The Relationship Between Attributional Dimensions and Self-Esteem in Sexual Abuse Survivors

by

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A thesis submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements of the degree of

MASTER OF ARTS

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Abstract

The purpose of this study was to examine the relationship between attributional dimensions and self-esteem in female university students who had experienced unwanted sexual contact during childhood. On the basis of Janoff-Bulman's theory and previous attributional and sexual abuse research a series of hypotheses were formulated for testing. It was predicted that (a) the victimized group would demonstrate lower global and domain specific self-esteem than the nonvictimized group, (b) within the victimized group, each of the three attributional dimensions would be significantly correlated with global and domain specific self-esteem, and (c) within the victimized group, the three attributional dimensions would provide a significant composite predictor of global and domain specific self-esteem with the dimensions of stability and controllability accounting for the greatest amount of variance. The findings indicate that both the victimized and nonvictimized groups are experiencing low self-esteem. Further, the data indicate that attributional dimensions about one's victimization provide a significant predictor of both global and domain specific self-esteem for individuals reporting more severe forms of unwanted sexual contact. The importance of these findings in the development of treatment programs for sexual abuse survivors are discussed.

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Literature Review

Over the last decade mental health and law enforcement professionals have witnessed a drastic increase in the number of reported cases of child sexual abuse. According to provincial statistics from Ontario, reported cases of child sexual abuse increased from 249 in 1980 to 1628 in 1986 (Rogers, 1990). In New Brunswick reported cases of child sexual abuse increased 622% between 1983 and 1987 (Rogers, 1990). Recently it has been estimated that approximately three million females and one million males, within the Canadian adult population, are victims of child sexual abuse (Badgley et al., 1984; Finkel, 1987; Report of the Metropolitan Toronto Chairman's Special Committee on Child Abuse, 1982).

Sequalae of Child Sexual Abuse

The emerging literature suggests that childhood sexual victimization is associated with a multitude of potential psychological and social difficulties such as depression, self-destructive behaviors, sexualizing behaviors, and low self-esteem (for a review see Finkelhor, 1990). However, the research indicates that these difficulties may not always emerge immediately after the abusive experience. In fact, for many individuals, symptomatoloy associated with childhood sexual victimization may not surface until adulthood. Recently researchers have concluded that when

studied as adults, victims demonstrate more difficulties than nonvictimized individuals, but less than one-fifth experience serious psychopathology (e.g.,Browne & Finkelhor, 1986; Finkelhor, 1990).

Researchers have investigated the impact of child sexual abuse from two vantage points, namely initial and long term consequences of the abuse. Initial effects of child sexual abuse include fear, anxiety, depression, anger, hostility, low self-esteem and sexually inappropriate behaviors (Browne & Finkelhor, 1986; Stiffman, 1989; Tong, Oates, & McDowell, 1987).

Long Term Sequalae of Child Sexual Abuse

Long term effects of child sexual abuse include depression, low self-esteem, feelings of isolation, anxiety, self-destructive behavior, interpersonal problems, sexual problems, and a tendency towards revictimization (Alexander & Lupfer, 1987; Briere & Runtz, 1986; Briere & Runtz, 1988; Rew 1989; Sedney & Brooks, 1984).

The most frequently cited long term sequalae associated with early sexual victimization is depression. Sedney and Brooks (1984), in a study of 301 college women, found that 65% of those who reported childhood sexual victimization also reported depressive symptoms. In contrast, only 43% of the control group reported similar symptoms. The victimized women were also more likely to have been hospitalized as a

result of those symptoms. More specifically, 18% of the victimized group versus 4% of the control group reported being hospitalized for depressive symptoms. Similarly, Briere and Runtz (1988) found that women who had been sexually victimized as children experienced significantly more chronic depression than those who had not experienced childhood sexual victimization.

A frequently cited component of depression is low self-esteem (Abramson, Seligman, & Teasdale, 1978; Beck, 1973). Therefore, it is not surprising to find that low self-esteem is also one of the more-frequently reported consequences associated with childhood sexual victimization. In a study of nursing students, Rew (1979) found sexually victimized students to score significantly lower on global measures of self-esteem than the group of nonvictimized students. Using the Coopersmith Self-Esteem Scale, Bagley and Ramsay (1985) found that sexually victimized women were significantly more likely than the control group to score within the "very-poor category". More specifically, 19% of the victimized women fell within this category as compared to only 5% of the control group. In addition, only 9% of the victimized group were reported as demonstrating "very good" levels of self-esteem compared to 20% of the control group. As might be expected, self-esteem problems among clinical samples of sexual-abuse victims tend to be much greater than those

among nonclinical samples. Herman (1981) found that 60% of the incest victims reported a predominately negative self-image versus only 10% of the comparison group with seductive but not incestuous fathers.

While it has been demonstrated that sexual abuse is associated with lower global self-esteem, few studies have been conducted to determine whether there are differential effects upon the various domains of self-esteem. Exploratory studies have however found that child sexual abuse does not have an equally detrimental effect on all aspects of the self-esteem. In a study of 586 female undergraduate students, Alexander and Lupfer (1987) found that the physical self-concept and the family self-concept of the sexual-abuse survivors were the domains most negatively affected by the victimization. No differences were found within the areas of moral-ethical, personal, and social self-concept between the victimized and control groups. Similarly, Finkelhor (1979) conducted a study to examine whether the sexual component of the self-esteem was adversely affected by childhood sexual victimization. Using a measure he developed to assess sexual self-esteem, he found that adults who had been sexually victimized during childhood experienced poorer sexual self-esteem than those who had not experienced victimization. While these studies offer some insight into the various domains of self-esteem

that may be adversely affected by childhood sexual victimization, additional studies must be conducted in order to obtain a more comprehensive understanding of the effects of childhood sexual victimization on self-esteem.

Theoretical Models of Symptomatology Development in Survivors of Child Sexual Abuse

The most significant problem in the existing sexual abuse literature is the paucity of theory guided research. Clinicians and researchers have made few attempts to articulate the process by which symptomatology develops in sexual abuse survivors. In addition, researchers within the area of child sexual abuse have until only recently, ignored the existing more general psychological theories which endeavor to explain human behavior. Incorporating such theories into the study of sexual abuse will facilitate a more comprehensive understanding of the process by which the effects of childhood sexual victimization occur.

The Finkelhor and Browne (1986) "traumagenic-dynamics" model is one such endeavor to articulate the process of symptomatology in sexual-abuse survivors. This model formulates the symptomatology process experienced by sexual-abuse survivors in terms of four trauma-causing factors, referred to as "traumagenic-dynamics". These truamagenic-dynamics include traumatic sexualization, stigmatization,

betrayal, and powerlessness. When present, these dynamics are hypothesized to alter the individual's cognitive and emotional orientation to the world and create trauma by distorting the individual's self-concept, world view and affective capabilities. Further, it is believed that the extent to which each of these dynamics is experienced will affect the degree of impairment experienced by the victim.

While this model has been a crucial first step in facilitating theoretical thinking with respect to child sexual abuse, the present author views it as too limited in scope. Finkelhor and Browne (1986) fail to incorporate additional factors, outside the abusive situation, that may interact with the traumagenic dynamics to produce either a more or less negative adjustment to the abusive experience. One such factor is the developmental level of the victim. The question of whether the traumagenic dynamics would be equally potent to the victim's symptomatology across all levels of development is not addressed in this model. An additional factor that is ignored in this model is the social support available to the victim at the time of disclosure. Such support may range from the broad-based sources of one's culture to the more specific sources such as the mother's reaction to the disclosure. It is quite plausible that a high degree of social support would lessen the negative effects of the traumagenic dynamics on the

victim's psychological and emotional functioning. A final criticism that can be made of the traumagenic-dynamics model is the failure of the authors to operationally define the terms that are used. As a result of this, the possibility of empirical validation of the model is significantly reduced.

Urie Bronfenbrenner's (1979, 1986) model of human development is one such model which provides a comprehensive understanding of the environment's role in the child's general psychological development. Within this model, the individual is conceptualized as existing within a large sociocultural network consisting of four environmental systems. These environmental systems include the microsystem, mesosystem, exosystem, and the macrosystem. The individual's most direct interactions occur within the microsystem, that is, the setting in which the individual lives. It is within this system that the influence of family, school, peers, and the neighborhood are considered. The bidirectional relations between these factors are considered within the mesosystem. In addition, the less direct influence of the parents' immediate living environment on the child's psychological development is also considered. It is within this system that the influence of the parents' work and social networks are examined. Finally, the influence of the attitudes and ideologies of the culture are examined within the macrosystem.

The model of concentric interaction recently proposed by Koverola, Heger, and Lytel (1990) is an attempt to provide an equally comprehensive theoretical framework from which to investigate the symptomatology process in sexual-abuse victims. Following from Bronfenbrenner's model of human development, the individual is conceptualized as existing within a larger network consisting of the family, extended family, community, and society at large. The various components of this network are conceptualized as concentric rings which interact with the individual directly, as well as with other rings, which then collectively impact upon the individual. With respect to the individual, there are a number of areas of development which are taken into consideration. These include the areas of cognitive, emotional, interpersonal, moral, sexual, and physical development. The individual is seen as developing and changing across a time frame. Specifically with reference to sexual abuse there exist five stages namely, preabuse, abuse, disclosure, crisis, and recovery. The final component of the model considers the characteristics of abuse. Factors associated with the childhood sexual victimization experience include type, duration, frequency, age at onset, use of force, number of perpetrators, and relationship to the perpetrator. This model posits that in order to fully understand the impact of sexual abuse upon

the victim, a comprehensive evaluation of all of these factors must be considered. A pictorial representation of this model is presented in Appendix A.

An important feature of this model is that it considers factors that may facilitate a more-positive adjustment as well as those that may facilitate a negative adjustment. A second important feature of this model is that it can logically incorporate other existing psychological theories into it to further explain the relationship between the various factors. By incorporating such theories from the child-development and social-psychology literature into the model of concentric interaction researchers and clinicians may gain a more comprehensive understanding of the process by which symptomatology develop. Finally, this model also endeavors to operationalize the variables cited as relevant in determining the impact of child sexual abuse.

Self-Esteem Literature

Within the model of concentric interaction, self-esteem is represented as a cognitive component of development. Following from this model, it is important to consider the developmental aspects of self-esteem when articulating the process by which low self-esteem develops in victims of child sexual abuse.

In the past decade researchers have become increasingly interested in articulating the process by which self-esteem

undergoes developmental change. Most recently researchers have approached this question from a cognitive-developmental perspective. In accordance with the developmental theories of Piaget (1960) and Werner (1948) higher levels of development have typically been associated with greater degrees of cognitive differentiation. According to such theories, the more-highly-developed individual should employ more categories and make finer distinctions within each of these cognitive categories than an individual in earlier stages of development. Therefore, according to the cognitive-developmental perspective, self-esteem is conceptualized as a construct that becomes increasingly more complex and differentiated as the individual becomes more highly developed. In accordance with this perspective a variety of assessment procedures have been developed to measure self-esteem. Five such approaches will be briefly reviewed here.

A common approach to the conceptualization and subsequent evaluation of the self-esteem is an overall approach. A number of theorists, most notably Coopersmith (1967), have concluded that self-esteem is a construct which is best assessed by presenting the subject with a number of items tapping into a variety of topics such as family, friends, and school. In keeping with the unidimensional approach, these theorists propose that self-esteem is

assessed most accurately by calculating a total score, derived from summing across all items, giving them equal weight. This model assumes that a total score will adequately reflect one's self across the various domains in one's life.

This approach has been criticized on the basis that it ignores the important distinctions that individuals may make across the different domains in their lives. To counter this overall approach a number of theorists have proposed a multifaceted approach to the assessment of self. According to this approach, self-esteem is depicted as a profile of evaluative judgements across a number of distinct domains. For example, Mullener and Laird (1971) distinguish between the domains of intellectual skills, achievement traits, physical skills, interpersonal skills, and sense of social responsibility.

A third model of self-esteem is referred to as the hierarchical approach. Within this framework, self-esteem is conceptualized as a superordinate category under which other subcategories of the self are organized. One such model has been proposed by Epstein (1973). According to Epstein self-esteem is considered a superordinate category under which five other subcategories of the self are organized. These subcategories include competence, moral self-approval, power, and love worthiness. The category of

competence is further subdivided into mental and physical competence. According to Epstein, as one moves from the lower-to higher-order postulates, these categories become increasingly more important to the maintenance of the individual's self-esteem. More-complex hierarchical models have also been proposed. For example, L'Ecuyer (1981) conceptualizes the self as consisting of three levels of organization; structures, substructures and categories. According to L'Ecuyer, the structures of the self consist of the material self, the personal self, the adaptive self, the social self and the self-non-self. While all five structures as well as their associated substructures and categories are conceptualized as constituents of the self, only the adaptive self includes the substructure of self-esteem.

On the surface these hierarchical models would appear to be useful in advancing our understanding of the organizational structure of self-esteem. However, Harter (1985) has pointed out a number of problems with models such as L'Ecuyer's (1981). These models are often lacking in appropriate operational definitions of the terms used. In addition, it is often unclear as to whether the lower-level structures of the self-concept are discrete factors and if so how do they combine in order to form the more general self-concept. Because of these difficulties such models may be useful only at a theoretical level.

A fourth approach to the assessment of self-esteem is one which emphasizes global self-worth. According to Rosenberg (1979) the various elements of the self are weighted, hierarchically organized, and combined according to an extremely complex formula unique to that particular individual, to form the global self-esteem. Rosenberg argues that an individual's global self-worth is likely determined in part by the evaluations of one's self across a variety of domains. He also maintains that the individual is likely unaware of the form of this extremely complex and unique equation. For these reasons, Rosenberg has chosen to assess global self-worth with a unidimensional measure which taps into the degree to which one feels one has good qualities, is satisfied with one's life, has a positive attitude towards oneself, or conversely, feels useless, or thinks one is a failure. Rosenberg believes that such a measure assesses the global self-worth, while still taking into account the complexities of the underlying discrete judgement that may be responsible for the overall self-judgement.

Finally, the fifth approach represents a combination of the various procedures presented. According to this model one must take into consideration and assess both the multidimensional domain-specific competency judgements as well as the global self-worth of the individual. In

addition, these theorists believe that it is imperative to assess the importance of success within each domain, as this information in conjunction with the assessment of evaluative judgements in each domain is proposed to enable us to understand and predict self-worth. Research conducted by Tesser and his colleagues has provided considerable support for this approach. When a dimension is judged as highly relevant to one's self-definition, performance that is perceived as inferior by that individual will threaten one's self-esteem (Tesser, 1980; Tesser & Campbell, 1980; Tesser & Campbell, 1983).

In order to further test this model, Harter (1986) has translated James' (1892) conceptual model into an empirical model. According to James (1892) global self-worth, or self-esteem reflects one's evaluation of one's successes to one's "pretensions" or aspirations. If one's successes equal or exceed one's pretensions, high self-esteem will result. Conversely, if one's pretensions exceed one's successes, low self-esteem will result. James' ratio of successes to pretensions is operationalized by Harter (1986) into a discrepancy between domain specific competence/adequacy evaluations and attitudes regarding the importance of success within each of these domains. If the discrepancy between perceived competency and importance is large, low self-esteem is thought to result. Conversely,

small discrepancies are thought to result in high self-esteem. Support for the relationship between discrepancy scores and global self-esteem has been found in a variety of samples. In one study of fifth and sixth grade students Harter (1986) reported a -.76 correlation between the discrepancy score and the self-worth score. These findings have also been replicated in fifth-, sixth-, and seventh-grade students in which a correlation of -.67 was obtained. Recently, a similar scale has been developed to assess a similar construct in college students (Neeman & Harter, 1986). For this sample a correlation of -.62 was obtained.

Of the five models and corresponding assessment procedures discussed, the present author views Harter's approach as the most comprehensive. Harter considers global self-esteem, the multidimensional domain-specific-competency judgements, and the importance of success within each of these domains when assessing self-esteem. By considering all of these factors it is possible for researchers and clinicians to obtain a much more comprehesive understanding of self-esteem, and the various domains affecting it. Within the area of child sexual abuse this approach would also enable researchers to better articulate the effects of such an experience on the various domains of the self, and how these effects ultimately affect the self-esteem.

Harter (1985) has also proposed that additional factors such as the individual's perceptions of the control she/he has over competence within a particular domain are also important to consider when assessing self-esteem. In support of Harter's proposal, Prawat, Grissom, and Parish (1979) have demonstrated moderately high correlation between global measures of self-esteem and locus of control. Given this finding, it is likely that attribution theory may also prove useful in articulating the process by which low self-esteem develops in victims of child sexual abuse.

Attributional Theories

Shapiro (1989) has recently proposed that the attribution theory may prove useful in understanding the development of depression and low self-esteem in sexual abuse survivors. The attribution theory can be incorporated into the model of concentric interaction at the level of the individual's cognitive development with the characteristics of abuse constituting the negative event for which specific attributions are made. Following from this framework it would be expected that certain attributions regarding the abusive experience would be associated with depression and low self-esteem, while others would be associated with more positive adjustment. Identifying such attributions would be a vital first step in developing successful treatment programs for victims of childhood sexual abuse.

Weiner's Attributional Theory of Emotion

One of the most frequently cited attributional theories of emotion was formulated by Weiner (1985). According to Weiner, immediately following the outcome of an event the individual will experience either a positive or negative reaction. Happiness would constitute a positive reaction while frustration or sadness would constitute a negative reactions. This general emotional response to the outcome is labelled as outcome dependent attribution independent, as it is determined strictly by the outcome of the event and not by the perceived cause of the event. Weiner suggests that it is after this general emotional response occurs that a causal ascription for the event is sought. On the basis of the chosen attributional dimensions a new set of distinct attribution dependent emotions are experienced. Therefore, according to Weiner's theory, certain emotions should be associated with specific attributional dimensions.

Causal attributions are most frequently divided into three dimensions namely, locus of causality, stability, and controllability (Meyer, 1980; Weiner, 1985). The first dimension, locus of causality, is defined as referring to whether the cause is perceived as something about the attributor (internal) or outside the attributor (external). According to the attribution theory of emotion, attributing the cause of negative events to internal factors will result

in low self-esteem and depressive symptomatology. The dimension of stability is defined as referring to whether the cause is perceived as constant (stable) or variable (unstable) over time (Weiner, 1985). Finally, the dimension of controllability is used to refer to whether the cause is perceived as being under volitional or optional control (controllability) or one that cannot be willed to change (uncontrollability).

Attributions: State or Trait? Within the attributional literature there exists an onging debate as to whether attributions constitute a state or trait. According to a number of researchers (e.g., Cutrona, Russell, & Jones, 1984; Weiner, 1985) attributions regarding causality differ considerably within an individual across various occasions. Therefore, according to these theorists attributions constitute a state which is influenced by the situation for which we are making attributions. However, recent research has suggested that attributions may actually constitute a trait rather than a state. According to Burns and Seligman (1989), in order for attributions to constitute a trait, three criteria must be met. These include: stability across time, intrasubject consistency, and consistency across situations. In a study examining the stability of explanatory style over 52 years, these researchers found that explanations given for negative events remain

relatively stable over the life span (r = .54). In addition, evidence was found to suggest that individuals use similar styles to explain both positive and negative events and that this style remains fairly consistent across situations. While this research may be indicative of the existence of an attributional style, additional research must be conducted to examine whether this "style" is consistent even across traumatic events. Burns and Seligman (1989) examined this issue only with everyday events. Perhaps one's explanatory style may be affected to a greater extent when a traumatic event occurs. Additional research must be conducted in order for us to gain a more comprehensive understanding of the attribution process.

Characterological and Behavioral Self-Blame

Despite the support which exists for Weiner's theory, researchers in the late 1970's began to suggest that self-blame for negative events may actually facilitate positive psychological functioning. More specifically, a number of researchers suggest that self-blame may preserve a sense of personal control, while absolving oneself of blame may result in feelings of helplessness in preventing the future occurrence of such events (e.g., Janoff-Bulman, 1979; Wortman, 1976). A similar argument has been put forth by Lamb (1986) concerning the unintentional therapeutic message frequently given to childhood sexual abuse survivors.

According to Lamb (1986), intervention programs aimed at reducing self-blame may actually be counterproductive in alleviating the various symptomatology associated with childhood sexual victimization. She argues that reducing self-blame necessarily involves increasing the survivor's feelings of powerlessness. It is argued that an unintended result of such a message is decreased feelings of personal control, and increased feelings of helplessness and vulnerability. Research in support of the association between self-blame and successful coping has been conducted primarily with medical patients (e.g., Janoff-Bulman & Wortman, 1977; Silver & Wortman, 1980). Such studies have generally found self-blame to be a good predictor of successful coping.

In an effort to resolve these contrasting hypotheses Janoff-Bulman (1979) suggests that internal attributions be distinguished on the basis of two additional attributional dimensions proposed by Weiner (1985). According to Janoff-Bulman, there exist two distinct categories of internal attributions, behavioral self-blame and characterological self-blame. Behavioral self-blame is described as representing the case in which an individual blames a behavior he/she has engaged in for the event in question. Conversely, characterological self-blame is described as representing the case in which the individual blames a

trait-like character "flaw" for the event in question. In attributional terminology, behavioral self-blame is defined as an internal, unstable, controllable attribution, while characterological self-blame is defined as an internal, stable, uncontrollable attribution.

As was the case with Weiner's (1985) theory, Janoff-Bulman similarly proposes that certain emotions will be associated with these distinct groupings of attributional dimensions. More specifically, behavioral self-blame is thought to represent an adaptive, control-oriented response, whereas characterological self-blame is thought to represent a maladaptive, self-depreciating response. Therefore, according to this theory, behavioral self-blame is hypothesized to be associated with good psychological functioning, while characterological self-blame is hypothesized as being associated with poor psychological functioning, as indicated by depression, and low self-esteem.

Empirical Research on the Relationship Between Attributional Dimensions, Depression and Self-Esteem

A number of studies have reported findings in support of Weiner's attributional theory of emotion. More specifically, findings from various studies suggest that internal attributions of negative events are associated with depression and low self-esteem.

Studies focusing on task performance suggest that internal attributions for failure are related to depressive symptomatology. In a study with college students, Kuiper (1978) found that depressed individuals made significantly more internal attributions for task failure than nondepressed individuals. Similarly, Rizley (1978) found that depressed individuals were more likely than nondepressed individuals to attribute failure on interpersonal tasks to internal attributions. More recently, studies have been conducted outside the laboratory with actual victims of negative life events. In a study with a group of individuals suffering from serious spinal cord injuries, Nielson and McDonald (1988) found that a high degree of self-blame was associated with high levels of anxiety, feelings of hostility, and depression.

Researchers examining the relationship between attributional dimensions and low self-esteem have focused primarily on the attributions given for poor task performance, and for hypothetical negative life events. Burke, Hunt, and Bickman (1985) found that students with low self-esteem were more likely than students with high self-esteem to attribute the cause of task failure to internal attributions. These findings have also been confirmed in studies in which the participants were asked to attribute the causes of various hypothetical negative life events

(Brewin & Furnham, 1986; Mitchell, 1988). It is difficult to determine whether the results obtained from studies conducted within the laboratory, dealing with hypothetical events, can be generalized to real life situations. While this issue has been addressed with respect to the relationship between attributional dimensions and depression, researchers have failed to use actual victims in their studies on self-esteem. Additional studies utilizing samples of actual victims of various negative life events must be conducted in order to gain a more comprehensive understanding of this relationship.

While a number of researchers have reported findings in support of Weiner's attributional theory of emotion, an equally impressive body of literature exists in support of Janoff-Bulman's theory. Behavioral self-blame has been associated with low levels of depression (Peterson, Schwartz, & Seligman, 1981), and perceived avoidability of cancer recurrence (Timko & Janoff-Bulman, 1985). Conversely, characterological self-blame has been associated with poor adjustment as indicated by high levels of depression and low levels of self-esteem (Janoff-Bulman, 1979; Janoff-Bulman, 1982; Peterson, Schwartz, and Seligman, 1981; Stoltz & Galassi, 1989).

Studies have also been conducted to examine the relationship between attributional dimensions and the

subsequent psychological adjustment of rape victims. In one such study (Janoff-Bulman, 1982), female undergraduate students were asked to role-play the part of the rape victim and to respond to a series of behavioral and characterological self-blame questions regarding the perceived cause of the victimization. As hypothesized, characterological self-blame was associated with low self-esteem, while behavioral self-blame was associated with high self-esteem and perceptions of future avoidability of victimization. Similar results have also been obtained in studies conducted with actual rape victims. Hill and Zauto (1989) in a study of 36 female rape survivors, found characterological self-blame to be associated with psychological distress, as indicated by demoralization.

While Janoff-Bulman's theory has been empirically supported by a number of studies, some findings have been reported which cannot be easily interpreted within this framework. In a study conducted with a group of women who had just lost a child through miscarriage, Madden (1988) found that behavioral self-blame was associated with depression. Similarly, Meyer and Taylor (1986) reported that both behavioral and characterological self-blame were associated with poor psychological adjustment in a sample of rape victims. More specifically, behavioral self-blame was found to be associated with sexual dissatisfaction and

depression, whereas characterological self-blame was found to be associated with fear and depression. A plausible explanation for these discrepant findings may pertain to the different methodologies employed within these studies. More specifically, the means of assessing behavioral and characterological self-blame often varies across studies. Behavioral and characterological self-blame are typically assessed through the administration of a series of questions developed by the researcher. Discrepant results are likely to occur when the researcher's perception of behavioral and characterological self-blame do not correspond to the perceptions of other researchers or to those of the attributors (Russell, 1982).

The relationship between attributional dimensions and psychological functioning proposed by both Weiner and Janoff-Bulman have received support from a number of studies. As hypothesized by Weiner, internal attributions of negative events have been associated with depression and low self-esteem in a variety of samples. In accordance with Janoff-Bulman's theory, characterological self-blame has been associated with depression and low self-esteem, while behavioral self-blame has been associated with good psychological adjustment. What these results suggests is that the process by which sexual abuse survivors develop low self-esteem and depression may be explained with respect to

the attributional dimensions employed by the victim to explain the cause of her victimization.

Methodological Concerns in the Research Literature

The current research examining the relationship of both child sexual abuse and attributional dimensions of causality to psychological functioning can be criticized for a number of methodological flaws. Most studies conducted to examine the long-term effects of child sexual abuse are based on samples comprised of adult women who have sought treatment. Obtaining subjects from a clinical population results in a sample comprised of self-selected participants. Such samples contain only the most-serious cases and the most-seriously affected victims. Given the fact the only a fraction of sexual-abuse victims seek treatment, it is unlikely that such a sample is representative of the general population of childhood-sexual-abuse survivors. As a result, the use of clinical samples in such studies will distort the degree of symptomatology associated with childhood sexual victimization in the general population.

Studies conducted within the area of child sexual abuse also suffer from a lack of control groups. Few researchers include control groups in their studies and those that do often utilize inappropriate control groups. Studies conducted with clinical populations frequently utilize control groups drawn from other clinical groups. Using

control groups such as these will likely result in an underestimation of the types and severity of symptomatology associated with abuse, since problems that sexual abuse victims share with other clinical populations will not show up as distinct effects. An additional criticism that may be made of the current sexual abuse literature pertains to the research conducted to examine the relationship between childhood sexual victimization and self-esteem. These studies have focused primarily on global self-esteem measures rather than on domain specific measures of self-esteem. Research conducted with such measures are imperative if we are to obtain a comprehensive understanding of the true relationship between child sexual abuse and self-esteem.

The most significant problem in the existing sexual abuse literature is the lack of theory guided research. Few attempts have been made by researchers to articulate the process by which symptomatology occur. In addition, researchers within the area of child sexual abuse have until only recently, ignored the existing more general psychological theories which endeavor to explain human behavior. The recently proposed model of concentric interaction (Koverola, Heger, & Lytel, 1990) is an attempt to overcome these difficulties and to provide the researcher with a comprehensive theoretical model from which to

investigate the symptomatology process in sexual abuse survivors. Incorporating the attribution theory within this model may prove useful in determining the process by which symptomatology develops in the sexual abuse victim.

The most significant obstacle to progress in research on attributional dimensions is the lack of a consistent measure of attributions. More specifically, researchers frequently assess behavioral and characterological self-blame through the administration of a series of questions developed by the researcher. As a result, these questionnaires will likely differ considerably across studies. Difficulties will arise when the researcher's perception of behavioral and characterological self-blame do not correspond to those of other researchers or to those of the attributor. Weiner (1979) has noted that the assignment of causal attribution in terms of causal dimensions may vary considerably from person to person, as well as from situation to situation. What is needed, therefore, is for researchers to utilize a measure designed specifically for the purpose of assessing attributional dimensions of causality. Such an measure has been developed by Russell (1982). By utilizing a measure such as this, researchers can avoid the "fundamental attribution researcher error", that is, assuming that one can accurately interpret the meaning of the subjects causal attributions (Russell, 1982). Additional research utilizing

such a measure is imperative if we are to gain an accurate understanding of the relationship between attributional dimensions and psychological functioning.

Rationale for the Proposed Study

The purpose of the present study was to examine the relationship between attributional dimensions of childhood sexual victimization and psychological functioning, as measured by self-esteem. The self-esteem aspect of psychological functioning was chosen for two reasons.

Firstly, self-esteem was selected because low self-esteem has been consistently associated with child sexual abuse (e.g., Bagley & Ramsay, 1985; Herman, 1981; Rew, 1989). Despite this finding few studies have examined the effect that self-blame has on this particular aspect of long-term psychological functioning. In addition, studies that have examined the relationship between self-blame and low self-esteem have focused exclusively on global measures of self-esteem (e.g., Janoff-Bulman, 1979; Janoff-Bulman, 1982) By utilizing a global measure of self-esteem researchers are unable to determine whether self-blame affects all components of the self-esteem equally. In order to address this issue, the present study utilized the Self-Perception Profile for College Students (Neeman & Harter, 1986).

Harter's measure of self-perception enables one to assess the individual's self-concept, and self-esteem within two main categories of competencies or abilities and social relationships. Harter differentiates self-concept or self-perception from self-worth or self-esteem on the following basis; "Self-concept" is defined as self-descriptions about how competent one feels within a variety of domains, while "self-esteem" is defined as how the individual feels (good or bad) about their competency levels within these domains. In addition, this measure also allows the researcher to obtain a global measure of self-esteem. By utilizing such a measure it is possible to obtain a more comprehensive understanding of the effects of childhood sexual victimization and self-blame on the various components of the self-esteem.

Secondly, low self-esteem was chosen because it has been correlated with a number of the disorders associated with child sexual abuse. Most notably low self-esteem has been consistently cited as a component of depression (Abramson, Seligman, & Teasedale, 1978; Beck, 1973). Therefore, by investigating self-esteem this study will also provide insight into an integral component of a number of disorders associated with child sexual abuse.

A unique feature of the present study is the inclusion of a structured direct rating scale of attributional

dimensions and a domain-specific and global measure of self-esteem. In addition, the present study utilized a sample drawn from the subject pool at the University of Manitoba. By utilizing a university sample the difficulties associated with clinical samples will be avoided. The use of such a sample also enables the researcher to obtain a comparable control group.

Hypotheses

On the basis of Janoff-Bulman's theory (1979) and previous attributional and sexual-abuse research three hypotheses were formulated for testing. Firstly, it was predicted that the sexual-abuse survivors would exhibit lower global self-esteem than those in the non-abused control group. It was also predicted that similar results would be found to exist for self-esteem scores within the domains of romantic relationships, social acceptance, and appearance. This is in accordance with the literature indicating that low global self-esteem as well as sexual, interpersonal, and social difficulties are commonly associated with childhood sexual victimization (e.g., Bagley & Ramsay, 1985; Herman, 1981; Rew, 1989).

Secondly, it was predicted that locus of causality would be significantly correlated with global self-esteem and self-esteem within the domains of romantic relationships, social acceptance, and appearance. More specifically it was

predicted that internality would be associated with more negative self-esteem across each of these measures. This is in accordance with Weiner's (1985) theory which suggests that only locus of causality affects self-esteem. Weiner believes that external attributions of negative events serve to preserve one's self-esteem while internal attributions threaten one's self-esteem. Further, it was predicted that within the abused group, the dimensions of stability and controllability would be significantly correlated with both global and domain specific self-esteem; that is, it was expected that those victimized women who attribute the cause of their victimization to stable, uncontrollable factors would exhibit lower self-esteem than those women who attribute their victimization to unstable, controllable factors.

Lastly, it was predicted that, within the abused group, the model containing the attributional dimensions of stability, controllability and locus of causality would be significant in predicting global self-esteem and self-esteem within the domains of romantic relationships, social acceptance, and appearance. It was further predicted that the attributional dimensions of stability and controllabilty would account for a larger amount of variance than locus of causality. This prediction is in accordance with Janoff-Bulman's (1979) theory which suggests that characterological

self-blame is associated with more negative self-esteem than behavioral self-blame.

Exploratory analyses were also conducted to determine whether attributional dimensions about one's victimization would account for a greater amount of variance in the self-esteem variables than age at onset and severity. These characteristics of abuse were selected for this comparison as research indicates that such variables are frequently related to the degree of trauma that is experienced by the victim (Browne & Finkelhor, 1986). These analyses were conducted in order to control for the effect that age at onset and severity may have on global and domain specific self-esteem.

Method

Subjects

Eight hundred and ninety-six females, ranging from 17 to 24 years (M = 18.66, SD = 1.30), participated in this study. All participants were recruited from the subject pool at the University of Manitoba. In accordance with departmental regulations, participants were recruited through the distribution of sign-up booklets in various Introductory Psychology classes. In exchange for their participation, subjects received experimental credit, necessary for partial fulfillment of course requirements.

While university students cannot be assumed to be a representative sample of the population in general, such a sample does allow the researcher to investigate a new area of study in a cost-efficient manner. In addition, university students are easily accessible, allowing the researcher to use a larger sample size than would have been obtained from the general population. For these reasons the present study utilized such a sample. Age restrictions were placed on the participants such that all females would range from 17 to 24 years. This restriction was implemented in accordance with the age restrictions on the Self-Perception Profile for College Students (Neeman & Harter, 1986).

Prior to the distribution of the sign up-booklets, all students were told the nature of the study as well as what

was expected from them in the study. More specifically, students were told; "This is a study examining university students' feelings and values about self, family, friends, and life events, including topics of sexual abuse. Should you agree to participate in this study, you will be asked to complete a series of questions pertaining to the topics just mentioned. All responses provided on these questionnaires will remain anonymous. Participation in this study will take approximately 3 hours of your time, for which you will receive three experimental credits. Should you consent to participate in this study, you may withdraw your consent at any time without penalty. Your signature in the sign up book indicates your consent to participate in this study."

A written copy of this information was attached to the sign-up book to ensure that all students understood the nature of the study and the expectations that would be placed on them should they consent to participate in the study (Appendix B).

Measures

The present study was part of a larger project involving the administration of a number of additional measures not specifically relevant to this study.

Background Sheet. This 22-item questionnaire (see Appendix C) was used to assess various demographic variables, personal variables and abuse characteristics.

Items from this questionnaire that were relevant in the present study include the demographic variables. Information obtained from the demographic questions include: age, ethnicity, income, and family composition. In addition, the background sheet was used to obtain information regarding the number of students that had experienced unwanted sexual contact and details about this contact such as; frequency, the age at onset, age of the perpetrator, and the severity of the abuse. Those females who experienced unwanted sexual contact prior to the age of 17 years comprised the victimized sample. Information obtained from the background sheet was used to further differentiate this group into two subgroups on the basis of whether the perpetrator was 5 years or older than the victim of less than 5 years older than the victim.

Severity of abuse was assessed by examining the type of abuse that had occurred as well as whether or not force had been used. A composite severity score was calculated for each of the women who reported experiencing childhood sexual victimization. Type of sexual abuse was scored as follows: forceable sexual kissing and/or fondling of buttocks, thighs, breasts or genitals were considered a mild form of abuse and scored as 1; insertion of fingers or objects into the vagina or anus, oral sex, and/or having people take picture of you during sexual activity were considered to be

moderate forms of abuse and scored as 2; and vaginal and/or anal intercourse were considered severe forms of abuse and were scored as 3. Force was scored as no force = 0, and use of force = 1. The total possible range for the severity score was 1 to 4.

The Causal Dimension Scale. This scale was developed by Russell (1982) to assess causal attributions within three dimensions--locus of causality, controllability, and stability. Subjects are provided with, or are asked to provide, an event. In the present study the victimized group was asked to respond to these questions with reference to the most traumatic of these experiences. The other participants were asked to provide a traumatic event. They were then asked to list their perceptions regarding the reason(s) or cause(s) for this event. On the basis of this list, subjects were asked to respond to nine semantic differential scales assessing perceptions of locus of causality, controllability, and stability.

Responses to questions within each dimension are averaged, resulting in a score for each causal dimension. Lower scores are indicative of external locus of causality, instability, and uncontrollability, while higher scores are indicative of internal locus of causality, stability, and controllability. Russell (1982) reports moderate to high degrees of validity and internal consistency. The amount of

variance accounted for by locus of causality, controllability, and stability were 50-56%, 14-26%, and 14-19% respectively. Correlations and alpha coefficients for the three dimensions were as follows: for locus of causality, correlations ranged from .53 - .62 and the alpha coefficient was .87; for controllability, correlations ranged from .55 - .59 and the alpha coefficient was .73; for stability correlations ranged from .53 - .60 and the alpha coefficient was .84. A copy of this scale can be found in Appendix D.

Self-Perception Profile for College Students. This self-report measure is comprised of three subscales entitled "What I am Like", "Importance Ratings" and "People in My Life". For each item within the three subscales, students are provided with two different descriptions of how some students feel. The students are asked to identify with the reference group most appropriate for them and to decide whether that description is "sort of true" or "really true" for him or her. In the present study only the data obtained from the "What I am Like" and "Importance Ratings" scales was analyzed.

The "What I am Like" subscale is used to assess the students' self-perception within 13 domains including global self-worth. These 13 domains are divided into two main categories of (1) competencies and abilities (e.g.,

creativity, intellectual ability) and (2) social relationships (e.g., appearance, parent relationships), in addition to self-worth. The reliability coefficients for this subscale range from .76 for the domain of job competence to .92 for the domain of athletic competence (Neeman & Harter, 1986). A copy of this subscale is provided in Appendix E.

The purpose of the "Importance Ratings" subscale is to assess the importance that the student attaches to success in each of the domains listed above, excluding self-worth. The reliability coefficients range from .53 for social competence to .84 for athletic competence. A copy of this subscale is provided in Appendix F.

The scores obtained from the "What I am Like" and "Importance Ratings" subscales are used to calculate a measure of self-esteem as derived from discrepancy scores. Discrepancy scores are calculated as the competency scores minus the importance ratings. In cases where the competency score is greater than the importance rating a score of 0 is given. A large discrepancy score is indicative of low global self-esteem, while a small discrepancy score is indicative of high self-esteem.

Procedure

Informed consent was obtained from all participants prior to the administration of any measures. Once informed

consent had been obtained, participants were asked to respond to a series of questionnaires in groups of 150-200 in a large lecture hall on campus. In order to expediate the data collection process, questionnaires were placed in manila folders on the desks prior to the arrival of the participants. Each set of questionnaires were numerically coded for identification purposes.

Each folder contained a copy of the Background Sheet, the Causal Dimension Scale, and the two Self-Perception Profile subscales. Additional measures not specifically relevant to the present study were also administered. All participants were asked to complete all questionnaires however, the information obtained from the Causal Dimension Scale for the non-victimized group and from the additional measures not specified here were not analyzed in the present study.

Once all participants had arrived, oral instructions for the completion of the questionnaires were given. More specifically, students were asked to complete the questionnaires in the order that they appeared in the file, and to read the instructions of each questionnaire carefully before proceeding to the next one, as the directions differ slightly for each measure. In order to ensure anonymity, participants were told to refrain from placing their names, or any other identifying information, on the questionnaires.

Participants were also reminded that they may withdraw from the study at any time, without penalty. Students were encouraged to ask any questions that they may have, and three researchers were available to respond to such questions. Finally, participants were given the opportunity to obtain the group results of the study. Interested participants were asked to provide their name and address on a sign-up sheet at the front of the room. Individuals signing this sheet will receive a copy of the group results by mail. Regardless of the completeness of the questionnaires, participants had their experimenter cards signed when their folder of questionnaires was handed in to the researcher.

Given the length of time required to complete the questionnaires (approximately 3 hours), participants were told that they were free to leave the room if they should require a short break. It was decided to include this optional break period in order to avoid possible fatigue, which may affect the validity of the responses obtained in the study.

Upon completing the study, all participants received a feedback sheet (Appendix G). This sheet contained a brief summary of the purpose of the study, as well as a reminder to those signing the results request sheet that results of the study would be mailed to them as soon as they are

obtained. In the event that the questionnaires caused distress to participants, information regarding free counselling services on campus was also provided.

Results

Disclosure

Eight-hundred and ninety-six females participated in this study. Two-hundred and thirteen (24%) of these reported that they had experienced unwanted sexual contact. One-hundred and thirty-seven reported that this contact had occurred before the age of 17 years. As the focus of this study was on childhood sexual victimization the analyses being reported were conducted on these 137 females.

The 137 females who reported having experienced unwanted sexual contact before the age of 17 years were further differentiated into two subgroups labelled childhood victimization (C-V Group) and childhood-peer victimization (C-P-V Group). Childhood victimization was defined as unwanted sexual contact involving a perpetrator 5 years or older than the victim. Childhood-peer victimization was defined as unwanted sexual contact involving a perpetrator less than 5 years older than the victim. On the basis of these definitions 69 cases were categorized as representing childhood victimization and 68 cases were categorized as representing childhood-peer victimization.

Researchers investigating childhood sexual victimization have focused primarily on cases in which the perpetrator is 5 years or older than the victim (Finkelhor, 1984; Seidner & Calhoun, 1984; Wyatt, 1985). By utilizing samples such as

this the impact of peer victimization has been largely ignored. Therefore in the present study both types of victimization are examined.

Of the 683 females who did not report having experienced unwanted sexual contact, 67 were randomly selected to comprise the nonvictimized control group. This was done in order to provide a control group equal in size to that of the victimized groups.

Demographics and Sample Characteristics

The mean ages for the groups reporting childhood victimization, childhood-peer victimization and no victimization were 18.75 years (SD = 1.42), 18.69 years (SD = 1.47), and 18.51 years (SD = 1.05) respectively. The females within each of the two victimized groups and the nonvictimized control group were predominately Caucasian with reported incomes of less than $15,000. The majority of the participants in each of these groups came from intact families with between one and three natural siblings and no stepsiblings. The most commonly reported sources of emotional support across each group were friends and immediate family. Few participants reported that they had sought out professional help in dealing with emotional/psychological problems. Only a very small percentage of the participants within each of the three groups reported that they had been prescribed drugs or

hospitalized for psychological problems. These data are presented in Table 1.

Table 1

Demographics and Sample Characteristics of Victimized Groups and Nonvictimized Control Group

Demographic/Sample Characteristic	Group C-V %	C-P-V %	N-V %
Ethnicity			
caucasian	73	84	88
black	0	0	0
asian	16	7	6
hispanic	0	2	0
native	1	3	2
other	10	4	4
Income			
<15,000	45	48	41
15-25,000	8	5	9
25-35,000	7	8	11

continued

35-45,000	13	16	20
45-55,000	5	11	4
55-65,000	12	3	1
>65,000	10	9	14
Parents' Marital Status			
living together	73	82	90
separated	9	3	1
divorced	18	15	9
Number of Natural Siblings			
0	7	3	4
1	40	27	28
2	30	32	32
3	19	24	22
>3	4	14	14
Number of Step-siblings			
0	83	91	94
1	10	2	4
2	6	3	0
3	1	3	0
>3	0	1	2

continued

Sources of Emotional Support[a]			
immediate family	76	65	77
extended family	15	11	18
friend	84	89	87
teacher	5	4	4
health professional	1	1	5
clergy	2	1	2
other	14	13	2
Type of Help Sought in Dealing With Emotional/ Psychological Problems[a]			
peer counselling	14	19	27
group therapy/ support group	5	2	2
psychologist	11	4	5
psychiatrist	11	4	2
social worker	13	13	10
clergy	4	4	5
none of the above	53	67	61

continued

Medication Prescribed to Deal With Emotional Problems			
yes	6	5	3
no	94	95	97
Hospitalized for Psychological Problems			
yes	4	6	1
no	96	94	99

Note. C-V = childhood victimization, C-P-V = childhood-peer victimization, and N-V = nonvictimized control.

[a] Total percentage does not equal 100 as subjects could respond to more than one category.

Nature of Abuse

Childhood Victimization. Age at onset ranged from 3 to 16 years (M = 10.16, SD = 3.92). The age of the perpetrator ranged from 10 to 70 years (M = 28.96, SD = 14.75). The majority of the females in this group reported that the unwanted sexual contact had occurred once (52%) The remaining participants reported that such contact had occurred fewer than once a week (15%) more than once a month (11%) more than once a week (3%), or were unable to remember (19%). Severity of abuse was assessed by calculating a composite score of the type of abuse and whether or not force had been used. The mean composite severity score was 1.70 (SD = .91). A summary of this data outlining the nature of abuse are presented in Table 2.

Childhood-Peer Victimization. Age at onset ranged from 3 to 16 years (M = 13.10, SD = 3.51). Age of the perpetrator ranged from 7 to 20 years (M = 15.57, SD = 3.09). The majority of the participants reported that they experienced unwanted sexual contact one time (66%). The remaining females reported that such contact had occurred fewer than once a week (11%), more than once a month (6%), more than once a week (8%), or were unable to recall (9%). The mean composite severity score was 2.34 (SD = .98). Table 2 summarizes data outlining the nature of abuse.

Table 2

Abuse Characteristics of Groups Reporting Childhood and Childhood-Peer Victimization

Characteristic of Abuse	C-V %	C-P-V %
Age at onset		
3 - 7 years	29	9
8 - 12 years	39	19
13 - 16 years	32	72
Frequency of abuse[a]		
cannot remember	19	9
one time	52	66
fewer than 1/week	15	11
more often than 1/month	11	6
more often than 1/week	3	8
Type[b]		
mild	62	42
moderate	24	26
severe	13	32

contintued

Use of force		
no	81	55
yes	19	45

Note. C-V = childhood victimization, C-P-V = childhood-peer victimization.

[a] Two subjects from C-V and 3 from C-P-V failed to respond.

[b] Two subjects from C-P-V failed to respond.

Differences Between Victimized and Nonvictimized Groups on Measures of Self-Esteem

Multivariate analysis of variance (MANOVA) was employed to test the prediction that the victimized groups would exhibit lower global self-esteem and domain-specific self-esteem than the non-abused control group. As such, the group membership (victimized or nonvictimized) was entered as the independent variable while global and domain-specific self-esteem scores were entered as the dependent variables. For statistical purposes a random sample of 67 subjects was selected from the nonvictimized group to provide a control group equal in size to that of the victimized groups.

No significant differences were found to exist between the C-V, C-P-V, and nonvictimized groups with one exception--the C-V and nonvictimized groups differed significantly on self-esteem scores within the domain of romantic relationships, F (1,135) = 8.43, p = .0043. The C-V group was found to have higher self-esteem (M = -.66, SD = .89) than the nonvictimized group (M = -1.12, SD = .96). These data are presented in Table 3.

Table 3

Comparison of Mean Global and Domain Specific Self-Esteem Scores of Victimized and Nonvictimized Groups

	Group					
	C-V		C-P-V		N-V	
Self-Esteem Measure	M	SD	M	SD	M	SD
Global[a]	2.83	.78	2.77	.77	2.74	.63
Subscales[b]						
Romantic rel.	-0.66	.89*	-0.92	.88	-1.12	.96
Social accept.	-0.49	.68	-0.46	.64	-0.58	.64
Appearance	-0.85	.85	-0.96	.98	-0.96	.99

Note. C-V = childhood victimization, C-P-V = childhood-peer victimization, N-V = no victimization, romantic rel. = romantic relationships, social accept. = social acceptance. Higher scores are indicative of more positive self-esteem.

[a] Possible range of scores 1 to 4.

[b] Possible range of scores -3 to 0.

* significantly different from N-V, F (1,135) = 8.43, $p < .005$.

Correlation Between Attributional Dimensions and Global and Domain Specific Self-Esteem

Pearson correlation coefficient matrices were generated to evaluate the hypothesis that each of the three attributional dimensions would be significantly correlated with global self-esteem and self-esteem within the domains of romantic relationships, social acceptance, and appearance.

The mean scores for the attributional dimensions of locus of causality, stability, and controllability for the C-V group were 8.85 (SD = 5.75), 13.35 (SD = 7.52), and 14.15 (SD = 6.08) respectively. A significant correlation was found to exist between controllability and self-esteem within the domain of romantic relationships (r = -.27 p = .0372). The direction of relationship indicates that controllable attributions are associated with low self-esteem while uncontrollable attributions are associated with higher self-esteem. No other correlations were found to be significant. These data are presented in Table 4.

Table 4

Correlations Between Attributional Dimensions and Global and Domain Specific Self-Esteem for Group Reporting Childhood Victimization

		Self-Esteem Measure		
Attributional Dimension	Global	Romantic Relation.	Social Accept.	Appearance
Locus of causality	-.21	-.09	.09	-.05
n	60	59	58	59
Stability	-.13	-.06	.06	-.07
n	60	59	58	59
Controllability	-.11	-.27*	-.03	-.09
n	60	59	58	59

Note. Romantic relation. = romantic relationships, social accept. = social acceptance.

* $p < .05$.

The mean scores for the attributional dimensions of locus of causality, stability, and controllability for the C-P-V group were 13.25 (SD = 7.37), 10.95 (SD = 6.22), and 16.71 (SD = 5.54) respectively. A significant correlation was found to exist between stability and self-esteem within the domain of social acceptance (r = -.26, p = .0475). The direction of relationship indicates that stable attributions are associated with lower self-esteem while unstable attributions are associated with higher self-esteem within this domain (see Table 5). Two additional correlations reached near the level of significance. Controllability was found to be correlated with global self-esteem (r = -.22, p = .083) and stability was found to be correlated with self-esteem within the domain of appearance (r = -.23, p = .080). The direction of relationship indicates that controllable attributions are associated with lower global self-esteem and that stable attributions are associated with lower self-esteem within the domain of appearance. No other correlations were found to be significant. These data are presented in Table 5.

Table 5

Correlations Between Attributional Dimensions and Global and Domain Specific Self-Esteem for Group Reporting Childhood-Peer Victimization

Attributional Dimension	Self-Esteem Measure			
	Global	Romantic Relation.	Social Accept.	Appearance
Locus of causality	-.10	-.04	-.14	-.17
n	64	59	59	61
Stability	-.20	-.20	-.26*	-.23
n	64	59	59	61
Controllability	-.22	-.21	-.13	-.05
n	62	58	58	60

Note. Romantic relation. = romantic relationships, social accept. = social acceptance.

* $p < .05$.

Attributional Dimensions as Predictive of Global and Domain-Specific Self-Esteem

Stepwise regression analyses were completed to evaluate the hypothesis that the model containing the attributional dimensions of locus of causality, stability, and controllability would be a significant composite predictor of global and domain-specific self-esteem. These analyses were also employed to evaluate the hypothesis that the attributional dimensions of stability and controllability would account for a greater amount of variance than locus of causality. The raw scores were used in all of these analyses.

Childhood Victimization. The dimensions of stability and controllability were found to account for a greater amount of variance than locus of causality for self-esteem within the domains of romantic relationships and appearance (see Table 6). For romantic relationships, stability and controllability accounted for 8% of the total variance. With the addition of locus of causality into the model the percentage of variance accounted for increased by 1%. For self-esteem within the domain of appearance, stability and controllability accounted for 2% of the total variance. The addition of locus of causality into the model did not increase the amount of variance accounted for. None of the two or three variable models generated with this procedure

were found to be significant. These data are presented in Table 6.

Table 6

Stepwise Regression: Attributional Dimensions as Predictive of Self-Esteem in Group Reporting Childhood Victimization

Variable Predicted	Predictors Entered	β	Model R^2	F
Global	Intercept	3.46		
	Locus of causality	-0.03	.04	2.62
	Controllability	-0.02	.06	1.66
	Stability	-0.01	.07	1.37
Subscales				
Romantic rel.	Intercept	0.11		
	Controllability	-0.03	.07	4.55*
	Stability	-0.01	.08	2.48
	Locus of causality	-0.01	.09	1.72

continued

Social acceptance	Intercept	-0.57		
	Locus of causality	0.01	.01	0.42
	Stability	0.00	.01	0.27
	Controllability	0.00	.01	0.19
Appearance	Intercept	-0.44		
	Controllability	-0.01	.01	0.51
	Stability	-0.01	.02	0.44
	Locus of causality	-0.01	.02	0.32

Note. Romantic rel. = romantic relationships.

* $p < .05$

Childhood-Peer Victimization. The dimensions of stability and controllability were found to account for a greater amount of variance than locus of causality for global self-esteem and self-esteem within the domains of romantic relationships, social acceptance, and appearance (see Table 7).

For global self-esteem the model containing the attributional dimensions stability and controllability accounted for 13% of the total variance, F (2,58) = 4.21, p

= .019. The addition of locus of causality did not increase the amount of variance accounted for.

For self-esteem within the domain of romantic relationships the model containing stability and controllability accounted for 10% of the total variance, F (2,54) = 2.84, p = .067. The addition of locus of causality did not increase the amount of variance accounted for.

For self-esteem within the domain of social acceptance the model containing stability and controllability accounted for 11% of the total variance, F (2,54) = 3.38, p = .042. With the addition of locus of causality into the model the amount of variance accounted for increased to 12%, F (3,53) = 2.47, p = .071.

Lastly, for self-esteem within the domain of appearance the model containing stability accounted for 7% of the total variance, F (1,57) = 4.21, p = .045. The addition of locus of causality increased the amount of variance accounted for to 9%, F (2,56) = 2.61, p = .082.

The direction of relationship across each of these four measures of self-esteem indicates that internal, stable, controllable attributions are associated with lower self-esteem while external, unstable, uncontrollable attributions are associated with higher self-esteem.

Table 7

Stepwise Regression: Attributional Dimensions as Predictive of Self-Esteem in Group Reporting Childhood-Peer Victimization

Variable Predicted	Predictors Entered	β	Model R^2	F
Global	Intercept	4.04		
	Stability	-0.04	.05	3.16
	Controllability	-0.04	.13	4.21*
	Locus of causality	-0.01	.13	2.94*
Subscales				
Romantic rel.	Intercept	0.18		
	Stability	-0.04	.05	2.98
	Controllability	-0.03	.10	2.84
	Locus of causality	0.00	.10	1.88
Social acceptance	Intercept	0.42		
	Stability	-0.03	.08	4.67*
	Controllability	-0.02	.11	3.38*
	Locus of causality	-0.01	.12	2.47

continued

Appearance	Intercept	0.18		
	Stability	-0.04	.07	4.21*
	Locus of causality	-0.02	.09	2.61
	Controllability	-0.02	.09	1.92

Note. Romantic rel. = romantic relationships.

* $p < .05$

Attributional Dimensions and Characteristics of Abuse as Predictive of Global and Domain Specific Self-Esteem

Stepwise regression analyses were completed to compare the use of attributional dimensions and characteristics of abuse in predicting global and domain specific self-esteem. The following variables were entered into the model: locus of causality, stability, controllability, severity of abuse, and age at onset.

Childhood Victimization. For global self-esteem only the three attributional dimensions met the .50 significance level for entry into the model (see Table 8). In addition to attributional dimensions, age at onset met the requirement for entry into the model for self-esteem within the domains of romantic relationships, social acceptance, and appearance. Age at onset accounted for an additional 1% of the total variance for the domains of romantic relationships and appearance. For the domain of social acceptance, age at onset accounted for 2% of the total variance. None of the models generated that contained the variable age at onset were found to be significant. These data are presented in Table 8.

Table 8

Stepwise Regression: Attributional Dimensions and Characteristics of Abuse as Predictive of Self-Esteem in Group Reporting Childhood Victimization

Variable Predicted	Predictors Entered	β	Model R^2	F
Global	Intercept	3.46		
	Locus of causality	-0.03	.04	2.62
	Controllability	-0.02	.06	1.66
	Stability	-0.01	.07	1.37
Subscales				
Romantic rel.	Intercept	-0.22		
	Controllability	-0.03	.07	4.55*
	Age at onset	0.02	.08	2.58
	Locus of causality	-0.01	.10	1.94
Social acceptance	Intercept	-0.31		
	Age at onset	-0.03	.02	1.02
	Locus of causality	0.02	.03	0.94

continued

Appearance	Intercept	-0.21		
	Controllability	-0.02	.01	0.51
	Age at onset	-0.02	.02	0.52
	Stability	-0.01	.03	0.50

Note. Romantic rel. = romantic relationships.

* $p < .05$

Childhood-Peer Victimization. Only the three attributional dimensions entered into the models generated for global self-esteem and self-esteem within the domains of romantic relationships and appearance (see Table 9). For self-esteem within the domain of social acceptance age at onset also met the requirement for entry into the model. Age at onset accounted for an additional 1% of the total variance. The model containing the variable age at onset was not found to be significant (see Table 9).

Table 9

Stepwise Regression: Attributional Dimensions and Characteristics of Abuse as Predictive of Self-Esteem in Group Reporting Childhood-Peer Victimization

Variable Predicted	Predictors Entered	β	Model R^2	F
Global	Intercept	4.19		
	Stability	-0.04	.06	3.53
	Controllability	-0.04	.13	4.25*
	Locus of causality	-0.02	.16	3.31*
Subscales				
Romantic rel.	Intercept	0.34		
	Stability	-0.04	.06	3.26
	Controllability	-0.03	.10	2.95
	Locus of causality	-0.01	.11	2.14
Social acceptance	Intercept	0.18		
	Stability	-0.03	.08	4.29*
	Controllability	-0.02	.11	3.15*
	Locus of causality	-0.01	.13	2.51
	Age at onset	0.02	.14	2.00

continued

Appearance	Intercept	0.24		
	Stability	-0.04	.06	3.35
	Locus of causality	-0.02	.08	2.38
	Controllability	-0.02	.09	1.81

Note. Romantic rel = romantic relationships.

* $p < .05$

Discussion

Two-hundred and thirteen (24%) of the women who participated in this study reported that they had experienced unwanted sexual contact. One-hundred and thirty-seven reported that this contact had occurred before the age of 17 years. On the basis of the age difference reported to exist between the victim and the perpetrator these 137 females were differentiated into two subgroups, namely the childhood victimization group and the childhood-peer victimization group. The inclusion of both of these subgroups enabled us to examine not only the impact of childhood victimization but also the impact of peer victimization, which has been largely ignored.

It was predicted that the victimized group would have lower global self-esteem than the nonvictimized group. The results from this study did not support this prediction. One should not, however assume on the basis of these findings that the lack of differences between these groups were due to the high global self-esteem reported by the victimized groups. In fact a closer look at the mean global self-esteem scores of the victimized and nonvictimized groups indicates quite the opposite. That is, both the victimized and nonvictimized groups have mean scores that are indicative of low global self-esteem. According to Neeman and Harter (1986) high self-esteem ranges from 3.50

to 4.00, medium self-esteem ranges from 3.00 to 3.33, and low self-esteem ranges from 1.00 to 2.83. The mean global self-esteem scores obtained for the nonvictimized group and for the groups reporting childhood victimization and childhood-peer victimization were 2.74, 2.83, and 2.77 respectively.

Given these findings it is plausible that sexual victimization does affect global self-esteem in a negative manner but that the low self-esteem reported by our control group is masking this effect. The low self-esteem of the nonvictimized group may be a temporary condition caused by stresses involved in the first year at university. If this is true one would predict that as the student gains mastery over this new environment and experiences feelings of competency self-esteem will increase to its preuniversity level. Conversely, the victimized groups low self-esteem may be a more stable condition and have its origin in the traumatic sexual victimization that was experienced earlier. Thus, based on the findings it can be concluded that both victimized and nonvictimized individuals in the sample were experiencing low self-esteem. It is not, however, possible on the basis of these results to definitively differentiate the etiology of the low self-esteem. In view of these findings future research should consider the utilization of samples other than first-year university students. By doing

so researchers may be able to obtain a control group more more representative of the norm.

For domain-specific self-esteem. it was predicted that the victimized group would exhibit lower self-esteem than the nonvictimized group in the areas of romantic relationships, social acceptance, and appearance. The results did not support this prediction. No differences were found to exist between the victimized and nonvictimized groups with one exception. Contrary to the prediction made, the group reporting childhood victimization had higher self-esteem within the domain of romantic relationships than did the nonvictimized group. This finding is inconsistent with the present sexual abuse literature which indicates that sexual dysfunctions and interpersonal problems particularly in romantic relationships are commonly reported long-term sequalae. The presence of higher self-esteem within the domain of romantic relationships may reflect an initial effect of pre-occupation with sexuality and romantic relationships. It is possible that this group may experience temporary feelings of competency within this area. Over time, this preoccupation may dissipate and feelings of competency may be replaced with feelings of inadequacy and low self-esteem. Future research is needed to more closely examine the initial and long-term effects that sexual victimization may have on this particular aspect

of one's self-esteem. In order to address this issue a longitudinal research methodology would need to be employed.

The remaining predictions made in this study concern the relationship between attributional dimensions and self-esteem. It was predicted that each of the three attributional dimensions would be significantly correlated with global self-esteem and self-esteem within the domains of romantic relationships, social acceptance, and appearance. Specifically, it was expected that internal, stable, uncontrollable attributions would be associated with low self-esteem while external, unstable, controllable attributions would be associated with higher self-esteem. Further, it was predicted that these attributional dimensions would provide a significant composite predictor of global and domain-specific self-esteem with stability and controllability accounting for the greatest amount of variance. The data partially supported these predictions.

For the group reporting childhood victimization, a significant correlation was found to exist between controllability and self-esteem within the domain of romantic relationships. For the group reporting childhood-peer victimization a significant correlation was found to exist between stability and self-esteem within the domain of social acceptance. In addition, a trend in the predicted direction was found to exist between controllability and

global self-esteem and also between stability and self-esteem within the domain of appearance. The direction of relationship between attributional dimensions and self-esteem was consistent across each of these correlations. That is, stable, controllable attributions were associated with lower self-esteem across each of these measures.

These findings indicate that a single linear model may be inappropriate to explain the more complex relationship that exists between attributions about one's victimization and subsequent self-esteem. Rather, a multivariable linear model may provide a more meaningful interpretation of this relationship as it considered the cumulative effect that the attributional dimensions have on self-esteem. The results obtained from the stepwise regression analyses support this conclusion. When taken together attributional dimensions were found to provide a significant composite predictor of both global and domain-specific self-esteem for the group reporting childhood-peer victimization.

Consistent with the prediction made, for the group reporting childhood-peer victimization, the attributional dimensions of stability and controllability were found to account for a greater amount of variance than locus of causality. This finding was consistent across each measure of self-esteem. Further, the three-variable model was found to be a significant composite predictor of global self-

esteem and reached near the level of significance for self-esteem within the domains of social acceptance and appearance. In addition, the two-variable model containing stability and controllability was found to be a significant composite predictor of social acceptance and reached near the level of significance for self-esteem within the domain of romantic relationships. The direction of relationship indicates that internal, stable, controllable attributions are associated with lower self-esteem across each of these measures.

The direction of relationship for the attributional dimensions of locus of causality and stability was consistent with the predictions made. These findings indicate that the sexual-abuse survivor who attributes the cause of her victimization to a stable aspect of herself will exhibit lower self-esteem than the individual who attributes her victimization to some unstable factor outside herself. As such, this data supports Weiner's (1985) attribution theory which predicts that an internal attribution of a negative event will result in low self-esteem. In addition, these results offer support for Janoff-Bulman's (1979) theory which predicts that an internal, stable attribution of a negative event will result in lower self-esteem than an internal, unstable attribution.

The direction of relationship for the attributional dimension of controllability was opposite to the one predicted and as a result did not support the theoretical position of Janoff-Bulman(1979). The findings obtained indicate that the individual who believes that her victimization could have been prevented either by her actions or the actions of others will exhibit lower self-esteem than the individual who believes that her victimization could not have been prevented. In the case in which the individual believes that her own actions could have prevented her victimization the individual may experience lower self-esteem as a result of her perceptions of incompetence in her ability to prevent the abuse. Alternatively, the individual may feel as though others perceive her as deserving her victimization as she did not act to prevent her abuse. The perception that others feel negatively towards her as a result of this may lead to low self-esteem. In the case where the individual believes that her victimization could have been prevented by the actions of others she may feel as though no one cared enough about her to make these actions. As such the individual will experience feelings of rejection and as a result low self-worth. These explanation are highly plausible given the research indicating that a significant determinant of self-esteem is one's perceptions of how other people think of the self (Cooley, 1902; Rosenberg, 1979).

For the group reporting childhood victimization the dimensions of stability and controllability were found to account for a greater amount of variance than locus of causality for global self-esteem and self-esteem within the domains of romantic relationships and appearance. However, none of the models generated by the stepwise procedure were found to be a significant composite predictor of self-esteem.

A possible explanation for the finding that attributional dimensions are predictive of self-esteem within the group reporting childhood-peer victimization and not for the group reporting childhood victimization may have to do with differences between these groups in the perceived negativity of the event. For the group reporting childhood victimization the mean severity score was 1.70. For the group reporting childhood-peer victimization it was 2.34. Given these findings it would be expected that the unwanted sexual contact experienced by the C-P-V group would be perceived as a negative event whereas the victimization experienced by the C-V group may have been perceived as a more neutral event. According to the attribution theory it is only the attributions that are made about events perceived as negative that are thought to affect one's self-esteem in a negative manner. Therefore, if the unwanted sexual contact experienced by the C-V group was perceived as

either a neutral or only slightly negative event it would not be surprising to find that attributions about that event would not be predictive of self-esteem.

In consideration of these findings, future research must include an assessment of the perceived negativity of the victimization experience. When including such a measure researchers must acknowledge the inaccuracies frequently associated with the use of retrospective reports. Further, one's perceptions concerning the negativity and attributions of an event may change significantly over time. As such, when utilizing a sample of adult survivors it may be useful and informative to obtain a current and retrospective report of the individual's perceptions concerning the negativity and attributions of the victimization experience. This would enable researchers to examine more closely the relationship between both current and retrospective reports and one's present state of psychological functioning.

The findings from this study indicate that attributional dimensions provide a useful composite predictor of global and domain specific self-esteem for females reporting childhood-peer victimization. Further, when compared to attributional dimensions the variables age at onset and severity were found to account for only a minimal amount of variance. This suggests that the process by which low self-esteem develops in sexual abuse survivors may be explained

more accurately by examining the individual's attributions about the abuse rather than the characteristics about the abuse.

These results have important implications for clinicians treating sexual-abuse survivors as low self-esteem is one of the most commonly reported initial and long-term effect of childhood victimization (Bagley & Ramsay, 1985; Herman, 1981; Rew, 1989). Further, low self-esteem has been correlated with a number of additional disorders frequently associated with childhood sexual victimization. Specifically, recent research indicates that low global and domain-specific self-esteem are predictive of greater clinical symptomatology in sexual-abuse survivors as measured by depression, anxiety, hostility, and somatization (Dyck, Proulx, Quinonez, Chohan, & Koverola, 1991). This suggests that treatment programs aimed at increasing global and domain specific self-esteem will also succeed in reducing the clinical symptomatology associated with low self-esteem.

The results from the present study provide clinicians with empirical data from which to base the treatment of low self-esteem in sexual-abuse survivors. These findings suggest that an effective way of increasing global and domain specific self-esteem is by altering the individual's attributions about their victimization. Based on the

present findings, clinicians should develop treatment programs aimed at changing attributions from internal, stable, controllable to more external, unstable, uncontrollable attributions. Preliminary findings suggest that this approach may have significantly positive effects for survivors of child sexual abuse (Davis-Stephanson, 1991; Schubarth & Lanahan, 1991).

Clinicians must, however, exercise caution when implementing treatment programs aimed at altering attributions. Care should be taken so that only the individual's attributions about the cause of the victimization are altered. According to the compensatory model of helping and coping (Shapiro, 1989) attributions about the origin of a problem and attributions about the solution of the problem are two distinct issues, so that attributions for each are viewed as also independent. Following from this model the sexual abuse survivor should be encouraged, as our results indicate, to view herself as having no control over the origin of their victimization, but should view herself as being responsible for coping with its effects and avoiding recurrence. The distinction between these two issues is an important one which clinicians must bear in mind when developing treatment programs on the basis of the results obtained in the present study. Future research is needed to more closely examine

the distinction between attributions about the origin of the problem and attributions about the solution and the relationship each that each of these issues has with subsequent clinical symptomatology.

Limitations of the Study and Recommendations for Future Research

The main limitation of the present study is the type of sample utilized. Participants for this study were obtained from the introductory psychology subject pool at the University of Manitoba. While the utilization of such a sample does have obvious advantages such as access to a large sample and a built in control group, disadvantages also exist. By using such a sample, the generalizability of our findings is limited. Further, it is questionable as to whether our control group is representative of normal females. In addition, we may be excluding the more severe cases of childhood sexual victimization as such individuals may experience more severe psychological difficulties that make it unlikely that they will attend university.

Future research must examine the relationship between attributional dimensions and self-esteem in more diverse samples of sexual-abuse survivors to determine the generalizability of the results obtained in the present study. In addition, researchers should include a measurement of the individual's perceptions concerning the

negativity of the unwanted sexual contact. By doing so, researchers can determine whether it is only attributions about events perceived as highly negative that predict self-esteem in sexual-abuse survivors. When utilizing a sample of adult survivors it may be useful to obtain both a current and retrospective report of the individual's perceptions concerning both the negativity and attributions about the experience. This would enable researchers to examine the relationship more closely between current and retrospective reports and present psychological functioning.

Lastly, future research should examine more closely the distinction proposed in the compensatory model (Shapiro, 1989) between perceived responsibility for the origin of the event versus perceived responsiblity for the solution. Specifically, researchers should examine whether the attributions associated with each of these issues are independent and also whether assuming responsibility for the solution is predictive of good psychological functioning as the model suggests.

By conducting additional research with the above considerations in mind researchers and clinicians can gain a more accurate understanding of the relationship between attributional dimensions and global and domain specific self-esteem in sexual abuse survivors. Such information would be extremely beneficial in the subsequent development

of treatment programs aimed at increasing self-esteem and decreasing the clinical symptomatology in victims of childhood sexual abuse.

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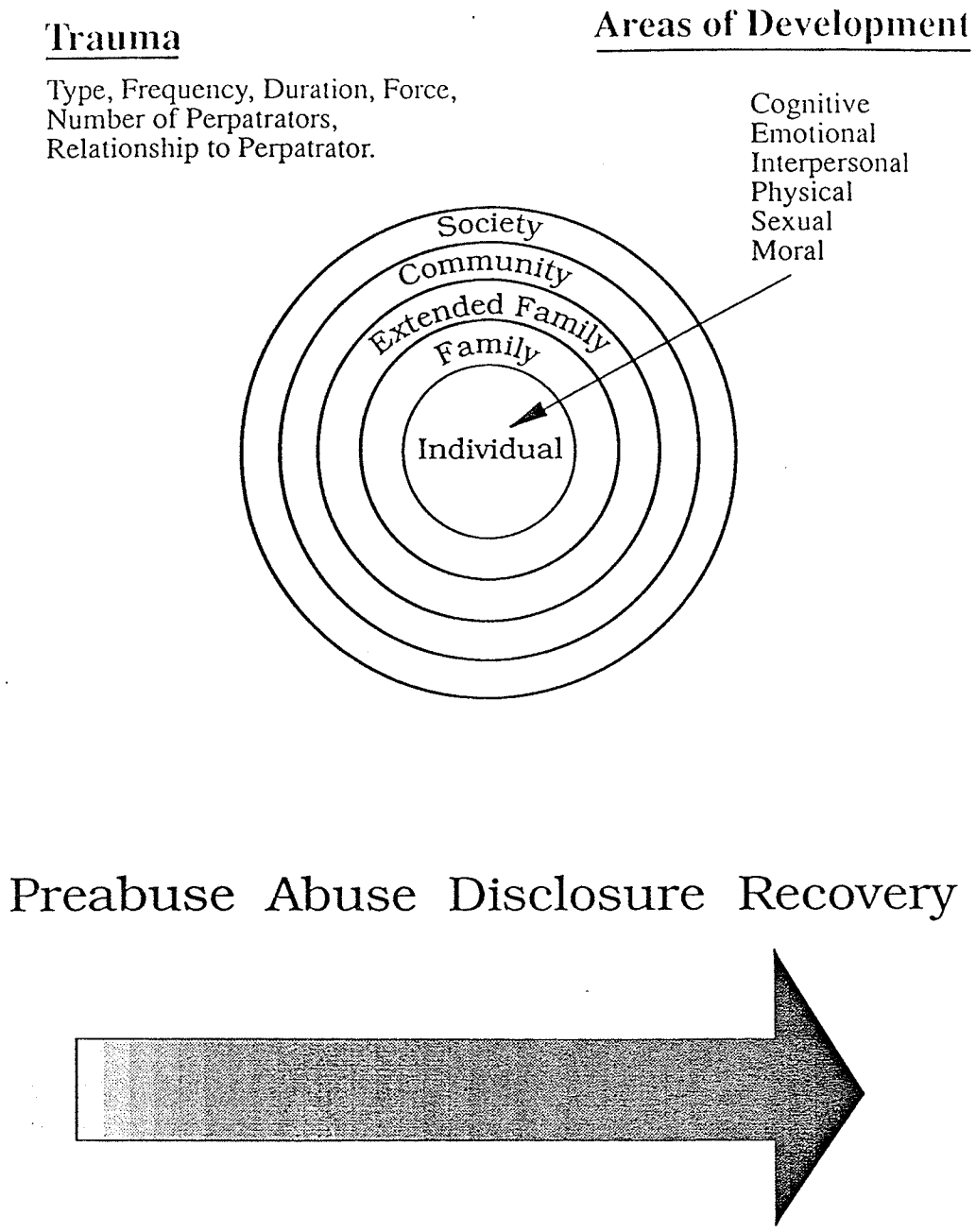
Appendix A

Model of Concentric Interaction



Appendix B

Consent Form

This is a study examining university students' feelings and values about self, friends, family, and life events including topics of sexual abuse. Should you agree to participate in this study, you will be asked to complete a series of questionnaires pertaining to the topics mentioned above. Your answers to these questions will remain anonymous and your participation will take approximately 2 - 3 hours of your time. You will be expected to participate for a minimum of 2 hours, for which you will receive 3 experimental credits. Should you consent to participate in this study, you may withdraw your consent at anytime without penalty.

Your signature below indicates your consent to participate in this study.

Appendix C

Background Sheet

1. AGE: _____ yrs.

2. ETHNICITY:

CAUCASIAN ___

BLACK ___

ASIAN ___

HISPANIC ___

NATIVE ___

OTHER ___

3. SOCIO-ECONOMIC STATUS:

< 15,000 ___

15-25,000 ___

25-35,000 ___

35-45,000 ___

45-55,000 ___

55-65,000 ___

> 65,000 ___

4. FAMILY STRUCTURE:

a. How many siblings in your family? ___

Natural siblings? ___

Step - siblings? ___

b. Are your parents: Living together ___

Seperated ___

Divorced ___

c. If your parents are seperated or divorced, how old were you at the time? ___yrs.

d. Please check one if applicable:

i. One parent remarried ___

Both parents remarried ___

ii. How old were you at the time of remarriage? ___yrs.

5. WHEN YOU NEED SUPPORT FROM WHOM DO YOU SEEK IT?

(check all applicable)

Immediate family ___

Extended family ___

Friend ___

Teacher ___

Health Professional ___

Clergy ___

Other (specify)_____

6 a. HAVE YOU EVER HAD A MAJOR PHYSICAL ILLNESS:

Yes ___ No ___

If yes, please specify _____

_____

_____

b. Have you ever sought the following types of help in dealing with emotional/psychological problems? (check all applicable)

Peer counselling ___
Group therapy/Support group ___
Psychologist ___
Psychiatrist ___
Social worker ___
Counselling by clergy ___

c. Have you ever been prescribed any medication to deal with emotional/psychological problems?

Yes ___ No ___

d. Have you ever been hospitalized for psychological problems? Yes ___ No ___

7. Have you ever experienced unwanted sexual contact?

Yes ___ No ___

IF YOU HAVE ANSWERED YES, PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE. IF NO, CONTINUE ON NEXT QUESTIONNAIRE.

8.a. If yes, how old were you at the time? ___yrs.

b. How old was the other person? ___yrs.

9. What was the sex of the person? Male __ Female __

10. With how many individuals have you had unwanted sexual contact? ___

11. What was your relationship to this/these individual(s)? (check all that apply)

Biological Father ___
Biological Mother ___
Step Father/Mother's Partner ___
Step Mother/Father's Partner ___
Foster Father ___
Foster Mother ___
Sibling/Step Sibling ___
Cousin/Extended Family ___
Friend/Acquaintance/babysitter ___
Stranger ___

ANSWER THE FOLLOWING QUESTIONS WITH RESPECT TO THE UNWANTED SEXUAL CONTACT WHICH CAUSED YOU THE MOST DISTRESS

12. a. Who was this person? (refer to question #11)

_____

b. How would you rate your emotional closeness to this individual? (please check one)

Very Close	Close	Neutral	Distant	Very Distant
___	___	___	___	___

13. How frequently did the abuse occur?

Cannot remember ___
One time ___
Fewer than 1/week ___
More often than 1/week ___
More often than 1/month ___

14. Duration of the abuse? Months ___

15. Type of activity involved? (check all applicable)

- Forceable sexual kissing ___
- Fondling of buttocks, thighs, breasts, genitals ___

- Insertion of fingers or any objects in the vagina or anus ___
- Oral sex ___
- Vaginal intercourse ___
- Anal intercourse ___
- Having people take pictures of you during sexual activity ___

16. Was physical force used? (e.g., hitting, slapping, being tied, or otherwise confined) Yes ___ No ___

17. a. Have you ever previously told anyone about the experience? Yes ___ No ___

b. If yes, who was the first person you ever told?

Mother	___	Extended Family	___
Father	___	Clergy	___
Friend	___	Other (specify)	
		_____	

18. How long after the abuse occurred did you tell someone about this experience? _____ months

19. What age were you when you first told someone about the abuse? _____ yrs.

20. What was the person's response to whom you told?

REJECTING OR HOSTILE RESPONSE	DID NOT BELIEVE YOU	NEUTRAL	SUPPORTIVE	BELIEVED YOU AND ENCOURAGED PROTECTIVE ACTION
_____	_____	_____	_____	_____

21. a. Have you told your mother of these experiences?

Yes ___ No ___

b. If yes, what was her response at the time?

REJECTING OR HOSTILE RESPONSE	DID NOT BELIEVE YOU	NEUTRAL	SUPPORTIVE	BELIEVED YOU AND ENCOURAGED PROTECTIVE ACTION
____	____	____	____	____

22. How do you feel you have dealt with the abuse?

VERY WELL	WELL	ADEQUATELY WELL	NOT WELL	VERY POORLY
____	____	____	____	____

Appendix D

Causal Dimension Scale

REFLECT ON THIS EVENT AND THINK OF THE MAIN CAUSE OF IT.

Please list:

_____

NOTE: We realize that there may be many causes. Please list the most salient or one that contributed most to the event.

INSTRUCTIONS: THINK ABOUT THE CAUSE YOU HAVE LISTED ABOVE. THE ITEMS BELOW CONCERN YOUR IMPRESSIONS OR OPINIONS OF THIS CAUSE OF YOUR OUTCOME. CIRCLE ONE NUMBER FOR EACH OF THE FOLLOWING SCALES.

1. Is the cause something that:

Reflects an aspect of yourself	9	8	7	6	5	4	3	2	1	Reflects an aspect of the situation

2. Is the cause:

Controllable you or other people	9	8	7	6	5	4	3	2	1	Uncontrollable by you or other people

3. Is the cause something that is:

Permanent	9	8	7	6	5	4	3	2	1	Temporary

4. Is the cause something:

Intended by you or other people	9	8	7	6	5	4	3	2	1	Unintended by you or other people

5. Is the cause something that is:

Outside of you	1	2	3	4	5	6	7	8	9	Inside of you

6. Is the cause something that is:

Variable over time	1	2	3	4	5	6	7	8	9	Stable over time

7. Is the cause:

Something about you	9	8	7	6	5	4	3	2	1	Something about others

8. Is the cause something that is:

Changeable	1	2	3	4	5	6	7	8	9	Unchanging

9. Is the cause something for which:

No one is responsible	1	2	3	4	5	6	7	8	9	Someone is responsible

Appendix E

What I am Like

THE FOLLOWING ARE STATEMENTS WHICH ALLOW COLLEGE STUDENTS TO DESCRIBE THEMSELVES. THERE ARE NO RIGHT OR WRONG ANSWERS SINCE STUDENTS DIFFER MARKEDLY. PLEASE READ THE ENTIRE SENTENCE ACROSS. FIRST DECIDE WHICH ONE OF THE TWO PARTS OF EACH STATEMENT BEST DESCRIBES YOU; THEN GO TO THAT SIDE OF THE STATEMENT AND CHECK WHETHER THAT IS JUST SORT OF TRUE FOR YOU OR REALLY TRUE FOR YOU. YOU WILL JUST CHECK ONE OF THE FOUR BOXES FOR EACH STATEMENT. THINK ABOUT WHAT YOU ARE LIKE IN THE COLLEGE ENVIRONMENT AS YOU READ AND ANSWER EACH ONE.

REALLY TRUE FOR ME	SORT OF TRUE FOR ME		SORT OF TRUE FOR ME	REALLY TRUE FOR ME
1.____	____	Some students like the kind of person they are BUT	Other students wish that they were different	____ ____

	REALLY TRUE FOR ME	SORT OF TRUE FOR ME			SORT OF TRUE FOR ME	REALLY TRUE FOR ME
2.	____	____	Some students are not very proud of the work they do on their job	BUT	Other students are very proud of the work they do on their job	____ ____
3.	____	____	Some students feel confident that they are mastering their coursework	BUT	Other students do not feel so confident	____ ____
4.	____	____	Some students are not satisfied with their social skills	BUT	Other students think their social skills are just fine	____ ____
5.	____	____	Some students are not happy with the way they look	BUT	Other students are happy with the way they look	____ ____

	REALLY TRUE FOR ME	SORT OF TRUE FOR ME		SORT OF TRUE FOR ME	REALLY TRUE FOR ME
6.	____	____	Some students like the way they act when they are around their parents BUT	Other students wish they acted differently around their parents	____	____
7.	____	____	Some students get kind of lonely because they don't have a close friend to share things with BUT	Other students don't get too lonely because they do have a close friend to share things with	____	____
8.	____	____	Some students feel like they are just as smart or smarter other students BUT	Other students wonder if they are as smart	____	____
9.	____	____	Some students often question the morality of their behavior BUT	Other students feel their behavior is usually moral	____	____

REALLY TRUE FOR ME	SORT OF TRUE FOR ME		SORT OF TRUE FOR ME	REALLY TRUE FOR ME
10.____	____	Some students feel that people they like romantically will be attracted to them BUT	Other students worry about whether people they like romantically will be attracted to them	____ ____
11.____	____	When some students do something sort of stupid that later appears very funny, they find it hard to laugh at themselves BUT	When other students do something sort of stupid that later appears very funny, they can easily laugh at themselves	____ ____
12.____	____	Some students feel that they are just as creative or even more so than other students BUT	Other students wonder if they are as creative	____ ____

	REALLY TRUE OF ME	SORT OF TRUE OF ME		SORT OF TRUE OF ME	REALLY TRUE OF ME
13.	____	____	Some students feel they could do well at just about any new athletic activity they haven't tried before BUT	Other students are afraid they might not do well at athletic activities that they haven't ever tried	____ ____
14.	____	____	Some students are often disappointed with themselves BUT	Other students are usually quite pleased with themselves	____ ____
15.	____	____	Some students feel they are very good at their job BUT	Other students worry about whether they can do their job	____ ____
16.	____	____	Some students do very well at their studies BUT	Other students don't do very well at their studies	____ ____

	REALLY TRUE OF ME	SORT OF TRUE OF ME		SORT OF TRUE OF ME	REALLY TRUE OF ME
17.	____	____	Some students find it hard to make new friends BUT	Other students are able to make new friends easily	____	____
18.	____	____	Some students are happy with their height and weight BUT	Other students wish their height or weight was different	____	____
19.	____	____	Some students find it hard to act naturally when they are around their parents BUT	Other students find it easy to act naturally around their parents	____	____
20.	____	____	Some students are able to make close friends they can really trust BUT	Other students find it hard to make close friends they can really trust	____	____

	REALLY TRUE OF ME	SORT OF TRUE OF ME		SORT OF TRUE OF ME	REALLY TRUE OF ME
21.	____	____	Some students do not feel they are very mentally able BUT	Other students feel that they are very mentally able	____	____
22.	____	____	Some students usually do what is morally right BUT	Other students sometimes don't do what they know is morally right	____	____
23.	____	____	Some students find it hard to establish romantic relationships BUT	Other students don't have difficulty establishing romantic relationships	____	____
24.	____	____	Some students don't mind being kidded by their friends BUT	Other students are bothered when friends kid them	____	____

	REALLY TRUE OF ME	SORT OF TRUE OF ME		SORT OF TRUE OF ME	REALLY TRUE OF ME
25.	____	____	Some students worry that they are not as creative or inventive as other people BUT	Other students feel that they are very creative and inventive	____ ____
26.	____	____	Some students don't feel they are very athletic BUT	Other students do feel they are athletic	____ ____
27.	____	____	Some students usually like themselves as a person BUT	Other students often don't like themselves as a person	____ ____
28.	____	____	Some students feel confident about their ability to do a new job BUT	Other students worry about whether they can do a new job they haven't tried before	____ ____

REALLY TRUE OF ME	SORT OF TRUE OF ME			SORT OF TRUE OF ME	REALLY TRUE OF ME
29.____	____	Some students have trouble figuring out homework assign-ments		Other students rarely have trouble with their homework assignments	____ ____
30.____	____	Some students like the way they interact with other people	BUT	Other students wish their interactions with other people were different	____ ____
31.____	____	Some students wish their body was different	BUT	Other students like their body the way it is	____ ____
32.____	____	Some students feel comfortable being them-selves around their parents	BUT	Other students have difficulty being themselves around their parents	____ ____

	REALLY TRUE OF ME	SORT OF TRUE OF ME		SORT OF TRUE OF ME	REALLY TRUE OF ME
33.	____	____	Some students don't have a close friend they can share their personal thoughts and feelings with BUT	Other students do have a friend who is close enough for them to share thoughts that are really personal	____	____
34.	____	____	Some students feel they are just as bright or brighter than most people BUT	Other students wonder if they are as bright	____	____
35.	____	____	Some students would like to be a better person morally BUT	Other students think they are quite moral	____	____
36.	____	____	Some students have the ability to develop romantic relationships BUT	Other students do not find it easy to develop romantic relationships	____	____

	REALLY TRUE OF ME	SORT OF TRUE OF ME			SORT OF TRUE OF ME	REALLY TRUE OF ME
37.	____	____	Some students have a hard time laughing at the ridiculous or silly things they do	BUT	Other students find it easy to laugh at themselves	____ ____
38.	____	____	Some students do not feel that they are very inventive	BUT	Other students feel that they are very inventive	____ ____
39.	____	____	Some students feel they are better than others at sports	BUT	Other students don't feel they can play as well	____ ____
40.	____	____	Some students really like the way they are leading their lives	BUT	Other students often don't like the way they are leading their lives	____ ____

REALLY TRUE OF ME	SORT OF TRUE OF ME			SORT OF TRUE OF ME	REALLY TRUE OF ME
41.____	____	Some students are not satisfied with the way they do their job	BUT	Other students are quite satisfied with the way they do their job	____ ____
42.____	____	Some students sometimes do not feel intellectually competent at their studies	BUT	Other students usually do feel intellectually competent at their studies	____ ____
43.____	____	Some students feel that they are socially accepted by many people	BUT	Other students wish more people accepted them	____ ____
44.____	____	Some students like their physical appearance the way it is	BUT	Other students do not like their physical appearance	____ ____

	REALLY TRUE OF ME	SORT OF TRUE OF ME		SORT OF TRUE OF ME	REALLY TRUE OF ME
45.	____	____	Some students find that they are unable to get along with their parents BUT	Other students get along with their parents quite well	____ ____
46.	____	____	Some students are able to make really close friends BUT	Other students find it hard to make really close friends	____ ____
47.	____	____	Some students would really rather be different BUT	Other students are very happy being the way they are	____ ____
48.	____	____	Some students question whether they are very intelligent BUT	Other students feel they are intelligent	____ ____

	REALLY TRUE OF ME	SORT OF TRUE OF ME		SORT OF TRUE OF ME	REALLY TRUE OF ME
49.	____	____	Some students live up to their own moral standards BUT	Other students have trouble living up to their moral standards	____	____
50.	____	____	Some students worry that when they like some-one romantically, that person won't like them back BUT	Other students feel that when they are romantically interested in someone, that person will like them back	____	____
51.	____	____	Some students can really laugh at certain things they do BUT	Other students have a hard time laughing at themselves	____	____
52.	____	____	Some students feel they have a lot of original ideas BUT	Other students question whether their ideas are very original	____	____

REALLY TRUE OF ME	SORT OF TRUE OF ME			SORT OF TRUE OF ME	REALLY TRUE OF ME
53.____	____	Some students don't do well at activities requiring physical skill	BUT	Other students are good at activities requiring physical skill	____ ____
54.____	____	Some students are often dissatisfied with themselves	BUT	Other students are usually satisfied with themselves	____ ____

Appendix F

Importance Ratings

For these questions, think about how important these things are to how you feel about yourself as a person. These questions do not concern whether these things should be important, or whether it is a value one tries to live up to, or whether one appreciates these qualities in another person, or whether it is important to society. We want you to think whether these items really are important to you personally, and whether you behave as though they are important.

REALLY TRUE OF ME	SORT OF TRUE OF ME		SORT OF TRUE OF ME	REALLY TRUE OF ME
1.____	____	Some students feel it's important to be good at athletics. BUT	Other students do not feel athletic is all that important.	____ ____

Remember, think about how important these areas are to how you feel about yourself.

REALLY TRUE OF ME	SORT OF TRUE OF ME			SORT OF TRUE OF ME	REALLY TRUE OF ME
2.____	____	Some students do not feel that creativi- ty is very important.	BUT	Other students feel that creativity is important.	____ ____
3.____	____	Some students think that it is important to be able to laugh at certain things they do.	BUT	Other students do not think that being able to laugh at certain things they do is important at all.	____ ____
4.____	____	Some students do not feel that the ability to establish romantic rela- tionship is very important.	BUT	Other students do feel the ability to establish romantic relationship is important.	____ ____

Remember, think about how important these areas are to how you feel about yourself.

	REALLY TRUE OF ME	SORT OF TRUE OF ME			SORT OF TRUE OF ME	REALLY TRUE OF ME
5.	____	____	Some students feel that behaving morally is important.	BUT	Other students do not feel behaving morally is all that important.	____	____
6.	____	____	Some students feel that being smart isn't all that important.	BUT	Other students feel that it is important to be smart.	____	____
7.	____	____	Some students feel that it is important to be able to make really close friends.	BUT	Other students do not feel that it is all that important to be able to make close friends.	____	____

Remember, think about how important these areas are to how you feel about yourself.

	REALLY TRUE OF ME	SORT OF TRUE OF ME		SORT OF TRUE OF ME	REALLY TRUE OF ME
8.	____	____	Some students do not think that being able to get along with their parents is important. BUT	Other students do think it is important to be able to get along with their parents.	____	____
9.	____	____	Some students feel that being good looking is important. BUT	Other students do not think that being good looking is very important.	____	____
10.	____	____	Some students feel that being able to make new friends easily is not that important. BUT	Other students feel that being able to make new friends easily is important	____	____

Remember, think about how important these areas are to how you feel about yourself.

	REALLY TRUE OF ME	SORT OF TRUE OF ME		SORT OF TRUE OF ME	REALLY TRUE OF ME
11.	____	____	Some students feel that doing well at their studies is important. BUT	Other students do not feel that doing well at their studies is all that important.	____ ____
12.	____	____	Some students do not think that being good at their job is very important. BUT	Other students think it is very important to be good at their job.	____ ____
13.	____	____	Some students feel that it is not all that important to be good at sports. BUT	Other students feel that it is important to be good at sports.	____ ____

Remember, think about how important these areas are to how you feel about yourself.

REALLY TRUE OF ME	SORT OF TRUE OF ME		SORT OF TRUE OF ME	REALLY TRUE OF ME
14.____	____	Some students feel that being inventive or creative is important. BUT	Other students do not feel that being inventive or creative is all that important.	____ ____
15.____	____	Some students do not think it is important to be able to laugh at stupid things they do. BUT	Other students do think it is important to be able to laugh at stupid things they do.	____ ____
16.____	____	Some students feel that being able to establish romantic relationships is important. BUT	Other students do not feel that being able to establish romantic relationships is all that important.	____ ____

Remember, think about how important these areas are to how you feel about yourself.

	REALLY TRUE OF ME	SORT OF TRUE OF ME			SORT OF TRUE OF ME	REALLY TRUE OF ME
17.	____	____	Some students do not think it is that important to live up to their moral standards.	BUT	Other students think that living up to their moral standards is very important.	____	____
18.	____	____	Some students think it is important to be bright.	BUT	Other students do not think that being bright is all that important.	____	____
19.	____	____	Some students feel that being able to make close friends they can really trust is not that important.	BUT	Other students feel that being able to make close friends they can really trust is very important.	____	____

Remember, think about how important these areas are to how you feel about yourself.

REALLY TRUE OF ME	SORT OF TRUE OF ME			SORT OF TRUE OF ME	REALLY TRUE OF ME
20.____	____	Some students think it is important to maintain a good relationship with their parents.	BUT	Other students do not think it is all that important to maintain a good relationship with their parents.	____	____
21.____	____	Some students feel appearance is not that important.	BUT	Other students do feel appearance is is important.	____	____
22.____	____	Some students feel it is important to be socially accepted.	BUT	Other students do not feel that being socially accepted is all that important.	____	____

Remember, think about how important these areas are to how you feel about yourself.

REALLY TRUE OF ME	SORT OF TRUE OF ME		SORT OF TRUE OF ME	REALLY TRUE OF ME
23.____	____	Some students think that it is not that important to be good at their classwork. BUT	Other students feel that being good at their classwork is very important.	____ ____
24.____	____	Some students think that it is important to be responsible when working at their job. BUT	Other students do not think it is that important to be responsible when working at their job.	____ ____

Appendix G

Feedback Sheet

The purpose of the study you have just completed was to explore the nature of the attributions made about traumatic life events. We are particularly interested in the consequences that individuals' attributions about traumatic events have upon self-esteem. Participants signing the results request sheet will be mailed the results and a discussion of these results upon completion of the data anlaysis.

Please be assured that your responses are completely anonymous and will be kept strictly confidential. If any of the issues brought up in the study have caused you distress and you wish to seek counseling, we encourage you to contact Student Counseling Services at 474-8592 of the Psychological Services Center at 474-9222. These services are free of charge.

Your participation in this study was greatly appreciated. Thank you.