The most important studies in this area of child sexual abuse are those of Finkelhor (1979); Murphy et al., (1988); and Runtz and Schallow (1997). Finkelhor (1979), Murphy et al., (1988), and Runtz and Schallow (1997) examined the effects of sexual abuse on adults in relation to two developmental periods of change: childhood and adolescence.

Chronological age, well-accepted as the essence of developmental research, was used as the marker for both childhood and adolescence. For Finkelhor (1979) and Murphy et al. (1988), childhood encompassed subjects who experienced sexual abuse between 0 and 12 years of age; and for Runtz and Schallow (1997), childhood encompassed subjects between 0 and 15 years of age. Adolescence referred to subjects who experienced sexual abuse between 13 and 16 years of age (Finkelhor, 1979), 13 and 17 years of age (Murphy et al., 1988), or 15 and 18 years of age (Runtz & Schallow, 1997).

In the literature on child and adolescent development, periods of development are distinguished by the use of precise inclusionary criteria for chronological age. More specifically, in the literature on child development, the range of age for a 'typical' child is between the ages of 0 and 12 years. This age range provides a framework for distinguishing between developmental periods of early childhood (0 to 6 years of age), and middle and later childhood (7 to 12 years of age). In the literature on adolescent development, the range of age for a 'typical' adolescent is between 13 and 17 years (Sisson, Hersen, & Van Hasselt, 1987).

Because childhood in the Finkelhor (1979) and Murphy et al. (1988) studies covered the greatest range of age possible for childhood (i.e., 0 to 12 years), these investigators did not distinguish between early and late childhood. Runtz and Schallow's (1997) period of childhood covered a broader age range; and in fact, represented the full spectrum of childhood, including early and late childhood, as well as a part of adolescence. In addition, Runtz and Schallow's (1997) adolescent group, aged 15 to 18 years, may have represented late adolescence more accurately.

In the literature on adolescent development, there is a tendency to distinguish between early and late periods of adolescent development. Early adolescence encompasses the middle school or junior high school years of 12 to 14 years of age. Late adolescence refers to the latter half of the second decade of life, roughly ages 16 to 18 years (Santrock, 1987). In Finkelhor (1979) and Murphy et al. (1988), their definition of adolescence was consistent with the broad definition of

adolescence in the literature (i.e., adolescence includes individuals between the ages of 13 and 17 years). Thus, adolescent development was not distinguished according to early and late periods of adolescent development.

When individuals are grouped together within a broad age range, researchers overlook differences between children's social, emotional, and cognitive development, and how these differences may affect the manifestation of symptoms in child sexual abuse. In addition, when age is used inappropriately to mark developmental periods, researchers may not in fact be measuring what they intend to measure. Inadequate assessment of age may render conclusions about the relationship between outcomes of child sexual abuse and development suspect. Variations in the definitions of age across studies hinder replication of results. In future research, these problems may be prevented by the use of well accepted conceptualizations, and identification of developmental periods of change as presented in the general developmental literature, as well as in the developmental psychopathology literature.

Recently, reviewers of studies of the effects of sexual abuse on children have recommended that "at a minimum, future researchers should divide children into preschool (approximately 0 to 6 years), school (approximately 7 to 12 years), and adolescent (approximately 13 to 18 years) age ranges" (Kendall-Tackett et al., 1993) when reporting on child sexual abuse. For research with adults, assessment of child sexual abuse by age of abuse may provide more focused and detailed findings, if age is restricted to smaller age ranges consistent with the developmental literature. Accordingly, the present study examined child

sexual abuse that occurred early in childhood development (between the ages of 0 and 6 years); late in childhood (between ages 7 and 12 years); and finally, in adolescence (between the ages of 13 and 17 years).

Intervening Variables

When reviewers first examined the findings from studies of the relationship between intervening variables and sexual abuse, information about the nature of sexual abuse experiences was scant, and thus no firm conclusions could be drawn (Browne & Finkelhor, 1986). In recent reviews (Beitchman et al., 1991; Beitchman et al., 1992; Kendall-Tackett et al., 1993), writers reported that efforts to investigate the nature of sexual abuse experiences had been more extensive, and yet no firm conclusions could be drawn. Browne and Finkelhor's (1986) remark remains relevant today: "One of the most imposing challenges for researchers is to explore the sources of trauma in sexual abuse" (p. 76).

Some authors have speculated about the sources of trauma and the differential effect of sexual abuse on outcomes for children and adults (Friedrich, 1990; Hartman & Burgess, 1993; Koverola, 1992; Koverola, Heger, & Lytle, 1990). These authors suggest that many factors may impact on sexually abused children in a negative or positive way. That is, the traumatic effects of sexual abuse may be strengthened or weakened according to different individual factors, such as age and sex of child, or contextual factors, such as characteristics of sexual abuse (e.g., type of sexual act, frequency of abuse, and use of force) or responses of others to abuse (e.g., adaptive or maladaptive). It is certainly possible that factors preceding, accompanying, and following sexual abuse may activate a repertoire of responses in individuals, and

thus differentially affect outcomes for children or adults. In order to explain the negative effects of sexual abuse on adults, factors of the sexual abuse itself, and those following sexual abuse were of central interest in the present study.

Abuse-specific Variables

A number of authors have tried to formalize the notion that characteristics of sexual abuse account for greater trauma in some individuals who have been sexually abused. Groth (1978) viewed trauma as a product of four characteristics of sexual abuse. Greatest trauma in an individual was associated with sexual abuse perpetrated by a closely related person, over a long period of time, with penetration, and accompanied by aggression. Mrazek and Mrazek (1981) suggested that six characteristics of sexual abuse were related to negative behavioural sequelae, including the extent that contact was sexual, age and developmental maturity of the child, degree of relatedness between the child and perpetrator, affective nature of the sexual relationship, age difference between the child and perpetrator, and length of time of the sexual relationship.

In her review of the prevalence of sexual abuse, Painter (1986) encouraged researchers to distinguish between aspects of sexual abuse, based on empirical evidence, as well as conjectures. Few researchers have examined the relationship between abuse-specific variables and the outcome on adults (Courtois, 1979; Meiselman, 1978; Peters, 1976). Nonetheless, a number of variables tend to be predictive of trauma in individuals who have been sexually abused (Beitchman et al., 1991; Beitchman et al., 1992; Browne & Finkelhor, 1986; Kendall-Tackett et

al., 1993). Variables associated with trauma in sexual abuse studies include: type of sexual act (Bagley & Ramsey, 1986; Peters, 1988; Runtz, 1987; Russell, 1986), duration of sexual abuse (Elliot & Briere, 1992; Friedrich, Urquiza, & Beilke, 1986; Runtz, 1987; Russell, 1986; Tsai, Feldman-Summers, & Edgar, 1979), frequency of sexual abuse (Friedrich et al., 1986; Nash, Hulsey, Sexton, Harralson, & Lambert, 1993), relationship between child and perpetrator of sexual abuse (Finkelhor, 1979; Russell, 1986), use of force during sexual abuse (Bagley & Ramsey, 1986; Finkelhor, 1979; Fromuth, 1986; Russell, 1986), multiple perpetrators of sexual abuse (Briere & Runtz, 1986; Nash et al., 1993), concurrent physical abuse within a child's family (Briere & Runtz, 1986; 1989), age of onset of sexual abuse (Elliot & Briere, 1992; Murphy et al., 1988), age of assessment of sexual abuse (Gomes-Schwartz, Horowitz, & Sauzier, 1985; Wolfe, Gentile, & Wolfe, 1989), sex of sexually abused child (Vander Mey, 1988), sex of perpetrator (Finkelhor, 1984; Russell, 1986), age difference between child and perpetrator of sexual abuse (Finkelhor, 1979; Fromuth, 1986), proximity of sexual abuse to home of child (Wyatt & Newcomb, 1990), child's response to the abuse (Wyatt & Newcomb, 1990), and family's response to the disclosure of abuse (Wyatt & Newcomb, 1990).

Only a handful of researchers have included more than one or two of these variables in their studies (Bagley & Ramsey, 1986; Elliot & Briere, 1992; Finkelhor, 1979; Friedrich et al., 1986; Herman, Russell, & Trocki, 1986; Koverola, Pound, Heger, & Little, 1993; Nash, Zivney, & Hulsey, 1993; Russell, 1986; Wyatt & Newcomb, 1990). In addition, variables often are intercorrelated, and researchers have not assessed

the independent contribution of variables to negative outcomes in individuals who have been sexually abused. Thus, it has been difficult for researchers to determine which variables place individuals at greater or lesser risk for trauma following sexual abuse. Reviewers (Beitchman et al., 1991; Kendall-Tackett et al., 1993) generally have concluded that frequency and duration of sexual abuse, use of force and penetration, and sexual abuse by a father figure more consistently predict greater trauma in individuals than sex and number of perpetrators, concurrent physical abuse, age of assessment of sexual abuse, sex of child, age difference between child and perpetrator, time elapsed since last sexual abuse incident, proximity of sexual abuse to home of child, child's response to the abuse, and family's response to the disclosure of abuse.

Although there have been few researchers who have investigated the influence of abuse-specific variables on outcome in adults who have been sexually abused, the question may be asked whether each of the above-noted variables independently or in combination reliably influences the outcome of sexual abuse in adults' functioning. For purposes of the present study, 11 abuse-specific variables were investigated (see section on Abuse-specific Circumstances Effects for a discussion of each variable). The inclusion of many abuse-specific variables was justified on the basis of several recommendations in the child sexual abuse literature. First, some experts in the area of child sexual abuse have recommended, at a minimum, the inclusion of abuse-related variables in studies on sexual abuse in order that the relationship between these variables and sexual abuse can be tested directly (Briere, 1992b;

Kendall-Tackett et al., 1993; Mrazek & Mrazek, 1987). Second, Peters et al. (1986) suggested that it is preferable to gather a broad range of information about sexual abuse experiences in studies. Analyses of the information then can help demonstrate which aspects of sexual abuse influence individuals' functioning. Third, Marten et al. (1993) suggested that all defining aspects of sexual abuse experiences could be investigated within the same study, if a full range of information has been gathered.

Methodological Problem in the Study of Abuse-specific Variables

A methodological concern in the investigation of the relationship between sexual abuse and abuse-specific variables is that abuse-specific variables may be highly correlated (Beitchman et al., 1991; Beitchman et al., 1992; Kendall-Tackett et al., 1993). The presence of natural confounds may make it difficult to analyze the independent effects of variables in relation to sexual abuse. However, few researchers have statistically examined this concern (see Nash, Zivney, & Hulsey, 1993; Wyatt & Newcomb, 1990).

In the present study, several control procedures were used to help resolve the issue of highly correlated variables. First, age difference between child and perpetrator was eliminated, by virtue of the definition of sexual abuse used in the study. Specifically, child sexual abuse was defined as the occurrence of specific sexual behaviours during childhood with someone of any age (see section on General Definition). Second, only adults who had experienced sexual abuse during childhood were included in the study. As a result, age of individual at time of assessment of sexual abuse was not a relevant variable. That is, because

all individuals were of a similar age at the time of assessment in the present study, age at time of assessment did not vary across individuals.

Third, recalled age of onset of abuse served as a central independent variable. The separation of recalled age of onset from the category of abuse-specific variables controlled for its independent effects. In addition, the consensus in the literature on child sexual abuse is that age of onset is the variable most likely to confound with other variables (see Beitchman et al., 1991), such as type of sexual act (e.g., older children, more intrusive sexual acts), duration (e.g., older children, longer duration of abuse), and degree of force (e.g., older children, longer duration of abuse, use of force). Assignment of age of onset of abuse as an independent variable of central interest generally controlled for some of the confounding variables.

Fourth, sex of subject was excluded as a variable. Because the prevalence of men who report sexual abuse was expected to be low when compared to women in this population (Runtz, 1991), men were not recruited for the present study. Fifth, time elapsed since last abuse also was excluded as a variable. Given the age of the women in the present study (e.g., 19 years old), the range of time elapsed was expected to vary very little across women. Finally, the family's reaction or response to the abuse was conceptualized as a disclosure variable rather than an abuse-specific variable.

Disclosure of Sexual Abuse

Disclosure of sexual abuse refers to the accusation or the exposure of sexual abuse by an individual (De Young, 1987). Sgroi et al.

(1982) categorized disclosure into two types: accidental and purposeful. Accidental disclosure refers to abuse revealed because of external circumstances, including observation by a third party, physical injury to the child, sexually transmitted disease in the pediatric age group, pregnancy in older children, and precocious sexual activity initiated by the child. In purposeful disclosure, a participant, most often the child, consciously decides to tell an outsider about sexual abuse.

Clinical experience, however, indicates that individuals frequently keep sexual abuse a secret and therefore, do not make disclosures even though they may want to tell the secret (Herman, 1981; Meiselman, 1978). Empirical evidence documents that many individuals never disclose their sexual abuse experiences during childhood (Russell, 1983) or adulthood (Finkelhor, 1979).

Power differentials between children and perpetrators, the use of threats, children's inability to comprehend what is happening to them, fear of being blamed, the victimization process (e.g., maintenance of the child's cooperation in not disclosing sexual abuse), and familial and community responses have been outlined as reasons for a low rate of disclosure of sexual abuse (Berliner & Barbieri, 1984; Berliner & Conte, 1990; Burgess & Holmstrom, 1975; Conte, 1984; De Young, 1987; Finkelhor, 1980; Herman & Hirschman, 1980; MacFarlane, 1986; MacFarlane & Korbin, 1983; Reiker & Carmen, 1986). Most recently, researchers have demonstrated that children will have more difficulty disclosing abuse if threats and violence accompany abuse (Sauzier, 1989), if abuse involves more intrusive sexual acts (Sauzier, 1989) or ritualistic acts (Gonzalez, Waterman, Kelly, McCord, & Oliveri, 1993), and if abuse is

perpetrated by a close family member (Sauzier, 1989).

Some experienced clinicians contend that not disclosing sexual abuse compounds the trauma of abuse (Armstrong, 1978; Bagley & Ramsey, 1986; Courtois, 1988; Lister, 1982). Other experienced clinicians strongly suggest that disclosure represents a source of severe trauma and revictimization for sexually abused children (Anderson, Goolishian, & Winderman, 1986; Berliner & Stevens, 1980; Friedrich et al., 1986). It may be argued that vulnerability in adulthood is a consequence of not having had the opportunity of 'working through', or otherwise not having come to terms with, early stressful experiences. It is certainly possible that either not disclosing sexual abuse, or the ways in which the disclosure process are dealt with, may prevent individuals from coming to terms with the trauma of sexual abuse. Consequently, sexually abused children may be vulnerable to later difficulties in adulthood not only because of the sexual abuse and the nature of the abuse, but also because of later responses to the disclosure of abuse (Hartman & Burgess, 1993; Koverola, 1992).

EFFECTS OF SEXUAL ABUSE

In the literature on child sexual abuse, the word "effects" has become a convenient and informal catch-all term for any problems and symptoms associated with a history of sexual abuse. Excellent comprehensive reviews of studies of the short- and long-term effects of sexual abuse have been published (e.g., Beitchman et al., 1991; Beitchman et al., 1992; Briere, 1989, 1992a; Browne & Finkelhor, 1986; Finkelhor, 1990; Kendall-Tackett et al., 1993; Tong & Oates, 1990a, 1990b).

Shame as an Effect of Sexual Abuse

One effect of sexual abuse, which appears not as yet explored, is that of shame. The feeling of shame is believed to be central in trauma to one's self-image by some theorists (Bagley & Young, 1989; Putnam, 1990), or an essential dimension in theorist's multifaceted conceptualizations of trauma (Briere, 1989; Finkelhor & Browne, 1986; Summit, 1983). For example, Finkelhor and Browne (1985) proposed a model called the Traumagenic Dynamics Model of Child Sexual Abuse in which they hypothesize that the impact of sexual abuse can be accounted for by four dynamics (stigmatization, betrayal, powerlessness, and traumatic sexualization). Stigmatization "refers to the negative connotations - for example, badness, shame, and guilt that are communicated to the child around the experiences and that then become incorporated into the child's self-image" (p. 532). In a number of studies, shame appears to be strongly related to psychological maladjustment in general (Tangney, Wagner, & Gramzow, 1992), to addictions (Cook, 1987), to posttraumatic stress disorder (Wong & Cook, 1992), and to eating disorders (Garner, 1991).

Shame as a Trauma-specific Effect of Sexual Abuse

In the literature on sexual abuse, it has been hypothesized that if damage to one's self is a central effect of sexual abuse, then disturbed self-esteem should be one of the most pervasive long-lasting effects of sexual abuse. However, because data have not strongly supported a finding of low self-esteem in individuals who have been sexually abused (Jumper, 1995), reviewers have concluded that sexual abuse may have little relation to trauma of the self (Kendall-Tackett et

al., 1993). Briere and Runtz (1990) found that although a standard measure of low self-esteem was unrelated to a history of sexual abuse during childhood, a newly created measure incorporating self-denigrating statements, often made by individuals who had been sexually abused, was significantly associated with a history of sexual abuse. Thus, it would appear that measures of negative cognitions or affect associated with the self may be more appropriate measures of symptomatology in individuals who have been sexually abused, as opposed to measures of positive cognitions, affect, or competence. Conceptually, self-esteem, as a construct, is embedded in a framework that specifies positive affect associated with the self (Coopersmith, 1967). The construct of shame relates to painful negative affects associated with the self.

For children and adults who have been sexually abused, shame and related feelings of incompetence may be directly attributable to experiences defined as the "breaking of the interpersonal bridge", as discussed by Kaufman (1989). It is not difficult to theorize that the breaking of the bridge to what is considered appropriate, caring, and nurturing treatment of individuals during childhood would provide the setting for resultant feelings of shame in sexually abused individuals. Two researchers (Bondeson, 1993; Playter, 1990) examined the effects of sexual abuse on shame in men and women who were in treatment for alcohol and drug abuse. Playter (1990) found that women in treatment for alcoholism, and who had been sexually abused during childhood, had higher levels of shame than those women in treatment who had not been abused. In a similar study, Bondeson (1993) found that 147 male veterans, hospitalized for addiction problems and who had been sexually

abused during childhood, exhibited high levels of shame and a pattern of borderline symptoms thought to be common in individuals who had been sexually abused. Bondeson's (1993) and Playter's (1990) researches indicated a positive relationship between sexual abuse and shame. However, these findings have yet to be replicated. It would be important to verify these findings within a population of individuals, who report sexual abuse and are not in treatment, to examine more clearly the relation of shame to sexual abuse, and to intervening variables. High levels of shame in individuals in treatment may not be explained as certainly by the occurrence of sexual abuse as in individuals who are not in treatment. In general, individuals who seek treatment report more symptoms than individuals who do not seek treatment. Accordingly, in the present study, the impact of sexual abuse, the impact of characteristics of sexual abuse, and the impact of disclosure of sexual abuse on adults' (not in treatment) feeling of shame was examined.

Standardized Measures of Symptoms

Recently, researchers in the area of sexual abuse have argued that traditional measures of psychological symptomatology are too general, and thus are insensitive to abuse-related distress or symptomatology (Briere, 1992b; Elliot & Briere, 1991; Kendall-Tackett et al., 1993; Runtz, 1991). Most available instruments have been developed without reference to abuse, and thereby have allowed underestimation of trauma. Briere (1992b) used the example of Bagley's (1991) community study of 345 Canadian women that revealed "the Trauma Symptom Checklist (Briere & Runtz, 1989), a scale developed to specifically tap abuse-related symptomatology, was more effective than traditional measures such as the

Middlesex Hospital Questionnaire, the Center for Epidemiological Studies in Depression (CESD) scale, or the Coopersmith Self-esteem Inventory in identifying adults who were sexually abused as children" (p. 200).

The Trauma Symptom Checklist-40 (TSC-40) has been noted to be highly successful in differentiating adults who have been sexually abused during childhood from adults who have not reported sexual abuse (Kendall-Tackett et al., 1993). However, the measure has not been used extensively, and thus there have been little data published on abuse-specific effects (Briere, Evans, Runtz, & Wall, 1988; Briere & Runtz, 1989; Elliot & Briere, 1992; Gold, Milan, Mayall, & Johnson, 1994; Whiffen, Benazon, & Bradshaw, 1997; Zlotnick et al., 1996). Evidence does suggest that adults who have been sexually abused experience more dissociation and sexual problems than adults who have not been sexually abused, as measured by the TSC-40. The value of using measures that precisely identify how individuals who have been sexually abused differ from individuals who have not been sexually abused is in the increased accuracy of identification of post-abuse disturbance, as opposed to perhaps missing individuals' distress on generic measures of psychological functioning (Briere, 1992b). Accordingly, in the present study, the effect of sexual abuse on adults' abuse-related symptomatology was studied.

The issue of selection of measure is not solely an issue of which measure works best, generic or abuse-related. Reviewers in the area of sexual abuse have suggested that sexual abuse has not been found reliably to influence children's or adults' functioning because investigators use measures that are not standardized with known

reliability and validity (Beitchman et al., 1991; Beitchman et al., 1992; Briere, 1992b; Kendall-Tackett et al., 1993). Thus, research on the relationship between sexual abuse and adults' functioning has been compromised by inadequate measurement systems, whether they were generic or abuse-specific in nature.

Many researchers have assessed for sexual abuse by a single question or a short series of questions that require subjects to rate the extent of negative impact (e.g., 'upset', 'harm', 'effect', or 'trauma') of sexual abuse in their lives (see, for example, Courtois, 1979; Finkelhor, 1979; Herman et al., 1986; Wyatt, 1985; Wyatt & Newcomb, 1990). This approach to measurement of the dependent variable presents problems similar to those problems discussed in regard to the measurement of the independent variable, sexual abuse (see section on Definition of Child Sexual Abuse). More specifically, subjective ratings of trauma or lasting harm are not the same as indices of adjustment or psychopathology. These concepts likely are related, but they are not equivalent. Trauma or harm are personal and subjective, whereas adjustment or symptomatology usually are tied to some external anchor and tend to be objective (Beitchman et al., 1992). While individuals' own accounts of the impact of sexual abuse on various areas of their lives are ecologically-valid, and a productive means of obtaining a large database; empirical support for the effect of sexual abuse on adults' functioning may be strengthened through studies that also use standardized and independent indices of adjustment or symptomatology. Accordingly, in the present study, the relationship between sexual abuse and current adult functioning was examined through women's responses on

both standardized and self-assessment measures of symptomatology.

STATEMENT OF PROBLEM

The central interest of the present study was that a variety of factors preceding, accompanying, and following sexual abuse differentially may affect the functioning of women who have been sexually abused during childhood. More specifically, the impact of sexual abuse on women's functioning may be increased or decreased according to the developmental period in which sexual abuse is experienced, to abuse-specific circumstances, and to the disclosure of sexual abuse.

The present study examined the influence of developmental periods in which sexual abuse was experienced, of abuse-specific characteristics, and of disclosure of abuse on sexually abused women's functioning. The study had several purposes. First, to determine whether ages at which sexual abuse occurs account for any variance in sexually abused women's functioning, an extension of Finkelhor (1979), Runtz and Schallow (1997), and Murphy et al. (1988) studies was conducted. Second, in order to draw developmental inferences, the occurrence of sexual abuse was assessed according to three different age periods, narrower in age range than has been assessed before. Third, in order to provide other additional information on the effect of sexual abuse on women's functioning, child sexual abuse was assessed more broadly than has been done before. Also, characteristics of sexual abuse, never included or statistically analyzed in one study before, were examined.

In addition, disclosure of sexual abuse was explored more extensively than has been done before with sexually abused women. As

well, to test the notion that intervening variables (e.g., characteristics and disclosure of abuse) may account for the findings of a range of outcomes in sexually abused women, the present study examined the influence both of variables likely to increase women's vulnerability to difficulties in adulthood, and of variables likely to decrease women's vulnerability to difficulties in adulthood. Finally, to measure outcomes extensively in women who have been sexually abused, self-assessment and standardized measures of symptomatology, fairly common in the child sexual abuse literature, were used; a trauma-specific measure of symptomatology, less common in the literature, was used; and a measure of shame, not yet used in the area of child sexual abuse, also was used.

Variables of interest in the study were age period in which sexual abuse occurred, abuse-specific circumstances of sexual abuse, and disclosure of sexual abuse. Available evidence on the role of each variable are reviewed briefly, and on the basis of the available evidence, the hypotheses used in the present study are presented.

Age Effects

Although the present study emphasizes the influence of age on functioning of women who have been sexually abused; research in the age-sexual abuse literature has focused primarily on young and school-aged children, with age examined as age at the time of assessment of sexual abuse, or age of onset of sexual abuse. It is useful to review investigations both with children and with adults in order to highlight comparable findings about age-sexual abuse effects.

Child Studies

Age at the Time of Assessment

In 5 of 10 child studies, children who were older at time of assessment appeared to have more symptoms than those children who were younger (Kendall-Tackett et al., 1993). In 3 of these 10 studies (Einbender & Briedrich, 1989; Friedrich et al., 1986; Kolko, Moser & Weldy, 1988), age at time of assessment had no effect on symptoms with children. In one of the two other studies (Wolfe et al., 1989), younger children displayed more symptoms than older children. In the last of these studies (Gomes-Schwartz et al., 1985), there was a curvilinear relationship between age and symptomatology. Children in a middle age range (9 to 13 years) were found to have more symptoms than older (14 to 18 years) and younger age ranges (4 to 6 years).

The general finding that older children are affected more negatively than younger children must be interpreted very cautiously. Time of assessment is seriously confounded with duration of abuse and perhaps other abuse-specific variables, and duration since last abuse incident. For example, Gomes-Schwartz et al. (1985) found that younger children were likely to be abused for less time, to be assessed sooner after the most recent abuse experience, and to be less likely to have experienced intercourse than older children and adolescents.

Age of Onset of Abuse

Search for a relationship between age of onset of abuse and symptoms in children is equally complex and complicated. In two of four studies (Nash, Zivney, & Hulsey, 1993; Zivney, Nash, & Hulsey, 1988), children with earlier onset of abuse (prior to age 9) were more likely

to manifest symptoms of pathology on the Rorschach test than those children with later onset of abuse (after age 9). However, Zivney et al. (1988) noted that about 40% of the children in the early onset group manifested symptoms of pathology similar to those children in the later onset group. Thus, only 60% of the children in the early abuse group demonstrated more disturbed thinking on Rorschach test responses than those children of the later group. It is not clear whether children abused early were more distressed than children abused late because of their age, or because of other variables (i.e., children abused early experienced longer periods of sexual abuse than children abused late). In the remaining studies of children's age of onset and sexual abuse, no significant differences were found for symptoms in early versus late age of onset (e.g., Koverla et al., 1993; Tufts, 1984). In addition to these mixed findings, it is not clear in these studies whether age was measured as age of onset of sexual abuse, or age at time of assessment of sexual abuse (Tufts, 1984).

Adult Studies

There are few data on the effect of age on symptoms of individuals who have been sexually abused in the adult literature. Some researchers who affirmed age as a variable of interest failed to report quantitative data (Finkelhor, 1984; Meiselman, 1978; Peters, 1976; Russell, 1983; Wyatt, 1985), data relevant to an explicit age (Elliot & Briere, 1992; Gold, 1986; Herman et al., 1986; Sedney & Brooks, 1984; Tsai et al., 1979; Wyatt & Newcomb, 1990), or data relevant to age groups (Fromuth, 1986; Russell, 1983; Sedney & Brooks, 1984). Some researchers combined data for age groups (Wyatt & Newcomb, 1990). Still other researchers

classified abuse into two broad age groups (Courtois, 1979; Meiselman, 1978; Sedney & Brooks, 1984), but failed to give the ages of the groups.

In general, findings about the effect of age are mixed and unclear. In some studies, late abuse is associated with greater symptoms in adults (e.g., Tsai et al., 1979), early abuse is associated with greater symptoms in adults (e.g., Elliot & Briere, 1992), or early and late abuse similarly are associated with extent of symptoms in adults (e.g., Briere & Runtz, 1988b). As is the case in the child literature, there are important deficiencies in the adult literature (Beitchman et al., 1992). For example, Courtois (1979) found that prepubertal abuse experiences had a more negative impact on women's ratings of severity of affects on relationships with men and sense of self than did postpubertal abuse experiences. However, controls were not included, sample size was small and unequal (prepuberty = 23 subjects, postpubertal = 7 subjects), and finding of an age effect may have been confounded by variables such as treatment (i.e., Of the 30 subjects, 16 subjects were in treatment, and outcome varied positively as a function of treatment).

In three adult studies on the relationship between age and sexual abuse (Finkelhor, 1979; Murphy et al., 1988; Runtz, 1991), researchers examined age as a variable related to the stage of development through which the abuse persisted. As previously discussed (see section on Definition by Age), in each of these studies, developmental stages were inconsistently, inappropriately, or incompletely defined. However, findings from these studies offer important directions for future research on age and sexual abuse. Browne and Finkelhor (1986) reported

that Finkelhor (1979) found a small but nonsignificant tendency for younger age of abuse to be associated with trauma. Trauma was measured by a single item: "In retrospect, would you say this experience was positive? mostly positive? neutral? mostly negative? or negative?" Results, however, are confused and, therefore difficult to interpret. A closer reading of Finkelhor (1979) indicates that most negative experiences reported by individuals were related to abuse experiences which occurred during later adolescence, between the ages of 16 and 18 years (p. 99-100). Later in the same study, Finkelhor (1979) reported that older children were slightly less affected than younger children (p. 107).

Runtz (1991), in her research with university students sexually abused during childhood or adolescence, or physically abused prior to age 18, used canonical correlations to examine differential outcome in adjustment and coping between groups. Adults who experienced sexual abuse during adolescence demonstrated trauma-related posttraumatic stress symptoms (e.g., intrusive thoughts, feelings, or bad dreams), and a tendency to cope in self-destructive ways; while adults who experienced sexual abuse during childhood did not. Murphy et al. (1988), in their community-based study, examined the effects of sexual abuse on symptoms, according to whether sexual abuse occurred in childhood, adolescence, or adulthood. Adults who experienced abuse during adolescence exhibited higher levels of obsessive-compulsive behaviour, interpersonal sensitivity, anxiety, hostility, and paranoid ideation symptoms as compared to adults who had not experienced abuse. Adults who experienced abuse during childhood reported higher levels of anxiety and

global distress as compared to adults who had not experienced abuse. In addition, adults who experienced sexual abuse during adolescence evidenced a wider variety of symptoms than adults who experienced sexual abuse during childhood. Thus, sexual abuse may be traumatic at all ages. Trauma, however, may be greater if sexual abuse occurs during adolescence.

In summary, existing evidence in the adult literature suggests that age affects outcomes in adults who have been sexually abused. Adults who experience sexual abuse during adolescence tend to be affected more negatively by sexual abuse than adults who experience sexual abuse during childhood. The general finding in the child literature is consistent with the finding in the adult literature. Older children tend to be affected more negatively by sexual abuse than younger children. Consistent with the adult and child literature, it was predicted that symptoms in women who had been sexually abused would vary directly with age on all outcome measures.

Abuse-specific Circumstances Effects

Although results of studies suggest that symptoms increase directly with age, this prediction may be an over-simplification. Abuse-specific circumstances need to be taken into account when making predictions about effects of sexual abuse. In the present study, "use of force", "intrusiveness of sexual acts", "sex of perpetrator", "age of perpetrator", "number of perpetrators", "relationship of perpetrator to child", "frequency of sexual abuse", "duration of sexual abuse", "concurrent physical maltreatment", "proximity of sexual abuse to child's home", and "immediate reaction of child to sexual abuse"

constituted abuse-specific circumstance variables. The reliability of each of these variables in relation to the effect of sexual abuse are reviewed briefly.

Use of Force Effects

The adult and child studies on the relationship between sexual abuse and abuse-specific effects are most consistent for the variable, use of force during sexual abuse. Use of force was related to increased symptoms in five of six child studies (Kendall-Tackett et al., 1993) and six adult studies that predicted a relationship between force and outcome (Briere & Runtz, 1988b; Finkelhor, 1979; Fromuth, 1986; Herman et al., 1986; Mullen et al., 1988; Russell, 1986). Finkelhor (1979) noted that 55% of sexually abused women and men experienced use of threats or force during sexual abuse, ranging from threat of some punishment to physical constraint. Use of force explained more of these individuals' negative reactions to the abuse than any other predictor variable.

Intrusiveness of Sexual Acts Effects

In the empirical literature, findings suggest that intercourse rarely occurs in the sexual abuse of children. Genital fondling or touching has been reported more frequently, ranging from 31% to 78% of the experiences described by nonclinical adult respondents (Finkelhor, 1979, 1984; Runtz, 1991); while intercourse has been reported to have been experienced by 4% of nonclinical female respondents (Finkelhor, 1984; Runtz, 1991). All researchers, however, have reported a preponderance of physical contact or touching acts in their studies. That is, individuals reported experiencing physical contact more often

than nonphysical contact. On average, findings from surveys indicate that only 20% of young people who were sexually abused tended to have experienced nonphysical contact. Nonphysical contact was described as exposure of the perpetrator to the child (Bagley et al., 1984; Finkelhor, 1979, 1984; Russell, 1983). While not entirely consistent, available evidence appears to indicate that any form of abuse that involves bodily penetration, including fellatio, cunnilingus, anilingus, or vaginal and anal intercourse increases trauma both in children (Kendall-Tackett et al., 1993) and in adults (Bagley & Ramsey, 1986; Bondeson, 1993; Briere & Runtz, 1988b; Elliot & Briere, 1992; Hartman et al., 1987; Herman et al., 1986; Mullen et al., 1988; Playter, 1990; Russell, 1986; Sedney & Brooks, 1984; Wyatt & Newcomb, 1990) compared to the more prevalent form of abuse of fondling. In studies of clinical populations, researchers have reported only physical contact associated with sexual abuse, with 66% to 100% of respondents reporting intercourse (De Jong, Emmett, & Hervada, 1982; Jehu, Gazen, & Klassen, 1988). The general conclusion that can be drawn from the small body of literature on the variable, intrusiveness of sexual acts, is that increased intrusiveness has been associated with increased negative sexual abuse effects.

Sex, Age, and Number of Perpetrators Effects

Finkelhor (1984), in a review of the literature on sexual abuse effects, concluded that men constitute 95% of the perpetrators in cases of sexual abuse of girls, and 90% of the perpetrators in cases of sexual abuse of boys. In two studies (Finkelhor, 1979; Russell, 1983), researchers found that adults rated sexual abuse with male perpetrators

as more traumatic than sexual abuse with female perpetrators. In three studies (Briere & Runtz, 1988b; Finkelhor, 1979; Herman et al., 1986), trauma increased with increased age of perpetrator. In two studies (Murphy et al., 1988; Peters, 1988), greater number of perpetrators was related to increased symptoms. Additional research may help to determine more conclusively the roles of sex of perpetrator, age of perpetrator, and number of perpetrators in mediating the effect of sexual abuse on women's functioning.

Relationship of Perpetrator to Child Effects

Available evidence is fairly clear that sexual abuse by a relative is more traumatic than abuse by a nonrelative (Briere & Runtz, 1988b; Elliot & Briere, 1992; Kendall-Tackett et al., 1993; Sedney & Brooks, 1984; Wyatt & Newcomb, 1990), but there is inconsistent support for abuse by natural fathers or stepfathers being especially traumatic (Beitchman et al., 1992). Finkelhor (1979) found father-daughter incest to be the most traumatic kind of sexual experience as compared to experiences with other adult family members and strangers. However, other researchers (Herman et al., 1986; Russell, 1986; Tsai et al., 1979) have found that father- and stepfather-daughter incest similarly tended negatively to affect women.

Frequency and Duration of Abuse Effects

Frequency and duration of abuse also may be variables that mediate the relationship between sexual abuse and outcomes in abuse. In four of six child studies, higher frequency of abuse was related to increased symptoms; and in five of seven studies, longer duration was related to increased symptoms (Kendall-Tackett et al., 1993). In adult studies,

frequency and duration of abuse have been found to be predictive of traumatic long-term effects (Briere & Runtz, 1988a; Elliot & Briere, 1992; Herman et al., 1986; Russell, 1986; Tsai et al., 1979). However, Finkelhor (1979) did not find a relationship between duration and long-term impact of sexual abuse, but did find evidence suggestive of a positive association between duration and frequency of abuse and adverse adjustment in later life for adults who had been sexually abused.

**Concurrent Physical Maltreatment, Proximity of Abuse, and
Immediate Reaction to Abuse Effects**

Several studies suggest that concurrent physical maltreatment (i.e., physical maltreatment within the family of sexually abused individuals) is associated especially with sexual abuse effects (Bagley & McDonald, 1984; Briere & Runtz, 1988b, 1989; Courtois, 1979; Runtz, 1987). Few researchers have examined the relationship between sexual abuse and the child's reaction to the abuse. Elliot and Briere (1992) reported that sexual abuse perceived by individuals as having been especially traumatic increased the negative psychological impact of sexual abuse. Similarly, Wyatt and Newcomb (1990) found that adults who reported negative responses to sexual abuse reported more long-term negative outcomes than did adults who reported positive or neutral responses. Furthermore, in Wyatt and Newcomb's (1990) study, proximity of abuse to the child's home moderated the effect of sexual abuse. That is, when the location of sexual abuse was the child's home, the child's responses to abuse, overall adjustment to sexual abuse, and attitudes towards men were more negatively affected than when the location of abuse was not in the home of the child. Proximity of abuse to the

child's home and reaction of the child to abuse are variables that deserve additional research to determine if they influence later outcome in women who have been sexually abused.

In summary, the child and adult literature on abuse-specific circumstances effects and sexual abuse suggests that symptoms increase with increased intrusiveness of sexual acts, duration and frequency of abuse, age and number of perpetrators, closeness to the child in terms of relationship, proximity of abuse to the child's home, negative reactions about the abuse by the child, and use of force by a male perpetrator, as well as concurrent physical maltreatment. Consistent with this literature, it was predicted that symptoms in women who have been sexually abused would increase directly with the prevalence of negative abuse-specific circumstances. Women with greater negative abuse-specific circumstances would demonstrate more symptoms as compared to women with less negative abuse-specific circumstances.

Disclosure Effects

Although experienced clinicians stress the importance of disclosure of sexual abuse, few researchers have included disclosure as a variable in their studies. Disclosure has been largely neglected; and evidence, as it is, shows very little about the impact of disclosure on later functioning. In his well-known and ground-breaking study, Finkelhor (1979) restricted examination of disclosure to examining 'telling' or 'not telling'. In a multivariate analysis, groups of men and women who had disclosed abuse did not differ significantly from groups who had not disclosed abuse on a self-rated sense of trauma item. Wyatt and Newcomb (1990), in a path analysis of data from the Wyatt

(1985) study, reported that the child's negative reactions to abuse were affected directly by nondisclosure of abuse. In Lamb and Edgar-Smith (1994), however, no relationship was found between disclosure and symptoms, as measured by the Brief Symptom Inventory (BSI). In general, the limited literature on disclosure of abuse suggests that keeping sexual abuse a secret intensifies sexual abuse effects. However, Wyatt and Newcomb (1990) were the first investigators to report a disclosure effect in the adult literature. The result of Wyatt and Newcomb's (1990) research has yet to be replicated.

A larger, yet still scanty, body of child investigations in the literature on disclosure of sexual abuse and effects of disclosure on outcomes is available (Adams-Tucker, 1982; Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989; Koverola et al., 1993; Tufts, 1984). In research with children, disclosure is inferred, in large part, from the reason for referral to a clinic (Koverola et al., 1993) or referral from a social services agency (Everson et al., 1989). In many instances, disclosure of sexual abuse by children, purposeful or accidental, is substantiated by an external source such as medical evidence, admission of the abuse by the perpetrator, or legal proceedings. Therefore, in research with children, inclusion of disclosure of sexual abuse as a dichotomous variable ('telling' and 'not telling') has been irrelevant (i.e., only children who disclosed abuse, purposefully or accidentally, have been included in child investigations). Hence, researchers who study children focus on the nature or the quality of the disclosure process varying along a dimension of mother's response to disclosure, and her supportiveness of the child.

Researchers in three of four child studies demonstrated that trauma increased as a function of inappropriate parental reaction or low level of support (Adams-Tucker, 1982; Everson et al., 1989; Tufts, 1984). In Adams-Tucker's (1982) study, children not supported by parents following disclosure (65% of her sample) evidenced more severe symptoms and were more likely to be hospitalized than children who were supported by their parents. Similarly, Everson et al. (1989) found that children who received a low level of support or no support from their mothers displayed significantly higher levels of total psychopathology, depression, and difficulties with self-image, as measured by a structured psychiatric interview (Child Assessment Schedule). Tufts (1984), however, found that positive support of children by mothers had no positive effect on children's functioning. Rather, when mothers reacted to children's disclosures of abuse with anger and punishment, children presented with increased acting out behaviours. Hence, mothers' negative responses following disclosure aggravated children's difficulties, while mothers' positive responses did not ameliorate children's difficulties. In the final child study, Koverola et al. (1993) found no significant effect of mother supportiveness on children's depression intensity scores.

Generally, there is weak empirical support for a positive effect of disclosure of abuse on outcome in the child literature on sexual abuse and disclosure. The general conclusion that can be drawn is that negative support of children following disclosure of abuse has been associated with increased symptoms. The child literature emphasizes a fruitful route for further study with adults who have been sexually

abused.

Although there appear to have been no adult studies that have investigated the influence of supportiveness following disclosure of abuse on adults' symptoms, there have been several adult studies that have investigated the influence of general family support and social support on adults' symptoms. In samples of university students who reported sexual abuse, social support, in general (Runtz, 1987), and support from family (Runtz, 1991) have been linked to positive psychological adjustment in adults who have been sexually abused. In addition, parental supportiveness which characterized homes of sexually abused individuals accounted for more variance in symptoms in university students than history of sexual abuse (Fromuth, 1986). In Gold's (1986) study, however, results about social support effects were mixed, and thus difficult to interpret. Women who reported good quality adult social relationships tended to report satisfactory sexual relationships. Women who reported being close to their mothers at age 12 reported difficulties with sexual functioning. The implications of the relationship between supportiveness and outcomes in women who have been sexually abused remain unclear, and thus warrant further investigation.

In summary, existing evidence from adult investigations about disclosure effects suggests that symptoms vary with disclosure. Women who had been sexually abused were affected more negatively when they did not make disclosures of abuse as compared to women who did make disclosures of abuse. Existing evidence from child investigations about disclosure effects suggests that symptoms also vary with disclosure. There is stronger support for the finding that children's symptoms

increased with decreased support from mothers than for the finding that children's symptoms decreased with increased support from mothers. Existing evidence from the child sexual abuse literature on family support and social support provides some further, but weak, support for the prediction that individuals who have been supported positively following disclosure of sexual abuse may experience fewer symptoms than individuals who have not been supported. Consistent with the literature, a relationship between disclosure and effects was predicted as follows: Women who had not disclosed sexual abuse, or who had disclosed abuse and not been supported would have a higher level of symptoms than women who had disclosed abuse, and had been supported.

HYPOTHESES

On the basis on the above review of the literature, hypotheses of the present study were as follows:

- (1) "Effects" (psychological distress, sexual abuse trauma, dissociation, sexual problems, sleep disturbance, shame, and sense of self, social, family-wise, relationships with men, and relationships with women aftereffects) were expected to vary directly with age.
- (2) "Effects" (psychological distress, sexual abuse trauma, dissociation, sexual problems, sleep disturbance, shame, and sense of self, social, family-wise, relationships with men, and relationships with women aftereffects) were expected to vary directly with each of the abuse-specific circumstances (use of force, intrusiveness of sexual acts, sex of perpetrator, age of perpetrator, number of perpetrators,

relationship of perpetrator to child, frequency of sexual abuse, duration of sexual abuse, physical maltreatment concurrent with sexual abuse, proximity of abuse to child's home, and immediate reactions of child to abuse).

- (3) "Effects" (psychological distress, sexual abuse trauma, dissociation, sexual problems, sleep disturbance, shame, and sense of self, social, family-wise, relationships with men, and relationships with women aftereffects) were expected to vary inversely with support of disclosure of sexual abuse.

THE RESEARCH: AN EXPLORATION OF THE FACTORS OF INTEREST

Because of the inclusion of many factors in one study (age, abuse-specific circumstances, disclosure, and multiple outcome measures), exploration of each of these factors was proposed as follows:

- (1) Examination of the data on the effects of sexual abuse would provide information about group differences as well as psychological symptoms about women who have been sexually abused.
- (2) Reduction of the large number of abuse-specific variables to a smaller number of components would allow for examination of the variables independently and thus, facilitate interpretation of the results of the present study as well as direct future research.
- (3) Examination of women's responses on the disclosure of sexual abuse items for principle components would help describe and summarize the vast amount of data for use in future research on disclosure and sexual abuse.

METHOD

Subjects and Procedure

Female university students were recruited from introductory psychology classes at the University of Manitoba to serve as subjects in the study. The experimenter visited each classroom, and gave a brief recruitment speech informing the students of the times and locations of the study as well as the nature of the experiment. Specifically, the students were informed that "the study explores early relationships and how women deal with experiences that happen in these relationships, later on in life". The students also were informed that they would be asked anonymously to complete a one-hour questionnaire containing questions about early experiences, reactions to these experiences, and current functioning in adulthood, and that they would receive partial course credit for their participation in the study. Finally, a sign-up booklet was distributed in each classroom. Four hundred and nineteen female students signed up for the study.

Students attended study rooms in groups of approximately 20 to 40, depending on the number of students who had signed up for a particular study time. In each study room, the experimenter gave each student a Consent Form (see Appendix A), and also provided information verbally about the experiment to the students. Specifically, the students were told that they must be 18 years of age or older to participate in the study, and that the questionnaire contained some sensitive questions about early experiences and sexual behaviours. The experimenter did not state that sexual abuse experiences would be explored, but the written information on the consent form indicated "a need to know more

about...childhood relationships, abuse, and so forth". Then, students were asked to read the Consent Form, to provide written consent to participate, and to hand in the form prior to beginning the questionnaire. Students who desired anonymity regarding their choice not to participate in the study were instructed, by the experimenter and through the information on the consent form, to remain in the classroom during the time that other students were completing questionnaires. The consent forms and questionnaires were faced with blank sheets of paper in order further to protect the anonymity of the students. Students also were informed that partial course credit was not dependent on their completion of the questionnaire. For example, one student, unable to participate in the study because she was 17 years old, received partial course credit for attending the study room. The remaining students gave their consent to participate in the study.

Prior to the distribution of the questionnaires, women were given further verbal information and instructions about the study. The experimenter informed the women of their rights to withdraw from the study at any time without penalty. In addition, the experimenter informed the women of the precautions taken to protect their anonymity and the confidentiality of their responses. The women then were asked to keep confidential the nature of the study from other students in introductory psychology during the time that the study was being conducted. This procedure was used to control for contamination of other women's responses to the questionnaire. No women posed questions to the experimenter.

The questionnaire was distributed to each woman in each study

group. All women were given the questionnaire in the same order as that shown in Appendix B. That is, demographic, risk of sexual abuse factors, and lie scale items were first in the questionnaire; the general symptomatology checklist, trauma-specific items, and shame scale items were second; and the sexual abuse scale items were third. The subjective perceptions of aftereffects, disclosure, and stigma scale items were placed at the end of the questionnaire package. The women were instructed not to write their names, student numbers, or any other identifying information on any of the materials. They also were instructed to complete the questionnaire at their own pace, by entering the bulk of their responses on IBM computerized recording forms (as directed on the questionnaire) and the remainder of their responses on the questionnaire itself (as directed on the questionnaire). Each woman was given two IBM forms which were coded with the same number as that of the one on the questionnaire to ensure a correct match of information for each woman. No questionnaires were handed in completely blank. However, nine of the women did not complete their responses on their IBM forms and questionnaires in a careful manner, or erased many of their answers on the IBM forms. Consequently, the responses of these women were either illegible or uninterpretable and thus, were not included in the study.

The sensitive matters of the study may have had the potential to cause emotional concern or distress to the women. Therefore, upon completion of the questionnaire, a debriefing letter (see Appendix C) was given to each woman. In the debriefing letter, the purposes of the study were explained. Telephone numbers also were provided for women to

call the experimenter or her advisor in the event of a need for further debriefing or consultation on early experiences and sexual abuse. In addition, telephone numbers were provided for women to call to obtain crisis counselling and to make appointments for counselling services. No women contacted the experimenter or the experimenter's advisor by telephone.

Responses on the IBM forms of 409 women were entered directly into the computer through the assistance of the University of Manitoba computer services. Responses on the questionnaires of these 409 women were hand-entered into the computer by the experimenter. Data files were created for both hand- and computer-entered responses, corresponding to each woman's code, through the University of Manitoba Amdahl 5870 computer. Then, data files were copied to personal computer disks. Data analyses were facilitated through personal computer software, Windows version 6.1 of the Statistical Package for the Social Sciences (SPSS Inc., 1995).

Measures

Sexual Victimization of Children Survey

The Sexual Victimization Scales of Finkelhor (1979) and Runtz (1987, 1991) were the bases for the sexual abuse and abuse-specific variable measures employed in the present study. Finkelhor's (1979) Sexual Victimization of Children Survey has been widely used in sexual abuse research, and consistently has provided evidence for an association between sexual abuse, as measured by the survey, and a variety of adjustment variables (e.g., Finkelhor, 1979; Fromuth, 1986; Gold, 1986; Runtz, 1987, 1991). Runtz (1987) reported a Cronbach's alpha

of .90 within a university student sample. Therefore, Finkelhor's (1979) Sexual Victimization of Children Survey was considered to be a robust tool for the assessment of sexual abuse and abuse-specific circumstances in the present study.

In order to differentiate between the occurrence of sexual abuse among subjects as children and adolescents, researchers have presented the sexual victimization survey twice with specific restrictions on age differences for each group. In Finkelhor's (1979) study, child sexual abuse was defined as sexual experiences prior to age 13, with someone 5 or more years older, and sexual experiences prior to age 13, with someone 5 or more years older and under age 18; while adolescent abuse was defined by experiences between the ages of 13 and 16, with someone at least 10 years older. In the Runtz and Schallow (1997) study, child sexual abuse was defined by sexual experiences prior to age 15, with someone 5 or more years older; while adolescent abuse was defined by experiences between the ages of 15 and 18 with, someone at least 10 years older, or with someone of any age if the sexual experiences were nonconsensual. Runtz (1991) reported Cronbach alphas of .94 for child sexual abuse, and .97 for adolescent sexual abuse within the university student sample of the Runtz and Schallow (1997) study. Therefore, Finkelhor's (1979) Sexual Victimization of Children Survey was considered to be a robust tool for the assessment of sexual abuse for different periods of development.

In the present study, the Sexual Victimization of Children Survey was presented to each woman three times in order to differentiate between sexual abuse occurring among women during early childhood,

middle childhood and preadolescence, and adolescence. For the purpose of grouping women into the sexual abuse variable, sexual abuse was identified and measured as a dichotomous variable. That is, if women reported the occurrence of any of the 10 sexual experiences as nonconsensual when they were 6 years of age or younger with someone of any age, then their experiences were categorized as childhood sexual abuse (CSA). If women reported the occurrence of any of the 10 sexual experiences as nonconsensual when they were between 7 and 12 years with someone of any age, then their experiences were categorized as preadolescent sexual abuse (PSA). If women reported the occurrence of any of the 10 sexual experiences as nonconsensual when they were between 13 and 17 years with someone of any age, then their experiences were categorized as adolescent sexual abuse (ASA). Women who did not report any of the sexual experiences in each of these age groupings were assigned to a nonabused group.

In each of the child, preadolescent, and adolescent sexual abuse surveys, sexual behaviours were presented through a series of items, ranging from "an invitation or request to do something sexual" to "intercourse". Each survey was scored and coded so that "never" responses for all of the items reflected no abuse during that age period, and "once" to "more than 20 times" responses for any of the items reflected abuse during that age period. Then, women were assigned a score of either 0 = no sexual abuse or 1 = abuse for each of the surveys of sexual abuse. For example, women who responded "never" to all 10 of the sexual behaviours on each of the child, preadolescent, and adolescent sexual abuse surveys were assigned a score of 0 (no sexual

abuse). Women who responded "never" to all 10 of the sexual behaviours both on the child and on the preadolescent sexual abuse surveys; while "once" to 1 of the 10 items (e.g., "another person fondling you in a sexual way"), and "never" to the remaining 9 items on the adolescent sexual abuse survey were assigned a score of 1 (sexual abuse).

To ensure that groups were mutually exclusive (CSA, PSA, and ASA), two items followed the series of sexual behaviour items on each survey, and asked for the age of first occurrence and the age of last occurrence of sexual experiences. Thus, CSA was defined as the occurrence of any of the 10 sexual experiences first occurring and last occurring when women were six years of age or younger. PSA was defined as the occurrence of any of the experiences first occurring and last occurring when women were between 7 and 12 years of age. ASA was defined as the occurrence of experiences first and last occurring when women were between 13 and 17 years of age. Women who reported sexual abuse experiences in more than one age group were assigned to one of four other abuse groups. More specifically, a woman who reported the occurrence of any of the 10 sexual experiences first occurring and last occurring when she was 6 years of age and younger, and also first occurring and last occurring when she was between 7 and 12 years of age was assigned to the child and preadolescent sexual abuse group (CSA/PSA). A woman who reported the occurrence of any of the 10 sexual experiences first occurring and last occurring when she was 6 years of age and younger, and also first occurring and last occurring when she was between 13 and 17 years of age was assigned to the child and adolescent sexual abuse group (CSA/ASA). A woman who reported the occurrence of any of the 10 sexual experiences

first occurring and last occurring when she was between 7 and 12 years of age, and also first occurring and last occurring when she was between 13 and 17 years of age was assigned to the preadolescent and adolescent sexual abuse group (PSA/ASA). Finally, a woman who reported the occurrence of any of the 10 sexual experiences first occurring and last occurring when she was 6 years and younger, first occurring and last occurring when she was between 7 and 12 years of age, and first occurring and last occurring when she was between 13 and 17 years of age was assigned to the child, preadolescent, and adolescent sexual abuse group (CSA/PSA/ASA).

Abuse-specific Variables

Frequency of Sexual Abuse. The Sexual Victimization of Children Survey (Finkelhor, 1979) also was used to measure the frequency with which each of the 10 sexual behaviours occurred in each of the age groupings. Scores for frequency of CSA, PSA, and ASA were determined by assigning a 0 to no or "never" occurrences of each behaviour, 1 to one or "once" occurrence of each behaviour, 2 to "2 to 10 occurrences" of each behaviour, 3 to "11 to 20 occurrences" of each behaviour, and 4 to "more than 20 occurrences". The total scores ranged from 1 to 40 for frequency of sexual abuse for each woman in each age grouping reporting sexual experiences. For women in combined age groupings (i.e., CSA/PSA, CSA/ASA, PSA/ASA, and CSA/PSA/ASA), the total score ranged from 2 to 120 for frequency of sexual abuse.

Intrusiveness of Sexual Abuse. The series of 10 sexual behaviours on the Sexual Victimization of Children Survey (Finkelhor, 1979) also was used to identify and measure the variable, intrusiveness of sexual

abuse. First, occurrence of each sexual behaviour was scored as either present or absent. Second, presence of sexual behaviours was coded into levels of increasing intrusiveness (Runtz & Schallow, 1997).

Specifically, "an invitation or request to do something sexual", "kissing and hugging in a sexual way", "another person showing his or her sex organs to you" or "you showing your sex organs to another person", "another person fondling you in a sexual way" or "you fondling another person in a sexual way", and "another person touching your sex organs" or "you touching another person's sex organs" were coded as a 1, and reflected the least intrusive sexual behaviors among the 10 behaviors. "Attempted intercourse" and "intercourse" were coded as a 2, and reflected the greatest intrusiveness associated with the sexual experiences. A woman who reported more than one behaviour such as, for example, "another person showing..." with a code of 1 and "attempted intercourse" with a code of 2, was assigned the higher score of 2. Scores for each woman, whether women experienced CSA, PSA, ASA, CSA/PSA, CSA/ASA, PSA/ASA, or CSA/PSA/ASA, ranged from 1 to 2 for intrusiveness of sexual abuse.

Relationship of Perpetrator to Child. Items following the sexual behaviour list on the Sexual Victimization of Children Survey (Finkelhor, 1979) were used to assess for a variety of characteristics of the sexual abuse experience. For example, women responded to the item, who the "other person (perpetrator) was", according to categories ranging from "stranger" to "your father or mother". In the present study, this item was used to identify the variable, relationship of perpetrator to child. The identity of the perpetrator was coded

according to closeness, with a higher score indicating a closer biological relationship between perpetrator and child. Each "other person" was coded to reflect greater closeness to the child. A code of 1 was assigned to other persons who were not family members of the child, including an "acquaintance", "neighbour", "your teacher", "your baby-sitter", "a friend of your parents", "a friend of yours", and "boyfriend/girlfriend". A code of 2 was assigned to other persons who were relatives, including "cousin", "brother or sister", "uncle or aunt", "grandfather or grandmother", "stepfather or stepmother", and "father or mother". The score assigned reflected the category of greatest biological closeness between the child and the perpetrator; that is, a woman, who reported "other person" as "stranger" with a code of 1, and "other person" also as "cousin" with a code of 2, was assigned the higher score of 2. The scores for sexually abused women ranged from 1 to 2 for the variable, relationship of perpetrator to child.

Proximity of Sexual Abuse. The items following the sexual behaviour list on the Sexual Victimization of Children Survey (Finkelhor, 1979) probes a limited number of characteristics of sexual abuse. Therefore, in order to identify and measure the variable, proximity of sexual abuse to home of the child, an additional item was included (Wyatt & Newcomb, 1990). Specifically, women responded to the question "Where did these behaviours usually occur?" by responding "In your home", "In the other person's home", or "Other (please specify)". Women's responses were coded according to the proximity of the sexual abuse to the home of the child. Specifically, "not in the home of the child" was coded as a 1, and reflected the least proximity to the home

of the child. "In the other person's home", "in your home", or "other" was coded 2, and reflected greatest proximity to the home of the child. The score assigned reflected the greatest proximity of the sexual abuse to the home of the child. For example, women who selected both response choices, with codes of 1 and 2, were assigned the higher score of 2. Scores for each woman ranged from 1 to 2 for the variable, proximity of sexual abuse to the home of the child.

Duration of Sexual Abuse. One item in the Finkelhor (1979) Sexual Victimization of Children Survey identifies the variable, duration of sexual abuse. On the Sexual Victimization Survey, subjects respond to "Over how long a time did this go on?" by specifying "number of days, months, years". Subjects are instructed to answer this item based on the "most important of the 10 sexual experiences". This method of assessment of the variable, duration of sexual abuse, may underestimate or misrepresent subjects' sexual abuse experiences. For example, women who rate "intercourse" as the "most important of the 10 sexual experiences" may report a duration of sexual abuse limited to "a number of days", while these women also may have experienced "kissing and hugging in a sexual way" for a duration of "years". Therefore, in the present study, duration of sexual abuse was measured by an item that asked for an estimate of time of duration of all 10 sexual experiences. More specifically, women responded to the item "Over how long a period of time would you estimate that all of these sexual experiences continued?" by responding "over a period of one or a few days" to "over a period of three or more years". Women's responses were coded according to length of time period of sexual abuse. Specifically, "over a period of one or a

few days" was coded as a 1, and reflected the least duration of sexual abuse. A code of 2 was assigned to the response of "over a period of a few weeks", a 3 was assigned to the response of "over a period of a few months", a 4 to "over a period of a year", a 5 to "over a period of two or three years", and a 6 to "over a period of three or more years". The scores for each woman in each age grouping ranged from 1 to 6 for duration of sexual abuse. The scores for women who experienced sexual abuse across more than one age grouping ranged from 3 to 18 (i.e., CSA/PSA, CSA/ASA, PSA/ASA, and CSA/PSA/ASA).

Use of Force. The variable, use of force in sexual abuse, was identified by four items on the questionnaire (Finkelhor, 1979; Runtz, 1987, 1991). These items were: "Did the other person ever threaten you?", "Did the other person every force you?", "Did the other person ever hurt you physically?", and "Did the other person ever convince you to participate?" Each item was scored dichotomously and coded so that 0 = "no" and 1 = "yes". The total score for each woman in the CSA, PSA, or ASA groups ranged from 0 to 4; that is, for example, women who responded positively (yes) to all of the items were assigned a score of 4, reflecting the greatest force used in sexual abuse among the three groups. The total score for women in the CSA/PSA, CSA/ASA, PSA/ASA, or CSA/PSA/ASA groups ranged from 0 to 12; that is, for example, women who responded positively (yes) to all of the items for each age period of sexual abuse (CSA/PSA/ASA) were assigned a score of 12, reflecting the greatest force used in sexual abuse among the four groups.

Number of Perpetrators. In order explicitly to identify the number of perpetrators for each woman, an additional item was used in the

Sexual Victimization of Children Survey (Finkelhor, 1979): "With how many individuals did the above experiences occur?" Responses were coded according to the number given by each woman; that is, women may have responded that one individual was the maximum number of perpetrators or, for example, three individuals. The scores for each woman ranged from one to the maximum number of perpetrators reported by women. These scores were cross-checked with responses to an item on the survey that asked women to complete a multi-response choice list describing the relationship of the perpetrator to the child (e.g., stranger, father, mother). A woman who reported three perpetrators would have responded by checking three relationship descriptors (e.g., stranger, cousin, baby-sitter), or by checking one relationship descriptor more than once (e.g., three strangers).

Age and Sex of Perpetrator. Finkelhor (1979) identified the age of the perpetrator by subjects' responses to the item "About how old was the other person?" In the present study, women responded to an inquiry about the variable, age of the perpetrator, by listing the age of each perpetrator. This information was collected by the item that requested information about the relationship of the perpetrator to the child (e.g., stranger, father/mother). For each perpetrator reported, age of perpetrator was requested.

Women's reports of the age of the perpetrator were coded to reflect increasing age, including younger than 18 years old = 1, 18 to 24 years = 2, 25 to 40 years = 3, 41 to 56 = 4, and older than 56 = 5. The scores for each woman ranged from 1 to 5 for the age of the perpetrator. For women who reported more than one perpetrator, the age

of the perpetrator was determined by the women's most extreme responses. For example, the score of 4 was assigned for a woman who reported multiple perpetrators, aged 19 years, with a code of 2, and aged 43 years, with a code of 4.

Similarly, for the variable, sex of perpetrator, women were asked to give the sex of perpetrator by checking off the sex of each perpetrator listed on the questionnaire. For each perpetrator, sex of perpetrator was requested. Women were assigned a code of 1 = female perpetrator, 2 = male perpetrator, or 3 = male and female perpetrators.

Concurrent Physical Maltreatment. A modified version of the Conflict Tactics Scale (Straus, 1979) and Finkelhor's (1979) Sexual Victimization Survey, which include nine questions regarding physical maltreatment within the family, was presented three times to women corresponding with the time periods of CSA, PSA, and ASA. Concurrent physical maltreatment was determined if women reported the occurrence of any of the physical maltreatment behaviours within the family during the same time period as the occurrence of sexual abuse. For each woman who had been sexually abused, a total score for concurrent physical maltreatment was derived by adding the maximum ratings of the frequency of physical maltreatment for each time period of sexual abuse (e.g., never = 1, more than 20 times = 5), and the maximum rating of the family member involved in the physical maltreatment of all time periods of sexual abuse. Because previous research does not provide information about the ordering of the severity of different family members' behaviors (i.e., other researchers only use parental behaviors), items were arranged into levels of increasing severity according to increasing

physical contact toward the child by a family member of increasing age (e.g., brother or sister maltreated each other = 1, brother or sister maltreated child = 4, and parent maltreated child = 5).

The range of scores was from 1 to 10 for each woman in the CSA, PSA, and ASA groups. A score of 1 reflected conditions of sexual abuse with no concurrent physical maltreatment. A score of 10 reflected conditions of sexual abuse with concurrent maltreatment by a parent. For women in the CSA/PSA, CSA/ASA, PSA/ASA, and CSA/PSA/ASA groups, the total score could range from 1 to 20. A score of 20 reflected concurrent physical maltreatment by a parent during all age periods (CSA/PSA/ASA).

Child's Response to the Abuse. In order to assess current perceptions of reactions to sexual abuse (Finkelhor, 1979; Runtz, 1987; 1991), women were presented with the item "Looking back to the time this occurred, what were your immediate reactions to the experience?" and then, were asked to endorse one of the following answers: "positive", "mostly positive", "neutral", "mostly negative", and "negative". Each response was coded so that 1 = positive, 2 = mostly positive, 3 = neutral, 4 = mostly negative, and 5 = negative.

Measure of Disclosure

For the present study, the following Measure of Disclosure was developed. This measure consisted of a total of 34 items which reflected the occurrence of disclosure; the nature of disclosure; the amount of disclosed information; recantation; the emotional support, belief, and action by family members, perpetrators, and social agency personnel; and the subjective perceptions of the effect of disclosure of sexual abuse on the respondents. To date, there appears to be no standardized measure

that researchers can use to assess the circumstances of disclosure of sexual abuse. Thus, items on disclosure, as reported by adults, were devised for this study to assess the extent to which disclosure had an impact on outcomes of sexual abuse.

In the present study, 33 disclosure items were used to generate the variable, disclosure. One category of items included in this variable reflected the extent of disclosure. These items included whether "someone knew or learned of the sexual abuse", "whether children told anyone", "closeness of the relationship to the person disclosing", "number of persons disclosed to", whether a "social agency was involved", "age of disclosure", "latency between age of abuse and age of disclosure", "amount of information disclosed", and "occurrence of recantation". In addition, a second category of items included in the variable, disclosure, reflected the extent of supportiveness or positive disclosure. These items were "emotional support, belief, and action" of each parent, social agency, perpetrator, counsellor, and significant other; subjective ratings of "effect of disclosure" and "quality of current relationships" with each parent, sibling, and significant other; and "current ability to disclose sexual abuse" to others, and on the questionnaire.

Women's responses to the 33 items were coded as illustrated in Table 1 (e.g., Categorical responses were ordered to reflect the most positive circumstances of the disclosure item, and the presence or absence of a behaviour was coded 0 = "no" and 1 = "yes"). The total score for the variable, disclosure, was derived by adding the ratings for each item comprising the extent of disclosure, and the extent of

Table 1

Coding Procedure for Items of Disclosure Variable

Items	Coding
Extent of Disclosure	
115 Others knew	0 = No, 1 = Yes
116 Child's noticeable behaviours	0 = No, 1 = Yes
117 Perpetrator's noticeable behaviours	0 = No, 1 = Yes
118 Parents learned of abuse	0 = No, 2 = Suspected, 5 = Told
119 Who child told	0 = No, 3 = Sibling, 5 = Parent
120 Age at time of telling	0 = No, 1 = Adult, 2 = Child
121 Age someone learned	0 = No, 1 = Adult, 2 = Child
122 Abuse at time	0 = No, 2 = One Year, 4 = One week
123 Aspects of abuse	0 = No, 1 = Vague, 4 = All
124 Recantation	0 = No, 1 = Yes, 2 = Never
132 Reported to an agency	0 = No, 1 = One, 5 = More than one
137 Talked with counsellor	0 = No, 1 = Counsellor talked, 3 = Both
146 Told significant friend	0 = No, 1 = Yes
147 Could you tell someone	0 = No, 1 = Yes

Table 1 continued

Extent of Disclosure Supportiveness

125	Mother's reaction	0 = No, 1 = Unsupportive, hostile; 5 = Very committed
126	Mother's belief	0 = No, 1 = Denied, 3 = Undecided, 5 = Clear
127	Mother's action	0 = No, 1 = Took other's side 5 = Referred to agency
128	Father's reaction	0 = No, 1 = Unsupportive, hostile; 5 = Very committed
129	Father's belief	0 = No, 3 = Undecided, 5 = Clear
130	Father's action	0 = No, 1 = Took other's side, 5 = Referred to agency
131	Perpetrator's reaction	0 = No, 1 = Denied, hostile; 5 = Clear
133	Agency reaction	0 = No, 1 = Not supportive, 4 = Very supportive
134	Child removed	0 = No, 1 = Yes
135	Perpetrator removed	0 = No, 1 = Yes
138	Counsellor's reaction	0 = No, 1 = Not supportive, 4 = Very supportive
140	Effect of disclosure	1 = Negative, 5 = Positive
141	Relationship with mother	1 = Negative, 5 = Positive
142	Relationship with father	1 = Negative, 5 = Positive
143	Relationship with siblings	1 = Negative, 5 = Positive
144	Relationship with perpetrator	1 = Negative, 5 = Positive
145	Relationship with friend	1 = Negative, 5 = Positive
146	Friend's reaction	0 = No, 1 = Not supportive, 4 = Very supportive
148	Woman's reaction	1 = Negative, 5 = Positive

Note. Values illustrate some examples of the coding used for each item from the Measure of Disclosure.

disclosure supportiveness categories. The range of the scores was from 0 (no disclosure, no support) to 118 (most disclosure, most support).

Measures of Psychosocial Functioning

General, Standardized Measure

Brief Symptom Inventory (BSI). The Brief Symptom Inventory (BSI), an abbreviated version of the widely used Symptom Checklist-90 (SCL-90; Derogatis, Lipman, & Covi, 1973), is a 53-item, five-point scale of severity, self-report checklist that measures nine symptom dimensions: Somatization, Obsessive-compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism (Derogatis & Spencer, 1982). The BSI also yields three global measures including the General Severity Index (GSI), the Positive Symptom Total (PST), and the Positive Symptom Distress Index (PSDI).

In the present study, the GSI was used as one of the measures of psychosocial functioning with women who had experienced sexual abuse. There were two reasons for using this global measure. First, the GSI is considered to be the single best predictor of current distress levels relative to the PST and PSDI (Derogatis & Melisaratos, 1983). Second, many researchers in the area of sexual abuse have used this measure in their research, and in particular, with the university or college student population (e.g., Fromuth, 1986; Gold, 1986; Runtz & Schallow, 1997). Thus, outcomes for other studies reliably could be compared to the findings for the present study.

The GSI is calculated by summing the average scores for the nine symptom dimensions plus the scores of four additional items and then, dividing by the total number of items. The total scores for subjects

could range from 0 to 4. Derogatis & Spencer (1982) reported a mean score for nonpatient normal adults of .30 (SD = .31). Cochran & Hale (1985) reported a mean score for nonpatient female college students of .71 (SD = .42).

Results of reliability and validity testing have been reported on the BSI by Derogatis and Melisaratos (1983). Specifically, in an internal consistency reliability analysis, alpha coefficients for all nine dimensions ranged from .71 to .85. Two-week test-retest reliabilities ranged from .68 to .91 for the nine dimensions; and was .90 for the GSI. Correlations between comparable symptom dimensions on the SCL-90 and BSI ranged from .92 to .99, while correlations between similar scales on the BSI and MMPI ranged from .35 to .52. From a factor analysis of the BSI, Derogatis and Melisaratos (1983) found a nine factor structure which was very similar to that of the SCL-90-R. Therefore, Derogatis and Melisaratos (1983) concluded that the BSI is both a reliable and valid short-form of the SCL-90. In the present study, the BSI was considered to be a robust tool to measure women's psychosocial functioning.

Trauma-specific, Standardized Measure

Trauma Symptom Checklist-40 (TSC-40). The Trauma Symptom Checklist-40 (TSC-40) is a 40-item, four-point scale of severity, self-report checklist specifically developed to assess posttraumatic psychological disturbance (Elliot & Briere, 1992). Originally, Briere & Runtz (1989) constructed the Trauma Symptom Checklist-33 (TSC-33) in response to a need for a research measure which would be sensitive to abuse-specific symptomatology. At that time, the TSC-33 was reported to

be "a brief, abuse-oriented instrument of reasonable psychometric quality that can be used in clinical research as a measure of traumatic impact, perhaps most notably (but not exclusively) in the area of long-term child abuse effects" (p. 153). However, shortcomings of the TSC-33, including the absence of a subscale to measure sexual difficulties, the relatively lower reliability of the Sleep Disturbance subscale to the other subscales, and the ambiguous content validity of the Post Sexual Abuse Trauma-hypothesized (PSAT-h) subscale led to the development of the TSC-40 (Briere & Runtz, 1989).

The TSC-40 measures six symptom dimensions. These dimensions include Anxiety, Depression, Dissociation, Sexual Abuse Trauma Index, Sexual Problems, and Sleep Disturbance. In addition, the TSC-40 yields one global or total score of adjustment. Dissociation, Sexual Abuse Trauma Index, Sleep Disturbance, and Sexual Problems served as four of the outcome of sexual abuse measures. Tabachnick and Fidell (1989) caution against choosing dependent variables that likely are correlated with each other. When dependent variables are correlated, they measure the same or similar facets of behaviours in slightly different ways, and thus little is gained by inclusion of several measures of the same thing. In this case, TSC-40 Total Score, and Anxiety and Depression subscales were regarded to be well correlated with the BSI and GSI and thus, were not included. The subscale scores are calculated by summing the scores for each subscale item, and then dividing by the total number of items for each subscale (e.g., Dissociation 6 items, Sexual Abuse Trauma Index 7 items). The total scores for women could range from 0 to 3 for each of the subscales. The total score on the TSC-40 is calculated

by summing the scores for each of the 40 items and then dividing by the total number of items. Thus, the total global score on the TSC-40 for each woman could range from 0 to 3. Reliability and validity of the TSC-33 subscales and total score have been reported as "reasonable" in the study of sexual abuse effects (e.g., Bagley, 1989; Briere & Runtz, 1989). Specifically, alpha coefficients of an average subscale of .71 and a total scale of .89 were reported, and a validity check, using discriminant analysis, demonstrated that 79% of clinical sexual abuse victims were identified by the TSC-33 subscales.

In addition, reliability and validity testing recently has been reported on the TSC-40 (Elliot and Briere, 1992) in a study of the long-term impact of childhood sexual abuse on a community sample of 2,963 professional women from the United States (M age = 41.7 years, SD = 10.1). Internal consistency reliability analysis revealed alpha coefficients ranged from .62 to .77 for all six subscales; and was .90 for the total score. Discriminant analysis indicated that TSC-40 subscale scores were highly significant discriminators of sexually abused versus nonabused subjects. For example, sexual abuse subjects obtained a higher Sexual Abuse Trauma Index score than approximately 68% of nonabused subjects. Therefore, Elliot and Briere (1992) concluded that the TSC-40 is a reliable research scale in the study of how sexual abuse impacts on individuals. In the present study, the TSC-40 was considered to be a robust tool for the measurement of trauma-specific symptoms in women who had been sexually abused.

Subjective Perceptions, Self-report Measure

Courtois (1988). Courtois (1979, 1988) developed a nine-item,

five-point scale of severity, self-report research checklist that measures "aftereffects" experienced by incest victims. Each of the nine items is intended to measure one life sphere, including "social", "psychological or emotional", "sexual", "physical", "familial", "sense of self", "relationship to men", and "relationship to women" spheres as well as the overall rating of the effect of the sexual abuse experience on individuals. The total scores for each item range from one (no effect) to five (severe negative effect).

Five aftereffects (social, familial, sense of self, relation to men, and relation to women) served as five of the outcome variables in the present study. The other aftereffects (psychological or emotional, sexual, physical, and overall) were regarded to correlate highly either with the BSI or with the TSC-40 subscales (Sexual Problems and Sexual Abuse Trauma Index). Consequently, their usefulness in explaining the influence of the independent variables was reduced (Tabachnick & Fidell, 1989).

Courtois's (1979, 1988) checklist for aftereffects of sexual abuse has been overlooked as a tool for measuring outcomes in sexual abuse research, in large part, because of the methodology (i.e., subjective perceptions). Consequently, reliability and validity data are not available. However, Courtois (1979) reported test-item construct validity according to the literature on incest, and adequate one-week test-retest reliability of 17 pairs of items on her entire semi-structured interview, part of which included the aftereffects items. In a small nonclinical sample of 31 adults, Courtois (1979) found that some of the items provided evidence of an association between age of incest

onset and severity of effects. That is, the aftereffects items, relationships with men and sense of self, were rated as more severe by those subjects for whom incest began prepuberty as compared to postpuberty. The sensitivity of Courtois's (1979) aftereffects items to age and sexual abuse effects indicated that the aftereffects items would provide robust information about age and sexual abuse in the present study.

Shame, Standardized Measure

The Internalized Shame Scale (ISS). Cook (1993) developed a 30-item four-point scale that measures the extent to which respondents experience internalized shame feelings. The ISS is made up of 24 negatively worded "shame items" which constitute a shame score, and six positively worded "self-esteem items" which constitute a positive self-esteem score. Self-esteem items were taken from the Rosenberg Self-esteem Scale (Rosenberg, 1965). Self-esteem items have been included in order to control for the tendency of respondents to develop a response set when all items are worded in the same direction.

The shame score is calculated by summing the response categories (0 to 4) for each of the 24 shame items. The range of scores is from 0 to 96. In Cook (1993), norms for groups of individuals are reported, including those for a nonclinical group of adults ($M = 30$, $SD = 15$ for men, and $M = 33$, $SD = 16$ for women), for a clinical group of male and female adults (for affective disorder, $M = 50$, $SD = 21$), and for adolescent groups (high school, $M = 44$, $SD = 18$; group home males, $M = 42$, $SD = 22$). In addition, the average mean shame score for a college sample of 645 undergraduates and graduates was reported to be 24 ($SD =$

8, Range = 17-63). A shame score of 50 or higher is regarded as indicative of problematic levels of internalized shame, while a score of 60 or higher is associated with symptoms of depression and anxiety.

Factor analyses of the ISS consistently have demonstrated that one factor accounts for 75% or more of the total variance. Hence, Cook (1993) has concluded that subscale scores do not produce any additional information beyond what can be determined from the single total shame score. Results of reliability and validity testing for the ISS have been reported extensively by Cook (1993). Internal consistency reliability analyses for the ISS have resulted in alpha coefficients of .95 with the nonclinical population and .96 with different clinical populations (inpatient and outpatient samples of psychiatric patients, and inpatient and outpatient samples of alcohol treatment patients). Seven-week test-retest reliability has produced a stability coefficient of .84.

Convergent validity has been demonstrated between the ISS and self-esteem scales with correlations of $-.52$ (Coopersmith Self-esteem Inventory: SEI), $-.77$ (Janis-Field Feelings of Inadequacy Scale), $.68$ (Low Self-esteem Scale: Multiscore Depression Inventory), and $.79$ (Ineffectiveness Scale: Eating Disorder Inventory), and $-.74$ (Rosenberg Self-esteem Scale) with clinical and nonclinical samples. (Correlations were negative for self-esteem scales scored in a positive direction.) In addition, ISS and measures of depression have been related, with correlations of $.75$ (Multiscore Depression Inventory: Total Score), $.72$ (Multiple Affect Adjective Check List - Revised: Depression Scale), $-.56$ (Multiple Affect Adjective CheckList - Revised: Positive Affect Scale), and $.59$ to $.79$ (Beck Depression Inventory) with clinical and nonclinical

samples. Convergence also has been demonstrated between the ISS and measures of anxiety (correlations ranged from .68 to .91, Spielberger State and Trait Anxiety).

Construct validity of the ISS, as a measure of shame, has been supported by its association with clinically significant disorders. Clinical samples (alcohol or drugs, affective disorders, other psychiatric group, posttraumatic stress disorder, and eating disorders) have scored significantly higher on the ISS than nonclinical samples. Similarly, high shame, as measured by the ISS, has been found to be related to a history of child sexual abuse in both male and female adults who were in treatment for alcohol or drug abuse. Taken together, these results allowed Cook (1993) to conclude that the ISS is a reliable and valid measure of internalized shame. The validity, reliability, and sensitivity of the ISS to the responses of adults with a history of sexual abuse indicated that the use of the ISS in the present study would provide robust information about sexually abused women's feeling of shame.

Other Measures

Risk for Sexual Abuse Variables

The series of 51 items on the Sexual Victimization of Children Survey (Finkelhor, 1979) were used to assess for the presence of risk-factors for sexual abuse (e.g., mother or father was ill). Women's responses to each item were analyzed for differences between groups by sexual abuse as part of the descriptive data analyses (see Results section).

Spanking Variables. In order to identify the role of "spanking"

as a risk for sexual abuse, three additional items were used in the Sexual Victimization of Children Survey (Finkelhor, 1979). More specifically, women were presented with the questions "When you were between the ages of 0 to 6 years old how often would your mother or father spank you?", "When you were between the ages of 7 to 12 years old how often would your mother or father spank you?", and "When you were older yet, 13 years old and older, how often would your mother or father spank you?". Responses were coded according to the answer given by each woman. Women's responses to each item were analyzed for differences between groups by sexual abuse (see Descriptive Data Analyses section).

Women's Confidence in Their Memory Variable

In order to assess current perceptions of confidence in their memory of sexual abuse (Runtz, 1991), women were presented with the item "How confident do you feel about your memory of this experience?" at the end of each of the three sexual abuse surveys (Child Sexual Abuse survey, Preadolescent Sexual Abuse survey, and Adolescent Sexual Abuse survey). Women were asked to endorse for each item one of the following answers: "very confident", "confident", "somewhat confident", "not confident", and "not very confident". Each response was coded so that 1 = not very confident, 2 = not confident, 3 = somewhat confident, 4 = confident, and 5 = very confident. Women's responses were analyzed for differences between groups by age of sexual abuse (see Group Characteristics sections).

Women's Perceptions of Sexual Abuse Variable

In order to assess current perceptions of the occurrence of sexual abuse (Runtz, 1991), women were presented with the item "Do you feel you

were sexually abused...?" at the end of the questionnaire. More specifically, women were asked whether they felt they were sexually abused for each age period used in the present study: "Do you feel you were sexually abused when you were 6 years old or younger?", "Do you feel you were sexually abused when you were between the ages of 7 and 12 years old?", and "Do you feel you were sexually abused when you were 13 years old and older?". Each response was coded so that 0 = no and 1 = yes. Women's responses were analyzed for differences between groups by age of sexual abuse (see Group Characteristics section).

Stigma Variable

In order to control for time required by sexually abused women to complete items on the aftereffects of sexual abuse and disclosure measures, women who did not report sexual abuse were presented with a modified version of Tomlin's (1991) Stigma and Incest Survivors survey. Tomlin (1991) developed a 10-item five-point scale that measures the extent to which respondents feel "comfortable" to "uncomfortable" (stigma) in new and old relationships as adults (same sex friend, opposite sex friend, dating partner, marriage partner, and parents) with someone who was sexually abused during childhood by a family member. Reliability and validity data are not available for the scale.

Women in the present study who did not report sexual abuse were asked to respond to a 10-item five-point scale that measures the extent of stigma in new and old relationships as adults with someone who had been sexually abused between the ages of 0 and 6 years with any other person. Women then were asked to respond to the same scale in regard to someone who had been sexually abused between the ages of 7 and 12, and

between the ages of 13 and 17 years. Thus, for each woman, responses were collected for 30 items. Each response was coded so that 1 = very uncomfortable, 2 = uncomfortable, 3 = neutral, 4 = comfortable, and 5 = very comfortable.

RESULTS

The results are presented in three main sections. First, "descriptive data analyses" are presented on "demographic variables", "risk for sexual abuse variables", "sexual abuse characteristics", and "measures of psychosocial functioning" for the total sample, for abuse categories (i.e., abuse, noabuse), and/or for age of abuse groups (e.g., subjects who reported occurrence of nonconsensual sexual behaviours before age 6). Within the subsection of "sexual abuse characteristics", information is described under the headings of "group characteristics", "characteristics of abuse-specific circumstances", and "disclosure characteristics". Second, inferential data analyses are presented under the headings of "primary analyses" and "an exploration of factors of interest". In addition, analyses of the data related to "stigma and sexual abuse", from those women who did not report any occurrences of nonconsensual sexual behaviours before age 18, are presented. Within the section on "primary analyses", results are presented under the heading of "main effects".

Descriptive Data Analyses

For the present study, relevant descriptive statistics of variables were calculated. These statistics included the mean, range, standard deviation, frequency, intercorrelations, and where applicable, internal consistency reliability of variables. Values for demographics,

risk factors for sexual abuse, and some characteristics of sexual abuse were analyzed for differences between groups as a function of sexual abuse, and between groups as a function of age of occurrence of sexual abuse. Because data were nonparametric, appropriate tests of significance for nonparametric data were used as alternatives to tests of significance for parametric data.

The probability of a Type 1 error may be inflated because of multiple tests of significance. For these preliminary analyses, Type 1 error rate was maintained at a conventional alpha level of .05 rather than an adjusted level for multiple tests because hypotheses had not been proposed about differences between women for demographic, risk, and sexual abuse characteristics. However, the values of p are reported to allow independent evaluation of the importance of these variables for future research in the area of child sexual abuse.

Demographic Variables

Demographic information was provided by all 409 women. The age of the women ranged from 18 to 49 years, with a mean age of 19.7. The modal age was 18 years. The majority of women were single (90%). Twenty-four (6%) were married or living as married, and 3 (1%) were separated or divorced. Women were in their first (76%), second (15%), third (4%), or fourth (4%) year of studies at the university. Less than one percent were in their fifth year of studies. At the time of the study, approximately one-half of the women (58%) were living with their parents, 85 (21%) were living with friends or other family members, 38 (9%) were living in residence, 28 (7%) were living with a spouse or partner, and 20 (5%) were living alone. Most of the women came from

families with three or less children (80%), with the average number of children in families being 2.77. Eighty women (20%) came from families with four or more children. In addition, most of the women were either the youngest (39%) or the oldest (37%) in their families. Twenty percent of the women were middle children, and 4% were the only child. The average and modal family income when women were 18 years or younger was \$30-40,000. Only 13% of the women's family income was \$20,000 or less. The majority of women came from cities of over 300,000 people (43%) or from towns and farms of less than 10,000 people (32%). An examination of correlation matrices (Kendall's Tau) indicated that none of the above demographic variables had a correlation greater than $\tau = .20$ with any of the 18 outcome variables used in the study. These findings suggested that there was little to no overlap among these variables.

Of the 409 women in the study, 206 (50.4%) reported nonconsensual sexual behaviour before the age of 18 (sexual abuse group), and 203 (49.6%) did not report nonconsensual sexual behaviour before the age of 18 (no sexual abuse group). Mann-Whitney U-Wilcoxon's tests of significance were performed to determine whether there were significant differences between groups as a function of sexual abuse for the women's age, year in university, size of family, order of birth, family income, marital status, living arrangements, and size of town. Significant differences were found for marital status, $U = -2.71$, $p < .007$, two-tailed; living arrangements, $U = -3.53$, $p < .000$, two-tailed; and size of town, $U = -2.52$, $p < .011$, two-tailed. Women who had experienced sexual abuse were more likely than women who had not experienced sexual abuse to be married, to live away from their parents, and to come from

smaller towns.

Risk for Sexual Abuse Variables

Information about their risk for sexual abuse (Finkelhor, 1979) was provided by all 409 women. Frequency of item endorsement by women as a function of sexual abuse can be found in Table D-1 (see Appendix D). Mann-Whitney U-Wilcoxon's tests of significance were performed to determine whether there were significant differences between sexual abuse and no sexual abuse groups for these risk items. The analyses yielded significant effects on many of the risk items, including "mother's education", $U = -2.08$, $p < .038$, two-tailed; "closeness to mother", $U = -2.08$, $p < .037$, two-tailed; "closeness to father", $U = -2.05$, $p < .04$, two-tailed; "mother was ill", $U = -2.21$, $p < .027$, two-tailed; "mother drank heavily", $U = -2.82$, $p < .005$, two-tailed; "mother complained about finances", $U = -2.25$, $p < .025$, two-tailed; and "mother punished you about doing something sexual on a date", $U = -2.48$, $p < .013$, two-tailed. In addition, the analyses yielded significant effects on other risk items, including "father had problems with relatives", $U = -2.55$, $p < .011$, two-tailed; "father drank heavily", $U = -2.95$, $p < .003$, two-tailed; "father roughhoused or played tickling games", $U = -2.21$, $p < .028$, two-tailed; and "parents' marriage", $U = -2.90$, $p < .004$, two-tailed.

Compared to nonabused women, abused women reported that their mothers had a higher level of education, that they did not feel as close to their fathers and mothers, and that they perceived their parents' marriages as unhappier. In addition, sexually abused women more frequently reported than nonabused women that their mothers were ill,

drank heavily, complained about finances, and punished them for doing something sexual on a date; and also, that their fathers had problems with their relatives, drank heavily, and roughhoused or played tickling games with them.

Three items, added to Finkelhor's (1979) risk for sexual abuse variables, also were analyzed for differences between women as a function of sexual abuse. Again, the Mann-Whitney U-Wilcoxon tests of significance were used. There were no significant differences between the sexually abused and nonabused groups for "spanked by parents between 0 and 6 years of age" and "spanked by parents between 7 and 12 years of age". Only "spanked by parents between 13 and 17 years of age" was significantly related to abuse, $U = -2.54$, $p < .011$, two-tailed. Women who had been sexually abused tended to be more likely than women who had not been sexually abused to have been spanked by their parents between the ages of 13 and 17 years.

Sexual Abuse Characteristics

Group Characteristics

Two hundred and six women (50.4%) reported nonconsensual sexual contact before the age of 18 years. Of the 10 sexual behaviours listed on the Child Sexual Abuse scale (CSA), the Preadolescent Sexual Abuse scale (PSA), and the Adolescent Sexual Abuse scale (ASA), the mean number of items answered positively by these women was 7.0, with a range of 1 to 28. The internal consistency reliability (Cronbach's alpha) was .96 for the CSA scale, was .95 for the PSA scale, and was .97 for the ASA scale. An examination of correlation matrices (Kendall's Tau) indicated that none of the 10 items on the CSA scale had a correlation

greater than $r = .30$ with the nine outcome scales and greater than $r = .45$ with the nine outcome items. In addition, none of the 10 items on the PSA scale had a correlation greater than $r = .40$ with the nine outcome scales and greater than $r = .50$ with the nine outcome items. Finally, none of the 10 items on the ASA scale had a correlation greater than $r = .40$ with the nine outcome scales and greater than $r = .55$ with the nine outcome items. Consequently, the presence of low to moderate correlation coefficients indicated that items and outcome variables measured different things. Thus, multicollinearity (i.e., correlation coefficients of .90 and above) was not a concern in the stability of statistical analyses in the present study.

Table 2 illustrates the frequency of occurrence of the individual nonconsensual sexual behaviours on the three scales combined for the 206 women who had been sexually abused. The majority of abused women (50%) experienced "invitation to do something sexual", "kissing and hugging", and "exposure in a sexual way". Experiences of "fondling" and "touching" in a sexual way also were common for women (40%). Experiences of "intercourse" and "attempted intercourse" were less frequent (10%).

Table 3 illustrates the frequency of sexual abuse for the total sample of women during childhood, preadolescence, adolescence, and mixed age periods (i.e., childhood and preadolescence, childhood and adolescence, preadolescence and adolescence, and childhood, preadolescence, and adolescence). For the sample of women who had been sexually abused, most were abused either during adolescence (38%) or during more than one age period (41%). Furthermore, 11% of the abused women reported abuse only during preadolescence, and 10% only during

Table 2

Sexual Abuse: Frequency of Item Endorsement on the CSA, PSA, and ASA Scales (%) (n=206)

Item	Never	Once	2-10	11-20	>20
Sexual invitation	67%	13%	14%	3%	5%
Kissing & hugging	70%	12%	10%	3%	5%
Other exposing	71%	13%	11%	2%	4%
You exposing	79%	8%	7%	2%	4%
Other fondling you	70%	11%	12%	2%	5%
You fondling other	84%	5%	6%	1%	4%
Other touching you	73%	9%	12%	2%	5%
You touching other	83%	6%	8%	1%	4%
Attempted intercourse	84%	7%	4%	1%	4%
Intercourse	91%	3%	2%	1%	2%

Note. CSA = Child Sexual Abuse, PSA = Preadolescent Sexual Abuse, ASA = Adolescent Sexual Abuse.

Table 3

Frequency of Sexual Abuse by Age (N=409)

Group	<u>n</u> %
Child Sexual Abuse (0 to 6 years)	21 (5%)
Preadolescent Sexual Abuse (7 to 12 years)	22 (5%)
Adolescent Sexual Abuse (13 to 17 years)	79 (19%)
Child and Preadolescent Sexual Abuse (0 to 12 years)	14 (3%)
Child and Adolescent Sexual Abuse (0-6 & 13-17 years)	17 (4%)
Preadolescent and Adolescent Sexual Abuse (7 to 17 years)	31 (8%)
Child, Preadolescent, and Adolescent Sexual Abuse (0 to 17 years)	22 (5%)
No Sexual Abuse (0 to 17 years)	203 (50%)

childhood. The age range during which sexual abuse experiences occurred was 3 to 18 years. In Table 4, the average age for the first and last time sexual abuse occurred is shown for each abuse group (CSA, PSA, ASA, and CSA/PSA, CSA/ASA, PSA/ASA, and CSA/PSA/ASA).

Frequency of occurrence of the individual nonconsensual sexual behaviours on each of the three scales is illustrated by age group (See Table 5 for frequency of nonconsensual sexual behaviours during childhood; Table 6 for frequency of nonconsensual sexual behaviours during preadolescence; Table 7 for frequency of nonconsensual sexual behaviours during adolescence; Table 8 for frequency of nonconsensual sexual behaviours during childhood and preadolescence; Table 9 for frequency of nonconsensual sexual behaviours during childhood and adolescence; Table 10 for frequency of nonconsensual sexual behaviours during preadolescence and adolescence; and Table 11 for frequency of nonconsensual sexual behaviours during childhood, preadolescence, and adolescence.)

The majority of women who were sexually abused before the age of 6 years (CSA) experienced "an invitation to do something sexual", and "kissing and hugging" and "exposure" in a sexual way (60%). Thirty-five percent of women abused before the age of 6 years experienced "fondling" or "touching" in a sexual way, while 5% experienced "intercourse" or "attempted intercourse". Amongst the women who were sexually abused between 7 and 12 years of age (PSA), the majority experienced either "sexual invitations", "kissing and hugging", or "exposure" (44%), or "fondling" or "touching" in a sexual way (48%). Eight percent experienced "intercourse" or "attempted intercourse". In the group of

Table 4

Age of First and Last Abuse by Group (n = 206)

Group	Age Abused First	Age Abused Last
	Mean (SD)	Mean (SD)

Child	4.56 (0.45)	5.10 (0.85)
Preadolescent	9.41 (2.13)	9.60 (2.18)
Adolescent	15.0 (1.45)	16.10 (1.43)
Child and Preadolescent		
Child	4.57 (1.29)	5.43 (0.94)
Preadolescent	8.50 (1.87)	10.64 (1.87)
Child and Adolescent		
Child	5.25 (0.58)	5.50 (0.52)
Adolescent	14.75 (1.39)	15.69 (1.62)
Preadolescent, Adolescent		
Preadolescent	9.40 (2.60)	10.33 (2.51)
Adolescent	14.40 (1.30)	15.90 (1.35)
Child, Preadolescent, Adolescent		
Child	4.60 (1.10)	5.48 (0.68)
Preadolescent	9.05 (1.79)	11.41 (1.33)
Adolescent	14.43 (1.57)	16.00 (1.38)

Table 5

Child Sexual Abuse: Frequency of Item Endorsement (%) (n = 21)

Item	Frequency of Occurrence				
	Never	Once	2-10	11-20	>20
Sexual invitation	14%	62%	19%	0%	5%
Kissing & hugging	38%	38%	10%	5%	10%
Other exposing	19%	43%	33%	0%	5%
You exposing	24%	48%	24%	0%	5%
Other fondling you	48%	29%	19%	0%	5%
You fondling other	57%	24%	14%	0%	5%
Other touching you	43%	33%	19%	0%	5%
You touching other	71%	14%	10%	0%	5%
Attempted intercourse	76%	14%	5%	0%	5%
Intercourse	100%	0%	0%	0%	0%

Table 6

Preadolescent Sexual Abuse: Frequency of Item Endorsement (%) (n = 22)

Item	Frequency of Occurrence				
	Never	Once	2-10	11-20	>20
Sexual invitation	55%	27%	18%	0%	0%
Kissing & hugging	73%	18%	9%	0%	0%
Other exposing	73%	18%	9%	0%	0%
You exposing	100%	0%	0%	0%	0%
Other fondling you	55%	41%	5%	0%	0%
You fondling other	86%	14%	0%	0%	0%
Other touching you	64%	32%	5%	0%	0%
You touching other	86%	14%	0%	0%	0%
Attempted intercourse	86%	14%	0%	0%	0%
Intercourse	95%	5%	0%	0%	0%

Table 7

Adolescent Sexual Abuse: Frequency of Item Endorsement (%) (n = 79)

Item	Frequency of Occurrence				
	Never	Once	2-10	11-20	>20
Sexual invitation	29%	25%	33%	4%	9%
Kissing & hugging	73%	34%	25%	25%	1%
Other exposing	53%	20%	16%	3%	8%
You exposing	65%	6%	18%	1%	10%
Other fondling you	41%	19%	23%	5%	13%
You fondling other	65%	6%	15%	3%	11%
Other touching you	51%	10%	27%	1%	11%
You touching other	67%	5%	16%	0%	11%
Attempted intercourse	59%	19%	8%	0%	13%
Intercourse	72%	11%	4%	6%	6%

Table 8

Child and Preadolescent Sexual Abuse: Frequency of Item Endorsement (%)
(n = 14)

Item	Frequency of Occurrence				
	Never	Once	2-10	11-20	>20
Sexual invitation	36% 21%	14% 21%	29% 29%	0% 0%	21% 29%
Kissing & hugging	64% 45%	7% 10%	14% 21%	0% 21%	14% 14%
Other exposing	14% 21%	21% 36%	50% 21%	0% 7%	14% 14%
You exposing	21% 43%	36% 14%	29% 14%	0% 14%	14% 14%
Other fondling you	36% 43%	7% 7%	43% 29%	0% 0%	14% 21%
You fondling other	64% 64%	0% 0%	21% 7%	0% 7%	14% 21%
Other touching you	36% 36%	7% 7%	43% 29%	0% 7%	14% 21%
You touching other	43% 64%	7% 7%	36% 7%	0% 7%	14% 14%
Attempted intercourse	79% 64%	7% 29%	7% 0%	0% 0%	7% 7%
Intercourse	86% 79%	7% 7%	0% 0%	0% 0%	7% 7%

Note. Values in first row of each item represent Child Sexual Abuse (CSA), while values in second row of each item represent Preadolescent Sexual Abuse (PSA).

Table 9

Child and Adolescent Sexual Abuse: Frequency of Item Endorsement (%)
(n = 17)

Item	Frequency of Occurrence				
	Never	Once	2-10	11-20	>20
Sexual invitation	76% 12%	12% 41%	12% 29%	0% 6%	0% 12%
Kissing & hugging	65% 24%	24% 24%	6% 35%	6% 12%	0% 6%
Other exposing	18% 59%	59% 18%	18% 18%	6% 6%	0% 0%
You exposing	41% 71%	47% 12%	6% 18%	6% 0%	0% 0%
Other fondling you	59% 12%	29% 47%	12% 41%	0% 0%	0% 0%
You fondling other	88% 47%	6% 18%	0% 35%	6% 0%	0% 0%
Other touching you	59% 47%	29% 29%	12% 18%	0% 6%	0% 0%
You touching other	82% 59%	12% 18%	0% 24%	6% 0%	0% 0%
Attempted intercourse	94% 65%	0% 24%	0% 12%	6% 0%	0% 0%
Intercourse	94% 88%	0% 6%	0% 6%	0% 0%	6% 0%

Note. Values in first row of each item represent Child Sexual Abuse (CSA), while values in second row of each item represent Adolescent Sexual Abuse (ASA).

Table 10

Preadolescent and Adolescent Sexual Abuse: Frequency of Item Endorsement (%) (n = 31)

Item	Frequency of Occurrence				
	Never	Once	2-10	11-20	>20
Sexual invitation	32% 13%	32% 6%	29% 39%	0% 29%	6% 13%
Kissing & hugging	45% 29%	35% 16%	13% 23%	3% 16%	3% 16%
Other exposing	61% 39%	29% 13%	3% 32%	0% 3%	6% 13%
You exposing	71% 65%	19% 10%	6% 16%	0% 3%	3% 6%
Other fondling you	52% 19%	26% 26%	13% 29%	3% 10%	6% 16%
You fondling other	84% 45%	10% 19%	3% 23%	0% 3%	3% 10%
Other touching you	65% 35%	10% 10%	16% 32%	3% 10%	6% 13%
You touching other	81% 45%	16% 16%	0% 26%	0% 6%	3% 6%
Attempted intercourse	90% 55%	3% 13%	0% 19%	0% 3%	6% 10%
Intercourse	97% 68%	0% 13%	3% 13%	0% 3%	0% 3%

Note. Values in the first row of each item represent Preadolescent Sexual Abuse (PSA), while values in the second row of each item represent Adolescent Sexual Abuse (ASA).

Table 11

Child, Preadolescent, and Adolescent Sexual Abuse (%) (n = 22)

Item	Frequency of Occurrence				
	Never	Once	2-10	11-20	>20
Sexual invitation	50%	18%	18%	9%	5%
	14%	32%	32%	9%	14%
	23%	14%	23%	18%	23%
Kissing & hugging	50%	27%	14%	5%	5%
	27%	27%	32%	9%	5%
	23%	18%	18%	18%	23%
Other exposing	32%	32%	27%	5%	5%
	32%	18%	36%	9%	5%
	32%	27%	18%	5%	18%
You exposing	50%	18%	18%	9%	5%
	59%	9%	14%	9%	9%
	59%	9%	9%	5%	18%
Other fondling you	59%	14%	9%	9%	9%
	32%	9%	41%	9%	9%
	23%	14%	32%	9%	23%
You fondling other	82%	9%	5%	0%	5%
	59%	14%	14%	9%	5%
	73%	0%	5%	5%	18%
Other touching you	41%	27%	18%	5%	9%
	41%	5%	32%	14%	9%
	14%	32%	23%	9%	23%
You touching other	68%	18%	9%	0%	5%
	50%	27%	14%	5%	5%
	59%	0%	23%	0%	18%
Attempted intercourse	77%	9%	9%	0%	5%
	59%	18%	14%	5%	5%
	41%	14%	23%	0%	23%
Intercourse	95%	0%	5%	0%	0%
	95%	0%	5%	0%	0%
	55%	14%	5%	5%	18%

Note. Values in first rows represent Child Sexual Abuse (CSA), in second rows Preadolescent Sexual Abuse (PSA), and third rows Adolescent Sexual Abuse (ASA).

women who had been
(ASA), 42% experienced
"exposure", 34% experienced
and 24% experienced
sexual abuse occurred
reported a created

For the mixed
behaviours were similar
experienced sexual
(CSA/PSA 52%, CSA/ASA
"fondling" contributed
PSA/ASA 41% and CSA
intercourse was 16%
PSA/ASA 10% and CS

All 200 abused
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women who had been sexually abused between the ages of 13 and 17 years (ASA), 42% experienced "sexual invitations", "kissing and hugging", or "exposure", 34% experienced "fondling" or "touching" in a sexual way, and 24% experienced "intercourse" or "attempted intercourse". When sexual abuse occurred in a later age period, women more frequently reported a greater range of nonconsensual sexual behaviours.

For the mixed age groups, the percentages of nonconsensual sexual behaviours were similar amongst groups. The majority of women experienced "sexual invitations", "kissing and hugging", or "exposure" (CSA/PSA 52%, CSA/ASA 53%, PSA/ASA 49%, and CSA/PSA/ASA 49%), or "fondling" or "touching" in a sexual manner (CSA/PSA 40%, CSA/ASA 40%, PSA/ASA 41%, and CSA/PSA/ASA 39%). "Intercourse" or "attempted intercourse" was less common for all groups (CSA/PSA 8%, CSA/ASA 7%, PSA/ASA 10%, and CSA/PSA/ASA 12%).

All 206 abused women rated their confidence in their memory of their sexual abuse experiences during childhood, preadolescence, or adolescence. In retrospect, most of the 74 women, representing those women who had experienced sexual abuse during childhood (CSA, CSA/PSA, CSA/ASA, and CSA/PSA/ASA), felt "confident" or "very confident" in their ability to recall their experience (56%). Fifteen percent of these women were only "somewhat confident", and 29% were "not very confident" in their ability to recall their sexual abuse experience during childhood.

Eighty-eight women, representing those who had experienced sexual abuse during preadolescence (PSA, PSA/ASA, and CSA/PSA/ASA), also rated their confidence in their memory to recall their sexual abuse experience

during preadolescence. In retrospect, 70% of these women were "confident" or "very confident" in their ability to recall their sexual abuse experience during preadolescence, while 30% were only "somewhat confident" (14.5%), or "not" to "not very confident" (14.5%), of their ability to recall their sexual abuse experience during preadolescence. One hundred and forty-seven women, representing those who had experienced sexual abuse during adolescence (ASA, CSA/ASA, PSA/ASA, and CSA/PSA/ASA), rated their confidence in their ability to recall their sexual abuse experience during adolescence only. Ratings were similar to those women who had been sexually abused during preadolescence. That is, 73% felt "confident" or "very confident" in their memory to recall their sexual abuse experience from adolescence, 16% felt "somewhat confident", and 11% felt "not" to "not very confident" in their memory to recall their sexual abuse experience.

A Kruskal-Wallis one-way analysis of variance (ANOVA) was performed to determine whether there were significant differences between the groups of women who had experienced abuse in their confidence to recall their sexual abuse experiences. Significant differences were found between the groups for age, $H(2,309) = 18.14$, $p < .0001$, corrected for ties. Women abused during preadolescence or adolescence reported greater confidence in their memory to recall their sexual abuse experiences (M Ranks = 66.32, 64.95) than women abused during childhood (M Rank = 38.10).

All 206 women who had reported sexual abuse judged whether they felt they had been sexually abused during childhood, preadolescence, or adolescence (e.g., "Do you feel you were sexually abused when you were 6

years old or younger?"). For women who had reported nonconsensual sexual experiences before the age of 6 years, 43% judged that they felt they had been sexually abused between the ages of 0 to 6 years (CSA, CSA/PSA, CSA/ASA, and CSA/PSA/ASA). For women who had reported nonconsensual sexual experiences between the ages of 7 and 12, 42% judged that they felt they had been sexually abused between the ages of 7 and 12 years (PSA, CSA/PSA, PSA/ASA, and CSA/PSA/ASA). Finally, for women who had reported nonconsensual sexual experiences between the ages of 13 and 17 years, 40% judged that they felt they had been sexually abused between the ages of 13 and 17 years (ASA, CSA/ASA, PSA/ASA, and CSA/PSA/ASA). Thus, approximately 60% of the total abuse group indicated that they felt they had not been sexually abused during childhood, preadolescence, or adolescence.

Characteristics of Abuse-specific Circumstances

Information about the circumstances of their sexual abuse experiences was provided by all 206 women in the abuse group. Variables of interest in the present study were "use of force", "intrusiveness", "physical contact", "sex of perpetrator", "age of perpetrator", "number of perpetrators", "relationship of perpetrator to child", "frequency of sexual abuse", "duration of sexual abuse", "concurrent physical maltreatment", "proximity of sexual abuse to child's home", and "child's reaction to sexual abuse". Kendall Tau's correlation coefficients for nonparametric data were computed to assess for multicollinearity among the 10 circumstances variables. As Table E-1 (see Appendix E) illustrates, correlations between the 10 variables were all within the low to moderate range of association (i.e., $\tau < .60$). These findings

suggested that variables measured different things. Consequently, multicollinearity was not of concern in the statistical analyses.

Use of Force. Table 12 illustrates the frequency of abused women's experiences of having been "threatened", "forced", "hurt physically", and "convinced to participate" during sexual events for each group. For the purpose of analysis, a maximum value for the variable, use of force, was computed for each women by summing the presence of force, threat, hurt, and convinced for all age periods. Fifty-three women (27%) indicated that "no force" had been used; 52 (26%) indicated that "a little force" had been used (i.e., presence of one of four conditions during one age period); 62 (31%) indicated that "moderate force" had been used (i.e., presence of any of the four conditions two to three times during one or more age periods); and 32 (15%) that "much force" had been used during the sexual events (i.e., presence of any of the four conditions 4 to 11 times during one or more age periods). Seven women did not provide information about these aspects of their sexual abuse experiences.

Therefore, analysis of the variable, use of force, was based on data provided by 199 women. The variable was comprised of two conditions, low and high. The low condition included the 106 women who had experienced "no" to "little force", and the high condition included the 94 women who had experienced "moderate" to "much force" during sexual abuse.

Intrusiveness. For the 206 abused women, their most intrusive sexual contact was determined. Forty-seven women (23%) reported "intercourse", 40 (19%) reported "attempted intercourse", 61 (30%)

Table 12

Frequency of Use of Force Items by Sexual Abuse Group (n = 199)

Group	Threat	Force	Hurt	Convinced
CSA (n=21)	4(20%)	10(50%)	3(15%)	9(45%)
PSA (n=22)	3(14%)	11(50%)	1(5%)	7(32%)
ASA (n=79)	12(16%)	31(40%)	18(23%)	28(37%)
CSA, PSA (n=14)				
CSA	2(14%)	7(50%)	2(14%)	9(64%)
PSA	4(29%)	7(50%)	4(29%)	7(50%)
CSA, ASA (n=17)				
CSA	3(18%)	5(29%)	0(0%)	6(35%)
ASA	1(6%)	8(47%)	1(6%)	7(41%)
PSA, ASA (n=31)				
PSA	6(19%)	11(37%)	4(13%)	8(26%)
ASA	9(29%)	17(55%)	8(26%)	16(52%)
CSA, PSA, ASA (n=22)				
CSA	7(33%)	10(48%)	3(14%)	8(38%)
PSA	7(33%)	9(41%)	5(23%)	12(55%)
ASA	5(23%)	14(64%)	7(32%)	14(64%)

Note. CSA = Child Sexual Abuse; PSA = Preadolescent Sexual Abuse; ASA = Adolescent Sexual Abuse; CSA, PSA = Child and Preadolescent Sexual Abuse; CSA, ASA = Child and Adolescent Sexual Abuse; PSA, ASA = Preadolescent and Adolescent Sexual Abuse; CSA, PSA, ASA = Child, Preadolescent, and Adolescent Sexual Abuse.

reported "someone else or the child herself touching someone else's or her sex organs", 19 (9%) reported "someone else or the child herself fondling someone else or herself in a sexual way", 18 (9%) reported "someone else or the child herself showing of sex organs", 17 (8%) "kissing or hugging" in a sexual way, and 4 (2%) an "invitation to do something sexual" during the sexual event. For purpose of analysis, women were grouped into two levels of intrusiveness, from low to high intrusiveness (i.e., to prevent small cell sizes). One hundred and nineteen women (58%) comprised the low intrusiveness group (i.e., invitation, kissing or hugging, showing, fondling, touching), and 87 (42%) the high intrusiveness group (i.e., attempted intercourse, intercourse).

Sex of Perpetrator. Of the 206 abused women, 188 (91%) reported that sex of perpetrator was male, 11 (5%) reported that sex of perpetrators was male and female, and 5 (2%) reported sex of perpetrator was female. Two women did not provide information about sex of perpetrator. Because the majority of women experienced sexual abuse by a male perpetrator, sex of perpetrator was not included as a variable in the analyses on abuse-specific circumstances, and outcome associated with sexual abuse.

Age of Perpetrator. Perpetrators of sexual abuse ranged in age from 5 to 70 years, with an average age of 20 years. Table 13 illustrates the maximum age of perpetrator for each group of sexually abused women. For the total abuse sample, women reported maximum age of 5 perpetrators (2%) as 56 years or older, 5 perpetrators (1%) between 41 and 55 years old, 33 (8%) between 25 and 40 years old, 6 (15%) between

Table 13

Maximum Age of Perpetrator by Sexual Abuse Group (n = 205)

Frequency of Maximum Age of Perpetrator					
Group	Under 18	18-24	25-40	41-55	Over 56
CSA	17(81%)	2(10%)	1(5%)	0(0%)	1(5%)
PSA	13(59%)	5(23%)	3(14%)	0(0%)	1(5%)
ASA	36(46%)	36(46%)	6(8%)	1(1%)	0(0%)
CSA,ASA	6(43%)	1(7%)	5(36%)	0(0%)	2(14%)
CSA	9(75%)	0(0%)	2(17%)	0(0%)	1(8%)
PSA	5(38%)	1(8%)	5(38%)	0(0%)	2(16%)
CSA,ASA	7(41%)	5(29%)	4(24%)	1(6%)	0(0%)
CSA	13(81%)	1(6%)	1(6%)	1(6%)	0(0%)
ASA	6(38%)	7(44%)	3(18%)	0(0%)	0(0%)
PSA,ASA	14(45%)	8(26%)	6(19%)	3(10%)	0(0%)
PSA	18(69%)	2(8%)	5(20%)	1(4%)	0(0%)
ASA	13(45%)	10(34%)	3(10%)	3(10%)	0(0%)
CSA,PSA,ASA	8(38%)	4(19%)	8(38%)	0(0%)	1(5%)
CSA	13(65%)	1(5%)	5(25%)	0(0%)	1(5%)
PSA	11(55%)	2(10%)	7(35%)	0(0%)	0(0%)
ASA	10(53%)	3(15%)	6(31%)	0(0%)	0(0%)

Note. CSA = Child Sexual Abuse; PSA = Preadolescent Sexual Abuse; ASA = Adolescent Sexual Abuse; CSA,PSA = Child and Preadolescent Sexual Abuse; CSA,ASA = Child and Adolescent Sexual Abuse; PSA,ASA = Preadolescent and Adolescent Sexual Abuse; CSA,PSA,ASA = Child, Preadolescent, and Adolescent Sexual Abuse.

18 and 24 years old, and 101 (74%) younger than 18 years old. In the younger than 18 years group, 74 perpetrators were between 12 and 17 years old, and 18 were between 5 and 11 years old. For the purpose of analysis, age of perpetrator was divided into two levels of age, young and old. One hundred and one perpetrators (49%) comprised the young group (i.e., under age 18), and 104 (51%) the old group (i.e., 18 and older). For one woman, information was not provided about age of perpetrator.

Number of Perpetrators. Number of perpetrators ranged from 1 to 27, with the average number of perpetrators between 2 and 3. Of the 206 abused women, 84 (41%) reported abuse by 1 perpetrator; 42 (20%) reported abuse by 2 perpetrators; 27 (13%) by 3 perpetrators; 16 (8%) each by 4 and by 5 perpetrators; 4 (2%) by 6; 2 (1%) by 7; 3 (1.5%) by 8; 2 (1%) by 9; and 1 each by 11, 12, 16, 18, 20, and 27 perpetrators. For purpose of analysis, number of perpetrators was divided into two levels for number of perpetrators, low and high. Eighty-four women (41%) comprised the low number of perpetrators group (i.e., one perpetrator), and 118 (58%) the high number of perpetrators group (i.e., two and more perpetrators). For four women, information about number of perpetrators was not clear, and thus was not included in the analysis.

Relationship of Perpetrator to Child. Of the 206 abused women, 204 reported information about the biological nature of their relationship with the perpetrator. Table 14 shows the closest biological relationship to a perpetrator for each group of sexually abused women. For purpose of analysis, two groups were determined for the variable, relationship of perpetrator to child. These groups were "perpetrator not in family" and

Table 14

Relationship of Perpetrator to Child by Sexual Abuse Group (n = 204)

Group	1	2	3	4	5
CSA	1(5%)	7(35%)	5(25%)	7(35%)	0(0%)
PSA	1(5%)	8(36%)	6(27%)	5(23%)	2(9%)
ASA	5(6%)	15(19%)	54(69%)	2(3%)	2(3%)
CSA, PSA	0(0%)	3(21%)	3(21%)	6(43%)	2(14%)
CSA	0(0%)	6(43%)	2(14%)	5(36%)	1(7%)
PSA	2(14%)	3(21%)	2(14%)	5(36%)	2(14%)
CSA, ASA	0(0%)	3(18%)	5(29%)	9(53%)	0(0%)
CSA	0(0%)	6(35%)	2(12%)	9(53%)	0(0%)
ASA	2(12%)	3(18%)	12(71%)	0(0%)	0(0%)
PSA, ASA	0(0%)	3(10%)	11(35%)	14(45%)	3(10%)
PSA	1(3%)	5(16%)	10(32%)	11(35%)	3(10%)
ASA	0(0%)	5(16%)	19(61%)	5(16%)	2(6%)
CSA, PSA, ASA	0(0%)	0(0%)	8(36%)	10(45%)	4(18%)
CSA	1(5%)	4(19%)	8(38%)	7(33%)	1(5%)
PSA	0(0%)	4(18%)	7(32%)	7(32%)	4(18%)
ASA	1(5%)	2(9%)	13(59%)	4(18%)	2(9%)

Note. 1 = Stranger; 2 = Acquaintance, Neighbour, Teacher, Babysitter, Doctor, Friend of Parents; 3 = Friend of Yours, Boyfriend or Girlfriend; 4 = Cousin, Brother or Sister, Uncle or Aunt, Grandfather or Grandmother; 5 = Mother or Father, Stepmother or Stepfather; CSA = Child Sexual Abuse; PSA = Preadolescent Sexual Abuse; ASA = Adolescent Sexual Abuse; CSA, PSA = Child and Preadolescent Sexual Abuse; CSA, ASA = Child and Adolescent Sexual Abuse; PSA, ASA = Preadolescent and Adolescent Sexual Abuse; CSA, PSA, ASA = Child, Preadolescent, and Adolescent Sexual Abuse.

"perpetrator in family". The group, perpetrator not in family, was comprised of 46 women (23%) who reported that their perpetrators were strangers, acquaintances, or other unrelated individuals (i.e., neighbour, teacher, babysitter, friend of parents, doctor); and of 92 women (45%) who reported that their perpetrators were friends, or boyfriends or girlfriends. The group, "perpetrators in family", was comprised of 66 women (32%) who reported that their perpetrators were family members (i.e., cousin, brother or sister, uncle or aunt, grandfather or grandmother, stepfather or stepmother, father or mother).

Duration. The range of duration was from a few days to nine or more years, with an average duration of one year. Table 15 illustrates the variable, duration of sexual abuse, for each group of sexually abused women. For the purpose of analysis, duration was divided into two groups, low and high. Sixty-two women (31%) reported that their sexual abuse experiences were of one or a few days duration. Fifty women (25%) reported that their sexual abuse experiences were of a few weeks or a few months duration. These women comprised the low duration condition. Fifty-three women (27%) reported that their sexual abuse experiences were of one to three years duration. Thirty-three women (17%) reported that their sexual abuse experiences were of three years or more duration. These women comprised the high duration condition. Eight women did not provide information about duration of sexual abuse.

Frequency. A total score for the variable, frequency, was calculated for abused women by summing scores for occurrence (i.e., 1 = 1 occurrence, 2 = 2 to 10 occurrences, 3 = 11 to 20 occurrences, 4 = more than 20 occurrences) of each of 10 sexual behaviours (e.g.,

Table 15
Duration of Sexual Abuse by Sexual Abuse Group (n = 198)

Group	Duration					
	1	2	3	4	5	6
CSA	12(60%)	1(5%)	3(15%)	2(10%)	2(10%)	0(0%)
PSA	13(62%)	3(14%)	3(14%)	1(5%)	0(0%)	1(5%)
ASA	37(49%)	6(8%)	9(12%)	8(11%)	12(16%)	3(4%)
CSA, PSA						
CSA	4(31%)	3(23%)	1(8%)	2(15%)	1(8%)	2(15%)
PSA	6(43%)	0(0%)	1(7%)	2(14%)	2(14%)	3(21%)
CSA, ASA						
CSA	13(76%)	2(12%)	0(0%)	0(0%)	1(6%)	1(6%)
ASA	10(59%)	0(0%)	2(12%)	2(12%)	2(12%)	1(6%)
PSA, ASA						
PSA	16(52%)	3(10%)	3(10%)	2(6%)	3(10%)	3(10%)
ASA	8(26%)	6(19%)	5(16%)	3(10%)	5(16%)	4(13%)
CSA, PSA, ASA						
CSA	9(43%)	2(10%)	3(14%)	2(10%)	2(10%)	3(14%)
PSA	4(18%)	2(9%)	5(23%)	2(9%)	4(18%)	5(23%)
ASA	7(32%)	0(0%)	4(18%)	4(18%)	3(14%)	4(18%)

Note. 1 = few days; 2 = few weeks; 3 = few months; 4 = a year; 5 = 2 to 3 years; 6 = 3 or more years; CSA = Child Sexual Abuse; PSA = Preadolescent Sexual Abuse; ASA = Adolescent Sexual Abuse; CSA, PSA = Child and Preadolescent Sexual Abuse; CSA, ASA = Child and Adolescent Sexual Abuse; PSA, ASA = Preadolescent and Adolescent Sexual Abuse; CSA, PSA, ASA = Child, Preadolescent, and Adolescent Sexual Abuse.

invitation, intercourse) for all age periods. The range of scores for frequency of sexual behaviours was from 1 to 112. Therefore, some women experienced one occurrence of one sexual behaviour during one age period (i.e., before age 7, before age 13, before age 18). Some women experienced more than 20 occurrences of 10 sexual behaviours during three age periods (i.e., before age 18). Average frequency score was 14 to 15 for the total abused sample of women. This finding indicated that most of the women experienced a few occurrences of more than one sexual behaviour either during one age period or during more than one age period. For purpose of analysis, frequency scores were divided into two levels, low and high. Low frequency was comprised of 101 women (49%) whose scores ranged from 1 to 7. High frequency was comprised of 104 women (51%) whose scores ranged from 7 to 112. One woman's information about frequency of sexual abuse behaviours was excluded from analysis because of missing data for some of the behaviours.

Concurrent Physical Maltreatment. One woman did not provide sufficient information on the items about physical maltreatment for all age periods in order for a score to be calculated on concurrent physical maltreatment. For the remaining 205 abused women, the range of score for concurrent physical maltreatment was 1 to 20. A score of 1 indicated no concurrent physical maltreatment, and a score of 20 indicated concurrent physical maltreatment frequently by a parent during all age periods (i.e., more than 20 times). The average score for concurrent physical maltreatment was 8 ($SD = 3.40$) for the total sample of abused women. The average score for concurrent physical maltreatment was 6.81 ($SD = 2.48$) for women in the CSA group, 5.82 ($SD = 2.92$) for women in the PSA group,

and 6.37 ($SD = 2.16$) for women in the ASA group. In addition, the average score for concurrent maltreatment was 8.79 ($SD = 3.47$) for women in the CSA/PSA group, 8.71 ($SD = 3.69$) for women in the CSA/ASA group, 9.55 ($SD = 2.66$) for women in the PSA/ASA group, and 12.00 ($SD = 4.04$) for women in the CSA/PSA/ASA group. The scores for women in the combined groups were higher, reflecting the presence of maltreatment during all age periods in which sexual abuse was reported. For purpose of analysis, concurrent physical maltreatment was divided according to the median score into two levels, low and high. Women whose scores for maltreatment ranged from 1 to 7, and fell below the median, comprised the low group. Women whose scores ranged from 8 to 20, and fell at or above the median, comprised the high group. Table 16 shows the frequency of abused women who experienced low and high levels of concurrent physical maltreatment for each group. For the total abuse category, 102 women (50%) comprised the low level group, and 103 (50%) the high level group.

Table 16

Frequency of Concurrent Physical Maltreatment by Sexual Abuse Group
($n = 205$)

Frequency	Group (%)						
	1	2	3	4	5	6	7
Low	62%	77%	73%	21%	24%	23%	10%
High	39%	23%	27%	79%	76%	77%	90%

Note. 1 = Child Sexual Abuse, 2 = Preadolescent Sexual Abuse, 3 = Adolescent Sexual Abuse, 4 = Child and Preadolescent Sexual Abuse, 5 = Child and Adolescent Sexual Abuse, 6 = Preadolescent and Adolescent Sexual Abuse, 7 = Child, Preadolescent, and Adolescent Sexual Abuse.

Proximity of Abuse to Child's Home. For purpose of analysis, the variable, proximity of abuse to child's home, was divided into two groups. Group one was comprised of 64 women (32%) who reported that sexual abuse events never occurred in their homes. Group two was comprised of 54 (27%) women who reported that sexual abuse events only occurred in their homes, and of 83 women (41%) who reported that sexual abuse events occurred both in and away from their homes. Five women did not provide information about the proximity of sexual abuse to their homes.

Immediate Reaction to Abuse. In retrospect, most abused women viewed individual sexual abuse experiences primarily as negative (65%); while 23% viewed their sexual abuse experiences neither as positive or as negative, and 12% viewed their experiences mainly as positive. As Table 17 illustrates, women's reactions to their sexual abuse experiences were similar for each sexual abuse group. The scores for total immediate reaction to sexual abuse ranged from 1 to 15, with 1 representing a positive reaction to sexual abuse in one age period, and 15 representing negative reactions to sexual abuse in all three age periods. The average score for immediate reaction was 6. This finding suggested that most women judged their experience to be negative for at least one age period. For purpose of analysis, women were grouped into three levels of reaction, from low to high. Forty-four women (22%) comprised the low group (i.e., positive and neutral reactions), 80 women (40%) comprised the moderate group (i.e., negative reactions), and 75 (38%) the high group (i.e., sum of more than one reaction). Seven women did not provide information about their immediate reaction to sexual

Table 17

Frequency of Immediate Reactions to Sexual Abuse by Sexual Abuse Group (n = 199)

Group	Reaction				
	1	2	3	4	5
CSA	0(0%)	1(5%)	5(25%)	5(25%)	8(40%)
PSA	1(5%)	2(9%)	3(14%)	3(14%)	13(59%)
ASA	3(4%)	8(10%)	21(27%)	15(19%)	30(39%)
CSA, PSA					
CSA	0(0%)	0(0%)	5(36%)	3(21%)	6(43%)
PSA	0(0%)	1(7%)	1(7%)	5(36%)	7(50%)
CSA, ASA					
CSA	0(0%)	1(6%)	5(29%)	4(24%)	7(41%)
ASA	2(12%)	2(12%)	3(18%)	1(6%)	9(53%)
PSA, ASA					
PSA	1(3%)	3(10%)	7(23%)	5(17%)	5(14%)
ASA	2(6%)	1(3%)	5(16%)	7(23%)	16(52%)
CSA, PSA, ASA					
CSA	1(5%)	1(5%)	6(27%)	3(14%)	10(45%)
PSA	1(5%)	2(9%)	3(14%)	4(18%)	12(55%)
ASA	1(5%)	2(9%)	4(18%)	8(36%)	7(32%)

Note. 1 = positive; 2 = somewhat positive; 3 = not positive or negative; 4 = somewhat negative; 5 = negative; CSA = Child Sexual Abuse; PSA = Preadolescent Sexual Abuse; ASA = Adolescent Sexual Abuse; CSA, PSA = Child and Preadolescent Sexual Abuse; CSA, ASA = Child and Adolescent Sexual Abuse; PSA, ASA = Preadolescent and Adolescent Sexual Abuse; CSA, PSA, ASA = Child, Preadolescent, and Adolescent Sexual Abuse.

abuse.

Disclosure Characteristics

Two hundred and six women who reported nonconsensual sexual contact before the age of 18 years completed the 34 disclosure items. Table F-1 (see Appendix F) illustrates the frequency of these women's responses for each of the 34 disclosure items. Generally, there were minimal amounts of missing data among the responses of women to the items (e.g., 1 to 3 women did not respond to about one-half of the items). Questions about the quality of the women's current relationships with different family members were missing the most data (i.e., 12 to 17 women did not respond to these three items). For cases with missing data, the value zero was assigned for missing values. The use of zero allowed for analyses of women's responses to completed items.

The internal consistency reliability (Cronbach's alpha) for the disclosure scale was .88 for the 206 abused women. As Table 18 illustrates, correlations (Kendall's Tau) between the disclosure scale and the 18 outcome variables were very low, suggesting that the scale and outcome variables measured different things. Correlations between the 34 disclosure items are shown in Table F-2 (see Appendix F). Few items were highly correlated. Those items that were highly correlated included whether "you told someone" or "someone learned of the abuse", with "age at time of telling" about the abuse; "mother's or father's reaction to you telling" about the abuse, with whether "mother or father believed you", and with "what action mother or father performed after you told" about the abuse; and "reporting of the abuse to an agency", with "how supportive were the personnel of the agency".

Table 18

Intercorrelations between Disclosure Scale and Outcome Variables(n = 206)

OUTCOME VARIABLES	Disclosure
<hr/>	
General Severity Index	-.09
Trauma Symptom Checklist-40	-.01
Depression	-.00
Anxiety	.02
Dissociation	-.06
Sexual Abuse Trauma	-.01
Sex Problems	.06
Sleep Disturbance	-.04
Shame	-.04
Overall Aftereffects	.02
Social Aftereffects	.07
Psychological Aftereffects	.11
Physical Aftereffects	.04
Sexual Aftereffects	.05
Family-wise Aftereffects	.01
Self-wise Aftereffects	.06
Relationship with Men Aftereffects	.06
Relationship with Women Aftereffects	.00

For the 206 abused women, total score for disclosure ranged from 6 (no disclosure, no support) to 93 (most disclosure, most support). The median score was 49. For purpose of analysis, women were grouped into two levels of disclosure. One hundred and one women (49%) comprised the low disclosure group (i.e., 6 to 48), and 105 women (51%) the high disclosure group (i.e., 49 to 93).

Measures of Psychosocial Functioning

All 409 women in the present study completed the BSI, the TSC-40, and the ISS. Only abused women ($n=206$) provided information about the nine aftereffects. Scale statistics (means, standard deviation, range) and Cronbach's alpha for the 18 outcome variables and the Lie Scale are summarized in Table 19.

Social desirability was assessed by the Lie Scale of the MMPI-2. A Mann-Whitney U-Wilcoxon's test of significance was performed to determine whether there was a significant difference between abused and nonabused women's responses on the Lie Scale. Women did not differ in their scores on the Lie Scale as a function of abuse, $U = -1.11$, $p = .27$, two-tailed. Therefore, this scale was not entered into any of the main analyses.

Table F-3 (see Appendix F) illustrates the correlations between the 18 outcome variables used in the study. Correlations between the nine outcome scales and nine aftereffects items were all .30 or less. These findings suggested that scales and items measured different things. Higher correlations occurred among the aftereffects items (i.e., $U =$ greater than .30 and less than .65) and among the scales (i.e., $U =$ greater than .30 and less than .75). The highest intercorrelations, as

Table 19

Scale Statistics and Cronbach's Alpha of Psychosocial Measures

Measure (<u>N</u>)	Mean (<u>S.D.</u>)	Range	Alpha
GSI (<u>N</u> =409)	1.07 (0.67)	0 - 3.87	.97
TSC-40 (<u>N</u> =409)	27.87 (19.13)	0 - 132	.94
Dissociation (<u>N</u> = 409)	4.22 (3.84)	0 - 24	.82
Sex Problems (<u>N</u> =409)	4.22 (3.84)	0 - 24	.78
Sleep Disturbances (<u>N</u> =409)	6.30 (3.89)	0 - 24	.72
Anxiety (<u>N</u> =409)	4.91 (4.23)	0 - 26	.77
Depression (<u>N</u> =409)	6.59 (4.91)	0 - 34	.77
Sexual Abuse Trauma (<u>N</u> =409)	3.97 (3.85)	0 - 21	.77
Effects 1, Overall (<u>N</u> =206)	3.52 (1.23)	1 - 5	.92 ^a
Effects 2, Social (<u>N</u> =206)	3.12 (1.10)	1 - 5	
Effects 3, Psychological (<u>N</u> =206)	3.32 (1.17)	1 - 5	
Effects 4, Physical (<u>N</u> =206)	2.92 (1.13)	1 - 5	
Effects 5, Sexual (<u>N</u> =206)	3.26 (1.21)	1 - 5	
Effects 6, Family-wise (<u>N</u> =206)	2.99 (1.06)	1 - 5	
Effects 7, Self-wise (<u>N</u> =206)	3.17 (1.28)	1 - 5	
Effects 8, Men (<u>N</u> =206)	3.23 (1.19)	1 - 5	
Effects 9, Women (<u>N</u> =206)	2.62 (1.01)	1 - 5	
Shame (<u>N</u> =409)	30.21 (19.56)	0 - 94	.89
Lie (<u>N</u> =409)	3.99 (2.40)	0 - 12	.63

Note. a Alpha computed from reliability analysis with effects1, effects2, effects3, effects4, effects5, effects6, effects7, effects8, and effects9 as coefficients.

expected, occurred among the TSC-40 and its subscales because items on the subscales appeared both on the TSC-40 itself and on other subscales of the TSC-40. Consequently, scales tended to be associated with each other, and items tended to be associated with each other.

Brief Symptom Inventory (BSI)

Data on the BSI was complete for all 409 women. As per Table 19, the internal consistency reliability was .97. The GSI was used as a measure of overall current distress levels. The mean GSI for the entire sample was 1.07 ($SD = .67$), almost one SD above the published score obtained for college females ($M = .71$, $SD = .42$; Cochran & Hale, 1985). However, the value of the GSI obtained for the present sample was similar to the unpublished score obtained for another sample of female and male students at the University of Manitoba (M.G. Runtz, personal communication, April 15, 1997). In the present study, the obtained GSI score, somewhat higher than the published norm for college women, falls between the published norms for a nonpatient normal adult sample ($M = .30$, $S.D. = .31$) and a psychiatric outpatient adult sample ($M = 1.32$, $S.D. = .72$; Derogatis & Spencer, 1982). This finding suggests that there is greater variation in the recent samples from the University of Manitoba than in the previously studied college samples.

Trauma Symptom Checklist-40 (TSC-40)

On the TSC-40, all 409 women completed all 40 items. The internal consistency reliability on the entire scale resulted in a Cronbach's alpha of .94. The TSC-40 score for each woman was used as a measure of overall adjustment to trauma. The mean TSC-40 for the entire sample was 27.88 ($SD = 19.13$), approximately 0.5 SD above the mean score of a

community sample of professional women ($M = 22.28$, $SD = 11.59$; Elliot & Briere, 1992). Norms are not available for college or university samples. However, the higher score obtained in this university sample than in that of the community sample may reflect differences in sampling. For example, women in the present study were younger than in the community study. This finding suggests that younger women may display greater overall trauma reactions than older women. Thus, the finding of a higher score simply may reflect a developmental phenomenon. Alternatively, higher prevalence of sexual abuse in the present study than in the community study may explain the higher overall score reported in this study.

The TSC-40 measures six symptom dimensions, including Anxiety, Depression, Dissociation, Sexual Abuse Trauma, Sexual Problems, and Sleep Disturbance. Scale statistics are outlined below for each dimension.

Anxiety. The internal consistency reliability of the Anxiety subscale was .77. The mean anxiety score for the entire sample was 4.91 ($SD = 4.23$). This value is similar to that obtained in the Elliot and Briere (1992) study ($M = 4.05$, $SD = 2.77$).

Depression. The internal consistency reliability of the Depression subscale was .77. The mean depression score for the entire sample was 6.59 ($SD = 4.91$). This value is similar to that reported in the Elliot and Briere (1992) study ($M = 6.07$, $SD = 3.33$).

Dissociation. The internal consistency reliability of the Dissociation subscale was .82. The mean dissociation score for the entire sample was 4.22 ($SD = 3.84$). This value is somewhat higher than

that of a community sample of professional women ($M = 2.53$, $SD = 2.12$; Elliot & Briere, 1992). As mentioned previously, a higher score obtained in the present sample may reflect differences in sampling when compared to the community sample. In the present study, women were younger than those of the community study. In addition, the prevalence rate of sexual abuse was higher in the present study than that of the community study. As a result, dissociation may have been more likely to be found for the present sample than for the community sample because of the greater potency of cues associated with dissociation for the women from the present sample. More specifically, women from the community sample were older, and perhaps they therefore had had a longer period of time for the saliency of cues associated with dissociation to diminish (i.e., Older women may have had more time to be in nonabusive relationships).

Sexual Abuse Trauma Index. The internal consistency reliability of the Sexual Abuse Trauma subscale was .77. The mean sexual abuse trauma score for the entire sample was 3.97 ($SD = 3.85$). This value is similar, but somewhat higher than the mean sexual abuse score reported in the Elliot and Briere (1992) study ($M = 2.70$, $SD = 2.26$). Again, a higher score may reflect differences in samples across studies (see above).

Sexual Problems. The internal consistency reliability of the Sexual Problems subscale was .78. The mean sexual problems score for the entire sample was 4.47 ($SD = 4.35$). This value is similar to the mean sexual problems score of a community sample of professional women ($M = 4.10$, $SD = 3.12$; Elliot & Briere, 1992).

Sleep Disturbance. The internal consistency reliability of the Sleep Disturbance subscale for the entire sample was .78. The mean sleep

disturbance score for the entire sample was 6.30 ($SD = 3.89$). This value is similar to the mean sleep disturbance score reported in the Elliot and Briere (1992) study ($M = 5.25$, $SD = 3.06$).

Internalized Shame Scale (ISS)

The ISS was completed by all 409 women. The internal consistency reliability of the ISS resulted in a Cronbach's alpha of .89. The mean shame score for the entire sample was 30.21 ($SD = 19.56$). This mean score is close to scores normally obtained on this scale by nonclinical groups of female adults ($M = 33$, $SD = 16$; Cook, 1993).

Courtois's Aftereffects

Courtois's (1979, 1988) nine-item self-report checklist of aftereffects was completed only by the 206 abused women. An internal consistency reliability of the nine items resulted in a Cronbach's alpha of .92. Means and standard deviations for each aftereffect are shown in Table 19. Norms are not available for comparison.

Inferential Data Analysis

Primary Analyses

Primary analyses of the data were conducted through three multivariate analyses of variance (MANOVAs) for 11 of the 18 outcome variables (see below). Pillais's criterion was used to evaluate multivariate significance because of unequal cell sizes in the present study (Tabachnick & Fidell, 1989). The independent variables were age of sexual abuse, 10 circumstances of sexual abuse, and disclosure of sexual abuse. In order to control for the inflation of Type 1 error rate from multiple tests of significance, a Bonferroni-type adjustment of alpha was calculated. Alpha for each of the three tests of significance was

set at $p = .03$. The residuals of all 18 outcome variables were tested for normality. All outcome variables were found to be normally distributed.

Main Effects

Age Effect. A MANOVA was performed for 11 outcome variables: GSI, Dissociation, Sexual Abuse Trauma, Sexual Problems, Sleep Disturbance, ISS, social aftereffects, family-wise aftereffects, self aftereffects, relationships with men aftereffects, and relationships with women aftereffects. The independent variable was age of sexual abuse with seven levels: CSA, PSA, ASA, CSA/PSA, CSA/ASA, PSA/ASA, and CSA/PSA/ASA. The total N of 206 was reduced to 201 because of missing aftereffects data. There were no univariate or multivariate outliers. The results of the MANOVA are shown in Table 20. In addition, the mean scores for all 18 outcome variables as a function of age of sexual abuse are shown in Table G-1 (see Appendix G).

The combined 11 outcome variables were not significantly affected by age of abuse, $F(66, 1134) = 1.29$, $p = .06$. At an alpha of .03, power for the test was satisfactory (1.0). This finding suggested that the sample size was adequate for the test. The means of the outcome variables, aftereffects, were examined for statistical tendencies. Few tendencies were found between groups as a function of age of sexual abuse. Women who comprised the CSA/PSA and CSA/PSA/ASA groups tended to rate themselves as slightly more affected by sexual abuse in the five areas entered into the analysis (social, family, self, relationships with men, relationships with women) than all of the other women who had been sexually abused. The means of the remaining outcome variables, the

Table 20

**Summary of the Multivariate Analysis for the Scores of Outcome Variables
by Age of Sexual Abuse (n = 201)**

Multivariate Test Statistics

Test	Value	Hypothe. <u>df</u>	Error <u>df</u>	<u>F</u>
Pillais	.42	66	1134	1.29 _a

Univariate F Tests (6,194) df

Variable	Hypothe. <u>SS</u>	Error <u>SS</u>	Hypothe. <u>MS</u>	Error <u>MS</u>	<u>F</u>
GSI	4.20	97.00	0.70	0.50	1.40
Dissociation	133.22	3439.60	22.20	17.73	1.25
Sexual Abuse Trauma	127.71	3552.17	21.28	18.31	1.16
Sex Problems	127.12	4406.15	21.18	22.71	0.93
Sleep Disturbance	105.50	3483.23	17.58	17.95	0.98
Shame	3421.26	82622.80	570.21	425.89	1.34
Social Aftereffect	12.45	228.55	2.08	1.18	1.76
Family Aftereffect	15.17	209.34	2.53	1.08	2.34*
Self Aftereffect	38.14	286.18	6.36	1.48	4.31**
Relations with Men	17.66	267.19	2.94	1.38	2.14
Relations with Women	6.27	194.69	1.04	1.00	1.04

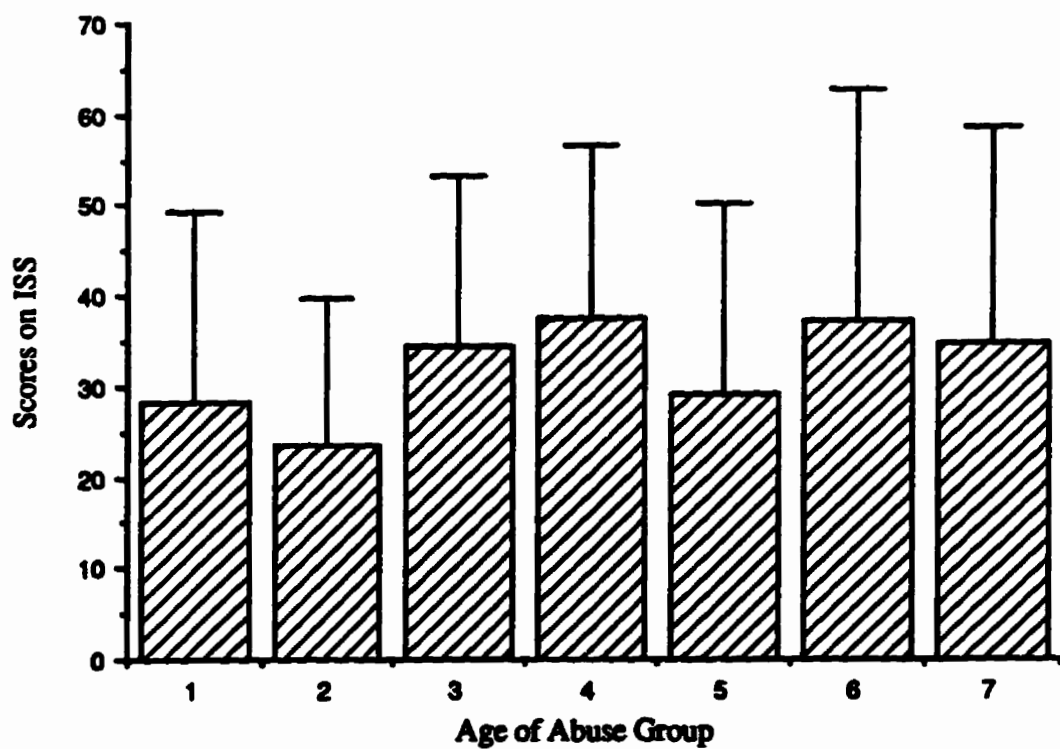
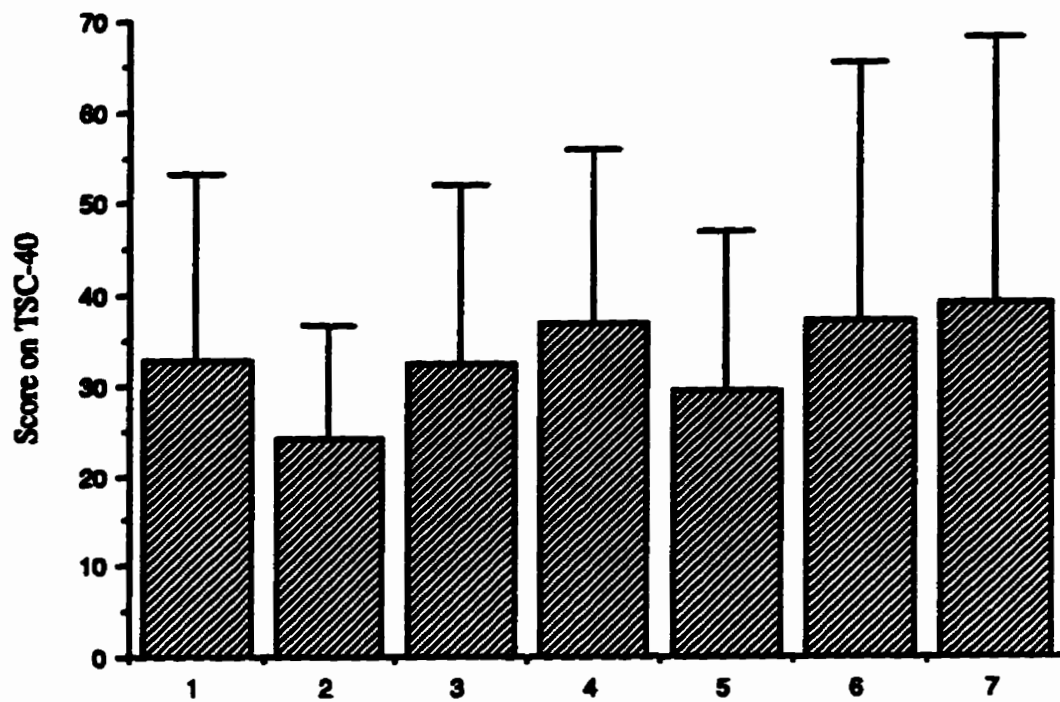
Note. _a p = .06 * p < .05 ** p < .0001

six scales, and the means of the three scales that were not entered into the MANOVA also were examined for tendencies. For all nine scales, a consistent pattern of tendencies was found between groups as a function of age of sexual abuse. Figure 1 illustrates this pattern for scores on two of the scales (TSC-40, ISS) as a function of age.

An additional MANOVA was performed for 9 outcome variables (GSI, TSC-40, Depression, Anxiety, Dissociation, Sexual Abuse Trauma, Sexual Problems, Sleep Disturbance, and ISS) for the total sample of women ($N = 409$) as a function of sexual abuse. No cases were rejected because of missing data, or because of univariate or multivariate outliers. The results of the MANOVA are shown in Table 21. The mean scores for all 9 outcome variables as a function of sexual abuse are shown in Table G-2 (see Appendix G).

The combined 9 outcome variables were significantly affected by sexual abuse, $F(9, 399) = 6.14, p < .000$. Univariate F-tests with (1, 407) df yielded significant differences for each individual outcome variable as a function of sexual abuse ($p < .000$). Figure 2 shows that there were differences between abused and nonabused women for all 9 measures. Women who had been sexually abused reported more distress, shame, maladjustment to trauma, depression, anxiety, dissociation, sexual abuse trauma, sexual problems, and sleep disturbances than women who had not been sexually abused.

Abuse-specific Effects. A second overall MANOVA was performed for 11 outcome variables (GSI, Dissociation, Sexual Abuse Trauma, Sexual Problems, Sleep Disturbance, ISS, social aftereffects, family-wise aftereffects, self aftereffects, relationships with men aftereffects,



Note: 1=CSA, 2=PSA, 3=ASA, 4=CSA/PSA, 5=CSA/ASA
6=PSA/ASA, 7=CSA/PSA/ASA

Figure 1: TSC-40 and ISS scores (M, SD) as a function of age of sexual abuse.

Table 21

**Summary of the Multivariate Analysis for the Scores of Outcome Variables
by Sexual Abuse (n = 409)**

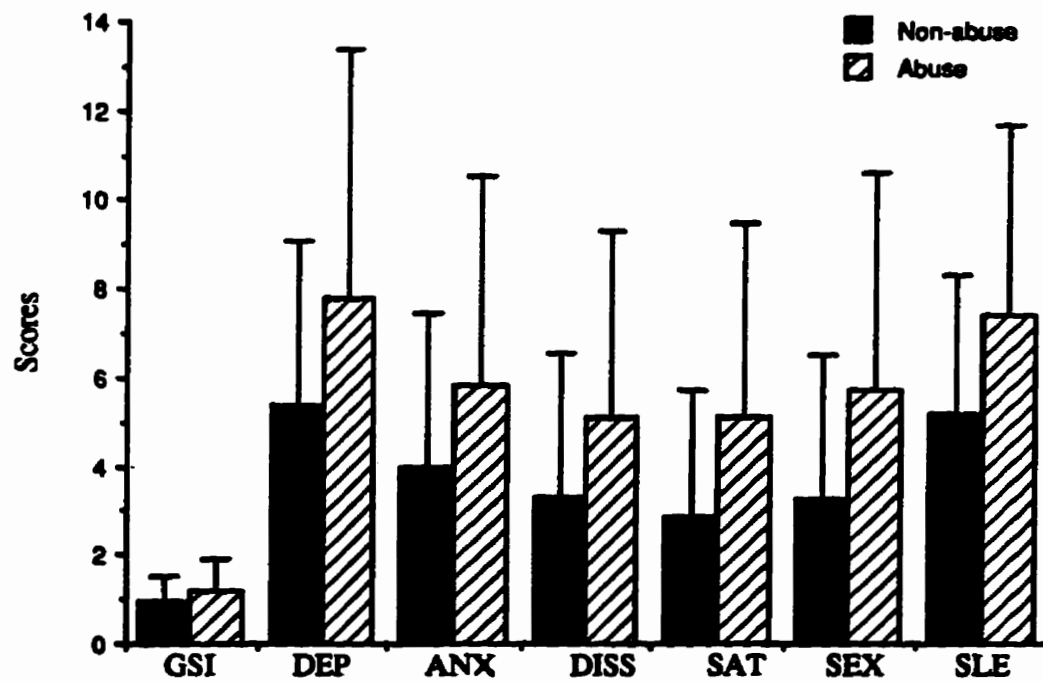
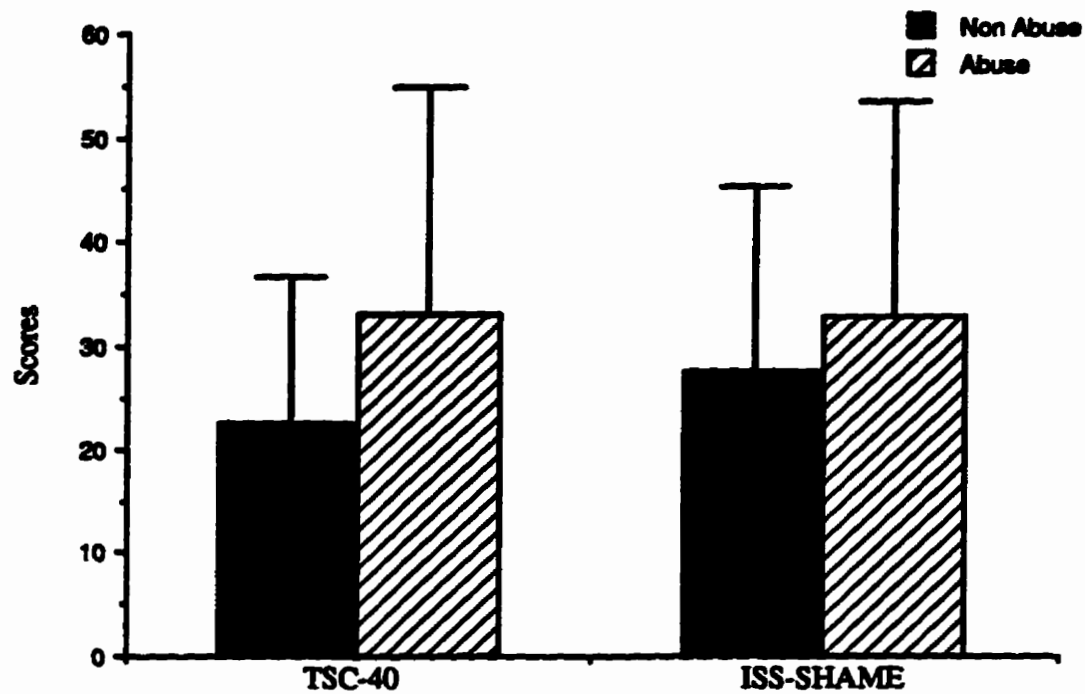
Multivariate Test Scores

Test	Value	Hypothe. <u>df</u>	Error <u>df</u>	<u>F</u>
Pillais	.12	9.00	399.00	6.14**

Univariate F Tests (1,407) df

Variable	Hypothe. <u>SS</u>	Error <u>SS</u>	Hypothe. <u>MS</u>	Error <u>MS</u>	<u>F</u>
GSI	6.33	176.89	6.33	0.43	14.57**
TSC40	11645.74	137633.13	11645.74	338.16	34.44**
Depression	587.61	9243.20	587.61	22.71	25.87**
Anxiety	353.57	6935.27	353.57	17.04	20.75**
Dissociation	324.56	5700.19	324.56	14.01	23.17**
Sexual Trauma	513.09	5538.55	513.10	13.61	37.70**
Sex Problem	615.16	7110.77	615.16	17.47	35.21**
Sleep	515.34	5645.06	515.34	13.87	37.16**
Shame	2805.57	153269.73	2805.57	376.58	7.45*

Note. * $p < .01$. ** $p < .000$.



Note: GSI = Global Symptom Index, DEP = Depression, ANX = Anxiety, DISS = Dissociation, SAT = Sexual abuse trauma, SEX = Sexual problem, SLE = Sleep disturbance

Figure 2: TSC-40, ISS, GSI, Depression, Anxiety, Dissociation, Sexual Abuse Trauma, Sexual Problems, and Sleep Disturbance Scores (M, SD) as a function of sexual abuse.

and relationships with women aftereffects). The independent variables were grouped into sets of five by the program, SPSS. The first set of independent variables were "frequency of abuse", (low, high); "duration of abuse", (low, high); "relationship of perpetrator to child", (nonfamily, family); "intrusiveness of sexual contact", (low, high); and "use of force during sexual abuse", (low, high). The results of the MANOVA are shown in Table 22. The mean outcome scores as a function of frequency, duration, relationship to perpetrator, intrusiveness, and use of force are shown in Table G-3 (see Appendix G).

The combined DVs were significantly affected by "use of force during sexual abuse", $F(11, 155) = 2.11, p = .02$; but not by "intrusiveness of sexual contact", $F(11, 155) = .89, p = .55$; "relationship of perpetrator to child", $F(11, 155) = .96, p = .48$; "duration of sexual abuse", $F(11, 155) = .43, p = .94$; and "frequency of sexual abuse", $F(11, 155) = .74, p = .70$. There were no significant interactions for the combined DVs. At an alpha of .03, power for the test of a main effect of use of force was satisfactory (.87). However, power for the tests of a main effect of intrusiveness, relationship of perpetrator to child, duration of sexual abuse, and frequency of sexual abuse was moderate to low (.40, .43, .17, and .32, respectively). These findings suggested that the sample size was not large enough to test for a main effect of intrusiveness, relationship of perpetrator to child, duration of sexual abuse, and frequency of sexual abuse.

The means of the variables, aftereffects, were examined for statistical tendencies. Certain tendencies were found for intrusiveness, relationship of perpetrator to victim, duration of abuse, and frequency

Table 22

Summary of the Multivariate Analysis for the Scores of Outcome Variables by Frequency, Duration, Relationship to Perpetrator, Intrusiveness, and Use of Force (n = 191)

Variable(s)	Pillais' Trace	Hypothe. df	Error df	F
Frequency(F)	.05	11.00	155.00	0.74
Duration(D)	.03	11.00	155.00	0.43
Relationship(R)	.06	11.00	155.00	0.96
Intrusiveness(I)	.05	11.00	155.00	0.89
Use of Force(U)	.13	11.00	155.00	2.11*
F x D	.03	11.00	155.00	3.96
F x R	.04	11.00	155.00	0.61
F x I	.04	11.00	155.00	0.54
F x U	.09	11.00	155.00	1.48
D x R	.04	11.00	155.00	0.66
D x I	.05	11.00	155.00	0.81
D x U	.08	11.00	155.00	1.24
R x I	.07	11.00	155.00	1.15
R x U	.06	11.00	155.00	0.90
I x U	.06	11.00	155.00	0.85
F x D x R	.04	11.00	155.00	0.67
F x D x U	.09	11.00	155.00	1.42
F x R x I	.02	11.00	155.00	0.26

Table 22 continued

Variable(s)	Pillais' Trace	Hypoth. <u>df</u>	Error <u>df</u>	<u>F</u>
F x R x U	.06	11.00	155.00	0.93
F x I x U	.04	11.00	155.00	0.52
D x R x I	.05	11.00	155.00	0.82
D x I x U	.03	11.00	155.00	0.46
R x I x U	--	--	--	--
F x D x R x I	--	--	--	--
F x D x I x U	.04	11.00	155.00	0.61
F x R x I x U	--	--	--	--
D x R x I x U	--	--	--	--
F x D x R x I x U	--	--	--	--

Note. Cells with a dash indicate data not available because of redundancies in design matrix.

* $p < .03$

of abuse. The means of the remaining outcome variables, the six scales, and the three scales not entered into the analysis also were examined for tendencies. For the nine scales used in the study, a consistent pattern of differences between conditions of circumstances was found. Figure 3 shows that there tended to be differences between groups of women for all abuse circumstances on two of the outcome scales (TSC-40, ISS). Figure 4 shows that there were differences between women who experienced a high use of force and women who experienced a low use of force during sexual abuse for all 18 outcome measures (9 aftereffects and 9 scales).

The second set of independent variables was "proximity of sexual abuse to child's home", (away from home, in victim's home); "number of perpetrators", (one, more than one); "age of perpetrator", (younger than 18 years, 18 years and older); "concurrent physical maltreatment", (low, high); and "child's immediate reaction to sexual abuse", (low, moderate, and high). The results of the MANOVA are shown in Table 23. The mean outcome scores as a function of proximity, number of perpetrators, age of perpetrators, concurrent physical maltreatment, and reaction to abuse are shown in Table G-4 (see Appendix G).

The combined DVs were not significantly affected by "proximity", $F(11, 138) = .90$, $p = .54$; "number of perpetrators", $F(11, 138) = .69$, $p = .74$; "age of perpetrator", $F(11, 138) = 1.50$, $p = .14$; "concurrent physical maltreatment", $F(11, 138) = 1.19$, $p = .30$; and "child's reaction", $F(22, 278) = 1.46$, $p = .09$. There were no significant interactions for the combined DVs. At an alpha of .03, power for the test of a main effect of child's reaction was satisfactory (.91).

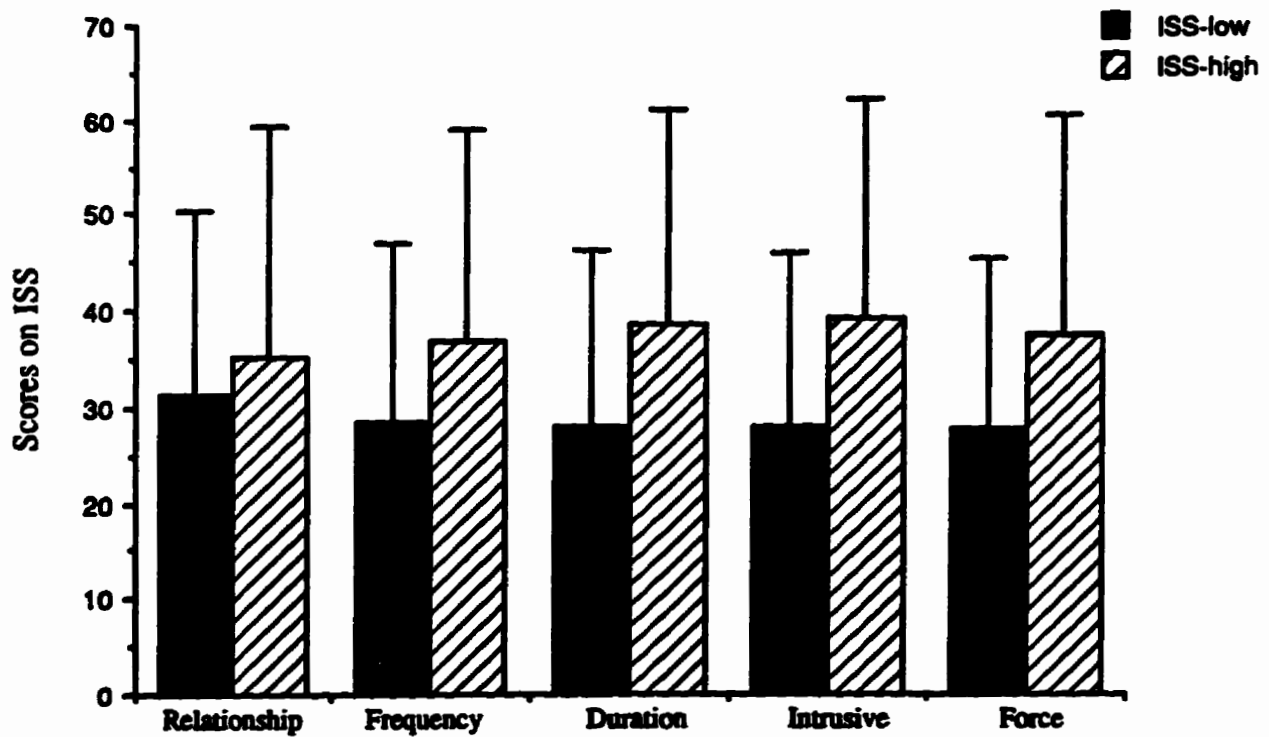
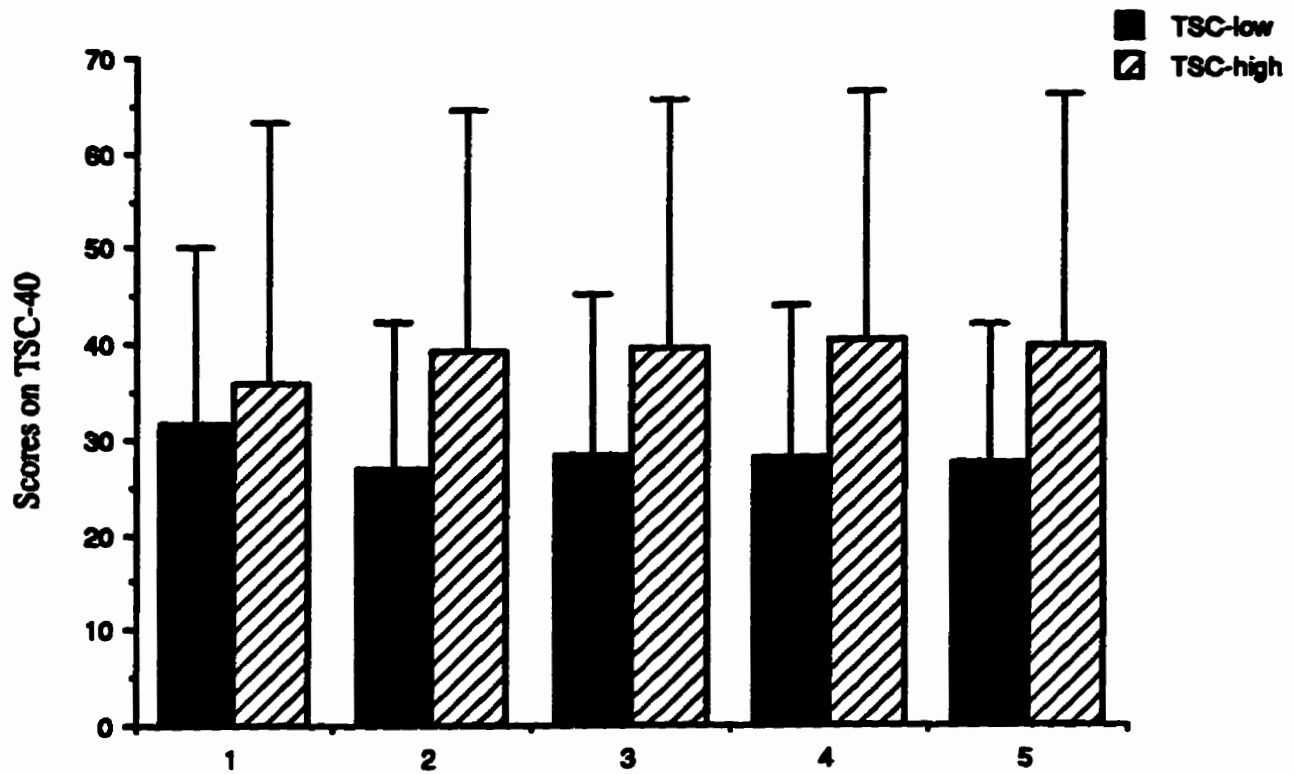
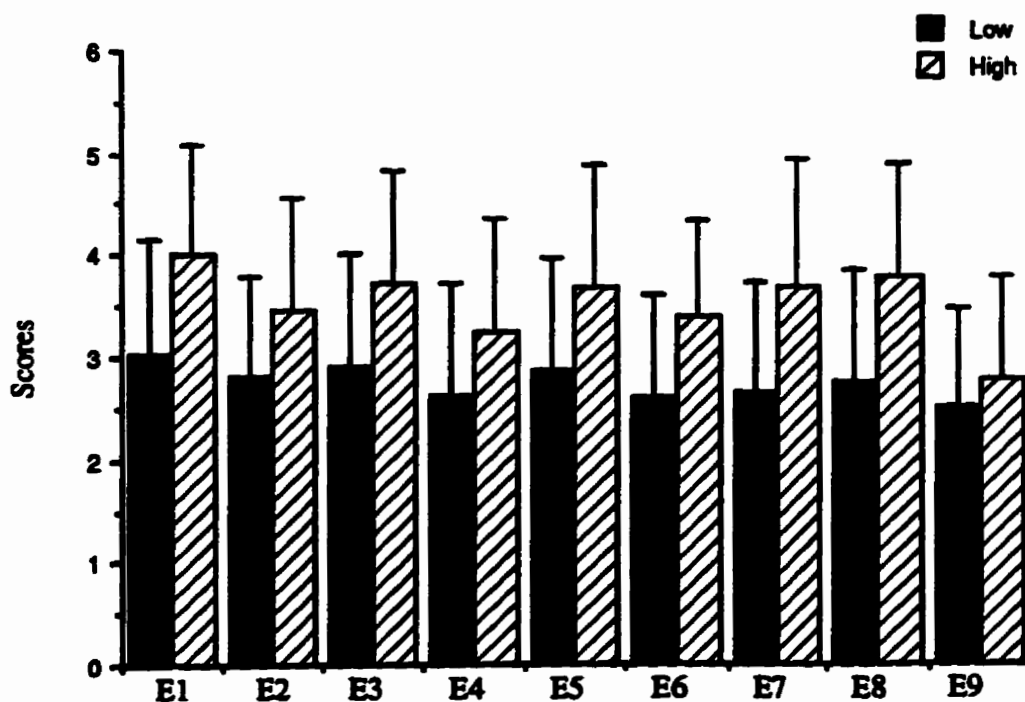
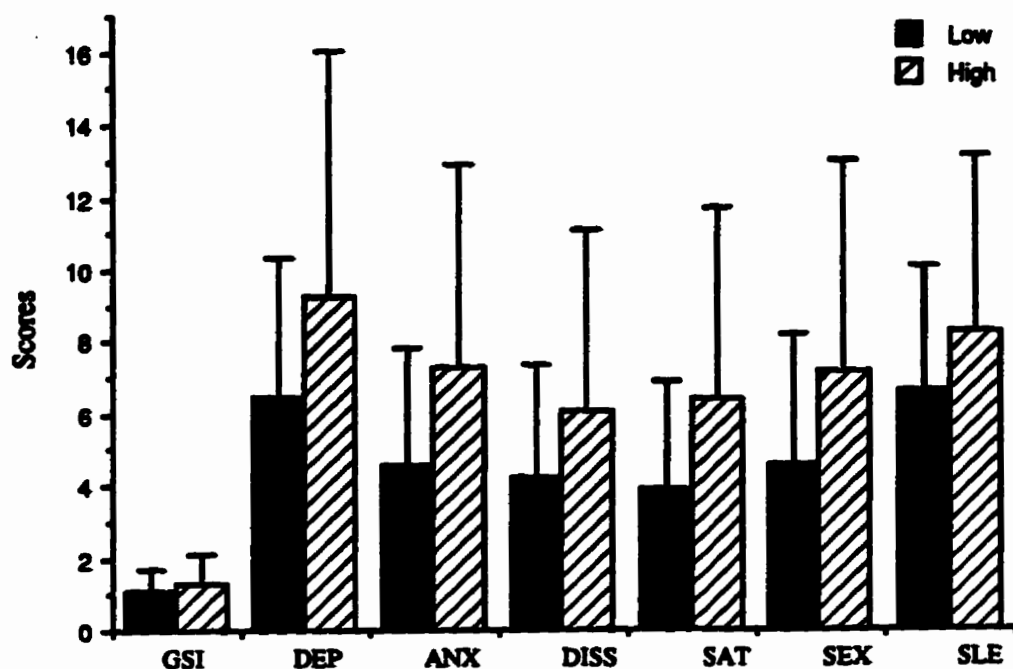


Figure 3: TSC-40 and ISS scores (M, SD) as a function of Relationship of Perpetrator to Victim, and Frequency, Duration, Intrusiveness, and Force of Sexual Abuse.



Note: GSI = Global Symptom Index, DEP = Depression, ANX = Anxiety, DISS = Dissociation, SAT = Sexual Abuse Trauma, SEX = Sexual Problem, SLE = Sleep Disturbance.

Figure 4: GSI, Depression, Anxiety, Dissociation, Sexual Abuse Trauma, Sexual Problem, Sleep Disturbance, and Aftereffect Scores (\bar{M} , SD) as a function of Use of Force during sexual abuse.

Table 23

Summary of the Multivariate Analysis for the Scores of Outcome Variables by Proximity, Number of Perpetrators, Age of Perpetrator, Concurrent Physical Maltreatment, and Reaction (n = 183)

Variable(s)	Pillais' Trace	Hypothe. <u>df</u>	Error <u>df</u>	<u>F</u>
Proximity(P)	.07	11.00	138.00	.90
Number(N)	.05	11.00	138.00	.70
Age(A)	.11	11.00	138.00	1.50
Maltreatment(M)	.09	11.00	138.00	1.19
Reaction(R)	.21	22.00	278.00	1.46
P x N	.05	11.00	138.00	0.68
P x A	.12	11.00	138.00	1.68
P x M	.06	11.00	138.00	0.73
P x R	.17	22.00	278.00	1.15
N x A	.08	11.00	138.00	1.16
N x M	.11	11.00	138.00	1.55
N x R	.10	11.00	138.00	1.33
A x M	.08	11.00	138.00	1.16
A x R	.19	22.00	278.00	1.33
M x R	.17	22.00	278.00	1.16
P x N x A	.08	11.00	138.00	1.16
P x N x M	.09	11.00	138.00	1.28
P x N x R	.10	11.00	138.00	1.36

Table 23 continued

**Summary of the Multivariate Analysis for the Scores of Outcome Variables
by Proximity, Number of Perpetrators, Age of Perpetrator, Concurrent
Physical Maltreatment, and Reaction (n = 183)**

Variable(s)	Pillais' Trace	Hypothe. <u>df</u>	Error <u>df</u>	<u>F</u>
P x A x M	.08	11.00	138.00	1.13
P x A x R	.18	22.00	278.00	1.29
P x M x R	.22	22.00	278.00	1.59*
N x A x M	.07	11.00	138.00	0.87
N x A x R	.11	11.00	138.00	1.50
N x M x R	.10	11.00	138.00	1.39
A x M x R	.19	22.00	278.00	1.35
P x N x A x M	.05	11.00	138.00	0.73
P x N x A x R	--	--	--	--
P x N x M x R	.09	11.00	138.00	1.22
P x A x M x R	--	--	--	--
N x A x M x R	--	--	--	--
P x N x A x M x R	--	--	--	--

Note. Cells with a dash indicate data not available because of redundancies in design matrix.

* $p = .05$.

However, power for the tests of a main effect of proximity, number of perpetrators, age of perpetrator, and concurrent physical maltreatment was moderate to low (.40, .29, .68, and .54, respectively). These findings suggested that the sample size was not large enough to test for a main effect of proximity, number of perpetrators, age of perpetrator, and concurrent physical maltreatment.

The means of the variables, aftereffects, were examined for statistical tendencies. Few tendencies were found between groups as a function of proximity, and some tendencies were found as a function of number of perpetrators, age of perpetrator, concurrent physical maltreatment, and child's reaction. The means of the remaining outcome variables, the six scales, and the means of the three scales not entered into the analysis also were examined for tendencies. For the nine scales used in the study, a consistent pattern of tendencies between conditions of circumstances was found. Figure 5 shows that there tended to be differences between groups for all circumstances on two of the nine scales (TSC-40, ISS).

Disclosure Effect. A third overall MANOVA was performed for 11 outcome variables: GSI, Dissociation, Sexual Abuse Trauma, Sexual Problems, Sleep Disturbance, ISS, social aftereffects, family-wise aftereffects, self aftereffects, relationships with men aftereffects, and relationships with women aftereffects. The independent variable was disclosure (low disclosure and low support, and high disclosure and high support). The total *N* of 206 was reduced to 201 because of missing data. There were no univariate or multivariate outliers. Results of the MANOVA are shown in Table 24. The mean outcome scores as a function of

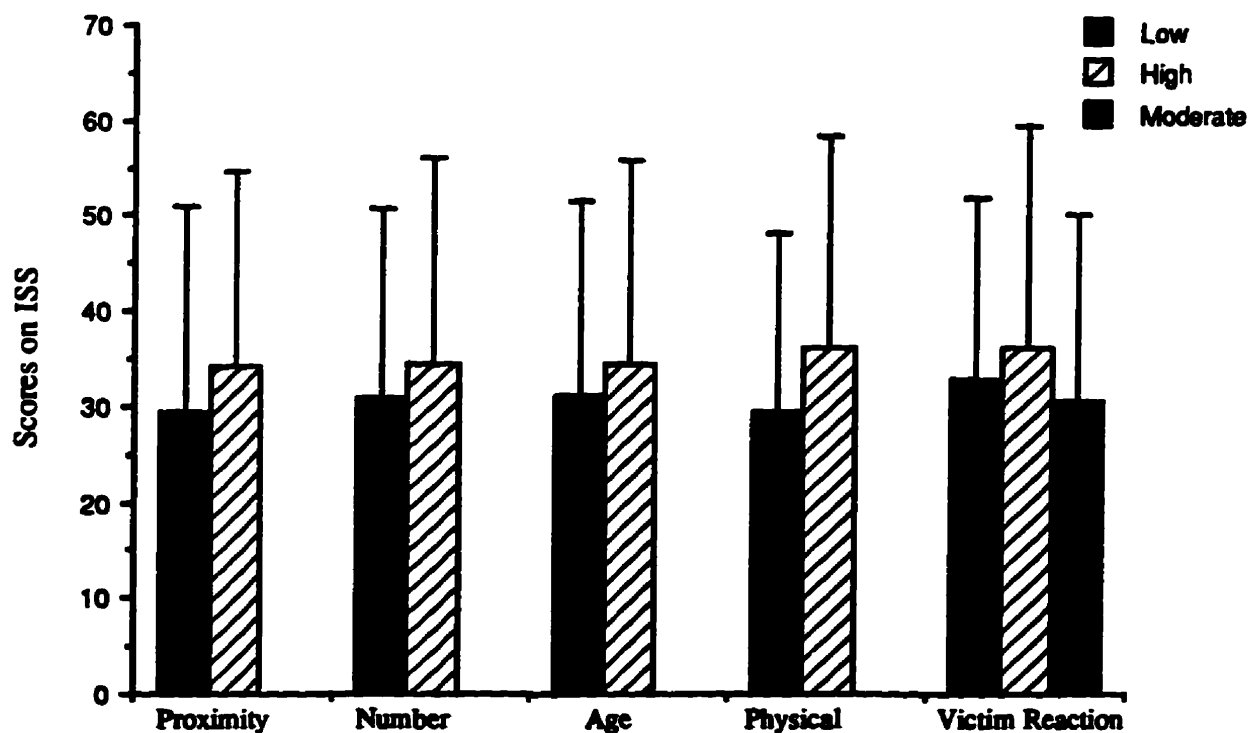
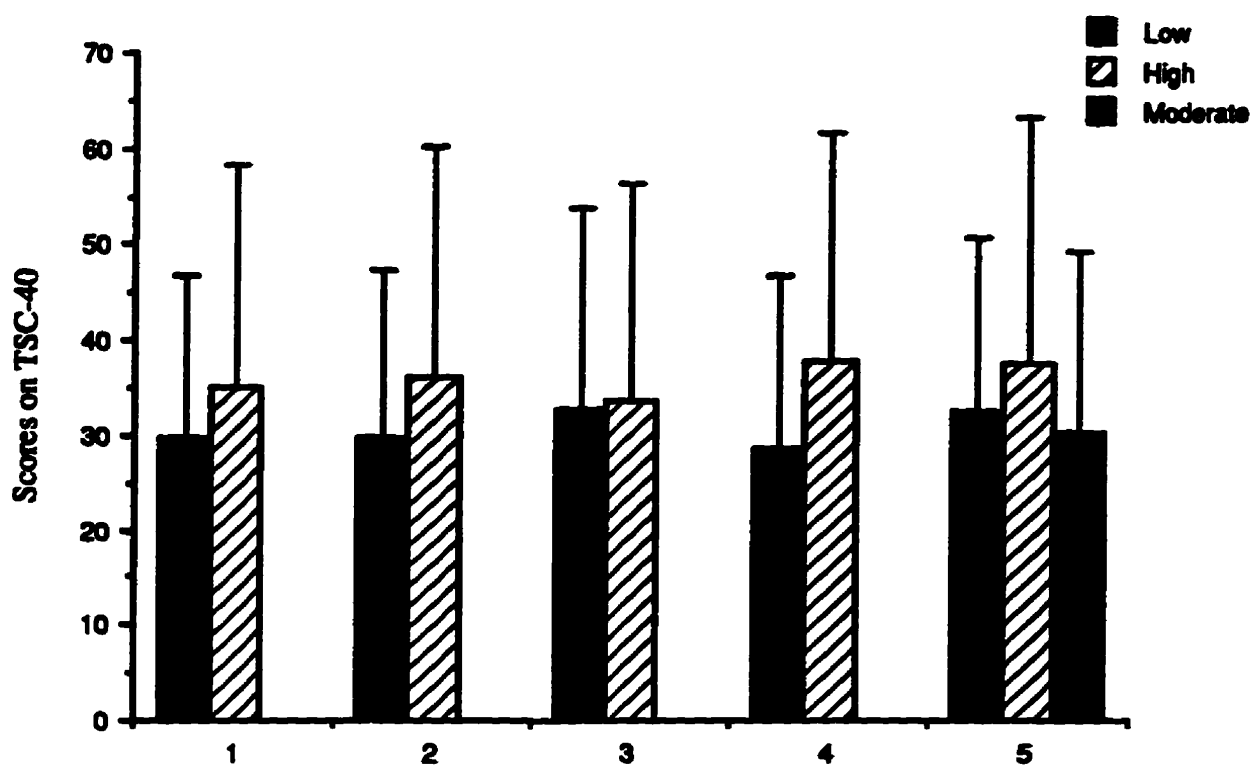


Figure 5: TSC-40 and ISS scores (M, SD) as a function of Proximity of Sexual Abuse to Victim's Home, Number and Age of Perpetrators, Concurrent Physical Maltreatment, and Victim's Reaction to Sexual Abuse.

Table 24

**Summary of the Multivariate Analysis for the Scores of Outcome Variables
by Disclosure (n = 201)**

Multivariate Test Statistics

Test	Value	Hypoth. <u>df</u>	Error <u>df</u>	<u>F</u>
Pillais	.06	11.00	189.00	1.2

Univariate F Tests (1,199) df

Variable	Hypoth. <u>SS</u>	Error <u>SS</u>	Hypoth. <u>MS</u>	Error <u>MS</u>	<u>F</u>
GSI	.80	100.39	0.80	0.50	1.58
Dissociation	18.78	3554.04	18.78	17.86	1.05
Sexual Trauma	0.11	3679.77	0.11	18.49	0.01
Sex Problems	64.60	4468.65	64.60	22.46	2.88
Sleep Disturbance	4.55	3584.18	4.55	18.01	0.25
Shame	441.01	85603.05	441.01	430.17	1.03
Social Aftereffect	0.60	240.40	0.60	1.21	0.50
Family Aftereffect	0.14	224.38	0.14	1.13	0.13
Self Aftereffect	1.38	322.95	1.38	1.62	0.85
Relations Men	1.16	283.69	1.16	1.43	0.81
Relations Women	0.10	200.85	0.10	1.01	0.10

disclosure are shown in Table G-5 (see Appendix G).

The combined 11 outcome variables were not significantly affected by "disclosure of sexual abuse", $F(11, 189) = 1.12, p = .35$. At an alpha of .03, power for the test of a main effect of disclosure was moderate (.52). This finding suggested that the sample size was not large enough to test for a main effect of disclosure. The means of the variables, aftereffects, were examined for statistical tendencies. No tendencies were found. The means of the remaining outcome variables, the six scales, and the means of three scales not entered into the analysis also were examined for tendencies. For the nine scales used in the study, no tendencies were found for disclosure. For example, on the TSC-40, means for the two conditions of disclosure were the same ($M = 33$); and on the ISS, means were similar (i.e., M for low condition = 35, M for high condition = 31).

An Exploration of the Factors of Interest

Exploratory principal components extraction with varimax rotation served to describe and summarize the data of the present study. First, the responses of all abused women ($N=206$) on the 18 outcome variables were collapsed into components. Then, the responses of sexually abused women for each age of abuse group on the 18 outcome variables separately were collapsed into components. Subsequently, the solutions were compared between the total abuse group and the age groupings of abuse. The sample sizes of age groups, however, were small and thus, poorly support reliable estimates of correlation coefficients.

Second, the responses of all sexually abused women on the 10 abuse circumstances were collapsed into components. Finally, the responses of

sexually abused women on the 34 disclosure items were collapsed into components. Results briefly are described below for age, abuse circumstances, and disclosure.

Age

Principal components analysis (PCA), with varimax rotation, for the responses of 206 sexually abused women on the 18 outcome variables produced two components. The first was a "General Symptom" subscale, and the second a "General Victim Reaction" subscale. Together, these two components explained over 68% of the variance in the variables. Thus, the variance between sexually abused women was explained by a composite measure of the nine scales and a composite measure of the nine items (See Appendix H, Table H-1, for the two-factor solution). Two components also were extracted for each of the seven age groups. The variables were well-defined by the solutions. There was a strong similarity between components for age groups and the total abuse group. That is, the two components for each of the age groups also were a composite measure of the nine scales, and a composite measure of the nine items used in the study.

Abuse-specific Circumstances

PCA, with varimax rotation, for the responses of the 206 sexually abused women on the 10 circumstances allowed extraction of three components. Together, these three components explained over 57% of the variance. The three-component solution is illustrated in Table H-2 (see Appendix H). The first, a "General Abuse-specific Circumstances" subscale, was comprised of all 10 circumstances, positively weighted. The second, "Proximity, Intrusiveness, Child's Reaction Circumstances"

subscale, provided a more sensitive grouping of two variables (proximity and intrusiveness) in contrast with a third variable (child's reaction). The third, "Age and Use of Force Circumstances" subscale, was comprised of a positively weighted composite of age of perpetrator and use of force.

The ability of all 10 circumstances variables to load on one factor reflects homogeneity of the variables. Five of the variables, proximity, intrusiveness, child's reaction, age of perpetrator, and use of force, were complex (i.e., they loaded on more than one component), and thus difficult to interpret. Consequently, component one appears most reliably to identify the underlying pattern of the responses of the present sexual abuse sample to the circumstances variables.

Disclosure

PCA, with varimax rotation, for responses of the 206 sexually abused women on the 34 disclosure items produced eight components. The eight-component solution is illustrated in Table H-3 (see Appendix H). The first, "Parents' Responses to Sexual Abuse", was represented by seven items that were related to parents and sexual abuse ("how did your parents learn of these sexual experiences", "mother and father reaction", "mother and father show that they believed", "mother and father action"). The second, "Telling about Sexual Abuse", was represented by eight items that were related to telling someone about the abuse ("did you tell", "how old were you when you told", "how old were you when someone learned", "when did you tell", "aspects you were able to tell", "did you 'take back' what you told", "effect of telling someone", "would you be able to tell today"). The third, "Quality of

Current Relationships", was represented by four items that were related to the quality of women's relationships, at the present time, with their mothers, fathers, siblings, and an important person (e.g., best friend, spouse, partner). The fourth, "Counselling", was represented by only three items that were related to experiences of counselling ("ever received counselling", "talked about sexual experiences in counselling", "counsellor's reaction to sexual experiences"). The fifth, "Public Agency", was represented by only two items that were related to public agency ("sexual experience ever reported to a public agency", "how did the personnel react"). The sixth, "Support of Important Person", was represented by a single item related to the extent of supportiveness of an important person in the women's lives. The seventh, "Noticeable Behaviours", was represented by two items that were related to whether either the child or the perpetrator "had noticeable behaviours that would have cued someone to know of the sexual experiences". Finally, the eighth component, "Perpetrator", was represented by two items that were related to the perpetrator's reaction to the child's disclosure of abuse, and the quality of the current relationship with the perpetrator. Together, these eight components explained over 66% of the variance.

Components five through eight were not well defined (i.e., only two items of the disclosure scale loaded on each component), and thus were unreliable. Therefore, components one through four appear to identify the underlying patterns of the responses of the present sexual abuse sample to the items on the disclosure measure.

Analyses of Stigma and Sexual Abuse Data

Tomlin (1991) developed a 10-item questionnaire of stigma and

sexual abuse to measure stigma felt towards individuals who had been sexually abused during childhood by a family member. The questionnaire also was developed to measure stigma felt towards sexually abused individuals as a function of five interpersonal relationships (a friend of the same sex, a friend of the opposite sex, a dating partner, a marital partner, and a coparent). Finally, the questionnaire was developed to measure stigma felt towards sexually abused individuals as a function of the length of the relationship (beginning = one month and established = one year).

Tomlin's (1991) questionnaire was modified for the present study to measure stigma felt towards sexually abused adults as a function of age of sexual abuse (CSA, PSA, ASA). In the modified questionnaire, 30 items were used to measure stigma felt by nonabused women towards adults who had been sexually abused either in childhood, in preadolescence, or in adolescence; and who were either in beginning or in established relationships with a friend of the same sex, a friend of the opposite sex, a dating partner, a marital partner, or a coparent. In the present study, 203 women who did not report nonconsensual sexual contact before the age of 18 years (nonabused group) were presented with these 30 items in order to control for the time the sexually abused women needed to complete the aftereffects and disclosure items. These women were asked to indicate their expected level of "comfort" or "discomfort" in a continuing relationship with a same sex friend, an opposite sex friend, a dating partner, a marital partner, and a coparent after recently learning that this adult had been sexually abused during childhood, preadolescence, or adolescence.

No hypothesis was entertained for the data. However, the data were analyzed to determine how various relationships affect the level of stigma felt by nonabused women towards sexually abused individuals, and how age of occurrence of sexual abuse affects the level of stigma felt by nonabused women towards individuals who have been sexually abused. The means and standard deviations were calculated for each of the 30 items. The means of scores for stigma felt towards sexually abused individuals in beginning and established relationships were compared using a t-test in order to replicate Tomlin's (1991) analysis from her study. Nonparametric tests of significance provided similar results (Wilcoxon Matched-Pairs). Table 25 shows the means and standard deviations of stigma felt toward individuals who were sexually abused either in childhood, in preadolescence, or in adolescence for each beginning and established relationship. Table 25 also illustrates that there were differences between amount of stigma felt towards sexually abused individuals for each relationship in its beginning and established states across all ages of occurrence of sexual abuse. In all paired comparisons of relationships, less discomfort (less stigma) was felt toward sexually abused individuals in established (one year) relationships than in new ones (one month). That is, nonabused women reported feeling more comfortable (less stigma) in a one-year relationship than in a one-month relationship with a same sex friend, an opposite sex friend, a dating partner, a marital partner, and a coparent who had been sexually abused either in childhood, in preadolescence, or in adolescence.

In addition, nonabused women's mean scores for stigma felt towards

Table 25

New Versus Old Relationships by Age of Sexual Abuse (n=203)

Relationships Compared	Age of Sexual Abuse		
	Childhood Mean(SD)	Preadolescence Mean(SD)	Adolescence Mean(SD)
1. Same Sex Friend *			
New	3.67 (1.12)	3.53 (1.16)	3.35(1.23)
Old	4.24 (1.06)	4.09 (1.10)	3.90(1.21)
2. Opposite Sex Friend *			
New	3.37 (1.20)	3.26 (1.19)	3.14 (1.29)
Old	4.04 (1.12)	3.86 (1.19)	3.68 (1.25)
3. Dating *			
New	2.98 (1.20)	3.09 (1.18)	2.81 (1.30)
Old	3.82 (1.20)	3.72 (1.19)	3.49 (1.31)
4. Marriage *			
New	3.68 (1.38)	3.58 (1.35)	3.37 (1.35)
Old	4.02 (1.32)	3.87 (1.32)	3.72 (1.35)
5. Parenting *			
New	3.44 (1.41)	3.29 (1.38)	3.22 (1.41)
Old	3.69 (1.38)	3.58 (1.35)	3.50 (1.44)

Note. New relationship = one month, Old relationship = one year

* $p < .000$

sexually abused adults seemed to be affected by the age of occurrence of sexual abuse. Stigma felt by nonabused women towards adults sexually abused in adolescence appeared to be greater than stigma felt towards adults sexually abused in preadolescence. In addition, stigma felt by nonabused women towards adults sexually abused in preadolescence appeared to be greater than stigma felt towards adults sexually abused in childhood. Friedman two-way ANOVAs supported these suggestions, yielding significant effects of age of occurrence of sexual abuse for each of the 5 beginning and 5 established relationship ($n = 203$, $df = 2$, $F = .03$ to $.00$).

DISCUSSION

Overall, the main findings of the present study indicated that young women who had been sexually abused before the age of 18 years experienced more difficulties in adjustment than young women who had not been sexually abused. Furthermore, current adjustment of women who had been sexually abused tended to be influenced by the age period at which sexual abuse occurred, and 9 of 10 circumstances surrounding the abuse. In addition, the circumstance, use of force, played a role in the current adjustment of women who had been sexually abused. Taken together, findings of the study support the notion that factors preceding, during, and following child sexual abuse may influence the negative outcomes of child sexual abuse in adulthood. Therefore, the nature of experiences of women who have been sexually abused is an important consideration in defining what may continue to maintain or to exacerbate women's difficulties with adjustment.

Discussion of the results of the study are presented under the

heading of hypotheses. Within the hypotheses section, age effect, circumstances effects, and disclosure effect are discussed. Wherever appropriate, information about demographics and risk factors, and additional findings about sexual abuse are integrated into the discussions about the hypotheses. Otherwise, additional information and findings are presented under the heading of other findings. Then, a general discussion of the limitations of the study is presented. Finally, conclusions are drawn about the contributions of this research to the area of child sexual abuse.

Hypotheses

Age Effect

Hypothesis One

For hypothesis one, it was predicted that young women who had been sexually abused during adolescence would report greater psychological difficulties with current adjustment than young women who had been sexually abused during preadolescence or childhood. In addition, women who had been sexually abused during preadolescence would report greater psychological difficulties with current adjustment than women who had been sexually abused during childhood. Contrary to prediction, no such effect was found. Given the stringent criteria for the analyses of the study ($\alpha = .03$), the results indicated there was no significant overall difference between groups as a function of age of sexual abuse.

However, there was a trend toward significance ($\alpha = .06$). Age at which sexual abuse occurred tended to play a role in the adjustment of women who had been sexually abused during childhood, preadolescence, or adolescence. Those women who were sexually abused both in childhood

and in preadolescence, or both in preadolescence and in adolescence, or in childhood, preadolescence, and adolescence tended to report greater psychological difficulties in adulthood than other women who were sexually abused. In addition, those women who were sexually abused either in childhood or in adolescence tended to report greater psychological difficulties in adulthood than those who were sexually abused in preadolescence, or those who were sexually abused both in childhood and in adolescence.

These tendencies towards significance for age and adjustment were consistent across all outcome measures. That is, each age group's level of distress was elevated uniformly on each measure relative to other age groups. Consequently, reactions of women who had been sexually abused did not indicate unique patterns of reactions or symptoms related to age. For example, all groups of sexually abused women experienced shame and trauma-specific distress. Reactions of women who had been sexually abused indicated variations in the extent or severity of reactions or symptoms at different ages. For example, levels of shame and trauma-specific distress tended to be moderate for women sexually abused in childhood, and moderately high for women sexually abused in adolescence.

Moreover, these differences in the elevations of distress for each age group appeared not to be related simply to age. That is, the fact that many women were abused beyond the age period defined as the age of occurrence of abuse indicated that the finding for age in the present study did not represent a specific developmental exposure to sexual abuse. For example, levels of shame and trauma-specific distress experienced by women sexually abused both in childhood and in

preadolescence tended to be similar to levels of shame and trauma-specific distress experienced by women sexually abused in adolescence only. Consequently, differences between age groups also may be attributable to a relationship between persistence of abuse across consecutive age periods and level of adjustment.

In previous studies, researchers have not consistently found a relationship between age of sexual abuse and severity of trauma. Those researchers who have found an effect usually have identified that more psychological difficulties are experienced by women who have been sexually abused during adolescence than those women who have been sexually abused during childhood. In the present study, the tendency towards a significant relationship between age of sexual abuse and adjustment was consistent with the findings of Finkelhor (1979), Murphy et al. (1988), and Runtz (1991). That is, in the present study, women sexually abused only in adolescence tended to experience higher levels of symptoms than those women sexually abused only in childhood.

In the present study, an attempt was made to provide more detailed and focused findings about the relationship between age of sexual abuse and adjustment by restricting age groups to narrower ranges consistent with the developmental literature. Consequently, data for women were separated to examine the relationship between developmental periods of age and adjustment. The developmental periods of age included childhood, preadolescence, and adolescence. In previous studies, data for childhood and preadolescence have been combined to represent childhood, more broadly. In the present study, if the data for those women who were sexually abused in preadolescence had been combined with the data for

those who had been sexually abused in childhood, and then compared with the data for women sexually abused in adolescence, differences between groups may have been statistically significant. Visual inspection of the data in the present study suggests that women who were sexually abused in preadolescence experienced lower levels of symptoms on all outcome measures than those women sexually abused in childhood, or in adolescence. Therefore, one implication of the finding for age in the present study is that when researchers use broad ranges of age to represent the period of childhood, the actual impact of sexual abuse that occurs early in childhood may be reduced, or hidden by the impact of sexual abuse that occurs late in childhood or in preadolescence.

The selection of data analysis may have been another factor which contributed to the absence of a statistically significant finding for age. More specifically, the use of a MANOVA model in the present study may have had an effect of yielding a statistically nonsignificant age effect. In Murphy et al. (1988), the finding for an age effect was based on an ANOVA model. According to Tabachnick and Fidell (1989), MANOVA is considerably less powerful than ANOVA. Univariate analysis of data from the present study on age and adjustment following sexual abuse may be helpful to describe further the statistical relationship between sexual abuse and adjustment in adult women, as well as to provide the opportunity directly to compare statistical findings across studies.

In addition, although this study was not designed to answer questions about the prevalence of sexual abuse, the prevalence of sexual abuse identified in this study was substantially higher than the prevalence identified in other college or university studies. In the

Runtz (1991) study, 26% of the total sample of male and female students reported sexual abuse. In the Finkelhor (1979) study, 19% of the total sample of female students reported sexual abuse. These figures contrast sharply with the reported prevalence of sexual abuse of 50.4% in the present sample. There is a possibility that other differences existed between the samples of students in the present versus other studies. On closer inspection, the demographic characteristics of the present sample match closely those reported for Runtz's (1991) sample. However, the methodologies of the two studies differed and therefore, the methodology of the present study appears to have had an impact on the amount of sexual abuse that was reported. More specifically, procedures such as repeated assessments for sexual abuse and the measurement of peer abuse in the present study were not used in previous studies.

The net effect of the methodology of the present study may have increased the probability that child sexual abuse would be identified in the present study than in other studies with college women. Furthermore, more variation in child sexual abuse may have been identified in the present study than in other studies. Women from other studies may not have reported, for example, unwanted sexual behaviours between the ages of 0 and 6 years. The prevalence rate of sexual abuse identified in this study was similar to those rates reported by researchers who used face-to-face interviews. For example, Russell (1983) found a prevalence rate of 54%.

Findings of very high prevalence rates suggest that about half of the population of women is potentially vulnerable to sexual abuse. Few, if any, programs for the prevention of sexual abuse were in effect

before approximately 1985. Preventive measures to help children lower their vulnerability to sexual abuse seem essential. In North America, a continuing emphasis on the value and mental health of children should include a stronger focus on the provision of safety and care of children within our communities. For example, public and early milestone programs for sexual abuse or risk factors associated with it, similar to such programs for hearing in schools, might help lower the prevalence of sexual abuse. Partnerships among mental health, social services, and education systems could facilitate delivery of these types of programs to children and their families.

In previous studies on the relationship between age and outcome (Finkelhor, 1979; Runtz, 1991) child sexual abuse was reported only in childhood or adolescence, and not in both. Therefore, the occurrence of sexual abuse in several age periods was not considered an issue in the design of the present study. However, the procedures used to assess for child sexual abuse in the present study determined the natural presence of seven groups as a function of age of occurrence of sexual abuse. In four of the seven age groups, comprising two-fifths of the abuse sample, women reported that sexual abuse occurred in more than one age period before the age of 18 years. The presence of many age groups and the high prevalence of abuse within more than one age period were unexpected, and thus made the search for a relationship between developmental age and outcome complex.

That is, the great number of age groups in the present study resulted in small and unequal sample sizes for most of the groups. A larger number of women representing each of the age groups may have

yielded more support for the hypothesis. Nonetheless, the finding in the present study that women frequently were abused in more than one age period suggests that for future research, the restriction of the assessment of age of occurrence of sexual abuse to single defined stages of development could limit what information is gathered on the influence of age on the relationship between sexual abuse and adjustment in women. Insufficient information about age of sexual abuse compromises researchers' attempts fully to understand the relationship between separate stages of development of women who have been sexually abused, and the meaning and impact that sexual abuse incidents have for them.

Whether the occurrence of sexual abuse during different developmental periods influences women's evolving repertoire of social abilities may best be investigated through studies of children. Prospective research with children over time may help to reconstruct the exact timing and pattern of how difficulties with adjustment are related to age and developmental change. Furthermore, the finding that sexual abuse was present in most periods of young women's early development clearly implies that efforts to prevent sexual abuse and subsequent revictimization during childhood and continuing on into adolescence are essential.

The finding that adult women who were sexually abused in more than one consecutive age period tended to report higher levels of psychological difficulties than women sexually abused once or multiply in one age period is new to the area of child sexual abuse. Although there are considerable data in the child abuse literature that indicate that repeated victimization in one age period is associated with greater

trauma, there appear to be no data that indicate that repeated victimization in more than one age period also may be associated with greater trauma. Findings for the timing of sexual abuse may become more common as more researchers measure the effects of sexual abuse on women's adjustment by developmentally appropriate age periods.

The finding that many women were sexually abused in two to three age periods implies that mental health workers who counsel women may need to take care in obtaining histories concerning unwanted sexual behaviours across the lifespan. Individuals who experience sexual abuse in more than one age period may be at increased risk for psychological difficulties. Furthermore, children who have been sexually abused might benefit from longitudinal monitoring to prevent further sexual abuse at later ages.

Another factor which may have led to the lack of statistically significant finding for age relates to the definition of child sexual abuse. The use of a broad definition of sexual abuse may account for some of the finding in the present study. That is, nonconsensual sexual behaviours involving same-aged or close-in age peers were included in the definitions of CSA, PSA, and ASA. As a result, assessment of sexual abuse was not limited to unwanted sexual contact with someone significantly older.

In previous studies on age and sexual abuse, an age difference between the perpetrator and the child, typically ranging from 5 to 10 years (i.e., perpetrator 5 to 10 years older than child), has served as a primary criterion in the definition of child sexual abuse. In the present study, nonconsensual sexual behaviours with peers occurred

within all age periods, but were most prevalent in childhood. When women reported sexual abuse before the age of six years, about three quarters indicated that the perpetrator was under the age of 18. In spite of the young age of perpetrators, the experience of nonconsensual sexual contact in childhood tended to have a negative impact on current functioning of adult women.

Therefore, it would appear potentially misleading to omit some episodes of sexual abuse in our researches (e.g., abuse by a peer) because we do not expect them to be as common, or as damaging as other episodes (e.g., abuse by someone older). Furthermore, limiting the definition of sexual abuse to sexual contact where age difference makes the behaviour developmentally inappropriate is brought into question here. Unwanted sexual contact may not be developmentally appropriate regardless of the age difference between people.

Unexpectedly, of the women who were sexually abused in childhood; one half of them reported that the offender, old or young, used physical force with them; about one quarter of them reported that the offender threatened them; about one seventh reported that the offender inflicted physical hurt on them; and almost one half reported that the offender convinced them to engage in unwanted sexual behaviours. Although these data were disturbing, the findings appear to corroborate clinicians' reports that children and adolescents are perpetrating sexually aggressive behaviours against other children and adolescents (i.e., any explicit sexual behaviour that is accompanied by the use of force or threat of force). Researchers initially studied sex offenders who were adults, and subsequently sex offenders who were adolescents. Attention

will need to be paid now to sexualized behaviours of preadolescents.

The inclusion of peer abuse may better represent the nature of sexual abuse in childhood than that which limits abuse to older perpetrators. It may be important for clinicians to consider how sexual abuse between young boys and girls has had a negative impact on their clients, just as sexual abuse between children and older offenders has had a negative impact on clients. Furthermore, clinicians may have a responsibility to initiate discussions with women about their early sexual experiences with someone young such as, for example, a childhood playmate. Women may not report their negative reactions to these experiences because women may perceive sexual contact by a close-in-age peer as inconsequential or dismissable by virtue of the young age of the offender. That is, the experience may be rationalized as "not as bad as" having been sexually abused by someone considerably older in age than the child.

Public information about sexually appropriate behaviour between children may need to emphasize that only mutual exploration between two children of similar ages is typical behaviour. In addition, parents may need to be educated that supervision of their children is important for the protection of their children. If children are involved in sexual exploration, parents should be encouraged directly to talk with their children to find out what actually happened, and to seek professional advice if needed. Preventive measures to help children to lower their vulnerability to offend seem essential.

In this study, sexual abuse that occurred in childhood, preadolescence, adolescence, or multiple age groups tended to be a

predictor of women's distress. It is important that attention be given to experiences of sexual abuse which happen in all age groups. Overall, the present results suggest that a history of sexual abuse may be the most important variable in understanding the distress experienced by adult women who have been sexually abused. Sexual abuse appears to have a negative impact on many areas of women's lives. Furthermore, the trauma of sexual abuse may be increased if sexual abuse persists or recurs across two or three consecutive age periods. Implications of the findings for age have been made with caution, however, because this study appears to be the first study, both in the adult and child domain, to use age appropriately to mark developmental periods of change. Understanding the developmental impact of maltreatment on the evolving functioning of children remains an important research goal.

Circumstances Effects

Hypothesis Two

For hypothesis two, it was predicted that young women who had experienced more severe forms of child sexual abuse on the 11 dimensions of interest would report greater psychological difficulties in current adjustment than young women who had experienced less severe forms of child sexual abuse (frequency; intrusiveness; use of force; negative immediate reactions; concurrent physical maltreatment; duration; number, sex, and age of perpetrators; relationship of perpetrator to child; and proximity of abuse to child's home). The results of the present study partially supported this hypothesis. More specifically, a significant statistical relationship was found between use of force and adjustment. That is, women who experienced a high use of force during sexual abuse

reported significantly greater overall current difficulties in adjustment than women who experienced a low use of force during sexual abuse.

The present result is consistent with the child sexual abuse literature (Beitchman et al., 1991). In both adult and child studies, a positive relationship between sexual abuse and abuse circumstances typically has been found for the variable, use of force (Finkelhor, 1979). In addition, the results of the present study indicated that although relationships between the other 10 circumstances and adjustment in women were not statistically significant, they tended towards significance. Furthermore, each relationship between these circumstances and adjustment, though weak, was positive. Thus, the findings are in the direction of the hypothesis.

Finally, a test for a sex of perpetrator effect was not possible in the present study. More specifically, only a very few women who had been sexually abused reported that the perpetrator was not a man. Consequently, within this sample, information was insufficient to determine more than one condition of sex of perpetrator for the analysis. The finding that most of the perpetrators were men is congruent with data from previous college studies (e.g., Runtz, 1991), as well as with data from previous studies in the general child abuse literature (see Finkelhor, 1993 for a review). More specifically, men constitute 95% of the perpetrators in incidents of sexual abuse of girls.

The absence of statistically significant findings for the majority of abuse circumstances warrants some discussion. In the present study,

an attempt was made to examine a broad range of information about characteristics of child sexual abuse by including more than one or two variables in the analysis. Reviewers have recommended the inclusion of many abuse variables in one study in order to examine the influence of each circumstance on outcome relative to the other circumstances.

One explanation for the absence of statistically significant circumstances effects may be that although the inclusion of many variables was appropriate, the variation in responses of women in the abused sample was too great to test appropriately for significance. More specifically, the maximization of information in a study of sexual abuse, through the inclusion of many variables, may have attenuated the effects of single variables in the statistical analysis. This explanation would suggest that the investigation of many variables simultaneously requires a much larger sample size than that used in the present study to find statistical significance. Furthermore, to reduce the number of cells, as well as to simplify the presentation of the data, most of the circumstances variables were divided into two levels. For example, responses about number of perpetrators were assigned to conditions either of one perpetrator or of more than one perpetrator. This division of the data seemed appropriate because the modal number of perpetrators was two. However, the division did not reflect the great range of number of perpetrators (i.e., about two fifths of the women who had been sexually abused reported from 3 to 26 perpetrators). Consequently, investigations of variables such as number of perpetrators require very large samples to observe effects which are natural representations of women's actual experiences rather than those

representations used for statistical procedures.

Another reason for the absence of statistically significant findings may have been the consequence of the selection of statistical test in the present study. The use of MANOVA allows researchers to measure several dependent variables instead of only one, and thus to improve the chance of discovering what it is that changes as a result of different conditions and their interactions. In addition, the use of MANOVA prevents inflated Type I error which may otherwise occur with the use of multiple tests of likely correlated dependent variables. However, in addition to the previously discussed problem with MANOVA (see Hypothesis One), the use of multivariate analysis is a complicated analysis (Tabachnick & Fidell, 1989). When there are two or more independent variables, separate tests are made for each independent variable. Furthermore, with more than two independent variables, there are multiple tests for multiple interactions. With numerous dependent and independent variables, the design is complex with many cells. The examination, therefore, of more than one or two abuse variables is burdensome.

In the present study, preliminary analyses indicated that dependent variables and independent variables were not highly correlated, and thus would make independent contributions to the analysis. Reviewers in the area of child sexual abuse have recommended the inclusion of many variables in one study. In addition, the absence of reported interaction effects indicated that each circumstance might have been important in understanding the distress experienced by adult women who had been sexually abused. However, in retrospect, the tests

for interaction effects may have been inadequate because of the extensive partitioning of variance associated with numerous independent variables. Future researchers interested in examination of many variables in the area of child sexual abuse should ensure a sufficiently large sample size to account for problems with partitioning of variance.

Another reason for the absence of statistically significant findings for many abuse circumstances may be discussed with reference to the differences among the abuse circumstances reported across samples of different studies. For example, in previous studies, there has been mixed support for an intrusiveness effect. However, intrusiveness effects have been found in clinical samples of women who have experienced unwanted bodily penetration (Kendall-Tackett et al., 1993). Results from the present study indicate that less than one quarter of the women experienced intercourse. This finding is congruent with findings from other nonclinical adult studies on sexual abuse (Finkelhor, 1979). Intrusiveness effects may not be found in studies of college or university samples because few of the women in these samples have experienced unwanted bodily penetration, such as intercourse. Thus, in the present study, the importance of the variable, intrusiveness of sexual abuse, may have been diminished because of the nature of the unwanted sexual behaviours.

Another abuse-specific circumstance which differs across samples of different studies is the variable, relationship of perpetrator to child. In previous research, relationship of perpetrator effects, when found, have most consistently been observed in samples of women who have been sexually abused by a father, or a stepfather. In the present study,

most of the women reported sexual abuse by strangers, acquaintances, cousins, or siblings, and few reported sexual abuse by fathers or stepfathers. The present finding is congruent with findings of other researchers who have investigated sexual abuse in college or university populations (Runtz, 1991). Relationship of perpetrator to child effects may not be found in studies of samples of college women because the majority of these women have not been sexually abused by father-figures. Consequently, in the present study, the importance of the variable, relationship of the perpetrator to the child, also may have been diminished because of the nature of the unwanted sexual experience.

Inconsistencies in definitions among circumstance variables used across different studies may be another reason for the absence of statistically significant findings in the present study. For example, in previous studies, concurrent physical maltreatment has been defined as physical maltreatment primarily by parents beginning in childhood and continuing into adolescence (Runtz, 1991). In the present study, concurrent physical maltreatment was limited to physical maltreatment through the age periods that corresponded with the age periods of occurrence of sexual abuse. More specifically, if a woman reported sexual abuse prior to age six, then the focus of physical maltreatment was limited to incidents of physical maltreatment prior to age six. Consequently, the importance of concurrent physical maltreatment as a variable in the present study may have been diminished. Preliminary analyses of risk factors in the present study support this conclusion. For example, women who had been sexually abused at any time before the age of 18 years were more likely to have been spanked by parents between

the ages of 13 to 17 years than nonabused women. However, they were not more likely to have been spanked by parents between the ages of 0 to 6 years, or 7 to 12 years than nonabused women. In the present study, attention to physical maltreatment throughout the entire span of years between 0 and 18 may have contributed to greater support for the hypothesis.

Finally, the absence of statistically significant findings on many abuse circumstances may be related to the finding that many women had been abused multiply. As previously mentioned, between one third and one half of the sexual abuse sample indicated that sexual abuse persisted or recurred in two or three age periods. Consequently, for many women, the definitions of abuse circumstances were not straightforward. For example, the variable, proximity of sexual abuse to child's home, was assigned to women according to whether sexual abuse occurred "in the child's home" or "out of the child's home". Priority was given to assignment of "in the child's home". Therefore, in many instances of multiple abuse, although abuse occurred both "in the child's home" and "out of the child's home", assignment was to the condition of "in the child's home". The fact, however, that many women had experienced both conditions, may have deflated the importance of the difference between conditions.

"Child's reaction to abuse" was another variable that was defined inconsistently across studies and thus, may have contributed to the absence of a statistically significant finding in the present study. For example, in previous studies, women's ratings of their reactions to having been sexually abused were based on single periods of abuse. More

specifically, women rated their reactions either to childhood or to adolescent sexual abuse. Therefore, each of these women provided only one response for the variable, child's reaction to abuse. In the present study, almost one half of the women's ratings of their reactions to sexual abuse were based on two to three periods of abuse. Consequently, many women in the present study provided more than one response for the variable. Further, for many women who had been sexually abused in more than one age period, ratings of "child's reactions to abuse" varied with the age of occurrence of abuse. For example, some women rated some of their abuse experiences as negative, and some as neutral; some women rated some of their abuse experiences as positive, and some as neutral; and so forth. In these instances, women's scores for reaction to abuse were calculated by adding the value for each response. This procedure, however, may have deflated the importance of the difference between conditions.

Although few women in the present study reported that sexual abuse was a positive experience for them, even a few women reporting that sexual abuse was positive is a disturbing finding. In the present study, it is not clear why some women rated their reactions to sexual abuse mainly as positive rather than as negative or neutral. Further examination of women's responses for each age group suggests that women's reactions tended to fall more within the positive ratings when sexual abuse occurred later, rather than earlier. For example, for women sexually abused only in childhood, only 1 of 21 women rated their reactions to sexual abuse as positive. In contrast, for women sexually abused only in preadolescence, 3 of 22 women rated their reactions to

sexual abuse as positive; and for women sexually abused only in adolescence, 11 of 79 women rated their reactions as positive. These findings suggest that positive reactions to sexual abuse primarily were responses of women who were sexually abused in adolescence.

In the present study, high use of force during sexual abuse predicted greater difficulties with adjustment in adult women than did low use of force. Greater frequency, intrusiveness, and number of perpetrators, and longer duration of sexual abuse tended to predict greater problems in adjustment in women. In addition, older age of perpetrator, closer relationship of perpetrator to child and proximity of abuse to child's home, concurrent physical maltreatment, and negative reactions of the child tended to predict greater problems in adjustment in women. Overall, the present findings for circumstances of sexual abuse lead to the conclusion that more severe forms of sexual abuse might be expected to increase the trauma of sexual abuse in many areas of women's lives. It is important that researchers and clinicians pay attention to all aspects of women's sexual abuse experiences. Implications of the findings for abuse circumstances are made with caution because little research has been conducted, in both the adult and child areas of sexual abuse, on the effects of multiple abuse variables on outcome in women.

Disclosure Effect

Hypothesis Three

For hypothesis three, it was predicted that young women who received support from others upon disclosure of child sexual abuse would report less psychological difficulties with current adjustment than

women who did not disclose child sexual abuse, and thus did not receive support from others upon disclosure. Contrary to prediction, no such effect was found. There was no significant difference between the two groups. Furthermore, results did not show a tendency for disclosure to influence the relationship between sexual abuse and adjustment in women.

The result of the present study is consistent with results of adult studies which did not take into account the availability of support upon disclosure (Beitchman et al., 1991). In the present study, the range of childhood trauma found to predict poor adjustment was consistent with data from previous studies in which no account was taken of the availability of support upon disclosure. When the availability of support upon disclosure was taken into account in the present study, no relationship between disclosure and outcome was found. Consequently, the absence of a disclosure effect suggests the possibility that the link between childhood traumatic experiences and poor adjustment in adulthood is not just an artifact of the level of support available to women. Thus, at most, the lack of a disclosure effect in the present study suggests that disclosure could be a mediator and not a cause of adjustment in women who have been sexually abused. Additional analysis, such as a test of mediation, might help clarify the nature of the relationship between disclosure and adjustment (Baron & Kenny, 1986).

The absence of a disclosure effect is inconsistent with child studies in the area of sexual abuse (e.g., Everson et al., 1989). In child studies, disclosure effects have been found. Results from child studies have suggested that children's adjustment is a function of the nature of support from others upon disclosure of sexual abuse. One

explanation for the absence of a disclosure effect in the present study may be that support specific to the act of disclosure does not have the same effects on individuals' subsequent feelings about adjustment (i.e., as adults) as on individuals' immediate feelings (i.e., as children). Alternatively, the absence of a disclosure effect may be related to the fact that women in the present study did not tell their parents about the sexual abuse. Approximately one half of the women who had been sexually abused indicated that they had told a friend, while few told a parent, and one quarter told no one. It is not clear why parents of the women in this study were not told. However, the data from this study corroborate clinical reports in the literature: women and children typically do not disclose sexual abuse to a parent (Green, 1991). Browne (1991) has suggested that most children and women who have been sexually abused opt for a private solution to abuse and thus, may not tell. In the present study, the majority of the women who had been sexually abused indicated that they regarded sexual abuse as something that they "could handle" themselves.

The relationship between disclosure of sexual abuse and adjustment likely is complex, and therefore may help explain the absence of a disclosure effect in the present study. That is, there may be intervening variables which mediate the relationship between disclosure of sexual abuse and adjustment not accounted for in this study. Authors suggest that often sexual abuse is dealt with by women and children themselves, through inner adaptations, rather than through support of others. How women cope with sexual abuse as well as the reactions of others to disclosures of abuse may be important in understanding

vulnerability to trauma. In addition, how children or women behave upon disclosure may affect how others react to disclosure of sexual abuse.

Furthermore, it is possible that the present results are related to the instrument used to study disclosure. In adult studies, support has been conceptualized on a broad basis, and a relationship found between social support of family or friends, and adjustment. For example, social support of friends is associated with enhanced self-esteem and interpersonal effectiveness (Runtz & Schallow, 1997). Although items on the disclosure scale about support surrounding the event of disclosure itself may have been appropriate, the responses to items may not have been sufficient to measure the nature of support upon disclosure in women's lives.

Another possible explanation for the absence of a disclosure effect is that the focus in the present study was on the positive impact of disclosure in the lives of the women. In some child studies, favorable support from mothers has not always been found to have a positive influence on children's behaviour. In some studies, unfavorable responses from mothers have been found to aggravate children's difficulties. The finding of no disclosure effect in the present study may have been because the dimension of support was limited to more or less positive support. Future researchers may wish to explore the relationship between negative support upon disclosure and outcome in adult women who have been sexually abused.

Finally, another factor that may have contributed to the absence of a statistically significant disclosure effect relates to the stressfulness of disclosure. In this study, the stress of disclosure of

sexual abuse was not assessed. Although disclosure was not found to influence adjustment, many women responded that they did not find it helpful to disclose sexual abuse on the questionnaire. The question may be asked, why? It may be that women who have been sexually abused experience significant stress surrounding the "thought" of disclosing sexual abuse to others. As one commentator has noted, the major taboo is not against sexual abuse, but against talking about it (Bentovim, 1988). Determination of perceived stress of disclosure of sexual abuse, and perceived stress post-disclosure may be useful in better understanding the relationship between disclosure of sexual abuse and adjustment in adult women.

The present study appears to be the first comprehensively to examine the relationship between disclosure of sexual abuse and adjustment in adults by including several dimensions of disclosure in the disclosure variable. Further research is warranted on the influence of disclosure on adults' adjustment. In subsequent studies, researchers might modify the present disclosure measure or conduct face-to-face interviews in order more fully to address questions about the relationship between disclosure of sexual abuse and adjustment. Modifications to the disclosure questionnaire and face-to-face interviews may enhance our understanding of the relationship between a great variety of supportive behaviours in the post-disclosure period and outcome (e.g., instrumental, advice, positive feedback, emotional support of friends). Also, modifications to the disclosure measure or the use of interviews may add to our knowledge of the network of supports available to women (friends, family), and the role of women themselves in self-

support following sexual abuse.

Other Findings

An Exploration of the Factors of Interest

Researchers are challenged better to understand relationships between variables through statistical procedures. However, a major consideration becomes whether there will be adequate power to test for the effects of many variables in one study. Throughout the conceptualization and design of the present study, it was a concern that findings for age, circumstances, and disclosure of sexual abuse on young women's current functioning would not be reliable because of the large amount of data. Several strategies are available to researchers to increase the power of statistical tests. A common strategy is to use a large sample size. It is possible that in the present study, a larger sample of abused women would have increased the possibility of detecting statistical differences. Replication with a substantially larger sample than that used in the present study may be warranted. However, large samples may not be practically available.

A less common strategy to increase power to test for effects is statistically to reduce the number of variables regarded as important, and then to conduct the primary analysis on some remaining variable, or combination of variables (Tabachnick & Fidell, 1989). Initially in the present study, exploratory analyses of age, circumstances, and disclosure of sexual abuse on outcome were proposed. The purpose of the exploratory analyses was to reduce the great number of outcomes expected to be associated with sexual abuse, and then to analyze the data according to a smaller number of variables and outcomes. Subsequently,

it was decided not to proceed with these statistical procedures. Rather, it was decided to test the original hypotheses on the basis of all the data collected. The primary rationale for retaining the very large number of variables was that the focus of the entire study was exploratory in nature and therefore, at this time, reduction of the number of variables would be premature.

Results from the PCAs in the present study could provide direction for future research. More specifically, results suggest that it would be useful for other researchers to use less outcome variables, circumstances variables, and disclosure items in studies on child sexual abuse. For example, in the area of circumstances, the results from the PCA show that the inclusion of all 10 circumstances is not necessary. The 10 circumstances measured in the present study could have been used as one variable. Therefore, in future research in the area, another researcher could measure only 2 to 4 of these 10 circumstances, and perhaps then conduct procedures to average these two to four variables to create one variable for final analysis. The representation of abuse circumstances by one variable would increase the power of the statistical test used in the final analysis for the effect of circumstances on outcome.

Similarly, with respect to the selection of outcome measures for studies in the area of child sexual abuse, the results of the present study suggest that the inclusion of all 18 outcome measures is not necessary. More specifically, results from the PCAs in the present study were not much different for age groups than for the total sexual abuse group, and further indicated that deleterious effects of sexual abuse

could be considered within the context of a "general response to sexual abuse", and of a "victim reaction response to sexual abuse". In future research, the scores on several adjustment variables could be combined to form a single adjustment variable or index in the study of sexual abuse effects in order to increase the power of the statistical test used in the final analysis.

Sexual Abuse Effects

The finding for the effect of sexual abuse on outcome in the present study replicates those of numerous other studies (Kendall-Tackett et al., 1993). That is, women who were sexually abused reported significantly greater difficulties with adjustment than did women who were not abused. In the present study, the use of a control group of nonabused women, the comprehensive assessment of sexual abuse, and the detailed analyses of multiple psychological sequelae of child sexual abuse may have maximized the likelihood of finding sexual abuse effects on all outcome measures in a single study (GSI, TSC-40, Depression, Anxiety, Dissociation, Sexual Trauma, Sex Problems, Sleep Disturbance, and ISS).

Shame and Sexual Abuse

The finding in the present study that sexual abuse was positively associated with shame is of particular interest because clinical reports that self-conscious or negative emotions play a role in children's and women's adjustment are validated. Furthermore, the finding that women who had been sexually abused exhibited greater shame than nonabused women provides empirical support for one of the dynamics of The Traumagenics Dynamics model of sexual abuse--stigmatization (Finkelhor

and Browne, 1985). Stigmatization has been defined as the negative feelings and thoughts about the self that may occur during and following sexual abuse. It refers to the extent to which a person feels bad and blameworthy. Clearly, stigma regarding child sexual abuse can linger into adulthood. This sense of feeling "bad" affects women's core beliefs about their worth as individuals.

The finding in the present study that shame was associated with abuse-specific circumstances of women who had been sexually abused also is an important finding because it empirically corroborates clinical intuition and reports about the relationship between the severity of circumstances and outcome. That is, women who experienced high use of force reported greater shame than those who experienced low use of force. In addition, the finding supports the presence of stigmatization in the lives of women who have been sexually abused. More specifically, incidents of sexual abuse of a more severe nature could elicit more shame in sexually abused women because abuse of a more severe nature represents greater transgressions from what are "acceptable behaviours". Therefore, a sense of greater personal violation may result in women's increased sense of being "damaged".

Risk Factors and Sexual Abuse

No hypotheses were proposed for relationships between risk factors and sexual abuse. However, data were collected, and preliminary analyses then conducted on a number of descriptive variables to help better understand conditions which increase risk of sexual abuse. Many researchers in the area of sexual abuse advocate that sexual abuse occurs within the context of individual, family, or community problems.

Thus, it is an important task to examine how sexual abuse could be related to factors of the environment in which the abuse occurs.

The findings of the present study corroborate the conclusions drawn by Finkelhor (1994) that the risk of sexual abuse is not related to socioeconomic factors. More specifically, sexual abuse was not more prevalent in women who were raised in lower income families than women raised in higher income families. In addition, this finding is consistent with findings from previous studies of university or college samples (e.g., Runtz, 1991), and may be explained by the restricted range of socioeconomic status in university samples. Sexual abuse, however, was found to be more prevalent in women who had mothers with a higher level of formal education in the present study. Although the finding of an association between mother's education and sexual abuse was unexpected, this finding may be explained by greater parental absence among mothers with a higher level of formal education. For example, children of mothers with a higher level of education may have been cared for by others (e.g., baby-sitters, day cares) more than children of mothers with a lower level of education.

Results indicated that risk of sexual abuse was associated with family change and conflict. Compared to nonabused women, women who were sexually abused more often perceived their parents' marriage as unhappy, and their mothers as ill; had been exposed to parental complaints or problems about finances or relatives; and had experienced living away from their parents, and entered marriages early. The present results are consistent with previous findings that have suggested linkages between risk of sexual abuse and family change or marital conflict, as well as

parental absence (Benedict & Zatra, 1993; Finkelhor, 1979; Russell, 1986).

There also were associations between risk of sexual abuse and measures of parent-child relationships. Those women who had been sexually abused were more likely than women who had not been sexually abused to not feel close to their fathers and mothers. In addition, those reporting sexual abuse also more often were reared in home environments with parents who experienced alcohol problems, and reported maternal illnesses. These findings are consistent with previous studies that have suggested higher rates of adjustment problems in the parents of children exposed to sexual abuse, as well as greater parental absence (Benedict & Zautra, 1993). The finding that abused women did not feel as close to their parents as nonabused women may be accounted for by their experiences of sexual abuse and nondisclosure of sexual abuse.

In the present study, frequency of spanking in different developmental periods was explored as a potential risk factor for sexual abuse. An unexpected finding was that women who had been sexually abused reported more spanking in adolescence than women who had not been sexually abused, but not more in childhood or preadolescence than women who had not been sexually abused. The finding suggested that women who had been sexually abused came from families where there was a commitment to corporal punishment. It is not clear from the present study whether the women who had been sexually abused were also physically abused before the age of 18 years. One implication of the finding for spanking in adolescence is that families of women who have been sexually abused may experience the troubling dynamic of control. For example, parents

may have difficulty in understanding their daughters' growing needs for independence in adolescence.

Finally, women who had been sexually abused also more often reported than women who had not been sexually abused that mothers punished them for doing something sexual on a date, and that fathers roughhoused and played tickling games with them. These findings are consistent with the findings in previous studies that have suggested higher rates of coercive or sexualized behaviours and sexual inhibition in the parents of children exposed to sexual abuse (Finkelhor, 1979).

In general, the findings for the present study corroborate those in the literature and clinicians' experiences in the area of child sexual abuse. Most risk factors of sexual abuse are associated with properties of the environments of children who have been sexually abused. In the past, prevention programs have targeted children rather than identified risk factors related to home or community environments. Prevention programs that target risk factors related to marital satisfaction, parenting, supervision, and other environmental factors may help better to prevent sexual abuse of children.

Women's Perceptions of Sexual Abuse

Compared to data from previous studies, data from the present study indicate that more college women are asserting that their experiences of unwanted sexual behaviours are sexual abuse. In the present study, two-fifths of women who had been sexually abused reported that they judged their experience to be sexual abuse. In previous studies, women less frequently reported that they judged their experience to be sexual abuse even when they reported experiences of

unwanted sexual contact. For example, Runtz (1991) found that one quarter of women who had been sexually abused in childhood judged that they had been sexually abused, while one tenth of women who had been sexually abused in adolescence judged that they had been sexually abused. One reason for this change in women's appraisals of sexual abuse may be attributed to increased public awareness and dissemination of information about child sexual abuse.

Stigma and Sexual Abuse

No hypothesis was entertained for a relationship between stigma and sexual abuse in the present study (Coffey, Leitenberg, Henning, Turner, & Bennett, 1996). However, data were collected from women who had not been sexually abused in order to control for time required by sexually abused women to complete items on aftereffects and disclosure. Analyses were conducted to help better understand conditions which contribute to the trauma of women who have been sexually abused. In the present study, results indicated that stigma was associated with age of occurrence of sexual abuse, and with length of relationship. More specifically, nonabused women reported feeling greater stigma towards a friend of the same sex, a friend of the opposite sex, a dating partner, a marital partner, or a coparent who had been sexually abused in adolescence than in preadolescence or childhood. In addition, nonabused women reported feeling greater stigma towards a friend of the same sex, a friend of the opposite sex, a dating partner, a marital partner, or a coparent who had been abused in preadolescence than in childhood. These findings suggest that people likely may stigmatize older children or adolescents more than younger children because of the age of occurrence

of sexual abuse. Negative feelings in women who have been sexually abused, particularly those women who have been sexually abused in adolescence, may be sustained in every day life by others' reactions to abuse.

Future researchers may wish to examine the role that additional circumstances of sexual abuse may have on the potential to sustain negative feelings in women who have been sexually abused. For example, the present study could be replicated and expanded to examine the relationship between stigma and age of perpetrator, stigma and number of perpetrators, stigma and duration of sexual abuse, and so on. It would be important to assess not only women's perceptions, but those of men. Concrete evidence that the public does in fact stigmatize children and women who have been sexually abused may help to illuminate ways to change the role of the public in maintaining stigmatizing attitudes towards children and women who have been sexually abused. Social reactions of others may be one source of women's continuing feelings of shame associated with the misfortune of having been sexually abused.

The finding in the present study that women felt greater stigma in newly formed adult relationships (one month) than in established relationships (one year) for all forms of relationships measured is consistent with the finding of Tomlin (1991). The finding in the present study that women felt greater stigma in newly formed adult relationships than in established relationships for all forms of relationships measured, and across all age groups is new to the area. One interesting implication of Tomlin's (1991) finding and those of the present study is that the timing of disclosure of sexual abuse in adult relationships may

be important. Moreover, the age of occurrence of sexual abuse did not influence the timing of disclosure of sexual abuse in adult relationships. That is, disclosure of information about childhood, preadolescent, and adolescent sexual abuse may be less damaging to a relationship if it is done late, rather than early, in a relationship. In an established relationship, women who have been sexually abused may experience trust and security in the relationship which would allow them to take the risk of disclosing highly personal and potentially stigmatizing information.

More research is needed to determine the day to day reality of being different from what other people expect. Questions for future researches could include, Why are people uncomfortable in particular relationships where sexual abuse is disclosed? and What do they imagine might happen because of it?

Limitations of the Present Study

In the present study, many aspects of child sexual abuse have been explored, and findings of interest have been presented. However, there are some limitations that warrant discussion. Retrospective, cross-sectional, nonexperimental research is correlational, and does not permit inferences about cause and effect. (Nonetheless, data from correlational research have been important in providing a basis for the testing of cause and effect hypotheses.) Caution must be used when making inferences about the findings of the present study. As a correlational study, it is inappropriate to conclude that sexual abuse necessarily causes negative outcomes. Similarly, it is inappropriate to conclude that high use of force in sexual abuse results in more distress

than that of low use of force in sexual abuse. A very conservative interpretation of the data would stress that these findings represent women's perceptions of the abuse. For example, higher levels of distress may have contributed to greater perceptions of use of force in sexual abuse. However, it may be argued that an individual's perception of reality becomes the individual's reality. From a clinical perspective, it is of significant interest to understand clients' perceptions of their abuse.

In addition, in a retrospective study, one can not clearly discriminate between abuse-specific, abuse-concurrent, and abuse-antecedent events. That is, one can not tell if problems existed prior to abuse, during abuse because of events other than abuse, or after abuse because of factors, such as social conditions. Consequently, it also would be inappropriate to conclude that sexual abuse necessarily is associated with negative outcomes because these outcomes may be a result of other factors. In the present study, women who had been sexually abused were more likely than women who had not been sexually abused to have fathers and mothers who drank heavily. Again, from a clinical perspective, it is of significant interest to understand clients' perceptions of their family functioning, as well as their abuse.

Researchers in the area of sexual abuse have been concerned with the validity of self-reports of sexual abuse. On one hand, women who have experienced sexual abuse may not report sexual abuse on questionnaires. On the other hand, women may not accurately report abuse on questionnaires. Underreporting and inaccuracies in reporting of abuse have been explained by factors such as stigma, defense of denial, memory

impairment, and false reports for secondary gain (Peters et al., 1986). Researchers have suggested that certain conditions in a sexual abuse research paradigm may decrease response bias. Care was used in the present study to follow the suggestions of other researchers in the area of child sexual abuse in order to decrease the potential for response bias. For example, women were reassured of their anonymity, and the confidentiality of their responses; a multi-item format was used for the questionnaire; social desirability was assessed; degree of discomfort provoked by the questions was assessed; and degree of confidence in ability to recall information in light of the time passed also was assessed (Briere, 1992b; Finkelhor, 1986; Peters et al., 1986).

In the present study, analysis of the results of the Lie Scale showed that there were no differences in responses between nonabused and abused women. This result suggests that response bias was absent in abused women's reports of sexual abuse. However, memory impairment may have been a factor that was not entirely controlled for, but subject to investigation by virtue of the confidence rating questions (Runtz, 1991) in the present study. Results showed that of the women who had been sexually abused in childhood, just over a half reported high confidence in their ability to recall the sexual abuse; while of the women who had been sexually abused in preadolescence or in adolescence, almost three quarters reported high confidence in their ability to recall the sexual abuse. Consequently, it may be suggested that the data of women who reported having been sexually abused in childhood is less reliable than the data of the women who reported having been sexually abused in preadolescence or adolescence. Although certainly adult recollections of

childhood experiences are affected by memory performance, the results of the study reveal that women continue to experience stress related to sexual abuse years after the memory of the sexual abuse has started to fade.

In the area of child sexual abuse, there are problems with the methodology of studies. For example, no clear set of criteria for a definition of sexual abuse, or established method of assessment of sexual abuse is available to direct researchers in their investigations of sexual abuse. Consequently, findings of studies vary according to differences between the criteria, and the methods of assessment of sexual abuse used in different studies. In the present study, care was taken to follow current recommendations of experts in the area, and to take direction from previously published works in the definition and assessment of sexual abuse in order to provide findings which could reliably be compared across studies.

The selection of a nonclinical university sample for the present study is open to some general criticism. The use of a clinic-based sample might have been more effective than the present nonclinical sample in an investigation of sexual abuse and symptoms (see Hypothesis Two). In defense of nonclinical investigations, there are several problems with clinic-based investigations. Clinical groups tend to be less representative than nonclinical populations because of selective factors, such as referral biases. More specifically, clinical groups tend to include a high proportion of subjects with multiple problems. Also, patients who have been referred to clinics tend to differ systematically from those not referred in ways that may distort

findings. For example, referrals may be a function of family characteristics, as well as of sexual abuse. Thus, studies of clinical samples of women who have been sexually abused may not provide findings that can be generalized to the general population.

Some researchers have argued that findings from studies that use university and college students, as in the present study, may not be as generalizable as findings from randomized populations. University samples are samples of opportunity rather than randomized samples. They more likely may be comprised of women who are middle class and psychologically healthy, and not abused than women from randomized general populations. However, findings from recent studies suggest that prevalence rates for sexual abuse in the general population are similar to the prevalence rates in university populations. For example, in a large national survey of professional women, Elliot and Briere (1992) reported a sexual abuse prevalence rate of 26.9%. In a study of university students, Runtz (1991) reported a prevalence rate of 26%.

Conclusion

In a study in the area of child sexual abuse, it is important to attend to the complexity and heterogeneity of sexual abuse. In the present study, several new considerations in the methodology, design, and statistics may have helped to qualify issues in the area of sexual abuse (e.g., collection of a broad range of information on child sexual abuse and adjustment, the inclusion of many variables related to sexual abuse, and the control and test for confounding variables). Broad conclusions may be drawn about how these considerations influenced the data in the present study.

Multiple and different types of outcome measures were used to assess for adjustment. Also, a new measure of shame was used in the present study. Findings suggest that although all of the measures were useful in the evaluation of adjustment in adult women who were sexually abused, those which focused on general distress or which were based on one item were less sensitive to the reactions of these women. While the effects of sexual abuse on women's functioning may be effectively investigated through general- or trauma-specific measures as well as standardized and self-assessment measures, overall findings of the present study suggest measures of trauma or negative affect to be most effective.

Findings from the present study also suggest that a methodology which more extensively samples measures and variables provides important sources of information about child sexual abuse. For example, in the present study, the use of repeated assessments of child sexual abuse and the inclusion of similarly aged perpetrators and sexually abused children contributed to the finding of a much higher than expected, or previously reported, prevalence of sexual abuse in a college sample. In addition, the assessment for repeated occurrences of sexual abuse may have contributed to the unexpected finding that a great number of women experience sexual abuse not only multiply but repeatedly across developmental periods of change.

The findings of the present study suggest that children who are abused continue to be at very high risk for sexual abuse (over half in this sample), and repeated experiences of sexual abuse (over two fifths in this sample) before the age of 18 years. Furthermore, sexual abuse

has a negative impact on children's and women's functioning and level of distress. This study corroborates what has been suggested and been intuitively obvious for decades about the phenomenon that child sexual abuse represents. Clinicians and researchers working together should consider advocating the pursuit of prevention models for sexual abuse of children. The challenge continues to be to develop resources and programs so sexual abuse and assaults to women and children are prevented.

One guiding motivation for research in the area of child sexual abuse is to contribute to the selection and direction of treatment. It has been suggested that treatment aimed at the resolution of sexual abuse trauma should be designed to address the sequelae of sexual abuse (Briere, 1989; Summit, 1989). Empirical data from the present study suggest that a great variety of sexual abuse experiences have negative influences on many aspects of women's lives. In particular, sexual abuse involving use of force and repeated over several periods of time are factors that increase individual vulnerability to distress or poor adjustment. In addition, a variety of familial problems and social reactions tend to accompany sexual abuse. These factors often may increase the risk of exposure to sexual abuse.

The diversity of findings in the present study support the claim of some reviewers in the area of child sexual abuse that it is unlikely that any one particular therapy will be suitable or effective for all children and women (Finkelhor & Berliner, 1995). That is, a treatment demonstrated to be successful with a woman who has been sexually abused, with a high use of force, both in preadolescence and in adolescence may

not be effective for a woman who has been sexually abused, with no use of force, in childhood. A further major clinical implication related to the diverse findings in this study is that therapies (e.g., psychoanalytic, peer support groups, cognitive-behavioural, stress inoculation) need to emphasize a clinical perspective of a general nature because sexual abuse is one of a large class of adverse childhood factors which together impact on individual adjustment. Thus, the assessment and treatment of child sexual abuse should not be undertaken in isolation of other historical events in the lives of women and children, but rather treatment for abuse should be embedded in the management of abused individuals' reactions to unhealthy or unsupportive familial and community environments.

REFERENCES

Adams-Tucker, C. (1982). Proximate effects of sexual abuse in childhood: A report on 28 children. American Journal of Psychiatry, 139, 1252-1256.

Anderson, H., Goolishian, H., & Winderman, L. (1986). Problem-determined systems: Toward transformation in family therapy. Journal of Strategic and Systematic Therapies, 5, 1-14.

Armstrong, L. (1978). Kiss daddy goodnight: A speak-out on incest. New York: Hawthorn Books.

Bagley, C. (1989). Utility of the Trauma Symptom Checklist in screening for young women who experience serious sexual abuse in childhood. Unpublished manuscript.

Bagley, C. (1991). The prevalence and mental health sequels of child sexual abuse in a community sample of women aged 18 to 27. Canadian Journal of Mental Health, 10, 103-116.

Bagley, R., Allard, H., McCormick, N., Proudfoot, P., Fortin, D., Ogilvie, D., Rae-Grant, Q., Gelinas, P., Pepsin, L., & Sutherland, S. (1984). Sexual offenses against children in Canada: Report of the committee on sexual offenses, (Vol. 1-2). Ottawa: Supply and Services.

Bagley, C., & McDonald, M. (1984). Adult mental sequels of child sexual abuse, physical abuse, and neglect in maternally separated children. Canadian Journal of Community Mental Health, 3, 15-26.

Bagley, C., & Ramsey, R. (1986). Sexual abuse in childhood: Psychosocial outcomes and implications for Social Work practice. Journal of Social Work and Human Sexuality, 4, 33-47.

Bagley, C., & Young L. (1989). Depression, self-esteem, and suicidal behaviour as sequels of sexual abuse in childhood: Research and therapy. In M. Rothery & G. Cameron (Eds.), Child maltreatment: Expanding our concept of healing (pp. 183-209). Hillsdale, N.J.: Erlbaum.

Baker, A.W., & Duncan, S.P. (1985). Child sexual abuse: A study of prevalence in Great Britain. Child Abuse & Neglect, 9, 457-467.

Baron, R.M., & Kenny, D.A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. Journal of Personality and Social Psychology, 51, 1173-1182.

Bass, E., & Davis, L. (1988). The courage to heal: A guide for women survivors of child sexual abuse. New York: Harper & Row, Publishers.

Becker, J.V. (1990). Treating adolescent sexual offenders. Professional Psychology: Research and Practice, 21, 362-365.

Beitchman, J.H., Zucker, K.J., Hood, J.E., Da Costa, G.A., & Akman, D. (1991). A review of the short-term effects of child sexual abuse. Child Abuse & Neglect, 15, 537-556.

Beitchman, J.H., Zucker, K.J., Hood, J.E., Da Costa, G.A., Akman, D., & Cassavia, E. (1992). A review of the long-term effects of child sexual abuse. Child Abuse & Neglect, 16, 101-118.

Benedict, L.L.W., & Zautra, A.A.J. (1993). Family environment characteristics as risk factors for child sexual abuse. Journal of Consulting and Clinical Psychology, 22, 365-374.

Bentovim, A. (1988). Child sexual abuse (Assessment and treatment: The work of the Great Ormond Street Team). London: Butterworths.

Berliner, L. (1991). Therapy with victimized children and their families. In J.N. Briere (Ed.), Treating victims of child sexual abuse (pp.29-46). San Francisco: Jossey-Bass.

Berliner, L., & Barbieri, M.K. (1984). The testimony of the child victim of sexual assault. Journal of Social Issues, 40, 125-137.

Berliner, L., & Conte, J.R. (1990). The process of victimization: The victims' perspective. Child Abuse & Neglect, 14, 29-40.

Berliner, L., & Ernst, E. (1984). Group work with preadolescent sexual assault victims. In J.R. Stuart & J.G. Greer (Eds.), Victims of sexual aggression: Treatment of children, women and men (pp. 105-124). New York: Van Nostrand Reinhold.

Berliner, L., & Stevens, D. (1980). Advocating for the sexually abused child in the Criminal Justice System. In K. MacFarlane, B. Jones, & L. Jenstrom (Eds.), Sexual abuse of children: Selected readings (pp. 47-50). Washington, D.C.: National Center on Child Abuse and Neglect, Government Printing Office.

Bifulco, A., Brown, G.W., & Adler, A. (1991). Early sexual abuse and clinical depression in adult life. British Journal of Psychiatry, 159, 115-122.

Bondeson, M.W. (1993). Abuse-specific variables as predictors of levels of shame and degree of borderline symptomatology in chemically dependent adult male survivors of childhood sexual abuse. Doctoral Dissertation, Illinois School of Professional Psychology.

Boyes, D.A., De Luca, R.V., Hiebert-Murphy, D., & Furer P. (1990). Treatment for sexually abused children: A review of intervention strategies. Canadian Psychology, 31, 240.

Brant, R.S.T., & Tisza, V.B. (1977). The sexually misused child. American Journal of Orthopsychiatry, 47, 80-90.

Briere, J. (1989). Therapy for adults molested as children: Beyond survival. New York: Springer Publishing Company.

Briere, J.N. (1992a). Child abuse trauma: Theory and treatment of the lasting effects. Newbury Park, California: Sage Publications, Inc.

Briere, J. (1992b). Methodological issues in the study of sexual abuse effects. Journal of Consulting and Clinical Psychology, 60, 196-203.

Briere, J., & Elliot, D.M. (1993). Sexual abuse, family environment, and psychological symptoms: On the validity of statistical control. Journal of Consulting and Clinical Psychology, 61, 284-288.

Briere, J., Evans, D., Runtz, M., & Wall, T. (1988). Symptomatology in men who were molested as children: A comparison study. American Journal of Orthopsychiatry, 58, 457-461.

Briere, J., & Runtz, M. (1986). Suicidal thoughts and behaviours in former sexual abuse victims. Canadian Journal of Behavioural Science, 18, 413-423.

Brier, J., & Runtz, M. (1988a). Multivariate correlates of childhood psychological and physical maltreatment among university women. Child Abuse & Neglect, 12, 331-341.

Briere, J., & Runtz, M. (1988b). Symptomatology associated with childhood sexual victimization in a nonclinical adult sample. Child Abuse & Neglect, 12, 51-59.

Briere, J., & Runtz, M. (1989). The Trauma Symptom Checklist (TSC-33): Early data on a new scale. Journal of Interpersonal Violence, 4, 151-163.

Briere, J., & Runtz, M. (1990). Differential adult symptomatology associated with three types of child abuse histories. Child Abuse & Neglect, 14, 357-364.

Browne, A. (1991). The victim's experience: Pathways to disclosure. Psychotherapy, 28, 150-156.

Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. Psychological Bulletin, 99, 66-77.

Burgess, A., Hartman, C., McCausland, M., & Powers, P. (1984). Response patterns in children and adolescents exploited through sex rings and pornography. American Journal of Psychiatry, 141, 656-662.

Burgess, A.W., & Holmstrom, L. (1975). Sexual trauma of children and adolescents: Pressure, sex and secrecy. Nursing Clinics of North America, 10, 551-563.

Cochran, C.D., & Hale, W.D. (1985). College student norms on the Brief Symptom Inventory. Journal of Clinical Psychology, 41, 777-779.

Coffey, P., Leitenberg, H., Henning, K., Turner, T., & Bennett, R.T. (1996). Mediators of the long-term impact of child sexual abuse: Perceived stigma, betrayal, powerlessness, and self-blame. Child Abuse & Neglect, 20, 447-455.

Conte, J. (1984). The justice system and sexual abuse of children. Social Service Review, December, 556-568.

Cook, D. (1987). Measuring shame: The Internalized Shame Scale. Alcoholism Treatment Quarterly, 4, 197-215.

Cook, D.R. (1993). The Internalized Shame Scale manual. Menomonie, WI: Channel Press (Available from author: Rt. 7, Box 270A, Menomonie, WI 54751.)

Coopersmith, S., (1967). The antecedents of self-esteem. San Francisco: Freeman.

Courtois, C.A. (1979). The incest experience and its aftermath. Victimology, 4, 337-347.

Courtois, C.A. (1988). Healing the incest wound: Adult survivors in therapy. New York: W.W. Norton.

De Jong, A.R., Emmett, G.A., & Hervada, A.R. (1982). Sexual abuse of children. American Journal of Diseases in Children, 136, 129-134.

De Luca, R.V., Boyes, D.A., Furer, P., Grayston, A.D., & Hiebert-Murphy, D. (1992). Group treatment for child sexual abuse. Canadian Psychology, 33, 168-179.

De Luca, R.V., Boyes, D.A., Grayston, A.D., & Romano, E. (1995). Sexual abuse: Effects of group therapy on preadolescent girls. Child Abuse Review, 4, 263-277.

De Luca, R.V., Hazen, A., & Cutler, J. (1993). Evaluation of a group counselling program for preadolescent female victims of incest. Elementary School Guidance and Counselling, 28, 104-114.

Derogatis, L., Lipman, R., & Covi, L. (1973). SCL-90: An outpatient psychiatric rating scale--Preliminary report. Psychopharmacology Bulletin, 9, 13-28.

Derogatis, L.R., & Melisaratos, N. (1983). The Brief Symptom Inventory: An introductory report. Psychological Medicine, 13, 595-605.

Derogatis, L., & Spencer, P. (1982). The Brief Symptom Inventory (BSI): Administration, scoring and procedures manual-I. Baltimore, MD: Clinical Psychometric Research.

De Young, M. (1987). Disclosing sexual abuse: The impact of developmental variables. Child Welfare, 66, 217-223.

Einbender, A.J., & Friedrich, W.N. (1989). Psychological functioning and behaviour of sexually abused girls. Journal of Consulting and Clinical Psychology, 57, 155-157.

Elliot, D.M., & Briere, J. (1991). Studying the long-term effects of sexual abuse: The Trauma Symptom Checklist (TSC) scales. In A.W. Burgess (Ed.), Rape and sexual assault (Vol. 3) (pp. 57-74). New York: Garland.

Elliot, D.M., & Briere, J. (1992). Sexual abuse trauma among professional women: Validating the Trauma Symptom Checklist 40 (TSC-40). Child Abuse & Neglect, 16, 391-398.

Everson, M.D., Hunter, W.M., Runyon, D.K., Edelsohn, G.A., & Coulter, M.L. (1989). Maternal support following disclosure of incest. American Journal of Orthopsychiatry, 59, 197-207.

Finkelhor, D. (1979). Sexually victimized children. New York: Free Press.

Finkelhor, D. (1980). Risk factors in the sexual victimization of children. Child Abuse & Neglect, 4, 265-273.

Finkelhor, D. (1984). Child sexual abuse: New theory and research. New York: Free Press.

Finkelhor, D. (1986). Designing new ideas. In D. Finkelhor (1986). A sourcebook on child sexual abuse (pp. 199-223). Beverly Hills, CA: Sage.

Finkelhor, D. (1990). Early and long-term effects of child sexual abuse: An update. Professional Psychology: Research and Practice, 21, 325-330.

Finkelhor, D. (1993). Epidemiological factors in the clinical identification of child sexual abuse. Child Abuse & Neglect, 17, 67-70.

Finkelhor, D. (1994). The international epidemiology of child sexual abuse. Child Abuse & Neglect, 18, 409-417.

Finkelhor, D., & Berliner, L. (1995). Research on the treatment of sexually abused children: A review and recommendations. Journal of American Academy of Child and Adolescent Psychiatry, 34, 1408-1423.

Finkelhor, D., & Browne, A. (1986). Initial and long-term effects: A conceptual framework. In D. Finkelhor (Ed.), A sourcebook on child sexual abuse (pp. 180-198). Beverly Hills, CA: Sage

Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. American Journal of Orthopsychiatry, 66, 530-541.

Finkelhor, D., & Hotaling, G.T. (1984). Sexual abuse in the National Incidence Study of Child Abuse and Neglect: An appraisal. Child Abuse & Neglect, 8, 23-33.

- Finkelhor, D., Hotaling, G.T., Lewis, I.A., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. Child Abuse & Neglect, 14, 19-28.
- Finkelhor, D., Williams, L.M., & Burns, N. (1988). (Eds.). Nursery crimes: Sexual abuse in daycare. Newbury Park, CA: Sage.
- Friedrich, W.N. (1990). Psychotherapy of sexually abused children and their families. New York: W.W. Norton.
- Friedrich, W.N. (1993). Sexual victimization and sexual behaviour in children: A review of recent literature. Child Abuse & Neglect, 17, 59-66.
- Friedrich, W.N., Urquiza, A.J., & Beilke, R.T. (1986). Behaviour problems in sexually abused young children. Journal of Pediatric Psychology, 11, 47-57.
- Fromuth, M.E. (1986). The relationship of childhood sexual abuse with later psychological and sexual adjustment in a sample of college women. Child Abuse & Neglect, 10, 5-15.
- Furer, P., Boyes, D.A., & De Luca, R.V. (1990). Treatment evaluations with sexually abused girls: Problems and future directions. Canadian Psychology, 31, 295.
- Garner, D.M. (1991). Eating disorder inventory-2: Professional manual. Odessa, FL: Psychological Assessment Resources.
- Giarretto, H. (1982). A comprehensive child sexual abuse treatment program. Child Abuse & Neglect, 6, 263-278.
- Gold, E.R. (1986). Long-term effects of sexual victimization in childhood: An attributional approach. Journal of Consulting and Clinical Psychology, 54, 471-475.

Gold, S.R., Milan, L.D., Mayall, A., & Johnson, A.E. (1994). A cross-validation study of the Trauma Symptom Checklist: The role of mediating variables. Journal of Interpersonal Violence, 9, 12-26.

Gomes-Schwartz, B., Horowitz, J.M., & Sauzier, M. (1985). Severity of emotional distress among sexually abused preschool, school-age, and adolescent children. Hospital and Community Psychiatry, 36, 503-508.

Gonzalez, L.S., Waterman, J. Kelly, R.J., McCord, J., & Oliveri, M.K. (1993). Children's patterns of disclosures and recantations of sexual and ritualistic abuse allegations in psychotherapy. Child Abuse & Neglect, 17, 281-289.

Goodwin, J. (1990). Applying to adult incest victims what we have learned from victimized children. In R. Kluft (Ed.), Incest-related syndromes of adult psychopathology (pp. 55-74). Washington, DC: American Psychiatric Press.

Grayston, A.D., De Luca, R.V., & Boyes, D.A. (1992). Self-esteem, anxiety, and loneliness in preadolescent girls who have experienced sexual abuse. Child Psychiatry and Human Development, 22, 277-286. New York: Brunner/Mazel.

Green, A.H. (1991). Child sexual abuse. In M. Lewis (Ed.), Child and Adolescent Psychiatry (pp. 1019-1029). Baltimore, MD: Williams & Wilkins.

Groth, N. (1978). Guidelines for assessment and management of the offender. In A.W. Burgess, A.N. Groth, L.L. Holmstrom & S.M. Sgroi (Eds.), Sexual assault of children and adolescents (pp. 25-42). Lexington, Mass.: Lexington Books.

Hack, T.F., Osachuk, T.A., & De Luca, R.V. (1994). Group treatment for sexually abused preadolescent boys. Families in Society, 75, 217-228.

Hartman, C.R., & Burgess, A.W. (1993). Information processing of trauma. Child Abuse & Neglect, 17, 47-58.

Haugaard, J.J., & Repucci, N.S. (1988). The sexual abuse of children: A comprehensive guide to current knowledge and intervention strategies. San Francisco: Jossey-Bass.

Herman, J. (1981). Father-daughter incest. Cambridge: Harvard University Press.

Herman, J.L. (1992). Trauma and recovery. U.S.A.: Basic Books, Harper Collins Publishers.

Herman, J., & Hirschman, L. (1980). Father-daughter incest: Sexual abuse of children (Selected readings) (pp. 65-75). Washington, DC: Government Printing Office Publishers.

Herman, J., Russell, D., & Trocki, K. (1986). Long-term effects of incestuous abuse in childhood. American Journal of Psychiatry, 143, 1293-1296.

Hiebert-Murphy, D., De Luca, R.V., & Runtz, M. (1992). Group treatment for sexually abused girls: Evaluating outcome. Families in Society, 73, 205-213.

Hoier, T.S. (1987). Child sexual abuse: Clinical intervention and new direction. Journal of Child and Adolescent Psychotherapy, 4, 179-185.

Jehu, D., Gazan, M., & Klassen, C. (1988). Beyond sexual abuse: Therapy with women who were childhood victims. Chichester, U.K.: John Wiley.

Jumper, S.A. (1995). A meta-analysis of the relationship of child sexual abuse to adult psychological adjustment. Child Abuse & Neglect, 19, 715-728.

Kaufman, G. (1989). The psychology of shame: Theory and treatment of shame-based syndromes. New York: Springer.

Kendall-Tackett, K.A., Williams, L.M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. Psychological Bulletin, 113, 164-180.

Kercher, G., & McShane, M. (1984). The prevalence of child sexual abuse victimization in an adult sample of Texas residents. Child Abuse & Neglect, 8, 495-502.

Kolko, D.J., Moser, J.T., & Weldy, S.R. (1988). Behavioural/emotional indicators of sexual abuse in child psychiatric inpatients: A controlled comparison with physical abuse. Child Abuse & Neglect, 10, 529-541.

Koverola, C. (1992). The psychological effects of child sexual abuse. In A.H. Heger & S.J. Emans (Eds.), Evaluation of the sexually abused child (pp. 15-29). Boston: Oxford University Press.

Koverola, C., Heger, A., & Lytle, C. (1990). Assessment of sexually abused children: A multi-modal approach. In R. De Luca (chair). Child sexual abuse: Challenges that face clinicians. Symposium conducted at the annual meeting of the Canadian Psychological Association. Ottawa, Canada.

- Koverola, C., Pound, J., Heger, A., & Lytle, C. (1993). Relationship of child sexual abuse to depression. Child Abuse & Neglect, 17, 393-400.
- Lamb, S., & Edgar-Smith, S. (1994). Aspects of disclosure: Mediators of outcome of childhood sexual abuse. Journal of Interpersonal Violence, 9, 307-326.
- Leventhal, J.M. (1990). Epidemiology of child sexual abuse. In R.K. Oates (Ed.). Understanding and managing child sexual abuse (pp. 18-41). Sydney: Harcourt Brace Jovanovich, Publishers.
- Lister, E.D., (1982). Forced silence: A neglected dimension of trauma. American Journal of Psychiatry, 139, 872-876.
- MacFarlane, K. (1986). Helping parents cope with extrafamilial molestation. In K. MacFarlane & J. Waterman (Eds.), Sexual abuse of young children (pp. 299-315). New York: Guilford Press.
- MacFarlane, K., & Korbin, J. (1983). Confronting the incest secret long after the fact: A family study of multiple victimization with strategies for intervention. Child Abuse & Neglect, 7, 225-240.
- Mandler, G. (1984). Recognizing: Judgement of previous occurrence. Psychiatric Review, 87, 252-271.
- Marron, K. (1988). Ritual abuse: Canada's most infamous trial on child abuse. Toronto: Seal Books.
- Marten, J., Anderson, J., Romans, S., Mullen, P., & O'Shea, M. (1993). Asking about child sexual abuse: Methodological implications of a two stage survey. Child Abuse & Neglect, 17, 383-392.
- Meiselman, K. (1978). Incest: A psychological study of causes and effects with treatment recommendations. San Francisco: Jossey-Bass.

Mrazek, P.B., & Mrazek, D.A. (1981). The effects of child abuse: Methodological considerations. In P.B. Mrazek & C.H. Kempe (Eds.), Sexually abused children and their families (pp. 235-346). New York: Pergamon.

Mrazek, P.J., & Mrazek, D.A. (1987). Resilience in child maltreatment victims: A conceptual exploration. Child Abuse & Neglect, 11, 357-366.

Mullen, P.E. (1990). The prevalence of the sexual abuse of female children and adolescents. In R. Roesch, D.G. Dutton & V.F. Sacco (Eds.), Family violence: Perspectives on treatment, research, and policy (pp. 21-36). Canada: British Columbia Institute on Family Violence.

Mullen, P.E., Martin, J.L., Anderson, J.C., Romans, S.E., & Herbison, G.P. (1996). The long-term impact of the physical, emotional, and sexual abuse of children: A community study. Child Abuse & Neglect, 20, 7-21.

Mullen, P.E., Romans-Clarkson, S.E., Walton, V.A., & Herbison, G.P. (1988). Impact of sexual and physical abuse on women's mental health. Lancet, 1, 841-845.

Murphy, S.M., Kilpatrick, D.G., Amick-McMullen, A., Veronen, L.J., Paduhovich, J., Best, C.L., Villeponteaux, L.A., & Saunders, B.E. (1988). Current psychological functioning of child sexual assault survivors: A community study. Journal of Interpersonal Violence, 3, 55-79.

Nash, M.R., Hulsey, T.L., Sexton, M.C., Harralson, T.L., & Lambert, W. (1993). Long-term sequelae of childhood sexual abuse: Perceived family environment, psychopathology, and dissociation. Journal of Consulting and Clinical Psychology, 61, 276-283.

Nash, M.R., Zivney, O.A., & Hulsey, T. (1993). Characteristics of sexual abuse associated with greater psychological impairment among children. Child Abuse & Neglect, 17, 401-408.

Painter, S.L. (1986). Research on the prevalence of child sexual abuse: New directions. Canadian Journal of Behavioural Science, 18, 324-339.

Peters, J.J. (1976). Children who are victims of sexual assault and the psychology of offenders. Canadian Journal of Psychotherapy, 30, 398-412.

Peters, S.D. (1988). Child sexual abuse and later psychological problems. In G.E. Wyatt & G.J. Powell (Eds.), Lasting effects of child sexual abuse (pp. 101-117). Newbury Park, CA: Sage.

Peters, S., Wyatt, G., & Finkelhor, D. (1986). Prevalence. In D. Finkelhor (Eds.), A sourcebook on child sexual abuse (pp. 15-59). Beverly Hills, CA: Sage.

Playter, J. (1990). The effect of childhood sexual abuse on internalized shame in adult women in treatment for chemical dependency. Master's Thesis, University of Wisconsin-Stout.

Putnam, F.W. (1990). Disturbances of "self" in victims of childhood sexual abuse. In R. Kluft (Ed.), Incest-related syndromes of adult psychopathology (pp. 113-131). Washington, DC: American Psychiatric Press.

Reiker, P.P., & Carmen, E.H. (1986). The victim-to-patient process: The disconfirmation and transformation of abuse. American Journal of Orthopsychiatry, 56, 360-370.

Rosenberg, M. (1965). Society and the adolescent self-image. Princeton, NJ: Princeton University Press.

Runtz, M.G. (1987). The psychosocial adjustment of women who were sexually and physically abused during childhood and early childhood: A focus on revictimization. Unpublished master's thesis, University of Manitoba, Canada.

Runtz, M.G. (1991). Coping strategies, social support, and recovery from physical and sexual maltreatment during childhood. Unpublished doctoral dissertation, University of Manitoba, Canada.

Runtz, M.G., & Schallow, J.R. (1997). Social support and coping strategies as mediators of adult adjustment following childhood maltreatment. Child Abuse & Neglect, 21, 211-226.

Russell, D.E.H. (1983). The incidence and prevalence of intrafamilial and extrafamilial sexual abuse of female children. Child Abuse & Neglect, 7, 133-146.

Russell, D.E.H. (1984). Sexual exploitation: Rape, child sexual abuse, and workplace harassment. Newbury Park, CA: Sage.

Russell, D.E.H. (1986). The secret trauma: Incest in the lives of girls and women. New York: Basic Books.

Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. British Journal of Psychiatry, 147, 598-611.

Rutter, M. (1989a). Isle of Wright revisited: Twenty-five years of child psychiatric epidemiology. Journal of American Academy of Child and Adolescent Psychiatry, 28, 633-653.

Rutter, M. (1989b). Pathways from childhood to adult life. Journal of Child Psychology and Psychiatry, 30, 23-51.

Ryan, G., Metzger, J.L., & Krugman, R.D. (1990). When the abuser is a child. In R.K. Oates (Ed.). Understanding and managing child sexual abuse (pp. 258-273). Sydney: Harcourt Brace Jovanovich, Publishers.

Santrock, J.W. (1987). Adolescence: An introduction 3rd ed. Dubuque, IA: William C. Brown Publishers.

Sauzier, M. (1989). Disclosure of child sexual abuse: For better or for worse. Psychiatric Clinics of North America, 12, 455-469.

Schetky, D.H. (1988). Child pornography and prostitution. In D.H. Schetky & A.H. Green with M.A. Finkel, J.V. Becker, & M.S. Kaplan. Child sexual abuse: A handbook for health care and legal professionals (pp. 153-165). New York: Brunner/Mazel, Publishers.

Sedney, M.A., & Brooks, B. (1984). Factors associated with a history of childhood sexual experience in a nonclinical female population. Journal of the American Academy of Child Psychiatry, 23, 215-218.

Sgroi, S.M., Blick, L.C., & Porter, F.S. (1982). A conceptual framework for child sexual abuse. In S.M. Sgroi (Ed.), Handbook of clinical interventions in child sexual abuse (pp. 9-37). Lexington, MA: Lexington Books.

Siegel, J.M., Sorenson, S.B., Golding, J.M., Burnham, M.A., & Stein, J.A. (1987). The prevalence of childhood sexual assault: The Los Angeles epidemiologic catchment area project. American Journal of Epidemiology, 126, 1141-1153.

Sisson, L.A., Hersen, M., & Van Hasselt, V.B. (1987). Historical perspectives. In V.B. Van Hasselt & M. Hersen (Eds.), Handbook of adolescent psychology (pp. 3-10).

Straus, M.A. (1979). Measuring intrafamily conflict and violence: The Conflict Tactics (CT) scales. Journal of Marriage and the Family, 41, 75-88.

Sturkie, K. (1992). Group treatment of child sexual abuse victims: A review. In W. O'Donahue & J.H. Geer (Eds.), The sexual abuse of children: Clinical issues (pp. 331-363). Hillsdale, NJ: Lawrence Erlbaum.

Summit, R.C. (1983). The child sexual abuse accommodation syndrome. Child Abuse & Neglect, 7, 177-193.

Summit, R.C. (1989). The centrality of victimization: Regaining the focal point of recovery for survivors of child sexual abuse. Psychiatric Clinics of North America, 12, 413-430.

Tabachnick, B.G., & Fidell, L.S. (1989). Using multivariate statistics. New York: Harper & Row, Publishers.

Tangney, J.P., Wagner, P., & Gramzow, R. (1992). Proneness to shame, proneness to guilt, and psychopathology. Journal of Abnormal Psychology, 101, 469-478.

Terr, L. (1991). Childhood traumas: An outline and overview. American Journal of Psychiatry, 148, 10-20.

Tong, K., & Oates, R.K. (1990a). Long-term effects of child sexual abuse. In R.K. Oates (Ed.), Understanding and managing child sexual abuse (pp. 354-369). Sydney: Harcourt Brace Jovanovich, Publishers.

Tong, L., & Oates, R.K. (1990b). Short-term effects of child sexual abuse. In R.K. Oates (Ed.), Understanding and managing child sexual abuse (pp. 341-353). Sydney: Harcourt Brace Jovanovich, Publishers.

Tsai, M., Feldman-Summers, S., & Edgar, M. (1979). Childhood molestation: Variables related to differential impact on psychosexual functioning in adult women. Journal of Abnormal Psychology, 88, 407-417.

Tomlin, S.S. (1993). Stigma and incest survivors. Child Abuse & Neglect, 15, 557-566.

Tufts' New England Medical Center, Division of Child Psychiatry (1984). Sexually exploited children: Service and research project. Final report for the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice, Washington, D.C.

Vander Mey, B.J. (1988). The sexual victimization of male children: A review of previous research. Child Abuse & Neglect, 12, 61-72.

Whiffen, V.E., & Benazon, N.R. (1997). Discriminant validity of the TSC-40 in an outpatient setting. Child Abuse & Neglect, 21, 107-115.

Wiehe, V.R. (1990). Sibling abuse: Hidden physical, emotional, and sexual trauma. Lexington, MA: Lexington Books.

Wolfe, V.V., Gentile, C., & Wolfe, D.A. (1989). The impact of sexual abuse on children: A PTSD formulation. Behaviour Therapy, 20, 215-228.

Wong, M.R., & Cook, D. (1992). Shame and its contribution to PTSD. Journal of Traumatic Stress, 5, 557-562.

Wyatt, G.E. (1985). The sexual abuse of Afro-American and White American women in childhood. Child Abuse & Neglect, 9, 507-519.

Wyatt, G.E., & Peters, S.D. (1986a). Issues in the definition of child sexual abuse in prevalence research. Child Abuse & Neglect, 10, 231-240.

Wyatt, G.E., & Peters, S.D. (1986b). Methodological considerations in the research in the prevalence of child sexual abuse. Child Abuse & Neglect, 10, 241-251.

Wyatt, G.E., & Newcomb, M. (1990). Internal and external mediators of women's sexual abuse in childhood. Journal of Consulting and Clinical Psychology, 58, 758-767.

Zivney, O.A., Nash, M.R., & Hulsey, T.L. (1988). Sexual abuse in early versus late childhood: Differing patterns of pathology as revealed on the Rorschach. Psychotherapy, 25, 99-106.

Zlotnick, C., Shea, M.T., Begin, A., Pearlstein, T., Simpson, E., & Costello, E. (1996). The validation of the Trauma Symptom Checklist-40 (TSC-40) in a sample of inpatients. Child Abuse & Neglect, 20, 503-510.

Appendix A: Consent Form

Note. Consent forms were faced with a blank sheet of paper in order to maximize confidentiality and anonymity of participants.

Dear Student:

We would like to ask you to participate in this study of attitudes and early experiences by filling out a questionnaire. Some of the questions refer to physical and sexual contact between individuals during their childhood and adolescence, and thus are very personal. Because of the personal nature of these questions, social scientists have been reluctant to ask them in the past. If, however, social scientists are to help families and society to become healthier environments for children growing up, we need to know more about these personal things in order to answer questions about important family and social issues like childhood relationships, abuse, and so forth.

We hope that with this in mind, and the knowledge that EVERYTHING THAT YOU ANSWER HERE IS COMPLETELY ANONYMOUS, that you will decide to participate. Keep in mind that you are under no obligation to participate, however. As much as we would like your cooperation, you should feel free to not fill out a questionnaire. As well, if at any point while filling out the questionnaire you decide that you no longer wish to participate, you may stop wherever you are and fill in no more. Simply, turn in your questionnaire at the end of the period along with everyone else, and no one will be aware that your questionnaire is incomplete. If you choose to leave the study, you will not lose your experimental credit.

All questions are completely anonymous. Nowhere on the questionnaire do we ask for your name, and we have carefully avoided asking questions that might identify you indirectly. All questionnaires will be guarded carefully, and no one but the researcher will have access to them.

Because of the sensitive nature of the research, it is important that we have your fully informed consent to use your questionnaire. If you choose to participate, please sign on the line below indicating your consent. If there are some of you who are not at least 18, and thus still legally minors, we will not be able to use your questionnaire. So, please just turn in a blank questionnaire.

CONSENT TO PARTICIPATE

I have read the above and I agree to participate.

DATE

SIGNATURE

Please, turn in your consent before proceeding to the questionnaire along with everyone else. No one will be aware of your identity because each consent form has a blank cover sheet.

Debby Boyes, M.A.
Rayleen De Luca, Ph.D., C. Psych.
Department of Psychology
University of Manitoba

Appendix B: Questionnaire

Note. The titles of the scales making up the questionnaire did not appear on the forms completed by the women.

◆PART 1◆ (Demographic Information)

Demographic information is collected for statistical purposes only.

Please write your age at the top of the first IBM sheet and begin answering question 1 on IBM sheet number 1.

1. Sex: female = 1 male = 2
2. Marital status:
 - single = 1
 - married or living as married = 2
 - separated or divorced = 3
 - other = 4
3. Year in program at university: (e.g., 1, 2, or 3,...)
4. Living arrangements:
 - with parents = 1
 - alone = 2
 - with friends or other family = 3
 - with spouse or partner = 4
 - residence = 5
5. Number of children in your family of origin, including yourself, even if you don't live with them now.
 - one = 1 two = 2 three = 3 four = 4
 - five or more = 5
6. In your family, are you:
 - the only child = 1
 - the youngest child = 2
 - in the middle = 3
 - the oldest = 4
7. Estimated yearly family income when you were growing up.
 - <\$10,000/yr. = 1
 - \$10-20,000/yr. = 2
 - \$20-30,000/yr. = 3
 - \$30-40,000/yr. = 4
 - >\$40,000/yr. = 5

8. Estimated size of the town or city you lived in the longest when you were growing up.

farm or town of 10,000 people or less = 1
 11-50,000 people = 2
 51-150,000 people = 3
 151-300,000 people = 4
 more than 300,000 people = 5

◆Part 2◆ (Sexual Abuse Risk Factor Checklist)

9. What was the highest level of education obtained by your father?

Less than high school = 1
 Completed high school = 2
 High school and some other training or some University = 3
 Completed University = 4
 Graduate Work = 5

10. What was the highest level of education obtained by your mother?

Less than high school = 1
 Completed high school = 2
 High school or some other training or some University = 3
 Completed University = 4
 Graduate Work = 5

11. Was there ever a time you did not live with your father?

No = 1
 0 to 6 years of age = 2
 7 to 12 years of age = 3
 13 to 17 years of age = 4
 More than one of above = 5

12. Was there ever a time you did not live with your mother?

No = 1
 0 to 6 years of age = 2
 7 to 12 years of age = 3
 13 to 17 years of age = 4
 More than one of above = 5

13. When you last lived with your father, how close did you feel to him?

Very close	= 1
Close	= 2
Somewhat close	= 3
Not close	= 4
Distant	= 5

14. When you last lived with your mother, how close did you feel to her?

Very close	= 1
Close	= 2
Somewhat close	= 3
Not close	= 4
Distant	= 5

15. Was there ever a time when you lived with a stepfather?

No	= 1
0 to 6 years of age	= 2
7 to 12 years of age	= 3
13 to 17 years of age	= 4
More than one of above	= 5

16. Was there ever a time when you lived with a stepmother?

No	= 1
0 to 6 years of age	= 2
7 to 12 years of age	= 3
13 to 17 years of age	= 4
More than one of above	= 5

17. When you were growing up, how happy would you say your parents' marriage was?

(Not applicable, only one parent _____)

Unhappy	= 1
Not very happy	= 2
Somewhat happy	= 3
Happy	= 4
Very happy	= 5

18. Would your father have agreed or disagreed with the following statement: Children should never be allowed to talk back to their parents or they will lose respect for them.

(Not applicable, no father _____)

agree 1...2...3...4...5 disagree

19. Would your mother have agreed or disagreed with the following statement: Children should never be allowed to talk back to their parents or they will lose respect for them.

(Not applicable, no mother _____)

agree 1...2...3...4...5 disagree

The following items are meant to describe your parents. From the scale provided, select the response which best describes each parent.

Never	= 1
Rarely	= 2
Sometimes	= 3
Often	= 4
Very often	= 5

First, for your mother:

(Not applicable, no mother _____)

20. Influenced other people or took charge of things
21. Was ambitious, worked hard
22. Lacked energy
23. Had problems with relatives
24. Was tense, nervous, worried
25. Was ill
26. Drank heavily
27. Complained about finances
28. Kissed you
29. Hugged you
30. Put you on her lap
31. Roughhoused or played tickling games
32. Punished, scolded or warned you about touching your sex organs
33. Punished, scolded or warned you about not having clothes on
34. Punished, scolded or warned you about playing sex games with other children
35. Punished, scolded or warned you about saying dirty words

- 36. Punished, scolded or warned you about asking questions about sex
- 37. Punished, scolded or warned you about doing something sexual on a date
- 38. Punished, scolded or warned you about looking at sexual pictures or books
- 39. Punished, scolded or warned you about masturbating

Now, for your father:

(Not applicable, no father _____)

- 40. Influenced other people or took charge of things
- 41. Was ambitious, worked hard
- 42. Lacked energy
- 43. Had problems with relatives
- 44. Was tense, nervous, worried
- 45. Was ill
- 46. Drank heavily
- 47. Complained about finances
- 48. Kissed you
- 49. Hugged you
- 50. Put you on his lap
- 51. Roughhoused or played tickling games
- 52. Punished, scolded or warned you about touching your sex organs
- 53. Punished, scolded or warned you about not having clothes on
- 54. Punished, scolded or warned you about playing sex games with other children
- 55. Punished, scolded or warned you about saying dirty words
- 56. Punished, scolded or warned you about asking questions about sex
- 57. Punished, scolded or warned you about doing something sexual on a date

58. Published.
O. Books

etur

59. Published.

60. When you
When you

ten

Never
Once or twice
Once a month
Every week
More often

61. When you
O. would

how

Never
Once or twice
Once a month
Every week
More often

62. When you
y. both

would

Never
Once or twice
Once a month
Every week
More often

Everyone gets in
to physical blows
someone else, kind
how often these
happen to others.

le
g
about

Never
Once or twice
3 - 6 times
10 - 20 times
More than 20

When you are bet

63. O. of my

64. A brother of

65. I to a

58. Punished, scolded or warned you about looking at sexual pictures or books
59. Punished, scolded or warned you about masturbating
60. When you were between the ages of 0 to 6 years old, how often would your mother or father spank you?

Never = 1
 Once or twice = 2
 Once a month = 3
 Every week = 4
 More often than once a week = 5

61. When you were older, between the ages of 7 to 12 years old, how often would your mother or father spank you?

Never = 1
 Once or twice = 2
 Once a month = 3
 Every week = 4
 More often than once a week = 5

62. When you were older yet, 13 years old and older, how often would your mother or father spank you?

Never = 1
 Once or twice = 2
 Once a month = 3
 Every week = 4
 More often than once a week = 5

Everyone gets into conflicts with other people and sometimes these lead to physical blows such as hitting or slapping really hard, throwing someone down, kicking, punching, etc. The following questions ask about how often these things happened to you, and how often you saw them happen to others. Please, use the following scale to answer:

Never = 1
 Once or twice = 2
 3 - 10 times = 3
 11 - 20 times = 4
 More than 20 times = 5

When you were between the ages of 0 to 6 years old:

63. One of my brothers or sisters did this to me
64. A brother or sister did to another brother or sister
65. I did to a brother or sister

- 66. My father did to me
- 67. My father did to a brother or sister
- 68. My mother did to me
- 69. My mother did to a brother or sister
- 70. Father did to mother
- 71. Mother did to father

When you were between the ages of 7 to 12 years old:

- 72. One of my brothers or sisters did this to me
- 73. A brother or sister did to another brother or sister
- 74. I did to a brother or sister
- 75. My father did to me
- 76. My father did to a brother or sister
- 77. My mother did to me
- 78. My mother did to a brother or sister
- 79. Father did to mother
- 80. Mother did to father

When you were 13 years old and older:

- 81. One of my brothers or sisters did this to me
- 82. A brother or sister did to another brother or sister
- 83. I did to a brother or sister
- 84. My father did to me
- 85. My father did to a brother or sister
- 86. My mother did to me
- 87. My mother did to a brother or sister
- 88. Father did to mother
- 89. Mother did to father

90. When you were growing up, did you have:

- | | |
|----------------------------|-----|
| No good friends | = 1 |
| One good friend | = 2 |
| Two or three good friends | = 3 |
| Three or four good friends | = 4 |
| Five or more good friends | = 5 |

◆Part 3◆ (MMPI-2 Lie Scale)

For the following questions, indicate for each statement whether the statement is:

- | | |
|--------------|-----|
| Like you | = 1 |
| Not like you | = 2 |

91. At times, I feel like swearing.
92. I do not always tell the truth.
93. I do not read every editorial in the newspaper every day.
94. I get angry sometimes.
95. Once in a while, I put off until tomorrow what I ought to do today.
96. Sometimes when I am not feeling well, I am irritable.
97. My table manners are not quite as good at home as when I am out in company.
98. If I could get into a movie without paying and be sure I was not seen, I would probably do it.
99. I would rather win than lose in a game.
100. I like to know some important people because it makes me feel important.
101. I do not like everyone I know.
102. I gossip a little at times.
103. Once in a while I think of things too bad to talk about.
104. Sometimes at elections, I vote for people about whom I know very little.
105. Once in a while I laugh at a dirty joke.

◆Part 4◆ (Brief Symptom Inventory)

Below are a list of problems and complaints that people sometimes have. Please read each one carefully. After you have done so, please choose a number that best describes how much that problem has bothered or distressed you during the past TWO MONTHS including today. Choose one number for each problem and do not skip any items. If you change your mind, erase your first choice completely. Please use the following scale.

Not at all	A Little Bit	Moderately	Quite a Bit	Extremely
1	2	3	4	5

HOW MUCH WERE YOU BOTHERED BY:

- 106. Nervousness or shakiness inside.
- 107. Faintness or dizziness.
- 108. The idea that someone else can control your thoughts.
- 109. Feeling others are to blame for most of your troubles.
- 110. Trouble remembering things.
- 111. Feeling easily annoyed or irritated.
- 112. Pain in heart or chest.
- 113. Feeling afraid in open spaces.
- 114. Thoughts of ending your life.
- 115. Feeling that most people cannot be trusted.
- 116. Feeling critical of others.
- 117. Suddenly scared for no reason.
- 118. Temper outbursts that you could not control.
- 119. Feeling lonely even when you are with people.
- 120. Feeling blocked in getting things done.
- 121. Feeling lonely.
- 122. Feeling blue.
- 123. Feeling no interest in things.

124. Feeling fearful.
125. Your feelings being easily hurt.
126. Feeling that people are unfriendly or dislike you.
127. Feeling inferior to others.
128. Nausea or upset stomach.
129. Feeling that you are being watched or talked about by others.
130. Feeling others do not understand you or are unsympathetic.
131. Having to check and double-check what you do.
132. Difficulty making decisions.
133. Feeling afraid to travel on buses, subways or trains.
134. Trouble getting your breath.
135. Hot or cold spells.
136. Having to avoid certain things, places, or activities because they frighten you.
137. Your mind going blank.
138. Numbness or tingling in parts of your body.
139. The idea that you should be punished for your sins.
140. Feeling hopeless about the future.
141. Trouble concentrating.
142. Feeling weak in parts of your body.
143. Feeling tense or keyed up.
144. Feeling uneasy when people are watching or talking about you.
145. Having urges to beat, injure, or harm someone.
146. Having urges to break or smash things.
147. Feeling very self-conscious with others.
148. Feeling uneasy in crowds, such as shopping or at a movie.
149. Never feeling close to another person.

- 150. Spells of terror or panic.
- 151. Getting into frequent arguments.
- 152. Feeling nervous when you are left alone.
- 153. Others not giving you proper credit for your achievements.
- 154. Feeling so restless you couldn't sit still.
- 155. Feelings of worthlessness.
- 156. Feeling that people will take advantage of you if you let them.
- 157. Feeling uncomfortable about eating or drinking in public.
- 158. The idea that something is wrong with your mind.

◆Part 5◆ (Trauma Symptom Checklist - 40)

How often have you experienced each of the following in the past TWO MONTHS? Please use the following scale.

Never	Occasionally	Fairly Often	Often
1	2	3	4

- 159. Insomnia (trouble getting to sleep)
- 160. Restless sleep

YOU SHOULD NOW BE FINISHED THE FIRST IBM SHEET. PLEASE CONTINUE ON THE SECOND IBM SHEET.

- 1. Not feeling rested in the morning
- 2. Nightmares
- 3. Waking up in the middle of the night
- 4. Waking up early in the morning and can't get back to sleep
- 5. Not feeling satisfied with your sex life.
- 6. Weight loss (without dieting)
- 7. Feeling isolated from others
- 8. Loneliness
- 9. Low sex drive
- 10. Sadness

11. Having sex that you didn't enjoy
12. Flashbacks (sudden, vivid, distracting memories)
13. "Spacing out" (going away in your mind)
14. Headaches
15. Stomach problems
16. Uncontrollable crying
17. Bad thoughts or feelings during sex
18. Anxiety attacks
19. Trouble controlling temper
20. Trouble getting along with others
21. Dizziness
22. Passing out
23. Being confused about your sexual feelings
24. Desire to physically hurt yourself
25. Desire to physically hurt others
26. Sexual problems
27. Sexual over-activity
28. Fear of men
29. Sexual feelings when you shouldn't have them
30. Fear of women
31. Unnecessary or over-frequent washing
32. Feelings of inferiority
33. Feelings of guilt
34. Feelings that things are "unreal"
35. Memory problems
36. Feelings that you are not always in your body

- 37. Feeling tense all the time
- 38. Having trouble breathing

◆Part 6◆ (Internalized Shame Scale)

Below is a list of statements describing feelings or experiences that you may have from time to time or that are familiar to you because you have had these feelings and experiences for a long time. Most of these statements describe feelings and experiences that are generally painful or negative in some way. Some people will seldom or never had many of these feelings. Everyone has had some of these feelings at some time, but if you find that these statements describe the way you feel a good deal of the time, it can be painful just reading them. Try to be as honest as you can in responding.

Please read each statement carefully and choose a number that indicates the frequency with which you find yourself feeling or experiencing what is described in the statement. Use the following scale.

Never	Seldom	Sometimes	Often	Almost Always
1	2	3	4	5

- 39. I feel like I am never quite good enough.
- 40. I feel somehow left out.
- 41. I think that people look down on me.
- 42. All in all, I am inclined to feel that I am a success.
- 43. I scold myself and put myself down.
- 44. I feel insecure about others' opinions of me.
- 45. Compared to other people, I feel like I somehow never measure up.
- 46. I see myself as being very small and insignificant.
- 47. I feel I have much to be proud of.
- 48. I feel intensely inadequate and full of self-doubt.
- 49. I feel as if I am somehow defective as a person, like there is something basically wrong with me.
- 50. When I compare myself to others, I am just not as important.
- 51. I have an overpowering dread that my faults will be revealed in front of others.
- 52. I feel I have a number of good qualities.

53. I see myself striving for perfection only to continually fall short.
54. I think others are able to see my defects.
55. I could beat myself over the head with a club when I make a mistake.
56. On the whole, I am satisfied with myself.
57. I would like to shrink away when I make a mistake.
58. I replay painful events over and over in my mind until I am overwhelmed.
59. I feel I am a person of worth at least on an equal plane with others.
60. At times, I feel like I will break into a thousand pieces.
61. I feel as if I have lost control over my body functions and my feelings.
62. Sometimes I feel no bigger than a pea.
63. At times, I feel so exposed that I wish the earth would open up and swallow me.
64. I have this painful gap within me that I have not been able to fill.
65. I feel empty and unfulfilled.
66. I take a positive attitude toward myself.
67. My loneliness is more like emptiness.
68. I feel like there is something missing.

◆Part 7◆ (Child Sexual Abuse Scale)

It is now generally realized that most people have sexual experiences as children and while they are still growing up. Some of these are with friends and playmates, and some with relatives and family members. Some are very upsetting and painful, and some are not. Some influence people's later lives and sexual experiences, and some are practically forgotten. Although these may be important events very little is actually known about them.

We would like you to try to remember the sexual experiences you had while growing up. We would like you to answer the following questions

about any sexual experiences you had when AGE 6 OR YOUNGER with someone of any age if the experience was one you DID NOT CONSENT TO.

Please use the scale provided:

Never	= 1
Once	= 2
2 to 10 times	= 3
11 to 20 times	= 4
More than 20 times	= 5

69. An invitation or request to do something sexual.
70. Kissing and hugging in a sexual way.
71. Another person showing his/her sex organs to you.
72. You showing your sex organs to another person.
73. Another person fondling you in a sexual way.
74. You fondling another person in a sexual way.
75. Another person touching your sex organs.
76. You touching another person's sex organs.
77. Attempted intercourse.
78. Intercourse

If you answered 'never' to all of the questions, then go onto PART 8. If you answered 'once', etc. to any of these questions, please continue to answer the following questions.

PLEASE WRITE YOUR ANSWERS TO THE NEXT 11 QUESTIONS (A TO K) IN THE SPACE PROVIDED.

- a) With how many individuals did the above experiences occur?

- b) The other person was: (If more than one, answer for each other person).

a stranger	_____ age _____	male _____	female _____
an acquaintance	_____ age _____	male _____	female _____
a friend of yours	_____ age _____	male _____	female _____
a friend of parents	_____ age _____	male _____	female _____
your father or mother	_____ age _____	male _____	female _____
grandfather/grandmother	_____ age _____	male _____	female _____
stepfather/stepmother	_____ age _____	male _____	female _____
boyfriend/girlfriend	_____ age _____	male _____	female _____

uncle or aunt	_____ age _____	male _____	female _____
brother or sister	_____ age _____	male _____	female _____
cousin	_____ age _____	male _____	female _____
a neighbour	_____ age _____	male _____	female _____
your teacher	_____ age _____	male _____	female _____
your baby-sitter	_____ age _____	male _____	female _____
other (specify)	_____ age _____	male _____	female _____

- c) How old were you the first time this happened? _____
- d) How old were you the last time this happened? _____
- e) Over how long a period of time would you estimate that all of these sexual experiences continued?

Over a period of one or a few days	_____
Over a period of a few weeks	_____
Over a period of a few months	_____
Over a period of a year	_____
Over a period of two or three years	_____
Over a period of three or more years	_____

- f) Where did these behaviours usually occur?

In your home	_____
In the home of the other person	_____
Other (please specify)	_____

- g) Did the other person ever threaten you?

No _____	Yes _____
----------	-----------

- h) Did the other person ever force you?

No _____	Yes _____
----------	-----------

- i) Did the other person ever hurt you physically?

No _____	Yes _____
----------	-----------

- j) Did the other person ever convince you to participate?

No _____	Yes _____
----------	-----------

- k) Did the other person ever behave sexually with your brother(s) or sister(s)?

No _____	Yes _____
----------	-----------

NOW CONTINUE TO ANSWER ON THE IBM SHEET.

79. Looking back to the time this occurred, what were your immediate reactions to the experience?

positive 1...2...3...4...5 negative

80. How confident do you feel about your memory of this experience?

not very confident 1...2...3...4...5 very confident

◆Part 8◆ (Preadolescent Sexual Abuse)

Now, we would like you to answer the same questions for any sexual experiences you had between the AGES OF 7 YEARS TO 12 YEARS OLD with someone of any age if the experience was one you DID NOT CONSENT TO.

Please use the scale provided.

Never	= 1
Once	= 2
2 to 10 times	= 3
11 to 20 times	= 4
More than 20 times	= 5

- 81. An invitation or request to do something sexual.
- 82. Kissing and hugging in a sexual way.
- 83. Another person showing his/her sex organs to you.
- 84. You showing your sex organs to another person.
- 85. Another person fondling you in a sexual way.
- 86. You fondling another person in a sexual way.
- 87. Another person touching your sex organs.
- 88. You touching another person's sex organs.
- 89. Attempting intercourse.
- 90. Intercourse.

If you answered 'never' to all of the questions, then go on to PART 9.
If you answered 'once', etc. to any of these questions, please continue to answer the following questions.

PLEASE WRITE YOUR ANSWERS TO THE NEXT 11 QUESTIONS (A TO K) IN THE SPACE PROVIDED.

- a) With how many individuals did the above experiences occur?

- b) The other person was: (If more than one, answer for each other person).

a stranger	_____	age _____	male _____	female _____
an acquaintance	_____	age _____	male _____	female _____
a friend of yours	_____	age _____	male _____	female _____
a friend of parents	_____	age _____	male _____	female _____
your father or mother	_____	age _____	male _____	female _____
grandfather/grandmother	_____	age _____	male _____	female _____
stepfather/stepmother	_____	age _____	male _____	female _____
boyfriend/girlfriend	_____	age _____	male _____	female _____
uncle or aunt	_____	age _____	male _____	female _____
brother or sister	_____	age _____	male _____	female _____
cousin	_____	age _____	male _____	female _____
a neighbour	_____	age _____	male _____	female _____
your teacher	_____	age _____	male _____	female _____
your baby-sitter	_____	age _____	male _____	female _____
other (specify)	_____	age _____	male _____	female _____

- c) How old were you the first time this happened? _____
- d) How old were you the last time this happened? _____
- e) Over how long a period of time would you estimate that all of these sexual experiences continued?

Over a period of one or a few days	_____
Over a period of a few weeks	_____
Over a period of a few months	_____
Over a period of a year	_____
Over a period of two or three years	_____
Over a period of three or more years	_____

- f) Where did these behaviours usually occur?

In your home	_____
In the home of the other person	_____
Other (please specify)	_____

- g) Did the other person ever threaten you?

No _____ Yes _____

- h) Did the other person ever force you?

No _____ Yes _____

- i) Did the other person ever hurt you physically?

No _____ Yes _____

j) Did the other person ever convince you to participate?

No _____ Yes _____

K) Did the other person ever behave sexually with your brother(s) or sister(s)?

No _____ Yes _____

NOW CONTINUE TO ANSWER ON THE IBM SHEET.

91. Looking back to the time this occurred, what were your immediate reactions to the experience?

positive 1...2...3...4...5 negative

92. How confident do you feel about your memory of this experience?

not very confident 1...2...3...4...5 very confident

◆Part 9◆ (Adolescent Sexual Abuse)

Note, we would like you to answer the same questions for any sexual experiences you had between the AGES OF 13 YEARS TO 17 YEARS OLD with someone of any age if the experience was one you DID NOT CONSENT TO.

Please use the scale provided.

Never	= 1
Once	= 2
2 to 10 times	= 3
11 to 20 times	= 4
More than 20 times	= 5

93. An invitation or request to do something sexual.

94. Kissing and hugging in a sexual way.

95. Another person showing his/her sex organs to you.

96. You showing your sex organs to another person.

97. Another person fondling you in a sexual way.

98. You fondling another person in a sexual way.

99. Another person touching your sex organs.

100. You touching another person's sex organs.

101. Attempting intercourse.

102. Intercourse.

If you answered 'never' to all of the questions, then go on to PART 10.
If you answered 'once', etc. to any of these questions, please continue to answer the following questions.

PLEASE WRITE YOUR ANSWERS TO THE NEXT 11 QUESTIONS (A TO K) IN THE SPACE PROVIDED.

a) With how many individuals did the above experiences occur?

b) The other person was: (If more than one, answer for each other person).

a stranger	_____ age _____	male _____	female _____
an acquaintance	_____ age _____	male _____	female _____
a friend of yours	_____ age _____	male _____	female _____
a friend of parents	_____ age _____	male _____	female _____
your father or mother	_____ age _____	male _____	female _____
grandfather/grandmother	_____ age _____	male _____	female _____
stepfather/stepmother	_____ age _____	male _____	female _____
boyfriend/girlfriend	_____ age _____	male _____	female _____
uncle or aunt	_____ age _____	male _____	female _____
brother or sister	_____ age _____	male _____	female _____
cousin	_____ age _____	male _____	female _____
a neighbour	_____ age _____	male _____	female _____
your teacher	_____ age _____	male _____	female _____
your baby-sitter	_____ age _____	male _____	female _____
other (specify)	_____ age _____	male _____	female _____

c) How old were you the first time this happened? _____

d) How old were you the last time this happened? _____

e) Over how long a period of time would you estimate that all of these sexual experiences continued?

Over a period of one or a few days	_____
Over a period of a few weeks	_____
Over a period of a few months	_____
Over a period of a year	_____
Over a period of two or three years	_____
Over a period of three or more years	_____

f) Where did these behaviours usually occur?

In your home	_____
In the home of the other person	_____
Other (please specify)	_____

- g) Did the other person ever threaten you?
 No _____ Yes _____
- h) Did the other person ever force you?
 No _____ Yes _____
- i) Did the other person ever hurt you physically?
 No _____ Yes _____
- j) Did the other person ever convince you to participate?
 No _____ Yes _____
- K) Did the other person ever behave sexually with your brother(s) or sister(s)?
 No _____ Yes _____

NOW CONTINUE TO ANSWER ON THE IBM SHEET.

103. Looking back to the time this occurred, what were your immediate reactions to the experience?

positive 1...2...3...4...5 negative

104. How confident do you feel about your memory of this experience?

not very confident 1...2...3...4...5 very confident

◆Part 10◆ (Subjective Ratings of Effects and Disclosures)

If you answer 'NEVER' for all of the previous questions on sexual experiences in Part 7, 8, and 9, please go to Part 11.

If you answered 'ONCE' etc, for any of the previous questions on sexual experiences, we would like to explore how you now feel about these experiences and how others felt about them.

105. I am answering these next questions about my sexual experiences when I was:

0 to 6 years old	= 1
7 to 12 years old	= 2
13 to 17 years old	= 3
More than one of the above	= 4

Looking back at these experiences now:

106. Overall, I feel the effect of the experience on me has been
positive 1...2...3...4...5 negative
107. Socially (e.g., feeling isolated, different, unable to interact),
I feel the effect on me has been
positive 1...2...3...4...5 negative
108. Psychologically and emotionally (e.g., not being able to feel
anything or having too many emotions), I feel the effect on me has
been
positive 1...2...3...4...5 negative
109. Physically (e.g., feeling sick at the mention of certain
activities, pain, soreness, headaches), I feel the effect on me
has been
positive 1...2...3...4...5 negative
110. Sexually (e.g., sexual confusion, sexual fears, wanting sex all
the time or avoiding it), I feel the effect on me has been
positive 1...2...3...4...5 negative
111. Family-wise (e.g., family members distances or got closer, parents
divorced), I feel the effect on me has been
positive 1...2...3...4...5 negative
112. Self-wise (e.g., powerful, ashamed, improved or lowered self-
concept), I feel the effect on me has been
positive 1...2...3...4...5 negative
113. With relations with men (e.g., close, trusting, mistrusting,
hostile), I feel the effect on me has been
positive 1...2...3...4...5 negative
114. With relations with women (e.g., close, trusting, mistrusting,
hostile), I feel the effect on me has been
positive 1...2...3...4...5 negative

115. In your opinion, did anyone else besides you and the other person know of the sexual experiences, without you telling anyone?

No	= 1
Yes, parent	= 2
Yes, sibling	= 3
Yes, another adult	= 4
Yes, a friend	= 5

116. Do you know if you had noticeable behaviours that would have cued someone to know of the sexual experiences, without you or anyone else telling?

No	= 1
Yes	= 2

(If YES, please specify: _____)

117. Do you know if the other person had noticeable behaviours that would have cued someone to know of the sexual experiences, without you or anyone else telling?

No	= 1
Yes	= 2

(If YES, please specify: _____)

118. How did your parents learn of these sexual experiences? (Not applicable, never learned of it ____).

I told	= 1
Parent observed sexual activity	= 2
Another person observed sexual activity	= 3
Parent suspected	= 4
Another person suspected	= 5

119. Did you ever tell someone about the sexual experiences? (Not applicable, Never told ____).

Yes, parent	= 1
Yes, adult relative	= 2
Yes, sibling	= 3
Yes, friend	= 4
Yes, school	= 5
Yes, other (please specify) _____	

120. How old were you when you first told someone about the sexual experience?

Never told	= 1
0 to 6 years old	= 2
7 to 12 years old	= 3
13 to 17 years old	= 4
An adult	= 5

121. How old were you when someone else first learned about the sexual experience, whether you told or not?

Never learned about it	= 1
0 to 6 years old	= 2
7 to 12 years old	= 3
13 to 17 years old	= 4
An adult	= 5

122. When did you tell or someone learned about the sexual experiences?

Never told and someone never learned about it	= 1
Sexual experiences were still happening	= 2
One week after last sexual experience	= 3
Within a year after last sexual experience	= 4
More than a year after last sexual experience	= 5
Other (please specify) _____	

123. What aspects of the sexual experience were you able to tell about?

Never told	= 1
Vague aspects (e.g., he/she bad, mean)	= 2
Saw it happening to others	= 3
Part of the actual experiences	= 4
All of the actual experiences	= 5

124. Did you ever 'take back' some of what you were able to tell about?

Never told	= 1
No	= 2
Yes, when I was 0 to 6 years old	= 3
Yes, when I was 7 to 12 years old	= 4
Yes, when I was 13 to 17 years old	= 5

125. If your mother learned about these sexual experiences, how did she react?

(Not applicable, she never learned about it ____)

Very committed to me and supportive	= 1
Somewhat committed to me and supportive	= 2
Sometimes and sometimes not supportive	= 3
Unsupportive, but not hostile	= 4
Unsupportive, hostile	= 5

126. If your mother learned of these sexual experiences, how did she show that she believed you?

(Not applicable, she never learned about it ____)

Made clear, public statement of belief	= 1
Made weak statements of belief	= 2
Seemed undecided about it	= 3
Made weak statements of disbelief	= 4
Totally denied sexual experiences occurred	= 5

127. If your mother learned of these sexual experiences, what action did she take toward the other person?

(Not applicable, she never learned about it ____)

Referred to police or other social agency	= 1
Referred to private agency or church	= 2
Showed disapproval to other person	= 3
Refused to take sides	= 4
Took the other person's side	= 5

128. If your father learned about these sexual experiences, how did he react?

(Not applicable, he never learned about it ____)

Very committed to me and supportive	= 1
Somewhat committed to me and supportive	= 2
Sometimes and sometimes not supportive	= 3
Unsupportive, but not hostile	= 4
Unsupportive, hostile	= 5

129. If your father learned of these sexual experiences, how did he show that he believed you?

(Not applicable, he never learned about it ____)

Made clear, public statement of belief	= 1
Made weak statements of belief	= 2
Seemed undecided about it	= 3
Made weak statements of disbelief	= 4
Totally denied sexual experiences occurred	= 5

130. If your father learned of these sexual experiences, what action did he take toward the other person?

(Not applicable, he never learned about it ____)

Referred to police or other social agency	= 1
Referred to private agency or church	= 2
Showed disapproval to other person	= 3
Refused to take sides	= 4
Took the other person's side	= 5

131. If the other person who involved you in these sexual experiences either knew that you'd told or that others knew about it, what was his/her reaction?

(Not applicable, I never told and others don't know about it ____)

Made clear statements of his/her responsibility	= 1
Made unclear statements of his/her responsibility	= 2
Seemed to ignore or avoid it	= 3
Totally denied it, but not hostile	= 4
Totally denied it, hostile	= 5

132. Was the sexual experience ever reported outside the family to a social or public agency?

No	= 1
Yes, social service	= 2
Yes, hospital or doctor	= 3
Yes, police	= 4
Yes, more than one of the above	= 5

133. If a social or public agency was involved, how did the personnel react?

Not involved	= 1
Very supportive	= 2
Mildly supportive	= 3
A little supportive	= 4
Not at all supportive	= 5

134. Were you ever removed from your home because of these sexual experiences?

No = 1
Yes = 2

135. Was the other person ever removed from home because of these sexual experiences?

No = 1
Yes = 2

136. Have you ever received counselling (e.g., seen a school counsellor, doctor, social worker, psychologist, psychiatrist)?

(Not applicable, No counselling ____)

Yes, when I was 0 to 6 years old = 1
Yes, when I was 7 to 12 years old = 2
Yes, when I was 13 to 17 years old = 3
Yes, when I became an adult = 4
Yes, more than one of the above = 5

137. Did you talk about these sexual experiences in the counselling?

Never received counselling = 1
No = 2
Yes, I did = 3
Yes, counsellor did = 4
Yes, counsellor and I did = 5

138. If a counsellor knew about these sexual experiences, how did the counsellor react?

Counsellor didn't know about it = 1
Very supportive = 2
Mildly supportive = 3
A little supportive = 4
Not at all supportive = 5

139. What was your main reason for not telling someone (If you did tell, what do you think may have made it difficult to tell)?

Thought it wasn't serious = 1
Thought I'd handle it myself = 2
Didn't know who to tell = 3
Didn't wish to cause trouble = 4
Afraid of what might happen = 5

140. In your opinion, what has been the effect of telling someone or someone learning about the sexual experiences?

Positive 1...2...3...4...5 Negative

141. How would you describe your relationship with your mother now?

Positive 1...2...3...4...5 Negative

142. How would you describe your relationship with your father now?

Positive 1...2...3...4...5 Negative

143. How would you describe your relationship with your siblings now?

Positive 1...2...3...4...5 Negative

144. How would you describe your relationship now with the other person who involved you in the sexual experiences?

Positive 1...2...3...4...5 Negative

145. How would you describe your relationship with an important person in your life now, like a best friend or your partner or your spouse?

Positive 1...2...3...4...5 Negative

146. Does this important person in your life know about the past sexual experience?

No	= 1
Yes, very supportive	= 2
Yes, mildly supportive	= 3
Yes, a little supportive	= 4
Yes, not at all supportive	= 5

147. Today, would you be able to tell someone else you trust about the past sexual experiences?

No	= 1
Yes	= 2

If YES, please specify, e.g., friend, sister _____)

148. How would you describe your immediate reactions to having shared about your sexual experiences on this questionnaire?

Positive 1...2...3...4...5 Negative

149. Do you feel you were sexually abused when you were 6 years old or younger?

No = 1
Yes = 2

150. Do you feel you were sexually abused when you were between the ages of 7 and 12 years old?

No = 1
Yes = 2

151. Do you feel you were sexually abused when you were 13 years old or older?

No = 1
Yes = 2

IF YOU COMPLETED ♦PART 10♦, DO NOT DO ♦PART 11♦. YOU ARE NOW FINISHED THE QUESTIONNAIRE. THANK YOU FOR YOUR PARTICIPATION. PLEASE HAND IN THE IBM SHEETS AND QUESTIONNAIRE.

IF YOU SKIPPED ♦PART 10♦, PLEASE COMPLETE ♦PART 11♦

♦Part 11♦ (Stigma of Abuse, NonReporters of Abuse)

Please write your answers to the next 30 questions (a to c) on the questionnaire itself. You will no longer mark your answers on the IBM sheets. Just circle your choice on the scale provided after each question.

a) Please indicate how comfortable or uncomfortable you would expect to be in a continuing relationship with the individuals listed below, given the following information: You have just found out that, when the individual was 6 YEARS OLD AND YOUNGER, the individual has been involved in a sexually abusive relationship. The person is now over 18 years old.

1. The person is the same sex as you and has been your friend for one month.

Very uncomfortable 1...2...3...4...5 Very comfortable

2. This person is the opposite sex as you and has been your friend for one month.

Very uncomfortable 1...2...3...4...5 Very comfortable

3. This person is the same sex as you and has been your friend for one year.

Very uncomfortable 1...2...3...4...5 Very comfortable

4. This person is the opposite sex as you and has been your friend for one year.

Very uncomfortable 1...2...3...4...5 Very comfortable

5. This is a person you have been dating for one month.

Very uncomfortable 1...2...3...4...5 Very comfortable

6. This is a person you have dating for one year.

Very uncomfortable 1...2...3...4...5 Very comfortable

7. This is a person to whom you've been married for one month.

Very uncomfortable 1...2...3...4...5 Very comfortable

8. This is a person to whom you've been married for one year.

Very uncomfortable 1...2...3...4...5 Very comfortable

9. This is a person with whom you have parented children for one month.

Very uncomfortable 1...2...3...4...5 Very comfortable

10. This is a person with whom you have parented children for one year.

Very uncomfortable 1...2...3...4...5 Very comfortable

- b) You have just found out that, when the individual was between the ages of 7 AND 12 YEARS OLD, the individual had been involved in a sexually abusive relationship. The person is now over 18 years old. Indicate how comfortable or uncomfortable you would expect to be in a continuing relationship with the individuals listed below, given what you know.

1. The person is the same sex as you and has been your friend for one month.

Very uncomfortable 1...2...3...4...5 Very comfortable

2. This person is the opposite sex as you and has been your friend for one month.

Very uncomfortable 1...2...3...4...5 Very comfortable

3. This person is the same sex as you and has been your friend for one year.

Very uncomfortable 1...2...3...4...5 Very comfortable

4. This person is the opposite sex as you and has been your friend for one year.

Very uncomfortable 1...2...3...4...5 Very comfortable

5. This is a person you have been dating for one month.

Very uncomfortable 1...2...3...4...5 Very comfortable

6. This is a person you have dating for one year.

Very uncomfortable 1...2...3...4...5 Very comfortable

7. This is a person to whom you've been married for one month.

Very uncomfortable 1...2...3...4...5 Very comfortable

8. This is a person to whom you've been married for one year.

Very uncomfortable 1...2...3...4...5 Very comfortable

9. This is a person with whom you have parented children for one month.

Very uncomfortable 1...2...3...4...5 Very comfortable

10. This is a person with whom you have parented children for one year.

Very uncomfortable 1...2...3...4...5 Very comfortable

- c) You have just found out that, when the individual was between the ages of 13 AND 17 YEARS OLD, the individual has been in a sexually abusive relationship. The person is now over 18 years old. Indicate how comfortable or uncomfortable you would expect to be in a continuing relationship with the individuals listed below, given what you know.

1. The person is the same sex as you and has been your friend for one month.

Very uncomfortable 1...2...3...4...5 Very comfortable

2. This person is the opposite sex as you and has been your friend for one month.

Very uncomfortable 1...2...3...4...5 Very comfortable

3. This person is the same sex as you and has been your friend for one year.

Very uncomfortable 1...2...3...4...5 Very comfortable

4. This person is the opposite sex as you and has been your friend for one year.

Very uncomfortable 1...2...3...4...5 Very comfortable

5. This is a person you have been dating for one month.

Very uncomfortable 1...2...3...4...5 Very comfortable

6. This is a person you have dating for one year.

Very uncomfortable 1...2...3...4...5 Very comfortable

7. This is a person to whom you've been married for one month.

Very uncomfortable 1...2...3...4...5 Very comfortable

8. This is a person to whom you've been married for one year.

Very uncomfortable 1...2...3...4...5 Very comfortable

9. This is a person with whom you have parented children for one month.

Very uncomfortable 1...2...3...4...5 Very comfortable

10. This is a person with whom you have parented children for one year.

Very uncomfortable 1...2...3...4...5 Very comfortable

THANK YOU FOR YOUR PARTICIPATION. PLEASE HAND IN THE IBM SHEETS AND QUESTIONNAIRE.

**Appendix C: DEBRIEFING SHEET
EARLY RELATIONSHIPS STUDY**

Dear Student:

As indicated at the beginning of this study, some of the questions you have been asked to answer have been of a very sensitive nature. We would like to reassure you that all of your responses are strictly confidential and cannot be traced to you. In addition, analyses of the responses will be conducted in terms of group data rather than individual data.

This study was work for a Ph.D. thesis and designed to examine some of the many measurement issues in the area of childhood relationships and abuse. There were several purposes:

First, to determine the prevalence of different sexual behaviours and maltreatment that adults experience in early relationships during childhood, preadolescence, and adolescence. Second, to compare the ways adults deal with their early relationship experiences, whether these occurred during childhood, preadolescence, or adolescence. And finally, to examine the importance of disclosure of sexual behaviours and maltreatment in early relationships on adults' later day-to-day functioning.

Results of the study will be available by the end of March. At that time, we will post a copy of an abstract on the door of your Introductory Psychology classroom.

Your contribution to this research has been much appreciated. Thank you. If as a result of your participation, you have questions about the study or its subject matter, the primary investigator can be reached to answer your questions. Just call 474-9338, leave a message, and she will return your call. If you feel a need to anonymously discuss your feelings about early relationships or abuse or any other concerns that you have become aware of during this study, telephone counselling is available through Klinik at 786-8686. In addition, counselling services are available on campus at the Counselling Service Centre (call 474-8592 for an appointment).

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Appendix D: Table D-1

Risk for Sexual Abuse Variables by Abuse Category

Variable	<u>Mean, Standard Deviation, and Frequency of Item Endorsement</u>	
	Abuse (<u>n</u> =206)	No Abuse (<u>n</u> =203)
Father's education	2.76 (1.37)	2.64 (1.33)
1. less than high school	25%	28%
2. completed high school	18%	20%
3. High school and other	25%	24%
4. completed university	17%	18%
5. graduate work	14%	10%
Mother's education	2.77 (1.25)	2.52 (1.16)
1. less than high school	22%	25%
2. completed high school	18%	24%
3. High school and other	29%	30%
4. completed university	23%	17%
5. graduate work	8%	4%
Father absent	1.78 (1.43)	1.55 (1.24)
1. no	73%	81%
2. 0 to 6 years	5%	4%
3. 7 to 12 years	2%	3%
4. 13 to 17 years	8%	4%
5. more than one	11%	8%
Mother absent	1.46 (1.15)	1.26 (0.87)
1. no	85%	90%
2. 0 to 6 years	3%	2%
3. 7 to 12 years	1%	3%
4. 13 to 17 years	7%	3%
5.. more than one	5%	3%
Close to father	2.51 (1.14)	2.28 (1.06)
1. very close	21%	26%
2. close	32%	37%
3. somewhat close	25%	24%
4. not close	17%	9%
5. distant	5%	4%
Close to mother	1.99 (1.07)	1.78 (0.97)
1. very close	41%	51%
2. close	32%	27%
3. somewhat close	16%	16%
4. not close	9%	3%
5. distant	3%	2%

Table D-1 (continued)

Variable	Mean, Standard Deviation, and Frequency of Item Endorsement	
	Abuse (<u>n</u> =206)	No Abuse (<u>n</u> =203)
Presence of stepfather	1.20 (0.83)	1.17 (0.75)
1. no	94%	94%
2. 0 to 6 years	1%	1%
3. 7 to 12 years	1%	0%
4. 13 to 17 years	2%	3%
5. more than one	3%	2%
Presence of stepmother	1.14 (0.71)	1.08 (0.51)
1. no	96%	97%
2. 0 to 6 years	1%	0%
3. 7 to 12 years	0%	1%
4. 13 to 17 years	1%	1%
5. more than one	3%	1%
Parents' marriage	3.5 (1.19)	3.84 (1.12)
1. unhappy	8%	4%
2. not very happy	12%	8%
3. somewhat happy	20%	21%
4. happy	36%	31%
5. very happy	20%	34%
	(4% missing)	(2% missing)
Father: Children not to talk back	2.52 (1.30)	2.60 (1.18)
1. agree	29%	21%
2. somewhat agree	23%	27%
3. somewhat agree/disagree	20%	29%
4. somewhat disagree	18%	15%
5. disagree	8%	7%
	(3% missing)	(1% missing)
Mother: Children not to talk back	2.65 (1.28)	2.75 (1.23)
1. agree	25%	20%
2. somewhat agree	21%	22%
3. somewhat agree/disagree	25%	33%
4. somewhat disagree	21%	15%
5. disagree	8%	10%

Table D-1 (continued)

Variable	<u>Mean, Standard Deviation, and Frequency of Item Endorsement</u>	
	Abuse (<u>n</u> =206)	No Abuse (<u>n</u> =203)
Mother influenced others	3.56 (1.11)	3.44 (1.03)
1. never	4%	3%
2. rarely	11%	12%
3. sometimes	28%	35%
4. often	29%	26%
5. very often	22%	16%
	(6% missing)	(8% missing)
Mother ambitious	4.19 (0.94)	4.12 (0.92)
1. never	2%	1%
2. rarely	5%	7%
3. sometimes	13%	13%
4. often	35%	40%
5. very often	46%	40%
Mother lacked energy	2.56 (1.09)	2.40 (1.05)
1. never	15%	18%
2. rarely	40%	44%
3. sometimes	25%	25%
4. often	13%	8%
5. very often	7%	5%
Mother had problems with relatives	2.53 (1.16)	2.36 (1.01)
1. never	21%	20%
2. rarely	32%	39%
3. sometimes	29%	28%
4. often	11%	9%
5. very often	8%	3%
Mother tense, nervous	3.05 (1.16)	2.96 (1.11)
1. never	8%	9%
2. rarely	27%	27%
3. sometimes	32%	35%
4. often	19%	19%
5. very often	14%	10%
Mother was ill	2.36 (1.01)	2.12 (0.83)
1. never	16%	20%
2. rarely	52%	56%
3. sometimes	18%	19%
4. often	10%	3%
5. very often	4%	2%

Table D-1 (continued)

Variable	Mean, Standard Deviation, and Frequency of Item Endorsement	
	Abuse (<u>n</u> =206)	No Abuse (<u>n</u> =203)
Mother drank heavily	1.40 (0.89)	1.18 (0.52)
1. never	77%	87%
2. rarely	14%	9%
3. sometimes	5%	3%
4. often	2%	1%
5. very often	3%	0%
Mother complained about finances	2.69 (1.25)	2.40 (1.18)
1. never	20%	28%
2. rarely	25%	28%
3. sometimes	31%	26%
4. often	12%	13%
5. very often	12%	5%
Mother kissed you	3.32 (1.20)	3.37 (1.23)
1. never	8%	9%
2. rarely	19%	14%
3. sometimes	25%	30%
4. often	30%	24%
5. very often	18%	23%
Mother hugged you	3.56 (1.17)	3.64 (1.13)
1. never	5%	4%
2. rarely	16%	13%
3. sometimes	22%	26%
4. often	33%	31%
5. very often	25%	27%
Mother put you on lap	3.26 (1.17)	3.17 (1.18)
1. never	9%	8%
2. rarely	17%	21%
3. sometimes	30%	32%
4. often	29%	22%
5. very often	16%	16%
Mother roughhoused/tickling games	2.36 (1.11)	2.41 (1.06)
1. never	27%	21%
2. rarely	30%	35%
3. sometimes	28%	29%
4. often	12%	11%
5. very often	4%	4%

Table D-1 (continued)

Variable	Mean, Standard Deviation, and Frequency of Item Endorsement	
	Abuse (<u>n</u> =206)	No Abuse (<u>n</u> =203)
Mother punished, touching sex organs	1.25 (0.62)	1.29 (0.70)
1. never	83%	81%
2. rarely	10%	12%
3. sometimes	5%	4%
4. often	2%	2%
5. very often	0%	1%
Mother punished, not having clothes on	1.51 (0.86)	1.57 (0.88)
1. never	67%	62%
2. rarely	21%	25%
3. sometimes	7%	7%
4. often	4%	4%
5. very often	1%	1%
Mother punished, playing sex games	1.57 (0.91)	1.46 (0.87)
1. never	63%	71%
2. rarely	23%	15%
3. sometimes	8%	8%
4. often	4%	3%
5. very often	2%	2%
Mother punished, saying dirty words	2.96 (1.16)	2.90 (1.07)
1. never	14%	11%
2. rarely	19%	21%
3. sometimes	35%	42%
4. often	23%	18%
5. very often	9%	8%
Mother punished, asking about sex	1.30 (0.81)	1.30 (0.77)
1. never	85%	82%
2. rarely	5%	11%
3. sometimes	6%	3%
4. often	2%	2%
5. very often	2%	2%

Table D-1 (continued)

Variable	<u>Mean, Standard Deviation, and Frequency of Item Endorsement</u>	
	Abuse (<u>n</u> =206)	No Abuse (<u>n</u> =203)
Mother punished, something sexual on date	2.26 (1.25)	1.95 (1.10)
1. never	37%	47%
2. rarely	24%	23%
3. sometimes	20%	20%
4. often	12%	7%
5. very often	6%	3%
Mother punished, looking at sexual pictures	1.51 (0.99)	1.49 (0.97)
1. never	72%	72%
2. rarely	14%	16%
3. sometimes	7%	4%
4. often	2%	4%
5. very often	4%	3%
Mother punished, masturbation	1.18 (0.70)	1.21 (0.73)
1. never	90%	89%
2. rarely	4%	4%
3. sometimes	1%	2%
4. often	2%	2%
5. very often	2%	2%
	(2% missing)	
Father influenced others	3.75 (1.12)	3.70 (1.10)
1. never	3%	3%
2. rarely	12%	10%
3. sometimes	23%	28%
4. often	28%	29%
5. very often	31%	29%
	(3% missing)	(2% missing)
Father ambitious	4.48 (0.86)	4.44 (0.76)
1. never	2%	0%
2. rarely	2%	2%
3. sometimes	7%	12%
4. often	23%	28%
5. very often	63%	58%
	(3% missing)	(1% missing)

Table D-1 (continued)

Variable	Mean, Standard Deviation, and Frequency of Item Endorsement	
	Abuse (<u>n</u> =206)	No Abuse (<u>n</u> =203)
Father lacked energy	2.17 (1.05)	2.17 (1.00)
1. never	28%	27%
2. rarely	39%	41%
3. sometimes	19%	22%
4. often	8%	6%
5. very often	3%	3%
	(3% missing)	(1% missing)
Father had problems with relatives	2.49 (1.16)	2.18 (1.04)
1. never	21%	30%
2. rarely	34%	34%
3. sometimes	25%	23%
4. often	11%	9%
5. very often	7%	2%
	(3% missing)	(2% missing)
Father tense, nervous	2.47 (1.08)	2.34 (1.02)
1. never	18%	21%
2. rarely	39%	40%
3. sometimes	21%	24%
4. often	15%	12%
5. very often	4%	3%
	(3% missing)	(1% missing)
Father was ill	1.98 (0.91)	1.82 (0.77)
1. never	31%	36%
2. rarely	47%	50%
3. sometimes	11%	10%
4. often	6%	3%
5. very often	2%	1%
	(3% missing)	(1% missing)
Father drank heavily	2.10 (1.42)	1.66 (1.07)
1. never	52%	63%
2. rarely	15%	18%
3. sometimes	13%	11%
4. often	7%	3%
5. very often	12%	4%
	(3% missing)	(1% missing)

Table D-1 (continued)

Variable	<u>Mean, Standard Deviation, and Frequency of Item Endorsement</u>	
	Abuse (<u>n</u> =206)	No Abuse (<u>n</u> =203)
Father complained about finances	2.46 (1.12)	2.28 (1.14)
1. never	23%	30%
2. rarely	27%	33%
3. sometimes	32%	21%
4. often	10%	11%
5. very often	5%	4%
	(3% missing)	(1% missing)
Father kissed you	2.68 (1.19)	2.63 (1.20)
1. never	17%	18%
2. rarely	30%	31%
3. sometimes	28%	30%
4. often	14%	10%
5. very often	9%	10%
	(3% missing)	(1% missing)
Father hugged you	2.96 (1.23)	2.96 (1.22)
1. never	11%	13%
2. rarely	29%	22%
3. sometimes	23%	33%
4. often	20%	18%
5. very often	13%	13%
	(3% missing)	(1% missing)
Father put you on lap	2.90 (1.22)	2.93 (1.28)
1. never	13%	15%
2. rarely	27%	24%
3. sometimes	26%	27%
4. often	19%	19%
5. very often	12%	14%
	(3% missing)	(1% missing)
Father roughhoused/tickling games	2.76 (1.28)	2.48 (1.28)
1. never	23%	31%
2. rarely	15%	21%
3. sometimes	30%	25%
4. often	19%	15%
5. very often	9%	7%
	(3% missing)	(1% missing)

Table D-1 (continued)

Variable	Mean, Standard Deviation, and Frequency of Item Endorsement	
	Abuse (<u>n</u> =206)	No Abuse (<u>n</u> =203)
Father punished, touching sex organs		
1. never	1.13 (0.50) 88%	1.11 (0.44) 91%
2. rarely	5%	4%
3. sometimes	1%	2%
4. often	1%	0%
5. very often	1%	1%
	(3% missing)	(2% missing)
Father punished, not having clothes on		
1. never	1.31 (0.71) 76%	1.28 (0.67) 78%
2. rarely	14%	15%
3. sometimes	5%	3%
4. often	1%	1%
5. very often	1%	1%
	(3% missing)	(2% missing)
Father punished, playing sex games		
1. never	1.25 (0.69) 81%	1.20 (0.68) 87%
2. rarely	9%	6%
3. sometimes	3%	2%
4. often	2%	2%
5. very often	1%	2%
	(3% missing)	(2% missing)
Father punished, saying dirty words		
1. never	2.28 (1.23) 35%	2.23 (1.22) 37%
2. rarely	21%	22%
3. sometimes	25%	26%
4. often	10%	7%
5. very often	6%	6%
	(3% missing)	(2% missing)
Father punished, asking about sex		
1. never	1.15 (0.59) 88%	1.16 (0.65) 91%
2. rarely	5%	4%
3. sometimes	1%	1%
4. often	2%	1%
5. very often	1%	2%
	(3% missing)	(1% missing)

Table D-1 (continued)

Variable	Mean, Standard Deviation, and Frequency of Item Endorsement	
	Abuse (n=206)	No Abuse (n=203)
Father punished, something sexual on date	1.68 (1.09)	1.52 (0.98)
1. never	61%	72%
2. rarely	18%	11%
3. sometimes	9%	10%
4. often	4%	4%
5. very often	4%	2%
	(3% missing)	(1% missing)
Father punished, looking at sexual pictures	1.22 (0.67)	1.25 (0.71)
1. never	84%	85%
2. rarely	8%	8%
3. sometimes	2%	3%
4. often	1%	3%
5. very often	2%	1%
	(3% missing)	(1% missing)
Father punished, masturbation	1.05 (0.34)	1.01 (0.48)
1. never	93%	92%
2. rarely	2%	4%
3. sometimes	1%	1%
4. often	0%	0%
5. very often	1%	1%
	(3% missing)	(2% missing)
Mother or father spanked, 0 to 6 years	2.43 (0.91)	2.36 (0.84)
1. never	12%	10%
2. once or twice	49%	56%
3. once a month	25%	22%
4. every week	12%	10%
5. more than once a week	2%	1%
Mother or father spanked, 7 to 12 years	1.88 (0.79)	1.86 (0.80)
1. never	35%	36%
2. once or twice	46%	47%
3. once a month	16%	14%
4. every week	3%	3%
5. more than once a week	0%	1%

Table D-1 (continued)

Variable	<u>Mean, Standard Deviation, and Frequency of Item Endorsement</u>	
	Abuse (<u>n</u> =206)	No Abuse (<u>n</u> =203)
Mother or father spanked, 13 to 17 years	1.25 (0.50)	1.15 (0.46)
1. never	78%	87%
2. once or twice	19%	9%
3. once a month	3%	3%
4. every week	0%	0%
5. more than once a week	0%	0%
Number of friends growing up	3.59 (1.12)	3.64 (1.15)
1. no good friends	5%	6%
2. one good friend	9%	6%
3. two or three good friends	37%	32%
4. three or four good friends	21%	27%
5. five or more good friends	28%	28%

Appendix E: Table E-1

Intercorrelations between Circumstances Variables for Abused Subjects:
"Frequency" to "Intrusiveness" with "Duration" to "Use of Force" (n=206)

Variable	Freq	Dur	Prox	Perp	Intrus
Dur	.55*	--	--	--	--
Prox	.31*	.22*	--	--	--
Perp	.31*	.31*	.21*	--	--
Intrus	.56*	.33*	.27*	.09	--
Nump	.48*	.53*	.12	.29*	.27*
Agep	.15*	.15*	.06	.05	.08
Vio	.31*	.34*	.07	.19*	.15*
React	.28*	.43*	-.02	.27*	.13*
Force	.42*	.44*	.13*	.28*	.44*

Intercorrelations between Circumstances Variables for Abused Subjects:
"Number of Perpetrators" to "Victim's Reaction" with "Age" to "Use of
Force" (n=206)

Variable	Nump	Agep	Vio	React
Agep	.15*	--	--	--
Vio	.38*	.12	--	--
React	.54*	.22*	.42*	--
Force	.36*	.22*	.19*	.41*

Note. Freq = Frequency of Abuse, Dur = Duration of Abuse, Prox = Proximity of Abuse to Victim's Home, Perp = Relationship of Perpetrator to Victim, Intrus = Intrusiveness of Sexual Contact, Nump = Number of Perpetrators, Agep = Age of Perpetrator, Vio = Concurrent Physical Maltreatment, React = Victim's Immediate Reaction to Abuse, Force = Use of Force During Abuse, * Significant (Kendall Two-Tailed).

Appendix F: Table F-1

Disclosure Items for Sexually Abused Subjects (n = 206)

Item	Response	Frequency
1. In your opinion, did anyone else besides you and the other person know of the sexual experiences, without you telling anyone?	No Yes	55% 45%
2. Do you know if you had noticeable behaviours that would have cued someone to know of the sexual experiences, without you or anyone else telling?	No Yes	85% 15%
3. Do you know if the other person had noticeable behaviours that would have cued someone to know of the sexual experiences, without you or anyone else telling?	No Yes (1% missing)	91% 9%
4. How did your parents learn of these sexual experiences?	Never learned Person suspected Parent suspected Person observed Parent observed I told	56% 2% 19% 1% 2% 19%
5. Did you ever tell someone about the sexual experiences?	Never told Yes, school Yes, friend Yes, sibling Yes, adult relative Yes, parent	26% 5% 53% 2% 2% 13%
6. How old were you when you first told someone about the sexual experience?	Never told Before age 17 An adult	24% 62% 15%
7. How old were you when someone else first learned about the sexual experience, whether you told or not?	Never told Before age 17 An adult	24% 62% 14%

Item	Response	Frequency
8. When did you tell or someone learned about the sexual experiences?	Never told 24% Sexual experiences still happening 18% More than a year after last experience 22% Within a year after last experience 11% One week after last experience 24% (1% missing)	
9. What aspects of the sexual experience were you able to tell about?	Never told 24% Vague aspects 21% Saw it happening to others 1% Part of experiences 31% All of experiences 23% (1% missing)	
10. Did you ever "take back" some of what you were able to tell about?	Never told 28% Yes 12% No 56% (3% missing)	
11. If your mother learned about these sexual experiences, how did she react?	Never learned 61% Unsupportive, hostile 5% Unsupportive, not hostile 5% Sometimes/sometimes not supportive 7% Somewhat committed and supportive 7% Very committed and supportive 16%	
12. If your mother learned of these sexual experiences, how did she show that she believed you?	Never learned 67% Totally denied 1% Weak statements disbelief 1% Undecided 7% Weak statements belief 3% Clear public statements belief 19% (2% missing)	

Item	Response	Frequency
13. If your mother learned of these sexual experiences, what action did she take toward the other person?	Never learned 67% Took other's side 1% Refused sides 6% Showed other disapproval 17% Referred private service 2% Referred public service 3% (4% missing)	
14. If your father learned about these sexual experiences, how did he react?	Never learned 79% Unsupportive, hostile 2% Unsupportive, not hostile 3% Sometimes/sometimes not supportive 2% Somewhat committed and supportive 6% Very committed and supportive 7% (1% missing)	
15. If your father learned of these sexual experiences, how did he show that he believed you?	Never learned 81% Totally denied 1% Weak statements disbelief 1% Undecided 3% Weak statements belief 5% Clear public statements disbelief 10% (1% missing)	
16. If your father learned of these sexual experiences, what action did he take toward the other person?	Never learned 80% Took other's side 1% Refused sides 4% Showed other disapproval 12% Referred private service 1% Referred public service 1% (2% missing)	

Item	Response	Frequency
17. If the other person who involved you in these sexual experiences either knew that you'd told or that others know about it, what was his/her reaction?	Not applicable Totally denied, hostile Totally denied, not hostile Ignored/avoided Unclear statements of responsibility Clear statements of responsibility (1% missing)	51% 7% 6% 22% 5% 8%
18. Was the sexual experience ever reported outside the family to a social or public agency?	No Yes Yes, more than one (1% missing)	92% 5% 2%
19. If a social or public agency was involved, how did the personnel react?	Not involved Not supportive Little supportive Mildly supportive Very supportive	93% 1% 2% 2% 4%
20. Were you ever removed from your home because of these sexual experiences?	No Yes (1% missing)	95% 4%
21. Was the other person every removed from home because of these sexual experiences?	No Yes (2% missing)	96% 2%
22. Have your ever received counselling?	No Yes, before age 17 years Yes, as an adult Yes, more than one (1% missing)	77% 13% 8% 2%
23. Did you talk about these sexual experiences in the counselling?	No/never counselled Yes, counsellor did Yes, I did Yes, counsellor and I did	91% 1% 2% 5%

Item	Response	Frequency
24. If a counsellor knew about these sexual experiences, how did the counsellor react?	Didn't know 90% Not supportive 1% Little supportive 0% Mildly supportive 2% Very supportive 7%	
25. What was your main reason for not telling someone (If you did tell, what do you think may have made it difficult to tell)?	Thought it wasn't serious 46% Thought I'd handle it myself 21% Didn't know who to tell 4% Didn't wish to cause trouble 8% Afraid of what might happen 15% (5% missing)	
26. In your opinion, what has been the effect of telling someone or someone learning about the sexual experiences?	Positive 29% Somewhat positive 15% Not positive or negative 28% Somewhat negative 4% Negative 14% (12% missing)	
27. How would you describe your relationship with your mother now?	Positive 49% Somewhat positive 18% Not positive or negative 15% Somewhat negative 5% Negative 8% (6% missing)	
28. How would you describe your relationship with your father now?	Positive 42% Somewhat positive 18% Not positive or negative 18% Somewhat negative 5% Negative 8% (8% missing)	

Item	Response	Frequency
29. How would you describe your relationship with your siblings now?	Positive Somewhat positive Not positive or negative Somewhat negative Negative (7% missing)	45% 20% 16% 6% 75
30. How would you describe your relationship now with the other person who involved you in the sexual experiences?	Positive Somewhat positive Not positive or negative Somewhat negative Negative (4% missing)	11% 7% 26% 14% 38%
31. How would you describe your relationship with an important person in your life now, like a best friend or your partner or your spouse?	Positive Somewhat positive Not positive or negative Somewhat negative Negative (2% missing)	60% 18% 7% 4% 8%
32. Does this important person in your life know about the past sexual experiences?	No Yes, very supportive Yes, mildly supportive Yes, little supportive Yes, not supportive (3% missing)	42% 39% 8% 5% 2%
33. Today, would you be able to tell someone else you trust about the past sexual experiences?	No Yes (1% missing)	37% 62%
34. How would you describe your immediate reactions to having shared about your sexual experiences on this questionnaire?	Positive Somewhat positive Not positive or negative Somewhat negative Negative (1% missing)	24% 18% 41% 9% 6%

Table F-2

Correlation Matrix for Disclosure Items 1 to 34 (n=206)

Item	1	2	3	4	5	6
2.	.18*	--	--	--	--	--
3.	.19*	.38*	--	--	--	--
4.	.15*	.21*	.09	--	--	--
5.	.08	.17*	.06	.43*	--	--
6.	.24*	.11	.03	.31*	.63*	--
7.	.39*	.12	.05	.32*	.43*	.67*
8.	.22*	.08	.01	.14*	.38*	.48*
9.	.16*	.06	.04	.20*	.53*	.56*
10.	.21*	.13	.03	.24*	.48*	.55*
11.	.19*	.25*	.11	.54*	.38*	.26*
12.	.23*	.25*	.11	.58*	.36*	.28*
13.	.20*	.25*	.11	.56*	.35*	.26*
14.	.09	.07	.12	.39*	.25*	.14*
15.	.14*	.07	.15*	.38*	.23*	.18*
16.	.11	.07*	.11	.34*	.21*	.19*
17.	.24*	.12*	.06	.25*	.30*	.42*
18.	.19*	.15*	.25*	.22*	.09	.09
19.	.20*	.18*	.24*	.27*	.16*	.14*
20	-.29*	-.21*	-.31*	-.09	.05	-.03
21.	.22*	.29*	.34*	.14*	-.02	.06
22.	.13	.14*	.11	.19*	.20*	.05
23.	.18*	.20*	.26*	.27*	.15*	.08

Table F-2 (continued)

Item	1	2	3	4	5	6
24.	.17*	.16*	.22*	.27*	.17*	.09
25.	-.08	.13*	.07	.14*	.10	-.03
26.	.10	.08	.01	.14*	.34*	.42*
27.	-.06	-.03	-.10	.09	.22*	.20*
28.	-.05	-.05	-.15*	.09	.25*	.23*
29.	-.11	-.05	-.15*	.11	.16*	.21*
30.	-.05	-.17*	-.15*	-.07	-.08	-.06
31.	-.08	-.13*	-.15*	.03	.08	.09
32.	.03	.03	.05	.11	.28*	.39*
33.	.11	.04	.14*	.09	.37*	.46*
34.	.06	-.01	-.03	.08	.23*	.20*
Item	7	8	9	10	11	12
8.	.43*	--	--	--	--	
9.	.40*	.40*	--	--	--	
10.	.43*	.43*	.52*	--	--	
11.	.27*	.12*	.20*	.23*	--	
12.	.31*	.10*	.15*	.21*	.79*	
13.	.27*	.07	.13*	.17*	.71*	.83*
14.	.21*	.05	.09	.16*	.52*	.63*
15.	.21*	.04	.11	.20*	.48*	.60*

Table F-2 (continued)

Item	7	8	9	10	11	12
16.	.21*	.09	.10	.16*	.45*	.53*
17.	.41*	.29*	.25*	.32*	.29*	.34*
18.	.11	.03	.10	.04	.22*	.24*
19.	.12	.07	.14*	.06	.31*	.29*
20.	-.06	.01	.04	.08	-.06	-.14*
21.	.08	-.06	.04	-.06	.23*	.26*
22.	.05	.08	.09	.14*	.13*	.17*
23.	.07	.02	.13*	.05*	.18*	.25*
24.	.13*	.04	.12	.03	.15*	.22*
25.	-.02	-.03	.01	.13*	.09	.12*
26.	.32*	.37*	.42*	.38*	.23*	.18*
27.	.15*	.19*	.14*	.20*	.13*	.12*
28.	.15*	.15*	.15*	.21*	.11	.09
29.	.11	.12*	.17*	.22*	.15*	.12*
30.	-.09	-.06	-.11*	-.02	-.01	-.03
31.	.05	.06	.16*	.12	.05	.00
32.	.33*	.25*	.35*	.32*	.17*	.16*
33.	.36*	.29*	.41*	.36*	.06	-.01
34.	.18*	.16*	.23*	.24*	.09	.08

Table F-2 (continued)

Item	13	14	15	16	17	18
14.	.60*	--	--	--	--	--
15.	.59*	.90*	--	--	--	--
16.	.62*	.81*	.85*	--	--	--
17.	.36*	.29*	.30*	.34*	--	--
18.	.33*	.28*	.32*	.34*	.12*	--
19.	.37*	.33*	.38*	.39*	.11	.74*
20.	-.14*	-.21*	-.25*	-.26*	-.08	-.57*
21.	.32*	.24*	.27*	.27*	.13*	.50*
22.	.18*	.17*	.20*	.14*	.07	.32*
23.	.32*	.26*	.31*	.23*	.06	.47*
24.	.29*	.24*	.25*	.19*	.04	.42*
25.	.15*	.10	.08	.04	.01	.13*
26.	.13*	.04	.04	-.01	.25*	-.11
27.	.04	.03	-.01	-.04	.12*	-.18*
28.	.02	.07	.02	-.01	.10	-.18*
29.	.08	.06	.05	.02	.03	-.16*
30.	-.03	-.02	-.05	-.01	.11	-.19*
31.	-.04	-.03	-.05	-.09	.02	-.19*
32.	.09	.18*	.18*	.17*	.19*	.03
33.	-.05	-.05	-.04	-.08	.14*	.03
34.	.05	-.02	-.01	-.07	.10	-.11

Table F-2 (continued)

Item	19	20	21	22	23	24
20.	-.54*	--	--			
21.	.48*	-.49*	--			
22.	.31*	-.25*	.15*			
23.	.50*	-.49*	.36*	.60*	--	--
24.	.45*	-.45*	.32*	.55*	.86*	--
25.	.05	-.08	.02	.18*	.19*	.21*
26.	-.06	.13*	-.09	-.03	-.02	-.00
27.	-.14*	.31*	-.14*	-.08	-.20*	-.22*
28.	-.14*	.28*	-.20*	-.08	-.15*	-.19*
29.	-.10	.22*	-.12	-.07	-.10	-.17*
30.	-.14*	.15*	-.13*	-.13*	-.17*	-.20*
31.	-.17*	.30*	-.24*	-.12*	-.17*	-.12
32.	.07	.05*	-.01	.00	.10	.13*
33.	.07	.00	-.07	.03	.07	.14*
34.	-.11	.22*	-.13*	-.08	-.12	-.10
Item	25	26	27	28	29	30
26.	-.01	--	--	--	--	--
27.	-.01	.31*	--	--	--	--
28.	-.04	.27*	.70*	--	--	--
29.	.03	.29*	.52*	.52*	--	--

Table F-2 (continued)

Item	25	26	27	28	29	30
30.	-.08	.03	.17*	.17*	.20*	--
31.	-.11	.24*	.26*	.32*	.28*	.12*
32.	.10	.32*	.15*	.18*	.18*	-.12*
33.	-.01	.38*	.18*	.25*	.11	-.05
34.	.04	.32*	.30*	.26*	.27*	.07
Item	31	32	33			
32.	.26*	--	--			
33.	.25*	.31*	--			
34.	.17*	.21*	.30*			

* Significant (Kendall Two-Tailed)

Table F-3

Intercorrelations between Variables: "GSI" to "Sleep Disturbance" with "TSC-40" to "Shame" (N=409)

Variable	GSI	TSC-40	DEP	ANX	DISS	SAT	SEX	SLE
TSC-40	.66*	--	--	--	--	--	--	--
DEP	.58*	.72*	--	--	--	--	--	--
ANX	.52*	.66*	.52*	--	--	--	--	--
DISS	.54*	.64*	.47*	.53*	--	--	--	--
SAT	.50*	.69*	.52*	.56*	.69*	--	--	--
SEX	.33*	.53*	.45*	.40*	.33*	.50*	--	--
SLE	.51*	.66*	.63*	.47*	.48*	.52*	.34*	--
SH	.57*	.53*	.52*	.39*	.46*	.43*	.29*	.43*

Note: GSI = General Severity Index, TSC-40 = Trauma Symptom Checklist 40, DEP = Depression, ANX = Anxiety, DISS = Dissociation, SAT = Sexual Abuse Trauma, SEX = Sexual Problems, SLE = Sleep Disturbances, SH = Shame.

Intercorrelations between Variables: "Overall Aftereffect" to "Relationship with Men Aftereffects" with "Social Aftereffects" to "Relationship with Women Aftereffects" (n=206)

VARIABLE	E1	E2	E3	E4	E5	E6	E7	E8
E2	.52*	--	--	--	--	--	--	--
E3	.51*	.61*	--	--	--	--	--	--
E4	.34*	.48*	.55*	--	--	--	--	--
E5	.43*	.54*	.62*	.49*	--	--	--	--

Table F-3 (continued)

VARIABLE	E1	E2	E3	E4	E5	E6	E7	E8
E6	.35*	.32*	.40*	.38*	.41*	--	--	--
E7	.49*	.50*	.55*	.41	.52*	.44*	--	--
E8	.51*	.54*	.57*	.43	.53*	.42*	.60*	--
E9	.22*	.37*	.38*	.45	.32*	.35*	.30*	.31*

Note. E1 = Overall Aftereffect, E2 = Social Aftereffect, E3 = Psychological/Emotional Aftereffect, E4 = Physical Aftereffect, E5 = Sexual Aftereffect, E6 = Family-wise Aftereffect, E7 = Self-wise Aftereffect, E8 = Relationships with Men Aftereffect, E9 = Relationships with Women Aftereffect.

Intercorrelations between Variables: "Overall Aftereffects" to "Relationship with Women Aftereffects" with "GSI" to "Shame" (N=409)

Variable	E1	E2	E3	E4	E5	E6	E7	E8	E9
GSI	.11	.14*	.16*	.18*	.14*	.09	.19*	.15*	.14*
TSC-40	.15*	.19*	.22*	.26*	.18*	.13*	.22*	.22*	.15*
DEP	.12*	.18*	.17*	.21*	.12*	.09*	.21*	.19*	.09
ANX	.19*	.22*	.26*	.30*	.22*	.20*	.22*	.22*	.21*
DISS	.16*	.19*	.24*	.27*	.18*	.18*	.21*	.22*	.22*
SAT	.18*	.22*	.25*	.30*	.23*	.17*	.25*	.23*	.20*
SEX	.03	.13*	.14*	.21*	.17*	.08	.13*	.15*	.11
SLE	.19*	.18*	.15*	.23*	.13*	.10	.18*	.17*	.11*
SH	.18*	.21*	.25*	.24*	.19*	.17*	.30*	.26*	.14*

* Significant (Kendall Two-Tailed)

Appendix G: Table G-1

Mean Outcome Scores by Age Group of Sexual Abuse (n = 206)

Variable	Group		
	1	2	3
<u>Aftereffect</u>			
Overall	3.76(1.34)	3.49(1.12)	3.35(1.24)
Social a	3.10(1.26)	3.30(0.93)	2.91(1.01)
Psychological	3.00(1.30)	3.15(0.85)	3.23(1.11)
Physical	2.83(1.30)	3.00(0.86)	2.85(1.10)
Sexual	3.27(1.33)	3.06(0.86)	3.19(1.16)
Family a	2.93(1.14)	2.59(0.84)	2.92(1.11)
Self a	3.17(1.15)	2.92(0.95)	3.01(1.29)
Relations men a	3.22(1.43)	3.19(0.93)	3.02(1.12)
Relations women a	2.68(1.22)	2.62(0.80)	2.53(0.90)
<u>Scale</u>			
GSI a	1.10(0.72)	0.88(0.53)	1.28(0.70)
TSC40	32.86(20.43)	24.23(12.67)	32.65(19.60)
Depression	7.29(4.76)	5.95(4.01)	8.03(5.30)
Anxiety	5.90(4.77)	4.36(3.35)	5.53(4.19)
Dissociation a	4.90(4.04)	4.00(2.45)	4.77(3.59)
Sexual Trauma a	5.14(4.51)	3.55(2.63)	4.75(3.89)
Sex Problems a	5.38(4.42)	3.64(2.66)	5.57(4.77)
Sleep a	8.43(4.74)	6.05(2.36)	7.48(4.33)
Shame a	28.38(20.88)	23.50(16.19)	34.31(18.93)

Table G-1 continued

Mean Outcome Scores by Age Group of Sexual Abuse (n = 206)

Variable	Group			
	4	5	6	7
<u>Aftereffect</u>				
Overall	4.14(0.95)	3.18(1.24)	3.32(1.30)	4.09(1.06)
Social a	3.79(1.05)	3.06(1.30)	3.06(1.15)	3.36(1.14)
Psychological	3.79(1.05)	3.00(1.37)	3.39(1.31)	4.00(1.02)
Physical	3.29(0.99)	2.47(1.12)	2.84(1.07)	3.41(1.33)
Sexual	3.43(1.16)	3.18(1.38)	3.26(1.29)	3.64(1.36)
Family a	3.50(0.76)	2.59(0.94)	3.17(1.05)	3.41(1.05)
Self a	4.07(0.92)	2.35(1.22)	3.26(1.34)	3.86(1.28)
Relations men a	3.86(1.03)	2.88(1.22)	3.39(1.26)	3.73(1.24)
Relations women a	3.21(1.31)	2.41(0.87)	2.58(1.12)	2.68(1.04)
<u>Scale</u>				
GSI a	1.31(0.68)	1.05(0.72)	1.18(0.78)	1.34(0.83)
TSC40	36.86(19.05)	29.29(17.81)	37.16(28.15)	39.27(28.88)
Depression	7.50(4.50)	5.94(4.26)	8.87(7.18)	9.27(7.41)
Anxiety	6.14(3.80)	4.71(3.74)	6.58(6.00)	7.95(5.98)
Dissociation a	6.79(4.54)	4.18(3.99)	5.77(5.35)	6.32(5.51)
Sexual Trauma a	6.93(4.45)	4.47(3.57)	6.00(5.87)	5.77(5.00)
Sex Problems a	6.14(5.20)	6.41(3.45)	7.06(6.81)	5.68(5.09)
Sleep a	7.86(4.19)	6.00(3.10)	7.94(4.51)	7.68(5.05)
Shame a	37.43(19.18)	29.00(21.07)	37.16(25.45)	34.77(23.60)

Note. Values in parentheses represent standard deviation scores; a=Variables entered into statistical analyses; 1 = Child Sexual Abuse; 2 = Preadolescent Sexual Abuse; 3 = Adolescent Sexual Abuse; 4 = Child and Preadolescent Sexual Abuse; 5 = Child and Adolescent Sexual Abuse; 6 = Preadolescent and Adolescent Sexual Abuse; 7 = Child, Preadolescent, and Adolescent Sexual Abuse.

Table G-2

Mean Outcome Scores by Sexual Abuse (N = 409)

Variable	Sexual Abuse (n=206)	No Sexual Abuse (n=203)
GSI	1.19(0.72)	0.94(0.60)
TSC40	33.17(21.67)	22.49(14.30)
Depression	7.78(5.61)	5.38(3.71)
Anxiety	5.84(4.68)	3.98(3.47)
Dissociation	5.11(4.20)	3.33(3.21)
Sexual Trauma	5.08(4.36)	2.84(2.85)
Sex Problem	5.69(4.92)	3.24(3.27)
Sleep Disturbance	7.42(4.23)	5.17(3.13)
Shame	32.81(20.82)	27.57(17.85)

Note. Values enclosed in parentheses represent standard deviation scores.

Table G-3

Mean Outcome Scores by Frequency, Duration, Relationship to Perpetrator, Intrusiveness, and Use of Force (n = 206)

Variable	Frequency		Duration	
	1	2	1	2
<u>Aftereffect</u>				
Overall	3.40(1.14)	3.63(1.32)	3.50(1.12)	3.53(1.35)
Social a	2.96(0.97)	3.26(1.20)	3.03(0.96)	3.24(1.23)
Psychological	3.06(1.03)	3.57(1.25)	3.18(1.11)	3.48(1.22)
Physical	2.74(0.95)	3.09(1.25)	2.81(0.99)	3.05(1.25)
Sexual	3.00(1.10)	3.51(1.26)	3.14(1.14)	3.40(1.28)
Family a	2.75(0.97)	3.21(1.10)	2.88(0.99)	3.14(1.11)
Self a	2.94(1.16)	3.39(1.36)	2.98(1.13)	3.41(1.41)
Relations men a	3.07(1.09)	3.40(1.28)	3.13(1.17)	3.38(1.21)
Relations women a	2.51(0.88)	2.72(1.11)	2.58(0.88)	2.68(1.13)
<u>Scale</u>				
GSI a	1.03(0.61)	1.35(0.78)	1.04(0.63)	1.38(0.78)
TSC40	26.91(15.50)	39.32(24.99)	28.39(16.77)	39.49(26.03)
Depression	6.64(4.50)	8.89(6.37)	6.71(4.48)	9.19(6.63)
Anxiety	4.50(3.50)	7.13(5.32)	4.75(3.69)	7.28(5.58)
Dissociation a	4.04(3.10)	6.16(4.84)	4.29(3.63)	6.16(4.74)
Sexual Trauma a	3.63(2.64)	6.52(5.19)	4.10(3.49)	6.38(5.12)
Sex Problems a	4.18(3.56)	7.17(5.60)	4.85(4.18)	6.98(5.66)
Sleep a	6.71(3.49)	8.12(4.77)	6.79(3.73)	8.14(4.80)
Shame a	28.58(18.49)	36.87(22.29)	27.92(18.31)	38.56(22.50)

Table G-3 continued

Mean Outcome Scores by Frequency, Duration, Relationship to Perpetrator, Intrusiveness, and Use of Force (n = 206)

Variable	Relationship		Intrusiveness	
	3	4	1	2
<u>Aftereffect</u>				
Overall	3.40(1.23)	3.74(1.21)	3.40(1.17)	3.69(1.31)
Social a	3.02(1.03)	3.33(1.19)	3.02(1.05)	3.24(1.16)
Psychological	3.18(1.10)	3.60(1.27)	3.15(1.12)	3.56(1.21)
Physical	2.87(1.07)	2.99(1.22)	2.72(1.04)	3.20(1.18)
Sexual	3.20(1.17)	3.39(1.29)	3.13(1.14)	3.44(1.27)
Family a	2.94(1.02)	3.08(1.15)	2.87(1.04)	3.14(1.08)
Self a	3.08(1.21)	3.36(1.39)	2.94(1.18)	3.47(1.35)
Relations men a	3.10(1.12)	3.54(1.28)	3.04(1.18)	3.49(1.17)
Relations women a	2.55(0.89)	2.71(1.18)	2.55(0.96)	2.71(1.07)
<u>Scale</u>				
GSI a	1.18(0.66)	1.21(0.82)	1.06(0.61)	1.38(0.81)
TSC40	31.77(18.38)	35.94(27.33)	27.94(16.05)	40.31(26.01)
Depression	7.56(4.73)	8.20(7.08)	6.47(4.14)	9.57(6.78)
Anxiety	5.61(4.19)	6.30(5.62)	4.84(3.70)	7.20(5.50)
Dissociation a	4.81(3.68)	5.64(5.10)	4.30(3.30)	6.21(5.00)
Sexual Trauma a	4.63(3.73)	5.97(5.40)	4.34(3.55)	6.10(5.13)
Sex Problems a	5.26(4.33)	6.67(5.92)	4.66(4.13)	7.09(5.54)
Sleep a	7.46(3.97)	7.27(4.76)	6.87(3.61)	8.17(4.87)
Shame a	31.30(19.05)	35.38(23.85)	28.08(17.83)	39.26(22.90)

Table G-3 continued

Mean Outcome Scores by Frequency, Duration, Relationship to Perpetrator, Intrusiveness, and Use of Force (n = 206)

Variable	Use of Force	
	1	2
<u>Aftereffect</u>		
Overall	3.03(1.13)	4.00(1.13)
Social a	2.80(1.03)	3.46(1.07)
Psychological	2.90(1.09)	3.73(1.07)
Physical	2.62(1.06)	3.24(1.08)
Sexual	2.86(1.13)	3.66(1.15)
Family a	2.60(1.00)	3.39(0.94)
Self a	2.63(1.07)	3.68(1.25)
Relations men a	2.74(1.08)	3.76(1.07)
Relations women a	2.51(0.95)	2.76(1.02)
<u>Scale</u>		
GSI a	1.07(0.62)	1.31(0.80)
TSC40	27.44(14.65)	39.62(26.46)
Depression	6.44(3.90)	9.23(6.83)
Anxiety	4.57(3.27)	7.29(5.66)
Dissociation a	4.24(3.10)	6.07(5.04)
Sexual Trauma a	3.90(3.01)	6.40(5.27)
Sex Problems a	4.55(3.58)	7.15(5.87)
Sleep a	6.60(3.47)	8.24(4.86)
Shame a	27.78(17.56)	37.45(23.07)

Note. Values enclosed in parenthesis represent standard deviation scores, 1 = Low, 2 = High, 3 = Nonfamily, 4 = Family, a = Variables entered into statistical analyses.

Table G-4

Mean Outcome Scores by Proximity, Number of Perpetrators, Age of Perpetrators, Concurrent Physical Maltreatment, and Reaction (n = 206)

Variable	Proximity		Number	
	1	2	3	4
<u>Aftereffect</u>				
Overall	3.61(1.14)	3.48(1.27)	3.48(1.20)	3.57 (1.27)
Social a	3.16(1.01)	3.07(1.13)	3.09(1.09)	3.14(1.11)
Psychological	3.29(1.03)	3.33(1.23)	3.12(1.12)	3.48(1.20)
Physical	2.93(0.97)	2.89(1.18)	2.77(1.07)	3.03(1.17)
Sexual	3.28(1.10)	3.24(1.26)	3.10(1.16)	3.39(1.24)
Family a	2.91(0.90)	3.03(1.12)	2.83(1.12)	3.09(1.02)
Self a	3.06(1.20)	3.21(1.32)	3.02(1.26)	3.30(1.29)
Relations men a	3.21(1.11)	3.24(1.23)	3.06(1.13)	3.38(1.23)
Relations women a	2.66(0.84)	2.60(1.06)	2.55(0.97)	2.65(1.04)
<u>Scale</u>				
GSI a	1.11(0.63)	1.23(0.75)	1.12(0.68)	1.25(0.75)
TSC40	29.64(17.09)	34.94(23.39)	29.73(17.64)	36.04(24.03)
Depression	7.11(4.68)	8.07(5.98)	7.33(4.77)	8.18(6.18)
Anxiety	5.09(3.97)	6.23(4.99)	5.10(3.72)	6.46(5.25)
Dissociation a	4.34(3.41)	5.50(4.48)	4.44(3.18)	5.69(4.75)
Sexual Trauma a	4.36(3.74)	5.46(4.60)	4.35(3.31)	5.70(4.94)
Sex Problems a	5.02(4.52)	6.12(5.09)	4.77(4.02)	6.41(5.42)
Sleep a	7.28(3.53)	7.43(4.52)	7.24(3.92)	7.55(4.46)
Shame a	29.44(21.38)	34.17(20.41)	30.87(19.86)	34.42(21.65)

Table G-4 continued

Mean Outcome Scores by Proximity, Number of Perpetrators, Age of Perpetrators, Concurrent Physical Maltreatment, and Reaction (n = 206)

Variable	Age		Maltreatment	
	5	6	7	8
<u>Aftereffect</u>				
Overall	3.34(1.19)	3.69(1.26)	3.46(1.23)	3.57(1.23)
Social a	3.09(1.08)	3.14(1.14)	3.02(1.03)	3.21(1.17)
Psychological	3.25(1.12)	3.39(1.22)	3.18(1.10)	3.47(1.23)
Physical	2.91(1.12)	2.93(1.14)	2.90(1.12)	2.94(1.14)
Sexual	3.21(1.19)	3.33(1.21)	3.23(1.07)	3.31(1.32)
Family	2.92(1.08)	3.05(1.04)	2.87(1.00)	3.08(1.09)
Self a	3.00(1.22)	3.32(1.33)	3.07(1.20)	3.28(1.34)
Relations men a	3.06(1.16)	3.39(1.21)	3.12(1.09)	3.33(1.27)
Relations women a	2.67(1.02)	2.58(1.00)	2.61(0.98)	2.62(1.04)
<u>Scale</u>				
GSI a	1.18(0.70)	1.20(0.74)	1.09(0.67)	1.30(0.75)
TSC40	32.86(20.79)	33.51(22.70)	28.61(18.26)	37.40(23.93)
Depression	7.86(5.53)	7.67(5.74)	7.01(5.01)	8.55(6.11)
Anxiety	5.59(4.30)	6.09(5.06)	4.74(4.12)	6.87(5.02)
Dissociation a	5.03(4.20)	5.19(4.23)	4.25(3.16)	5.99(4.89)
Sexual Trauma a	4.82(4.14)	5.36(4.59)	4.23(3.53)	5.94(4.94)
Sex Problems a	5.59(4.67)	5.81(5.18)	4.69(4.21)	6.69(5.38)
Sleep a	7.42(4.32)	7.41(4.17)	6.74(3.89)	8.09(4.48)
Shame a	31.06(20.54)	34.58(21.13)	29.30(18.96)	36.20(22.16)

Table G-4 continued

Mean Outcome Scores by Proximity, Number of Perpetrators, Age of Perpetrators, concurrent Physical Maltreatment, and Reaction (n = 206)

Variable	Reaction		
	9	10	11
Aftereffect			
Overall	2.96(1.24)	3.61(1.14)	3.79(1.18)
Social a	2.86(1.09)	3.08(0.95)	3.36(1.18)
Psychological	2.91(1.11)	3.23(1.08)	3.68(1.16)
Physical	2.82(1.22)	2.84(0.98)	3.05(1.16)
Sexual	2.79(1.23)	3.30(0.99)	3.51(1.28)
Family	2.61(1.16)	2.99(0.95)	3.24(1.04)
Self a	2.58(1.13)	3.23(1.13)	3.49(1.35)
Relations men a	2.74(1.17)	3.20(1.04)	3.57(1.21)
Relations women a	2.46(1.05)	2.66(0.84)	2.69(1.10)
Scale			
GSI a	1.30(0.67)	1.12(0.70)	1.25(0.76)
TSC40	32.48(18.20)	30.11(19.25)	37.43(25.92)
Depression	7.91(5.00)	7.14(5.09)	8.47(6.60)
Anxiety	5.16(4.05)	5.38(4.21)	6.76(5.49)
Dissociation a	4.84(3.16)	4.50(3.65)	6.05(5.16)
Sexual Trauma a	4.82(3.79)	4.30(3.78)	6.07(5.11)
Sex Problems a	5.52(4.11)	4.97(4.58)	6.49(5.68)
Sleep a	7.39(3.95)	7.25(4.28)	7.76(4.44)
Shame a	32.84(18.97)	30.53(19.46)	36.12(23.32)

Note. Values enclosed in parenthesis represent standard deviation scores, 1 = Away from home, 2 = In victim's home, 3 = One, 4 = More than one, 5 = Younger than 18, 6 = 18 and older, 7 = Low, 8 = High, 9 = Low, 10 = Moderate, 11 = High, a = Variables entered into statistical analyses.

Table G-5

Mean Outcome Scores by Disclosure (n = 206)

Variable	Disclosure	
	1	2
<u>After Effect</u>		
Overall	3.55(1.17)	3.50(1.29)
Social a	3.09(1.07)	3.14(1.14)
Psychological	3.23(1.07)	3.41(1.26)
Physical	2.90(1.04)	2.93(1.20)
Sexual	3.25(1.13)	3.27(1.28)
Family a	3.01(1.00)	2.96(1.12)
Self a	3.09(1.21)	3.24(1.34)
Relations with Men a	3.17(1.14)	3.30(1.24)
Relations with Women a	2.61(0.90)	2.62(1.10)
<u>Scale</u>		
GSI a	1.27(0.67)	1.12(0.75)
TSC40	33.09(19.41)	33.24(23.74)
Depression	7.80(5.22)	7.76(5.99)
Anxiety	5.56(3.98)	6.10(5.28)
Dissociation a	5.44(3.99)	4.79(4.38)
Sexual Trauma	5.16(4.10)	5.01(4.62)
Sex Problems a	5.25(4.64)	6.11(5.15)
Sleep a	7.63(4.11)	7.21(4.35)
Shame a	34.55(20.98)	31.12(20.63)

Note. Values enclosed in parentheses represent standard deviation scores, 1 = Low disclosure, low support; 2 = High disclosure, high support, a = Variables entered into statistical analysis.

Table H-1 Appendix H: Principal Component Analyses

Principal Component Analysis of Outcome Measures for Sexually Abused Subjects (n=206)

Measure	Mean	Components ^a	
		1	2
GSI	1.19 (0.71)	<u>.87</u>	.09
TSC40	33.20 (21.56)	<u>.97</u>	.18
Depression	7.77 (5.59)	<u>.92</u>	.13
Anxiety	5.88 (4.68)	<u>.84</u>	.23
Dissociation	5.14 (4.23)	<u>.85</u>	.21
Sexual Abuse Trauma	5.07 (4.29)	<u>.88</u>	.23
Sex Problem	5.69 (4.76)	<u>.72</u>	.14
Sleep Disturbance	7.41 (4.24)	<u>.87</u>	.12
Shame	32.64 (20.74)	<u>.77</u>	.26
Aftereffects, Overall	3.51 (1.24)	.12	<u>.73</u>
Aftereffects, Socially	3.10 (1.10)	.18	<u>.80</u>
Aftereffects, Psychologically	3.31 (1.17)	.15	<u>.86</u>
Aftereffects, Physically	2.94 (1.12)	.29	<u>.71</u>
Aftereffects, Sexually	3.24 (1.21)	.12	<u>.82</u>
Aftereffects, Family-Wise	2.99 (1.06)	.13	<u>.68</u>
Aftereffects, Self-Wise	3.13 (1.27)	.22	<u>.77</u>
Aftereffects, Relations with men	3.22 (1.19)	.13	<u>.82</u>
Aftereffects, Relations with women	2.62 (1.00)	.10	<u>.60</u>
Eigenvalue		8.71	3.64
Percent of Variance		48.4%	20.2%
Cumulative Percent of Variance		48.4%	68.6%

Note. ^a Component 1 = "General Symptom" Subscale, Component 2 = "General Victim Reaction" Subscale.

Table H-2

Principal Component Analysis of Ten Abuse-Specific Circumstances for Sexually Abused Subjects (n=206)

Circumstance	Mean (SD)	Components ^a		
		1	2	3
Frequency	1.51 (.50)	<u>.77</u>	.27	-.17
Duration	1.42 (.50)	<u>.63</u>	.22	-.24
Proximity	1.69 (.47)	.27	<u>.72</u>	-.09
Relationship to Perpetrator	1.33 (.47)	<u>.46</u>	-.26	-.19
Intrusiveness	1.42 (.50)	<u>.49</u>	<u>.56</u>	.10
Number of Perpetrators	1.59 (.49)	<u>.72</u>	-.27	-.16
Age of Perpetrator	1.49 (.50)	.28	.03	<u>.87</u>
Concurrent Physical Maltreatment	1.51 (.50)	<u>.57</u>	-.27	-.11
Victim's Reaction	2.14 (.77)	<u>.67</u>	<u>-.55</u>	.05
Use of Force	1.48 (.50)	<u>.65</u>	.01	.30
Eigenvalue		3.31	1.47	1.01
Percent of Variance		33.1%	14.7%	10.1%
Cumulative Percent of Variance		33.1%	47.8%	57.9%

Note. ^a Component 1 = "General Abuse-Specific Circumstances" Subscale, Component 2 = "Proximity, Intrusiveness, Victim's Reaction Circumstances" Subscale, and Component 3 = "Age, Use of Force Circumstances" Subscale.

Table H-3

Principal Components Analysis of Disclosure Items for Sexually Abused Subjects (n=206)

Item	Components ^a							
	1	2	3	4	5	6	7	8
1.	.08	.44	-.18	.02	.03	-.16	.24	.44
2.	.10	.15	-.08	.10	-.06	-.06	<u>.74</u>	-.13
3.	-.04	.03	-.11	.13	.13	.14	<u>.66</u>	.10
4.	<u>.61</u>	.29	.11	.28	.09	-.23	.14	-.29
5.	.42	<u>.61</u>	.14	.21	.08	-.12	.06	-.29
6.	.19	<u>.84</u>	.09	.01	.12	.14	.06	.04
7.	.24	<u>.73</u>	-.01	-.00	.08	.11	.10	.20
8.	.03	<u>.73</u>	.07	.01	-.05	.04	-.06	.11
9.	.07	<u>.76</u>	.13	.07	.10	.16	-.07	-.17
10.	.17	<u>.70</u>	.15	.11	-.05	.14	.02	.01
11.	<u>.75</u>	.23	.20	-.03	.07	-.06	.27	-.16
12.	<u>.86</u>	.17	.12	.08	-.00	-.05	.21	-.08
13.	<u>.84</u>	.12	.05	.12	.17	-.10	.16	-.07
14.	<u>.85</u>	.02	.05	.07	.03	.17	-.13	.13
15.	<u>.83</u>	.03	.01	.13	.11	.21	-.12	.17
16.	<u>.80</u>	.03	-.06	.03	.19	.21	-.19	.23
17.	.40	.09	.09	-.05	-.00	.01	.11	<u>.49</u>
18.	.16	-.14	-.14	.18	<u>.82</u>	.03	.06	-.06
19.	.26	-.01	-.01	.16	<u>.78</u>	-.01	.02	-.10

Table H-3 (continued)

Item	Components ^a							
	1	2	3	4	5	6	7	8
20.	.04	.41	.41	-.20	-.55	.01	-.10	-.22
21.	.20	-.12	-.12	-.14	.49	.06	.51	.09
22.	.11	-.01	-.01	<u>.81</u>	.06	-.10	.00	.03
23.	.13	-.09	-.09	<u>.89</u>	.15	.06	.09	-.02
24.	.07	.12	-.08	<u>.87</u>	.18	.09	.02	-.03
25.	.10	-.09	.09	.40	-.01	.12	.16	-.32
26.	.05	<u>.61</u>	.40	.03	-.15	.13	.09	.02
27.	.08	.13	<u>.84</u>	-.04	-.10	-.04	.03	.07
28.	.10	.16	<u>.80</u>	-.01	-.05	.03	-.11	.04
29.	.13	.09	<u>.79</u>	.05	-.00	.09	-.06	-.02
30.	.01	-.16	.47	-.08	-.11	-.15	-.10	<u>.49</u>
31.	.02	.15	<u>.62</u>	-.07	-.06	.12	-.25	-.03
32.	.11	.36	.22	.07	.01	<u>.84</u>	.03	-.07
33.	-.19	<u>.57</u>	.18	.04	.24	.15	.10	-.02
34.	-.00	.29	.45	-.01	-.06	.09	.10	-.10
Eigenvalue	8.00	4.42	3.22	2.21	1.65	1.42	1.32	1.08
Percent of Variance	22.8%	12.6%	9.2%	6.3%	4.7%	4.1%	3.8%	3.1%
Cumulative Percent	22.8%	35.5%	44.7%	51.0%	55.7%	59.7%	63.5%	66.6%

Note. ^a 1 = "Parents' response to sexual abuse", 2 = "Telling about sexual abuse: when, what, recant and effect", 3 = "Quality of current relationship with parents, siblings, and important person in your life", 4 = "Counselling", 5 = "Public Agency", 6 = "Support of Important Person in your life", 7 = "Noticeable behaviours", and 8 = "Perpetrator: Past reaction and quality of current relationship".