The Relationship Between Childhood Sexual Abuse, Revictimization and Adult Attachment

by

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Of

MASTER OF ARTS

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Abstract

Revictimization is defined as the experience of both childhood sexual abuse and later adult sexual, physical, or psychological abuse. Research indicates that women who were sexually abused as children are more likely to experience abuse as adults, in comparison to women who were not victimized as children. Since abuse occurs within an environment of human relationships, it is thought to disrupt the normal developmental processes, including how to form trusting secure relationships. This study examined the relationship between revictimization and adult attachment. It was hypothesized that individuals who experienced abuse both as an adult and as a child would be more likely to be insecurely attached as an adult. The second hypothesis was to examine the effects of the different victimization experiences on the four attachment types. To test these hypotheses, 267 female undergraduate students completed a set of questionnaires that measured attachment, child sexual abuse, and adult sexual, physical and psychological abuse. The results replicated previous studies (Messman-Moore & Long, 2000) that reported child sexual abuse victims were more likely to experience adult psychological and sexual victimizations than non-victims. However, the results failed to replicate previous research which found that child sexual abuse victims were more likely to experience adult physical abuse than non-victims. The results revealed no differences between revictimization and childhood sexual abuse victims in relation to attachment. Thus the hypothesis was not supported.

The Relationship Between Child Sexual Abuse, Revictimization and Adult Attachment

Violence of all forms against women is remarkably common in North America. Often abuse begins in childhood and unfortunately continues into adulthood. Childhood sexual abuse occurs at an alarming rate among females. The rates of childhood sexual abuse range from 15% to 33% of the population (Kendall–Tackett, Williams, & Finkelhor, 1993). A national study, which reported the incidence of substantiated child abuse in Canada, stated that .62 per 1,000 children reported child sexual abuse, 6.17 per 1,000 reported physical abuse and 5.31 per 1,000 reported emotional abuse (Minister of Public Works and Government Services Canada, 2005). Abuse of children is very serious and often has long-lasting effects, damaging the child's behavioral, social, emotional and cognitive health. Furthermore, research indicates that a child sexual abuse victim is more likely to experience abuse as an adult (Noll, Horowitz, Bonanno, Tickett, & Putman, 2003).

One in four Canadian women will be sexually assaulted during their lifetime (Brickman & Briere, 1984). In Canada, 51% of women have experienced at least one incident of sexual or physical violence and 60% of those women also report more than one incident of violence (Statistics Canada, 1993). Physical abuse rates reported in academic research state approximately 25% to 50% of women experience abuse by their husbands (Straus & Gelles, 1990).

The effects of victimization may manifest various psychological symptoms both short and long term. Due to the extensive number of females who experience abuse at one point in their lives, and the detrimental effects such an experience can have, research is warranted. This study examined the relationship between various victimization experiences and adult

attachment. This study also explored the relationship between childhood and adult victimization experiences. Revictimization is the experience of both childhood sexual abuse and either adult sexual assault, adult physical abuse and adult psychological maltreatment. Attachment is thought to impact the view of self and others in important relationships. Therefore, attachment is an important variable to consider as it impacts the quality of relationships and overall life satisfaction.

Childhood Sexual Abuse

Defining Child Sexual Abuse

The child sexual abuse literature has grown considerably in recent years, despite the lack of a universally agreed upon definition of child sexual abuse which makes it difficult to establish accurate prevalence rates and to compare results across studies. This lack of consensus, regarding the definition, results in many definitions for (a) what constitutes a child (b) what is regarded as a sexual act, and (c) what defines an abuse experience. For instance, the age cut off for child sexual abuse has ranged from 14 to 18 years (Rich, 2003). In terms of what is regarded as a sexual act, the definitions include instances from exposure to pornography and exhibitionism, to others which only include acts of penetration. What defines abuse is also different from study to study. For instance, some researchers use measures of subjective definitions where the child identifies the experience as abuse, while others regard abuse as the "exposure of a child to sexual experiences that are inappropriate for his/her level of physical or emotional development" (Britton, 1997). In other cases, the difference in age between the victim and perpetrator is deemed significant (i.e., 5 years of older), whereas in others, age difference is not recognized as important. It is reasonable to assume that more encompassing

definitions will record more incidents of sexual victimization than those studies that utilize a more restrictive definition.

Mayall and Gold (1995) explored definitional classifications using the severity of both child abuse and adult sexual assault as the independent variables. Chi-square analysis of the data indicated that the less restrictive (i.e., more encompassing) definitions were non-significant, however, more restrictive definitions found statistically significant results. Therefore, using a more restrictive definition of childhood sexual abuse and adult sexual assault increases the likelihood of finding significant relationships with other variables.

The definition commonly used in child sexual abuse research is based on Finkelhor's work (1979), which defines child sexual abuse as "(a) sexual contact (fondling, oral-genital contact, or intercourse) between a child age 15 years or younger and an adult who was 5 or more years older than the victim; (b) sexual contact between a child (15 years and younger) and a perpetrator who may not be 5 or more years older than the victim but who used force or threats to ensure the victim's compliance; (c) sexual contact at any age younger than 15 with someone of any age if the experience was viewed by the individual as child sexual abuse". This is the definition that will be used in this study because it is the most commonly used definition in terms of age cut off used in revictimization research. This definition is also a more restrictive definition as it is limited to sexual contact. Since this definition has been used previously by other child sexual abuse researchers (e.g., DeLuca, Grayston, & Romano, 1999) it will aid in the ability to compare across studies.

Child Sexual Abuse Rates

Rates of child sexual abuse are usually reported as incidences (the rates in a period of time) or by prevalence studies (the number of individuals that have been abused in their lifetime) (Rich, 2003). It is commonly believed that the statistics reported underestimate the true rates of child sexual abuse. For example, in incidence studies, only cases where the abuse is reported and substantiated are included. Numerous reasons could inhibit the reporting of abuse, including the resistance of parents to be involved with child protection agencies, children's fear, shame and guilt, as well as difficulty in substantiating the abuse experiences.

Finkelhor (1994) reviewed the child sexual abuse literature and determined that approximately 20% of females experience childhood sexual abuse and 5% to 10% of males experience childhood sexual abuse. However, the true rates of child sexual abuse are unknown due to the variation in the methods employed to collect the data, definitions of child sexual abuse used, and the samples used in the study, all of which impact the rates reported.

Effects of Childhood Sexual Abuse

The range of symptoms and behaviors experienced by victims of childhood sexual abuse varies from individual to individual. However, it is not clear why some survivors of child sexual abuse recover from the immediate negative impact and others continue to suffer long-term effects. Numerous studies have been conducted that examine both the short and long term effects of child sexual abuse using student, clinical and community samples (Merril, Thomsen, Sinclair, Gold, & Milner, 2001). Childhood sexual abuse has been linked with a variety of acute symptoms which negatively impact the child's behavioral, emotional, cognitive and physical

health. Studies usually compare child sexual abuse survivors to non-victims when measuring for the short-term effects of childhood sexual abuse.

Manifestations of childhood sexual abuse may include behavioral problems, aggression, fears and nightmares, and age inappropriate or sexualized behavior (Browne & Finkelhor, 1986; Deblinger et al., 1989; Finkelhor, 1988, Kendall-Tackett et al., 1993). Examples of age inappropriate or sexualized behaviors that a victim of child sexual abuse may exhibit include sexual play with dolls, open masturbation, inserting objects into the anus or vagina, excessive sexual curiosity, genital exposure, seductive behavior, age inappropriate sexual knowledge and a tendency to engage in sexual intercourse at an earlier age (Beitchman, Zucker, Hood, daCosta, & Akman, 1991; Browne & Finkelhor, 1986).

Emotionally, children who have experienced sexual abuse may be withdrawn, have lower self-esteem, and exhibit symptoms of depression (Lipovsky, Saunders, & Murphy, 1989). Commonly, victims of childhood sexual abuse also experience feelings of fear and shame or exhibit dissociative symptoms (Browne & Finkelhor, 1986).

Childhood sexual abuse survivors may experience attention and concentration problems as well as a lower academic performance (Kendall-Tackett, Williams, & Finkelhor, 1993). Physically, the child may have many somatic complaints (Browne & Finkelhor, 1986; Finkelhor, 1988), as well as disturbances with sleep and eating (Kendall-Tackett et al., 1993; Peters, 1988).

However, not all victims of childhood sexual abuse report symptoms or behavioral manifestations. Rates of asymptomatic child sexual abuse survivors vary from 21% (Conte & Shuerman, 1987) reporting no symptoms using both broad and specific assessment methods, to

49% (Caffaro-Rouget, Lang, & Van Santen, 1989) utilizing a pediatric examination assessment method. It is also noteworthy that individuals differ in the timing in which symptoms arise. For example, some victims of abuse may initially exhibit few symptoms, however, what is known as "sleeper effects" may develop in later years (Finkelhor & Browne, 1985; Trickett, Noll, Reiffman, & Putnam, 2001). Factors including severity of assault, support networks of the victim, and individual resiliency have been shown to mediate the effects of victimization (Spaccarelli, 1994).

Long-term effects of childhood sexual abuse may impact the quality of life for the victim. Childhood sexual abuse victims may be impacted in the long-term emotionally, physically and sexually. For example, individuals may exhibit post-traumatic stress disorder (PTSD) (Kendall-Tackett et al., 1993; Kiser, Heston, Millsap, & Pruitt, 1991; Putnam, 1997, 2005), depression (Bifulcao, Brown, & Adler, 1991; Fergusson, Horwood, & Lynsky, 1996; Finkelhor & Browne, 1986), or anxiety (Briere & Runtz, 1988; Fromuth, 1986; Greenwald et al., 1990; Sedney & Brooks, 1984). Furthermore, childhood sexual abuse survivors may also have low self-esteem, higher suicide ideation and attempts (Brier, 1984 as cited in Browne & Finkelhor, 1986).

Of importance for the present study, childhood sexual abuse has been linked with attachment difficulties (Alexander, 1992; MacDonald, 2006; Roche et al., 1999; Shapiro & Levendosky, 1999). Research on attachment stresses the importance of forming secure attachment as it is associated with better psychological functioning, particularly evident in the development of future relationships. However, it has been shown in studies with abuse populations that approximately 80% of the participants exhibit an insecure-disorganized

attachment formation (Schore, 2001). Research has shown that child sexual abuse survivors are less secure and more fearful than non-child sexual abuse victims (MacDonald, 2006; Roche et al., 1999). However, there is a lack of research examining the relationship between revictimization and adult attachment.

Victims of childhood sexual abuse may exhibit physical symptoms, for instance chronic muscle tension and somatic complaints (Courtois, 1988; Morrison, 1989), obesity (Sickel, Noll, Moore, Putnam, & Tickett, 2002), substance abuse disorders (Kendler, Bulik, Silberg, Hettema, Myers, & Prescott, 2000), or poor overall health. Moreover, victims of childhood sexual abuse are more likely to be victims of physical abuse (Briere & Runtz, 1987; Messman-Moore & Long, 2000).

Sexually, victims of childhood sexual abuse often experience difficulties with sexual adjustment. For example, some may have a fear of sexual activity (Briere, 1988), or have difficulty maintaining long-term stable interpersonal relationships (Finkelhor & Browne, 1985). Others my initiate sexual activity early, or have an increased number of sexual partners (Mayall-Gold, 1995). Victims of child sexual abuse have also been shown to have high rates of teenage pregnancy, or involvement in prostitution (Silbert & Pines, 1981).

Research indicates that victims of child sexual abuse also experience a greater risk of revictimization in the forms of adult sexual assault, physical abuse and psychological maltreatment (Browne & Finkelhor, 1986; Messman & Long, 1996; Noll, Horowitz, Bonanno, Trickett, & Putman, 2003; Polusny & Follette, 1995). Since childhood sexual abuse victims are at a higher risk of being revictimized and tend to exhibit insecure attachment styles this study explored the relationship between revictimization and adult attachment.

Abuse Severity

Individuals who experienced more severe childhood sexual abuse were found to have more psychological difficulties in adulthood (Bennett, Hughes & Luke, 2000; Williams, 1993). Abuse severity has also been linked with revictimization, in that the chances of being victimized increased with greater severity of the preceding victimization (Gidycz, Hanson, & Layman 1995). However, other studies have found no relationship between abuse severity and later psychological impairment (Gold, Milan, Mayall, & Johnson, 1994; Tremblay, Hebert, & Piche, 1999). The differences in the results may be due to the differences in what variables are used to define the severity of abuse.

Abuse severity has been measured by including variables of child sexual abuse, such as the frequency of abuse, abuse duration, force, pain, type of sexual activity, age of abuse onset, relationship to the abuser, number of perpetrators, and violence experienced (Haugaard, 2000; Merrill et al., 2001). An example of a severe form of sexual activity is vaginal / anal intercourse, oral sex, digital penetration or genital contact (Leventhal, 1998). The relationship of the victim to the abuser has also been noted in the literature as a severity of abuse indicator that is linked with later psychological functioning. Individuals who were abused by someone with whom they had a close relationship (i.e., parent or family member) tend to exhibit more symptoms then those abused by someone they are less close to (i.e., stranger or babysitter). It appears that later functioning is related to relationship to abuser, as the closer the person is to the abuser, the more betrayal may be experienced. Research has linked increased severity, longer duration, a close relationship to the perpetrator, younger age of the child, and use of violence

with a more negative impact on the victim (Beitchman et al., 1992). This study examined abuse severity as it relates to adult attachment.

Childhood Traumatic Experiences

Much of the child sexual abuse research has focused solely on child sexual abuse without taking into consideration other traumatic childhood experiences that may co-exist or pre-date child sexual abuse experiences (Boudewyn & Liem, 1995; Browne & Finkelhor, 1986; Rosenberg, 1987). Revictimtization research examines childhood sexual abuse without accounting for other traumatic experiences that could also impact adult victimization. For instance, childhood physical abuse, parental domestic violence and parental substance abuse have been found to be predictive of violence in dating relationships (Maker, Kemmelmeier, & Peterson, 1998). Therefore, in this study the relationship that other forms of childhood trauma may have upon adult attachment was explored. More specifically, other childhood trauma included the death of a close friend or family member, divorce or separation of parents, childhood physical abuse, victim of violence, extreme illness or injury, and parental alcoholism or substance abuse.

Revictimization

Definition of Revictimization

Revictimization has been used to describe multiple traumas across a life span. Wyatt, Guthrie, and Notgrass (1992) defined revictimization as at least one incident of sexual abuse in both childhood and adulthood. Later definitions have expanded to include not only adult sexual abuse but also physical abuse and psychological maltreatment (Messman-Moore & Long, 2000). Although the studies of child sexual abuse and revictimization differ in terms of how the sample

is selected, the measures used, the definitions of child and adult sexual abuse, the results indicate that women who experienced childhood sexual abuse are at least twice as likely to be revictimized as an adult (Gold, Sinclair, & Balge, 1999).

For the purposes of this study, revictimization was defined as the experience of both child sexual abuse and any of the following adult experiences: sexual assault, physical abuse, and psychological abuse (Messman-Moore & Long, 2000). A restrictive definition of sexual assault was used which included experiences of oral-genital contact, vaginal or anal intercourse, or penetration of the vagina or anus by objects. Physical abuse was defined as incidents of physical attacks, physical force and violence. Psychological maltreatment included incidences of emotional-verbal abuse and dominance-isolation.

Rates of Revictimization

Many studies have found that victims of childhood sexual abuse are at an increased risk for sexual revictimization in both adolescence (Fergusson, Horwood, & Lysnkey, 1997) and adulthood (Gidycz, Coble, Latham, & Layman, 1993). It is estimated that child sexual abuse doubles or even triples the risk of sexual revictimization for adult women (Classen, Palesh, & Aggarwal, 2005). Out of 930 women interviewed, Russel (1986) reported that 65% of the women abused by family members and 61% of the women abused by someone outside the family were victims of rape or attempted rape after the age of 14 years. This study reported a high rate of revictimization among child sexual abuse survivors especially in comparison to 35% of women with no child sexual abuse history. Results of the 3,132 interviews in the Sorenson, Stein, Siegel, Golding, and Burnman (1987) study indicated that 26% of the women with a history of child sexual abuse were sexually assaulted as adults, as compared with 3% of

women with no child sexual abuse history. Stevenson and Gajarsky (1991) found a significant relationship between unwanted childhood sexual experiences and unwanted adult sexual experiences among college students. In fact, 72.3% of women with unwanted childhood sexual experiences were revictimized as adults. One study found that 32.1% of child sexual abuse survivors experienced adult victimization as compared with 13.6% of non-victims of child sexual abuse (Gidycz, Coble, Latham, & Layman, 1993). Women with a history of child sexual abuse were more likely to report unwanted sexual experiences due to force, the misuse of the perpetrator's authority, and use of alcohol or drugs by the victim (Messman-Moore & Long, 2000).

Studies of revictimization using community samples indicate revicimtization rates from 37% to 68% (Gorcey, Santiago, & McCall-Perez, 1986: Wyatt, Guthrie, & Notgrass, 1992). Lastly, Fergusson, Horwood, and Lynskey (1997) found that child sexual abuse survivors were 11 times more likely than non-victims to experience rape or attempted rape.

It would appear that not only are child sexual abuse survivors at an increased risk for adult sexual assault, but also, at an increased risk for adult physical abuse and psychological maltreatment. Research estimates that between 27% and 49% of child sexual abuse survivors experience adult physical abuse, whereas only between 12% and 18% of non-victims experience adult physical abuse (Briere & Runtz, 1987; Finkelhor & Yllo, 1983; Walker & Browne, 1985). Messman-Moore and Long (2000) also found a relationship between child sexual abuse and both adult physical abuse and psychological maltreatment. Thus, compared with non-victims, child sexual abuse survivors experienced more instances of minor and severe physical abuse.

Child sexual abuse survivors also reported more instances of domination or isolation by a partner and more episodes of verbal or emotional abuse by a partner.

Noll (2005) stated that studies in the area of revictimization suggest a "persistent cycle of violence perpetrated against woman that begins in childhood in the form of sexual abuse or exploitation, reemerges later in adolescence and early adulthood in the form of physical assault / domestic violence or sexual revictimization, and ultimately places the next generation at considerable risk of victimization." (p. 456). Intergenerational effects of abuse are a new area of study among child sexual abuse survivors. Research has indicated that a large proportion of the mothers of child sexual abuse victims also report having been abused in childhood (Trickett, Everett, & Putnam, 1995 as cited in Noll, 2005).

Effects of Revictimization

Research has established that childhood sexual abuse increases the risk for adult revictimization, however, no data exists to explain what makes child sexual abuse victims more vulnerable to further victimization experiences. Research has examined the effects revictimization has on an individual. Revictimized individuals reported greater interpersonal problems than their non-revictimized counterparts (Classen, Field, Koopman, Nevill, Manning, & Spiegel, 2001). This is important as interpersonal relationships influence psychological, behavioral and emotional adjustment (Roche et al., 1999).

Research is divided in terms of differentiating symptoms experienced by revictimized women from symptoms experienced by child sexual abuse survivors. Some research indicates greater pathology among revictimization populations than child sexual abuse populations (Briere & Runtz, 1988; Ellis, Atkeson, & Calhoun, 1982), whereas other researchers have found

no differences between revictimization and child sexual abuse survivors (Marhoefer-Dvorak, Resick, Hutter, & Girelli, 1988; Sorenson, Siegel, Golding, & Stein, 1992) in terms of symptoms. Research also has compared revictimized individuals to individuals who have experienced multiple victimization experiences. Women with multiple types of assault experiences and women who have been revictimized reported similar levels of psychological distress (Messman & Long, 1996).

Women who have been revictimized have been shown to have higher unemployment rates, greater transience and lower socioeconomic status (Frank, Turner, & Stewart, 1980; Miller et al., 1978), greater utilization of psychiatric services (Ellis, Atkeson, & Calhoun, 1992), greater number of sexual partners (Wyatt et al., 1992), greater anxiety, dissociation and somatization (Briere & Runtz, 1988), depression (Messman & Long, 1996), higher rates of attempted suicide (Ellis, Atkeson, & Calhoun, 1982), post traumatic stress symptoms than women with a history of childhood sexual abuse and women with no abuse history (Messman & Long, 1996). Research concerning revictimization is important especially for the development of prevention programs. Since sexual and physical abuse are related to serious detrimental consequences for the victim, it is important to provide further knowledge in the area of revictimization.

Revictimization Theory.

Research examining predictors of sexual assault has determined that the greatest predictor of future sexual assault is having experienced a past sexual assault (Gidycz et al., 1993). Further research has attempted to uncover the process by which the experience of childhood sexual abuse makes victims more vulnerable to future victimizations. Although a

variety of theories have been proposed to explain why women who have experienced childhood sexual abuse are at a greater risk for revictimization, there has been little research to substantiate the proposed theories. Some of the factors assumed to contribute to increasing the risk include learning processes, denial, low self-esteem, learned helplessness, choices regarding relationships and the Traumagenetic model (Messman & Long, 1996).

Learning theory can be used to explain the cycle of abuse because children who experience childhood sexual abuse may learn maladaptive behaviours, beliefs and attitudes which can result in vulnerability in adulthood (Wheeler & Berliner, 1988). For example, victims of childhood sexual abuse may adopt an inappropriate repertoire of sexual behaviours and beliefs. The behaviors and beliefs may have developed due to modeling the perpetrator's behaviors, following instructions given by the perpetrator, and reinforcement of sexual behaviors and beliefs of the perpetrator. The behaviors and beliefs may increase risk of being further victimized.

It also is suggested that perhaps rigid sex role stereotyping learned in childhood may contribute to revictimization rates. Walker and Browne (1985) stated that because women may have been taught to be dependent upon others for a sense of security and self-esteem it may affect how they respond to abuse as adults. Furthermore, women who have experienced abuse as a child (either sexual or physical) may be less able to protect themselves, have lower self-worth, and be more willing to accept abuse as part of being a woman. Unfortunately, this leads to a situation where revictimization may be more likely to occur because not only is the abuse seen as normal, but also, as an expected and accepted part of being a woman (Messman & Long, 1996).

Another theory suggests that relationship choices are linked with revictimization rates. In other words, the effects of childhood sexual abuse may lead women to make unhealthy choices when it comes to relationships or to have a negative learned expectancy in sexual relationships. For example, "Jehu and Gazan (1983) stated that there is a propensity for child sexual abuse survivors to oversexualize all relationships with men, to become involved repeatedly in relationships that are punitive and ill-matched, as well as to become involved repeatedly with men who misuse women" as cited in Messman and Long (pp. 399, 1996). Jehu and Gazan (1983) hypothesized that three effects of childhood sexual abuse are linked with revictimization including (a) low self-esteem, (b) the desire to justify moral superiority and hostility towards men, and (c) a failure to learn assertion and protective skills. Research also has reported that perhaps since revictimized women tend to have more sexual partners they increase the chances of being exposed to an abuser.

Learned helplessness is yet another explanation put forth to explain the relationship between childhood sexual abuse and revictimization. Walker (1984) and Walker and Browne (1985) stated that women who have been in abusive situations will begin to see fewer and fewer options for leaving the abusive situation and, therefore, begin to focus on minimizing the injury and coping with the pain and fear. This type of mentality leaves child sexual abuse victims open to further revictimization as they fail to see obvious escape routes in abusive situations. Peterson and Seligman (1983) also used the learned helplessness theory to explain the link between childhood sexual abuse and revicitimization focusing on the casual attributions that survivors make in response to abuse. They stated that repeated victimization tends to produce internal

stable and global attributions. For example, a person may believe that he or she deserved the abuse.

The Traumagenic Dynamic model (Finkelhor & Browne, 1985) described the process of how child sexual abuse affects the development of a person in terms of four trauma causing factors – traumatic sexualization, betrayal, powerlessness, and stigmatization. This model can be used to explain the effects of childhood sexual abuse and possibly explain how child sexual abuse survivors are at an increased risk for further victimization. These factors describe how childhood sexual abuse impacts the child's emotional, cognitive and sexual development.

Traumatic sexualization "refers to a process in which a child's sexuality (including both sexual feelings and sexual attitudes) is shaped in a developmentally inappropriate and interpersonally dysfunctional fashion as a result of sexual abuse" (Finkelhor & Browne, 1985, p. 531). For instance, a child may be rewarded by the perpetrator for engaging in inappropriate sexual behaviour. The child may learn to use sexual behavior to manipulate others due to child sexual abuse experiences that teach the child to exchange sexual behaviour for affection, attention, or other privileges. Childhood sexual abuse survivors may have confusion and misconception regarding their sexual self-concept (Finkelhor & Browne, 1985). Childhood sexual abuse may result in the victim having an inappropriate repertoire of sexual behavior which may put her at risk for future victimization experiences.

Betrayal refers to the "dynamic by which children discover that someone whom they were virtually dependent upon has caused them harm" (Finkelhor & Browne, 1985, p. 531). Betrayal is a common effect found in survivors of childhood sexual abuse and can cause the victims to suffer disillusionment, which can translate into an intense desire to regain trust and

security. Unfortunately, this need may impair judgment regarding the trustworthiness of others and a desperate search for a satisfying relationship may impair child sexual abuse victim's ability to make healthy relationship choices which may contribute to future revictimization.

The third psychological factor is a feeling of stigmatization, which is also related to feelings of low self-esteem. Stigmatization refers to the "negative connotations – e.g. badness, shame and guilt – that are communicated to the child around the experiences and that then become incorporated into the child's self-image" (Finkelhor & Browne, 1985, p. 532). Low self-esteem and a negative self image may in turn, put individuals who have experienced child sexual abuse at a greater risk for further victimization (Jehu & Gazan, 1983).

The forth effect of child sexual abuse is powerlessness which also is referred to as disempowerment, and describes the victim being rendered powerless. This includes the process in which the "child's will, desires and sense of efficacy are continually contravened" (Finkelhor & Browne, 1985, p.532). Finkelhor and Browne stated that experiencing repeated incidents of victimization may result in the victim coming to expect further victimization. This expectation may contribute to absence or preventative actions to others who are trying to manipulate or harm the victims, similar dynamics that are seen in the learned helplessness model.

Although each of these factors or theories may play a role in revictimization, no single factor is likely sufficient to explain the process. It would appear that no theories about the cause or contributing factors for higher rates of revictimization experienced by child sexual abuse victims have been empirically tested.

Attachment

Attachment has been defined by Bowlby (1969 / 1982, 1977) as a biologically based bond with the caregiver. In theory, the child's expectations of adult availability and responsiveness are thought to develop in infancy and toddler hood through interactions between children and their primary attachment figures or caregivers.

Attachment serves the survival function of protection; the child uses the parent as a secure base which allows the child to safely explore his or her environment (Bowlby, 1988). The attachment figure is viewed as the "solution" to distressing experiences, and thus attachment seeking behaviours are activated in stressful situations. The "attachment behavioural system" proposed by Bowlby (1969, 1973, 1982) states that individuals seek comfort from and maintain physical proximity to the caregiver which leads to a consistent sense of security over time. Attachment is an important dynamic to consider as the attachment style formed in childhood is believed to continue into adulthood (Ainsworth, 1989; Collins & Read, 1990). Thus, relationships later in life tend to exhibit similar attachment characteristics to those with the primary attachment figure or caregiver. A relationship between attachment style and behavioral, cognitive, and effect across childhood, adolescence and adulthood has been supported by the research (Cicchetti & Rogosch, 1997).Expectations concerning the availability and responsiveness of adults are internalized via working models of self-in-relationships which in turn may influence both the construction of new relationships and the ability to cope with demands and stressful situations later in life (Aber & Allen, 1987; Bowlby, 1980; Main & Westen, 1982; Sroufe & Fleeson, 1986).

The internal working model is useful in explaining how attachment affects the development of personality and future relationships. This model states that based on experiences with the attachment figure (caregiver) infants develop expectations about "(a) his or her own role in relationships (worthy and capable of others attention vs. unworthy and incapable of getting needed attention) and (b) others' roles in relationships (trustworthy, accessible, caring and responsive vs. untrustworthy, inaccessible, uncaring and unresponsive)." (Shapiro & Levenosky, 1999). Therefore, not only does the model influence interpretations of current relationships but is also the basis for predicting future experiences in relationships.

This model also explains how the child learns to be a caregiver while receiving care (Sroufe & Fleeson, 1986) and, therefore, may explain how intergenerational effects of sexual abuse are passed down. For example, a mother's attachment style has been found to be predictive of her interaction with her child as well as the child's attachment (Bartholomew & Horowitz, 1991 as cited in Shapiro & Levendosky, 1999).

Interestingly, because the working model includes both affective and cognitive components, it "governs how incoming interpersonal information is attended to and perceived, determines which affects are experienced, selects the memories that are evoked, and mediates behaviour with others in important relationships" (Zeanah & Zeanah, 1989, pp. 182). Therefore, attachment impacts the individual's feelings about self and others in relationships, as well as the individual's behavior in important relationships. Child sexual abuse not only impacts the victim's view of self and the world, but also, may impact how she relates to others in relationships (Cole & Putnam, 1992). Therefore, attachment can explain how child sexual abuse victims increase future risk of revictimization.

The literature describes four main adult attachment styles based on individuals' attachment to their parents or significant others; i.e., secure, insecure-dismissive, insecure-preoccupied, and insecure-fearful. Secure adults have been described as coherent in their ability to reflect on the past (Main & Goldwyn, 1984), comfortable with a wide range of emotions (Haft & Slade, 1989), self-confident and trusting (Feeney & Noller, 1990; Hazen & Shaver, 1987), and comfortable with closeness (Collins & Read, 1990). Avoidant (insecure-dismissive) adults have been described as idealizing and unable to recall their childhood (Main & Goldwyn, 1984), uncomfortable with intimacy and lacking confidence (Collins & Read, 1990; Feeney & Noller, 1990; Hazan & Shaver, 1987), and hostile and lonely (Bartholomew & Horowitz, 1991; Kobak & Sceery, 1988). Preoccupied (anxious ambivalent) adults have been described as confused and anxious (Collins & Read, 1990; Kobak & Sceery, 1988), clinging, dependent, and jealous (Brennan & Shaver, 1991; Feeney & Noller, 1990; Hazen & Shaver, 1987), and overly expressive (Barholomew & Horowitz, 1991). Finally, fearful (unresolved) adults have been described as socially inhibited and unassertive and they show a combination of avoidant and preoccupied traits (Bartholomew & Horowitz, 1991).

When attachment figures are unresponsive to the child's needs, the child is in a regular state of distress, and thus forms an insecure attachment and is inclined to experience a generalized sense of anger and anxiety (Kobak, 1999). It is thought that individuals who have an insecure attachment lack the inner resources necessary to seek support, cope and adapt following trauma (Stuenbort, et al., 2002). Individuals with an insecure attachment are more likely to use maladaptive stress reducing coping strategies and, therefore, tend to remain in a high state of distress and arousal. Therefore, in terms of adjusting to or dealing with a traumatic

experience such as a sexual assault, a secure attachment is thought to buffer the negative effects of being victimized.

Insecure attachments (dismissive, fearful, and preoccupied) are commonly found in children who have experienced abuse or neglect (Alexander, 1992). Insecure attachment contributes to the development of childhood psychopathology (Rosenstein & Howowitz, 1996), particularly when combined with other risk factors like family dysfunction or trauma. The quality of attachment may determine the level of psychological distress experienced by childhood sexual abuse victims (Shapriro & Levendosky, 1999).

Since child sexual abuse occurs within the environment of human relationships, it is thought to disrupt the normal developmental processes including learning how to form trusting, loving and secure relationships. Research indicates that 70% to 100% of children who are maltreated form an insecure attachment in comparison to 30% of children who are not maltreated (Roche et al., 1999).

Attachment theory may also explain the differences exhibited by child sexual abuse survivors in terms of coping strategies, particularly the use of social support. Among individuals with representational models of others as caring and supportive and themselves as competent and worthy of the care of others (secure attachment), it is thought that child sexual abuse may activate behaviours that promote the use of social support in the service of coping (Liem & Boudewyn, 1999). On the other hand, among individuals with representational models of others as unresponsive, betraying, rejecting or hostile, and representational models of themselves as powerless, incompetent and unworthy of eliciting the care and support of others (insecure

attachment), child sexual abuse may activate self-blame, anxious dependence on attachment figures, and the ineffective use of social support (Liem & Boudewyn, 1999).

Liem and Boudewyn (1999) found that individuals with a higher number of maltreatment and loss events in early childhood predicted incidences of child sexual abuse, which in turn predicted maltreatment in adult relationships, higher levels of adult depression, and chronic self-destructiveness and lower levels of adult self-esteem. Liem and Boudewyn used frequency of maltreatment and loss events in early childhood as a measure of attachment. Leim and Boudewyn stated that if these loss and maltreatment events occurred before the age of 5 years, they prevented the development of a secure attachment. In theory, someone with internal representations of self as bad, unworthy, or incapable (insecure attachment) may be more likely to tolerate maltreatment from others. Similarly, someone with internal representations of others as abusive, hostile, or rejecting (insecure attachment) may also be less likely to consider maltreatment by others as unusual. In summary, individuals who have experienced multiple maltreatment and loss events, including sexual abuse, in childhood may have developed a negative set of expectancies regarding themselves and others (i.e., insecure attachment). Individuals with an insecure attachment may be at an increased risk for adult victimization due to the need for approval by others (Liem & Boudewyn, 1999). According to Liem and Boudewyn (1999), their results supported the continuity of working models of self-in-relationship across time.

Research on adult survivors of childhood sexual abuse stated that survivors scored significantly lower on measures of security and significantly higher on measures of fearfulness than their non-victim counterparts (Roche et al., 1999; Macdonald, 2006). It also was reported

that attachment moderated the impact of child sexual abuse on adjustment. That is, when controlling for attachment, childhood sexual abuse no longer continued to predict adjustment. However, when childhood sexual abuse was controlled for, attachment continued to predict adjustment of female students. Therefore, Roche et al. (1999) concluded that it was not the impact of childhood sexual abuse that predicted adjustment, but that the indirect effect which child sexual abuse had on attachment that predicts later adjustment.

It also was found that the relationship to the abuser had an impact on attachment (Roche et al., 1999), i.e., that is victims abused within the family (interfamilial abuse) were significantly more fearful, and significantly less secure and dismissing than those who were abused outside of the family (extrafamilial abuse). Stuberbort, Greeno, Mannarino, and Cohen (2002) examined the effects of attachment quality on post-treatment functioning for adolescents following sexual trauma. Stuberbort et al. (2002) found that individuals who had secure attachments had more positive outcomes at follow-up.

> "Finkelhor and Brown (1985) proposed that the betrayal of a trusted adult may cause severe conflicts in the way the child sees him or herself in relationships with others and may impede the ability to form secure and healthy attachments with others. Data have indicated that adult victims of child sexual abuse demonstrated and reported insecure and fearful attachment styles (Bartholomwe & Horowitz, 1991; Feeney & Noller, 1990). It is, therefore, suggested that women who exhibit insecure and fearful attachment styles may exhibit an increased vulnerability to sexual victimization due to their unhealthy relationships (Alexander, 1993)" (pp. 60, Rich, 2003).

In summary, child sexual abuse survivors are at an increased risk for revictimization in the forms of adult sexual, physical and psychological abuse (Messman-Moore & Long, 2000). Early experiences of abuse are thought to influence the development of secure attachment, so adult experiences of abuse are thought to further decrease the chances of secure attachment. It would appear that attachment regulates the individual's view of self and others in important relationships. It stands to reason that experiencing multiple victimizations will be related to adult attachment.

Hypotheses

1. Child sexual abuse survivors will be more likely than non-victims to experience adult victimization in the forms of adult sexual assault, adult physical abuse, and adult psychological maltreatment.
2. Individuals who were revictimized will be more likely to exhibit insecure attachment types than child sexual abuse survivors, non-victims, and individuals who experienced adult victimizations only.

Method

Participants

The participants were 267 female undergraduate students recruited from Introductory to Psychology courses at the University of Manitoba. Although participation was voluntary; the participants received course credit towards their final grade in Introductory to Psychology. The recruitment script stated the following criteria for participants: female, fluent in English and over the age of 18. The recruitment script further explained that all participants were required to provide informed consent which required a minimum age of 18 years of age. All questionnaires

were administered in the English language, so while English did not have to be the first language, the ability to read and comprehend the questionnaires was required.

Research has documented that college women are approximately two times more likely to experience a sexual assault than women in the general population (Gidycz & Koss, 1989). Thus the majority of research in the area of sexual assault and revictimization has used this sample. It is thought that perhaps factors inherent to the college setting such as excessive and first time use of alcohol, rape supportive environment, and the fact that college woman are at the prime dating age all increase the risk for sexual assault (Warshaw, 1985).

Sexual victimization also occurs with boys and men; however, the majority of childhood sexual abuse reports and adult sexual assaults are reported by females. Therefore, the decision was made to use the female population for this study. Furthermore, the majority of both child and adult sexual assaults reported have been perpetrated by males (Fisher et al., 2000). Therefore, the focus of the research is violence against women perpetrated by males.

Procedure

Participants were asked to read and sign the informed consent form (Appendix A) prior to participating in the study. The consent form outlined the instructions for completing the questionnaires. The consent form also stated that if a participant chose not to participate, or felt uncomfortable at any time during the session, she may choose to terminate her participation without loss of the course credit.

The participants were asked to complete self-report questionnaires designed to capture data relating to the variables identified in the hypotheses. To ensure the participants' anonymity, the questionnaires were administered in large classroom settings. Each session was 3 hours in

duration and the participants arrived anytime within that 3 hour time period. The questionnaires took approximately 30 to 45 minutes to complete. The participants received a separate questionnaire booklet to record their answers. To ensure confidentiality, participants were instructed not to write their name on the questionnaire booklets. The participants were assigned a participant number for identification purposes. The consent form was separated from the questionnaire booklets when handed in and was stored separately. All data were stored in a secure location accessible only to members of the research team. The data collected in this study were used to fulfill the requirements for the Masters of Arts thesis research for the author. The data also may be used in presentations and may be published in academic journals. This data also may be used to address further research questions identified by the research team. The results of the study were made available to participants who requested the information by providing contact information on the consent form.

The participants received a debriefing sheet (Appendix B) which explained the purpose of the research in addition to the contact information for the researchers conducting this study. Contact phone numbers for counseling resources were provided, as the research questionnaires address issues which may be distressing for participants. The debriefing form recommended that should individuals feel distressed they should contact the counseling resources for assistance. Furthermore, the participants were encouraged to report incidences of abuse that have not already been reported. Information was included on how to report experiences of abuse to the proper authorities. Lastly, the debriefing sheet expressed gratitude for participating in the research and stated that research in the area of sexual abuse is needed to develop prevention and treatment programs.

Measures

A Demographic questionnaire (Appendix C) was administered to obtain general information from participants.

Attachment.

The Experiences in Close Relationships Inventory (ECL) was developed by Brennan, Clark and Shaver (1998) to provide information on an individual's attachment style in romantic relationships (Appendix D). The ECL is a 36 item self-report questionnaire designed to assess the individual's attachment style based on the general dimensions of anxiety and avoidance. The ECL assigns individuals to one of four attachment styles; secure, fearful, dismissing or preoccupied using a scoring formula (Appendix E). Evaluation of the ECL reports an alpha coefficient of .91 for the anxiety scale, and alpha coefficient of .94 for the avoidance scale (Brennan et al., 1998). The continuous scores obtained using the scoring formula for each attachment style was used in the analysis.

Childhood Traumatic Experiences.

The Childhood Traumatic Events Questionnaire (CTES) was developed by Pennybaker and Susman (1988) and consists of six traumatic childhood events. A modified version of the CTES was used (Appendix F) which included questions pertaining to the death of a close family member, childhood physical abuse, separation or divorce of parents, parental domestic abuse, victim of other violence, major childhood illness, and parental alcohol or substance abuse. The rape and molestation questions originally included in the CTES were removed as it is assessed using another measure. The CTES was modified to include a question pertaining to childhood physical abuse as it has been linked with experiences of adult physical abuse. The following

question was added, "Now taking your whole childhood into account did you ever receive physical injuries from the discipline used by your parents (that is bruises, welts, cuts, lacerations, burns, broken bones, dental injuries, head injuries, etc) before age 15?" Using an operational measure of physical abuse has been found to me more valid than simply asking people whether they were physically abused (Berger, Knutson, Mehm, & Perkins, 1988).

For each item the participant was asked if the trauma occurred (yes or no), and the severity of the trauma (from a 1 = not at all traumatic to a 7 = extremely traumatic). Participants were also asked to report the age of onset when each trauma occurred. For the purposes of this study the participants in the study were given a score of 0, indicating no trauma, to a 7 indicating the presence of all 7 traumatic events. The effects of other traumatic events experienced in childhood may also influence the formation of a secure attachment and hence adult attachment styles.

Child Sexual Abuse.

The participants were identified as victims of childhood sexual abuse if they answered "yes" to one or more of the following questions (Appendix G) : (1) have you ever had sexual contact (fondling, oral-genital contact, or intercourse) before the age of 15, with an adult who was 5 or more years older than you? (2) Have you ever had sexual contact, prior to the age of 15, with an individual who wasn't 5 or more years older than you, but who used force or threats to ensure your compliance? (3) Have you ever had sexual contact, prior to the age of 15, with someone of any age that you regarded as abusive? A yes response to any of the abuse qualifying questions was scored as a one and no abuse was scored as a zero. Individuals who reported abuse experiences were asked to complete the abuse severity index (Appendix H). The abuse

severity index measures the severity of childhood sexual abuse in terms of number of sexual encounters, number of perpetrators, age of abuse onset, duration of abuse, frequency, pain, force, coercion, threat, penetration, and relationship to abuser. Higher scores on the abuse severity index indicate more severe abuse.

Adult Sexual Assault.

A modified version of the 10 item Sexual Experiences Survey (SES: Koss & Gidcyz, 1985) was used to measure adult sexual assault and rape after the age of 15. The SES contains a series of yes/no questions addressing specific types of sexual activities that have been attempted or completed with the individual after the age of 15 (Appendix J). The SES was modified to obtain more specific information with respect to the type of coercion experienced as well as the identity of the perpetrator (Messman-Moore & Long, 2000). The current version increases the number of questions from 10 to 24, adding questions regarding kissing and fondling, oral-genital contact, penetration of the vagina or anus by objects and unwanted sexual intercourse. Contained in the modified version of SES are questions to access four different methods of coercion including arguments and pressure, misuse of authority, alcohol and drug use by the respondent and the threat or use of physical force. Paraphrasing of questions regarding alcohol and drug use by the respondent were modeled after those used by Muehlenhard, Powch, Phelps, and Giusti (1992). For example, "Have you ever had vaginal or anal intercourse when you didn't want to because you were incapable of giving consent or resisting due to alcohol or drugs?" The set of 24 questions was asked twice, first to assess victimization by acquaintances or dating partners, and second to assess victimization by strangers.

The Sexual Experiences Survey is the most widely used measure used to screen for sexual victimization experiences. An internal consistency reliability of .74 (for women) has been reported for the original SES within a 1 week test-retest reliability of 93% (Koss & Gidycz, 1985). The correlations between a women's level of victimization based on self-report and her level of victimization based on responses related to an interviewer several months later was .73 (Koss & Gidycz, 1985). Messman-Moore and Long (2000) reported an internal consistency across items to be .84 for experiences with acquaintances and .87 for experiences with strangers. In terms of validity for the women's version of the survey, responses to the SES were found to be significantly correlated with responses given months later to an interviewer ($r = .73, p < .001$; Koss & Gidycz, 1985). Participants were given the scale twice: the first time for boyfriends, dates or acquaintances and the second time for strangers. Individuals who answered "yes" to any of the questions pertaining to non-consensual oral genital contact, vaginal or anal intercourse, or penetration of vagina or anus by objects were scored as a one, representing adult sexual assault vicitmization. Individuals who answered "no" to the above questions pertaining to non-consensual contact were scored as a zero, meaning no adult sexual assault experiences. The total score for all the non-consensual oral genital contact, vaginal or anal intercourse, or penetration of the vagina or anus by objects combining the answers given on the boyfriends, dates or acquaintances and the stranger questionnaires was used in the regression analysis.

Adult Physical Abuse.

The Revised Conflict Tactics Scale (CTS2) was used to determine the presence and extent of violence among dating partners and spouses (Straus et al., 1996). The CTS was developed by Straus (1979) and the items reflect the use of rational discussion, symbolically or

emotionally harmful verbal or physical acts, and physical force or violence. The CTS2 contains 78 items ranging from "discussing an issue calmly" to "use of knife or gun". Participants were asked to report the frequency of each behavior on a 0 (never) to a 6 (more than 20 times) scale. Participants were instructed to report all instances with dates, boyfriends and husbands in the last year as well as experiences that had occurred but not in the last year.

The CTS2 has (a) additional items to enhance content validity and reliability; (b) revised wording to increase clarity and specificity; (c) better differentiation between minor and severe levels for each scale; (d) new scales to measure sexual coercion and physical injury; and (e) a new format to simplify administration and reduce response sets. Reliability ranges from .79 to .95.

For this study the CTS-2 physical assault sub-scale was used in the analysis. The physical assault scale is made up of 12 of the 78 items and can be grouped into two categories, minor and severe. This scale measures general level of assault behaviors that occur in a relationship. The subcategories assist to determine the nature of the assault and the level of danger to the victim. At the low severity end are 5 items that ask about behaviors such as punching, grabbing and shoving. The remaining seven items ask about behaviors such as punching, kicking, chocking, burning and using a knife or gun which are severe physical assault behaviors. The severity level was a 0 if no minor or severe items were endorsed. The severity level was a 1 if any of the minor items have been endorsed. The severity level is a 2 if any of the severe items have been endorsed. Table 1 shows the frequency and percentage of the sample for each severity level. This approach was referred to in the CTS-2 handbook and avoids extreme scores that are obtained for a few participants when the experiences that occurred but not in the

last year are included and allows researchers to assign dichotomous minor and severe occurrence variables without losing the severity levels. Individuals who scored in the severe range were classified as experiencing adult physical abuse for the purposes of creating the revictimization group in data analysis.

Adult Psychological Abuse.

Tolman's (1989) Psychological Maltreatment of Women Inventory (PMWI) was used to assess psychological abuse among participants (Appendix I). The measure contains two subscales; dominance-isolation and emotional-verbal. The dominance-isolation subscale includes items dealing with isolation from resources, demands for subservience and rigid observation of traditional sex roles. The emotional-verbal subscale includes items describing verbal attacks, demeaning behavior, and the withholding of emotional resources. Although the PMWI was developed to assess abuse in marital relationships, in this study it was modified to apply to dating relationships as well. Participants are asked to report the number of times a particular behavior occurred for all dating and marital relationships from the age of 15 to the present time. The scale used ranges from a 0 (never) to a 5 (very frequently). In order to determine the amount of psychological abuse the scores were summed, thus a total score could range from 0 (indicating that all the behaviors had never occurred) to 290 (indicating that all 58 behaviors had occurred very frequently). Sum scores for dominance-isolation subscale could range from 0-130, and for the emotional-verbal subscale from 0-110. For the data analysis the total score was used as the measure of psychological maltreatment. In order to classify participants into categories, the mid-point was used for each scale to divide into high and low scores. Individuals who scored within the high range were classified as a having been

psychologically victimized. The emotional-verbal and dominance-isolation sub-scale scores were used in the regression analysis portion of the data analysis.

Revictimization.

Participants who reported experiencing childhood sexual abuse and either of the adult abuse experiences were scored as having been revictimized. Therefore, there were four categories of victimization experiences in which a participant were divided: non-victim, child sexual abuse only, adult victimization only, or revictimization.

Results

Two hundred and sixty seven participants completed the questionnaires, 233 did not report childhood sexual abuse and 34 (12.7%) reported sexual abuse experiences in childhood. The participants were young with the majority of the sample falling between age 18 and 19 (57.3%), single (74.5%), and in the first year of university (78.7%). The majority of participants reported living with their parents at the time of the study (55.8%), reported a family of origin income greater than $40,000 (52.8%), and grew up living in a two parent household (84.3%). The top five reported ethnic classifications from the 14 classifications in the demographic questionnaire were Asian, Scottish, Irish, French-Canadian, and Polish. The frequency and percentage for all demographic characteristics are reported in Table 2.

Data Cleaning Procedure

Frequency tables were generated for each variable to check for errors and missing values. All questionnaires identified to have errors or missing values were checked by hand and the data was corrected or removed as necessary. If the participants missed entire questionnaires or 4 or more questions on any of the questionnaires they were removed from the data set. The

data also were examined for the presence of outliers, normality, linearity and heteroscedasticity using residual scatterplots, bivariate correlation matrices and the values of skewness and kurtosis.

Child sexual abuse victims and non-victims were compared on several demographic variables and did not differ with regards to religion, ethnicity, parent's education, or family income. However, differences were found between child sexual abuse victims and non-victims for age t (32.636) = -2.827, p = .008, marital status X^2 (3, N = 267) = 33.350, p = .000, number of relationships, t (37.746) = -4.152, p = .000, parents that lived with you growing up X^2 (2, N = 267) = 9.193, p = .010, the presence of a step dad , X^2 (1, N = 267) = 6.408, p = .011, and family of origin social activity X^2 (4, N = 267) = 14.074, p = .007. The child sexual abuse group was older than the non child sexual abuse group with a mean age of 23.56 years compared to the mean age of 19.86 years for the non-child sexual abuse group. The majority of the non-childhood sexual abuse group were single (78.1%) and a higher proportion of the child sexual abuse group were either married or living as married (14.7% compared to 6.4% for non-child sexual abuse group) or separated or divorced (14.7% compared to .4% of the non-child sexual abuse group). Individuals who were sexually abused as children reported higher numbers of relationships that lasted over 3 months than individuals who did not experience child sexual abuse. Approximately 15.5% of non-victim participants reported no relationships that lasted over 3 months; in comparison, no one in the child sexual abuse group reported in the no relationship category. The majority of the non-childhood sexual abuse sample reported living with parents at the time of the study, whereas a higher proportion of the child sexual abuse sample reported living alone (20.6% as compared with 5.6% of non-child sexual abuse

participants). A higher proportion of the child sexual abuse sample reported living with 1 parent while growing up (29.4%) in contrast to 12.9% of non-victims. A higher proportion of child sexual abuse victims also reported living with a step father (20.6%) in comparison to 7.3% of non-victims. While approximately one third of both child sexual abuse (32.4%) and non-child sexual abuse victims (21.8%) reported growing up in homes that were very outgoing socially. However, more victims of childhood sexual abuse (17.6%) rated their families as somewhat isolated in comparison to 3.4% of non-victims.

Abuse Severity

Of the 32 who reported childhood sexual abuse 29 completed the abuse severity index. The abuse severity index has a maximum score of 73, the average abuse severity score was 36.53 with a standard deviation of 15.09 (see Table 3). The majority of participants (58.6%) reported abuse by one perpetrator and most experienced (68.9%) between 1 and 5 sexual encounters. The age of onset of abuse was between 10 to 15 for 48.5% of the sample, the duration of the abuse was 1 to 7 days for 48.3% of the sample and 51.7% stated that the abuse was an isolated event. In terms of subjectively evaluating aspects of the abuse experience, most items were rated in the neutral area of 3 on a 7 point Likert scale (Table 4) with the exception of coercion ($M = 5.10$) and trust ($M = 4.68$) which this sample agreed with, and being threatened which the sample fell more in the disagree range ($M = 2.79$).

To test whether other childhood traumatic experiences would confound the results, a t-test was conducted which compared individuals who had no other childhood trauma and those who reported other childhood traumatic events on their attachment scores (see Table 5). Results indicate that no differences in attachment scores were found between the individuals who

reported other childhood traumatic events and those that did not. Therefore, the variable other childhood traumatic events was not controlled for in the other analyses.

To test the first hypothesis which states that child sexual abuse survivors are more vulnerable to adult victimization experiences than non-victims, t-tests were performed with each of the adult victimization experiences. See Table 6 for complete results.

To examine whether child sexual abuse victims experienced more adult sexual assault experiences than non-victims three t-tests were conducted. Child sexual abuse victims reported more incidents of unwanted sexual contact by boyfriends, dates and acquaintances, t (36.25) = -.938, p = .000 than non-victims. Child sexual abuse victims also reported more incidents of unwanted sexual contact by strangers t (35.039) = -2.622, p = .013 than non-victims.

To examine whether child sexual abuse victims experienced more psychological maltreatment then non-victims, three t-tests were conducted. Child sexual abuse victims reported more overall psychological maltreatment t (39.031) = -3.411, p = .002 than non victims. Child sexual abuse victims also reported more acts of dominance-isolation t (37.905) = -2.891, p = .006 and more acts of emotional-verbal abuse t (38.559) = 3.648, p = .001 from their partners.

To examine whether child sexual abuse survivors experiences more physical abuse than non-victims three t-tests were conducted. Results indicate that child sexual abuse survivors did not differ significantly from non-victims in experiences of adult physical abuse. However, there was a trend that child sexual abuse survivors experienced more physical abuse than non-victims, but the difference was not significant.

In terms of attachment the majority of the sample reported insecure attachments, 30.5% reported secure attachment, 39.7% reported fearful attachment, 10.2% reported dismissing attachment and 19.5% reported preoccupied attachment. The Experiences in Close Relationship Inventory was reliable with a alpha coefficient of .91 for the anxiety scale and an alpha coefficient for the avoidance scale of .86.

To test the second hypothesis that individuals who were revictimized would be more insecure than individuals who experienced childhood sexual abuse only, non-victims and adult victimization only. Multivariate Analyses of Variance (MANOVA) were conducted comparing the four victimization groups, child sexual abuse only, non-victims, adult victimization only, and revictimization to the scores on the four attachment measures (secure, fearful, preoccupied and dismissing).

The results of the multivariate analysis of variance (MANOVA) revealed that although differences exist the hypothesis was not supported. Significant differences were found among the four victimization experiences and adult attachment, Wilks's $\Lambda = .921$, $F(6,522) = 3.663$, $p = .001$. The multivariate η^2 based on Wilks's Λ is low at .040. Analyses of variance (ANOVA) on each variable were conducted as follow up tests to the MANOVA using the Bonferroni correction. Each ANOVA was tested at the .0125 level. The ANOVA on the secure attachment was significant, $F(3,262) = 6.905$, $p = .000$, $\eta^2 = .073$. Differences were found between the non-victim group and the adult victimization category on the measure of secure attachment. The ANOVA for the fearful attachment was also significant at, $F(3, 262) = 6.369$, $p = .000$, $\eta^2 = .068$. The significant difference was between the non-victim group and the adult victimization only group. The ANOVA for the preoccupied attachment style was also significant $F(3, 262) =$

7.208, $p = .000$, $\eta^2 = .076$. According to post-hoc tests, differences were found between the non-victim and adult victimization only groups. The ANOVA for the dismissing attachment style was significant $F(3.\ 262) = 5.305$, $p = .001$, $\eta^2 = .057$. Again, the significant differences were between the non-victim and adult victimization group.

Post-hoc analysis to the Univariate Analysis of Variance (ANOVA) for the dependent variables consisted of conducting pair wise comparisons to find out if victimization experiences were related to attachment scores. Each pair wise comparison was tested at the .0125 divided by 4 or .003 level. For the secure, preoccupied, fearful, and dismissing attachment scores, the adult victimization group differed significantly from the non-victim group (Table 7).

Lastly, a Multiple Regression was conducted to examine how the different abuse experiences (child sexual abuse, other childhood traumatic events, adult sexual assault, adult physical abuse, and adult psychological maltreatment) predicted adult attachment style (secure, dismissing, fearful, and preoccupied) (Table 8). A Multiple Regression was conducted for each attachment type: secure, dismissing, fearful, and preoccupied. The following predictor variables were entered into the regression analysis: childhood traumatic events total score, child sexual abuse dichotomous variable, total adult sexual assault score, physical abuse score, and psychological maltreatment of women inventory total score. The results indicated that the predictors entered account for a minimal amount of variance of the adult attachment scores.

The results indicated that the predictors were significantly related to the score obtained on the secure attachment style $F(7, 258) = 3.802$, $p = .001$. The sample multiple correlation coefficient was 9.4 indicating that approximately 6.9% of the variance of the secure attachment style in the sample can be accounted for by the linear combination of the abuse experiences.

The results demonstrated that the predictors were significantly related to the score obtained on the fearful attachment style $F(7, 258) = 3.496, p = .001$. The sample multiple correlation coefficients was 8.7 indicating that approximately 6.2% of the variance of the fearful attachment style in the sample can be accounted for by the linear combination of the abuse experiences.

The results indicated that the predictors were significantly related to the score obtained on the preoccupied attachment style $F(7, 258) = 4.027, p = .000$. The sample multiple correlation coefficient was 9.8 indicating that approximately 7.4% of the variance of the preoccupied attachment style in the sample can be accounted for by the linear combination of the abuse experiences.

The result showed that the predictors were significantly related to the score obtained on the dismissing style of attachment $F(7, 258) = 3.000, p = .005$. The sample multiple correlation coefficient was 7.5 indicating that approximately 5% of the variance of the dismissing attachment style in the sample can be accounted for by the linear combination of the abuse experiences.

Discussion

This study was designed to examine the relationship between revictimization and adult attachment. The first hypothesis was to replicate previous research in establishing that child sexual abuse victims are more vulnerable to adult victimization experiences than non-victims. Approximately 68% of the child sexual abuse victims in this sample reported at least one of the three adult victimization experiences. In other words, 68% of the child sexual abuse group was

revictimized in adulthood. Previous research has reported revictimization rates between 15% and 72% (Van Bruggen, Runtz, & Kadlec, 2006).

This study found that, indeed, child sexual abuse victims were more likely than non-victims to experience unwanted sexual contact and psychological maltreatment as adults. However, child sexual abuse victims did not differ significantly from non-child sexual abuse victims in their experiences of adult physical abuse.

Many revictimization theories have been developed to explain the relationship between child sexual abuse and revictimization. It would appear that the betrayal experienced by child sexual abuse victims may result in a disturbed view of others. The negative view of others may result in child sexual abuse victims avoiding others or trying to regain the world's view of others as trustworthy, often resulting in poor judgment and unhealthy relationship choices. Also, the shame and stigma associated with child sexual abuse may cause child sexual abuse victims to have a distorted view of self, low self-esteem and a negative self image. In theory, it may be that someone with internal representation of self as unworthy, incapable and bad may be more tolerant of maltreatment from others. Similarly, someone with internal representations of others as abusive, hostile or rejecting will see maltreatment by others as normal and expected, thus may be more vulnerable to future victimization.

Another theory (Wheeler & Berliner, 1988) states that because child sexual abuse occurs within the dynamics of human relationships, child sexual abuse victims learn maladaptive behaviors and beliefs. Child sexual abuse victims apply the maladaptive behaviors and beliefs in adult relationships which may put them at further risk for victimization. For example, child sexual abuse survivors may make unhealthy relationship choices as adults. The measures used in

this study to evaluate adult victimization experiences specifically asked about behaviors within romantic relationships. The results indicated that child sexual abuse victims were more likely to experience sexual and psychological revictimization within relationships.

The internal working model (Shapiro & Levenosky, 1999) is useful in providing insight about the relationship between childhood sexual abuse and revictimization. The internal working model explains how interacting with important others shapes our view of self and our view of others. The internal working model by definition is a set of memories, emotions, and thoughts that determine what a person expects, their attitudes and behaviours. According to Sroufe and Fleeson (1986) the internal working model is thought to change with age and experience. The internal working model not only affects our current relationships, but also, our future relationships and thus, experiencing child sexual abuse may impact the internal working model and place individuals at risk for victimization experiences in the future. It makes sense that experiencing something as traumatic as child sexual abuse may result in a reworking of the internal working model to one that includes either a negative view of others, or self, or both. Through interactions with caregivers or significant others, individuals learn the value of their own worth from how others treat them. Child sexual abuse victims may have a negative expectation of others, coupled with the negative view of self, thus resulting in more risk for future victimization experiences.

Research has also shown that revictimized women tend to have more sexual partners and thus, might increase the chances of being exposed to an abuse (Jehu & Gazan, 1983). Past research has shown that having a larger number of consensual sexual partners increase the risk of revictimization among childhood sexual abuse survivors (Krahe, et al., 1999; Mayall & Gold,

1995). In this sample, victims of childhood sexual abuse reported more relationships that lasted over 3 months than non-childhood sexual abuse victims. The difference in the number of relationships my have been due to the age difference, as the child sexual abuse group was older than the non-childhood sexual abuse group, and thus, had more time to experience relationships and thus, revictimization.

Learned helplessness theory may also relate to women who have been repeatedly abused. It is thought that women who have experienced childhood sexual abuse may become more accepting and even expect abuse as a normal part of life. Learned helplessness may result in women who see fewer escape options or fail to recognize the risk in situations and, therefore, employ protective strategies. In this sample, 79.3% of the childhood sexual abuse victims recognized the childhood sexual abuse experience as abusive. Thus, not all childhood sexual abuse experienced in this sample was recognized as abusive by the victim. Also, many of the revictimized women experienced multiple adult victimization experiences. That is, they may have experienced two or more of the following adult victimization experiences: sexual assault, physical abuse and psychological maltreatment. The impact of child sexual abuse is undoubtedly complex and is the result of many interacting factors. Clearly this is an area that warrants further research.

The second hypothesis examined whether individuals who experienced revictimization would report more insecure attachment types than child sexual abuse only individuals. This hypothesis was not supported. No differences were found between childhood sexual abuse and revictimized individuals on any of the four attachment types. The lack of significant findings may have been due to the small sample size of participants who reported child sexual abuse, and

thus, the small number in the child sexual abuse only group. It may be that the experience of abuse, whether it is as a child or adult, impacts attachment, therefore, no differences were found between these groups.

Perhaps, since attachment has been reported to be moderately to highly stable (Scharfe, 2003) once formed in childhood, therefore, it stands to reason that no differences were found between the child sexual abuse only group and the revictimized group, as both groups experienced childhood sexual abuse. Hamilton (2000) found that attachment is stable across time; 77% of the participants in the study who were secure or insecure at age 1 were the same at age 17. The stability of insecure or secure attachment was supported by stable positive or stable negative circumstances (Hamilton, 2000). Therefore, it may be that the individuals who experience childhood sexual abuse (negative life circumstance) do not differ from individuals who experience revictimized (negative life circumstance) as the attachment would remain stable due to the stability of the circumstances. The majority of childhood sexual abuse victims and revictimized individuals reported insecure attachments; this is consistent with previous research.

Research has examined the stability and discontinuity of attachment over time. Research has indicated the short term stability of attachment with 70% of samples found to report stable attachment style over a period of time. This result has been reported even if the research has tried to prove instability of attachment (Baldwin & Fehr, 1995). Zimmerman (1994) found that 70% of variance of adolescent attachment security could be explained by life events, maternal attachment representations, and children's representations of parental support at 10 years of age. Discontinuity of attachment appeared to be related to negative events such as loss of a parent, parental divorce, and life threatening illness of parent or child, parental psychiatric disorder or

physical or sexual abuse (Waters, Merrick, Albersheim, & Treboux, 1995). This study did not allow us to examine the stability of attachment over time; therefore, it may be that those who were revictimized may have more instability in attachment style over time as opposed to more insecure attachment.

Interestingly, however, the individuals who only experienced adult victimization differed on adult attachment from individuals who reported no victimization experiences. This may be due to the fact that non-victims tend to report secure attachments more often than victims of abuse, which is consistent with the study's findings. Of the 146 non-victims in this sample 37% reported a secure attachment in comparison to 23% of the 86 individuals in the sample who reported adult victimization experiences. Perhaps, the experience of adult victimization can change a secure attachment to an insecure attachment. The difference found between the non-victim and adult victim group may be due to large number of participants in these two groups and thus, the more power generated in the analysis. Therefore, it may be that other significant differences may have been produced with a larger sample. Further research is needed in this area.

The second analysis used to look at the relationship between revictimization and attachment examined relationship between the various victimization experiences and each attachment style. It was found that the variance accounted for in each of the attachment types by the predictor variables (childhood sexual abuse, other childhood traumatic events, childhood sexual abuse severity, adult sexual assault, adult physical abuse, and adult psychological maltreatment) was minimal (less than 10%). It was expected that the victimization experiences would account for a significant amount of the variance for the insecure attachment types;

however, this was not the case. Therefore, it may be that it is difficult to predict attachment from only victimization experiences, other experiences and attributes need to be included in the model. This is an area that warrants further research.

Of the adult victimization experiences, adult physical abuse was the predictor that had the strongest relationship to all attachment types. Attachment theory has been used to explain the relationship between intimacy, violence and love that exists in violent relationships. An intense fear of separation stemming from anxiety over abandonment is thought to be related to violence in romantic relationships; it is thought that individuals used violence as a means of controlling their partners' physical proximity (Roberts & Noller, 1998). Coleman (1980) described perpetrators of violence as wanting close proximity with their partners, but also having a fear of intimacy.

Another theory speculates that insecure attachment may lead to dysfunctional communication patterns that, in turn, result in violence between partners. Much of the research concerning attachment and violent romantic relationships uses a systems perspective, which endorses the view that the root of the violence lies within the relationship, as well as, the individual. However, no matter what the circumstance any violent behavior is always the individual choice of the perpetrator (Gottman et al., 1995). Often the interaction of the attachment types of both partners is used in exploring the relationship between attachment and violence.

Another reason the relationship between physical abuse and adult attachment is the strongest may be that the physical abuse scale asked participants to report experiences that happened within the last six months where all the other scales rely on recalling events from

childhood and since the age of 15 years old. Therefore, it may be that the most recent experiences of victimization may have the strongest relationship to the current adult attachment scores.

Methodological Difficulties

This study employed self-report measures that relied on the participant's retrospective recall. Therefore, memory distortions and limitations in recall may influence the accuracy of reporting. As with many studies that use self-report measures, collaborative evidence was not solicited to confirm that the abuse occurred.

The sample used was a sample of convenience the namely Introductory to Psychology participant pool which is often considered highly functional and may not be representative of the general population. This sample has a small number of child sexual abuse victims, with only 12.7% reporting child sexual abuse, whereas university and college samples generally generate a sample where 20% or more have experienced child sexual abuse. The definition of child sexual abuse used was sexual contact prior to age 15 years, and as such, the percentage of women who reported childhood sexual abuse was smaller than what was found in other studies that used higher age limits, and less restrictive definitions. The small sample made it difficult to compare individuals who experienced child sexual abuse only to the revictimization group in terms of attachment style.

Although the measures used in this study were the measures most consistently used in revictimization research not all measures allowed for classification into categorical data. Thus, it was difficult to measure the psychological maltreatment as the measure only allows for continuous measurement not categorical classifications. In other words, the scale could not

delineate between those who were psychologically abused and those that were not psychologically abused.

Although the results for the physical abuse revictimization hypothesis were not significant, the trend was that child sexual abuse victims experienced more instances of adult physical abuse than non-victims. These results may have been due to the time frame which was measured using the Conflict Tactics Scale Revised (CTS-2), which only focuses on the last year whereas the other questionnaires asked about experiences since the age of 15. This is an area that needs further research.

Limitations exist in comparing results of studies of victimization experiences, as the definitions and measures for what constitutes victimization experiences vary greatly. There is also a great degree of differences in the samples studied, in comparison to the general population, which makes the results and recommendations limited to a college / university population. For example, there has been considerable debate regarding the use of college samples in victimization research. Firstly, women in a college or university may demonstrate more resiliency and intelligence, as they are able to overcome traumatic childhood events and thrive in an intellectual setting. Secondly, college and university women represent a high risk group in that they are 2 to 4 times more likely to be sexually assaulted than women in the general population. Thirdly, the abuse reported in college and university samples tends to be less severe. That in combination with the college and university sample having greater access to resources that promote healing than community samples (Van Burgeen et al., 2006) further hampers the implications. Therefore, college and university women are not representative of all

women aged 18 to 21, and the use of community samples that are older and more varied would be of great benefit to the field of revictimization research.

Experimental control cannot be exercised when studying abuse experiences, therefore, causal statements cannot be made. The concluding statements can state the relationships that exist but cannot indicate causation. A relationship exists between childhood sexual abuse and revictimization in adulthood. The differences found between the child sexual abuse and the non-child sexual abuse group, in terms of demographic characteristics, may also have impacted the results. For instance since the child sexual abuse group was older and had more relationship experience that may have contributed to the higher revictimization rates. A variety of other variables not measured in this study, such as social support, coping skills, other adult traumatic experiences or personality variables may also relate to the differences found.

Clinical Implications

Since victimization experiences are common among women, therapists should routinely inquire about these experiences in their client's history. It is important for therapists to address issues relating to the victimization experience and how it impacts current relationships including the view of self and other. It is equally important to discuss the risk of future victimization experiences and how to prevent such occurrences.

The most essential therapeutic change involves revisions to the client's internal working model, which includes both internal representation of the self and others, and thus, directly impacts behavior (Bowlby, 1988). Bowlby (1982) stated that changes to attachment are not only likely in reaction to particular traumatic events but also adaptive events. Thus, attachment can also be changed from insecure models to one that is secure. In therapeutic interventions the

therapist acts as the secure base which allows the client to safely explore a variety of issues. A focus on changing attachment in therapy, should include an exploration of the clients expectations of the therapist, expectations of significant others, and an exploration of the memories of early attachment figures.

It would appear important that educational and awareness programs focus on educating the public about child sexual abuse and how widespread a problem it is. Educating the public on how common the experience of childhood sexual abuse is in our society may help reduce the stigma for victims. Prevention focusing on teaching all children the differences between appropriate and inappropriate touching, how to say "No", and how to disclose abuse may be helpful. Education needs to assist parents, teachers, volunteers and all individuals involved in children's lives the signs to look for, how to deal with disclosures of childhood sexual abuse and where to report such instances. More needs to be done to educate the public on how to identify potential predators and how to keep children safe.

Future Research Directions

Given the large scope of the issue of violence against women and children that exists in our society, and the numerous negative impacts related to experiences, more research is needed to assist in understanding and preventing violence. Future research should begin by examining more general and/or clinical populations for the impact of revictimization or multiple victimization experiences on adult attachment and well-being. Future research should attempt to control for more confounding variables within the adult victimization experience. For example, the severity of the abuse experience, other adult traumatic experiences, and the time elapsed since the last abuse experience, could be explored. Utilizing the clinical population, research

may examine the effectiveness of treatment on repairing insecure attachments. Also, of interest, is the issue of disclosing, i.e., a comparison of those who disclosed abuse to those who did not disclose abuse. In addition, further examination of the characteristics surrounding the disclosure experience and the relationship to adult attachment merits further research.

Research has shown there are many short and long term effects of child sexual abuse and adult sexual assault. One of the most salient effects being impaired interpersonal relationships, particularly, relationship choices and parenting skills. Future research should examine the intergenerational effects of victimization experiences on parent child relationships particularly the impact on attachment.

One final and important note is that the responsibility for sexual assault and physical and psychological abuse ultimately lies with the perpetrator. Research aimed at establishing a link between child sexual abuse and revictimization is meant in no way to blame the victim or to hold her responsible for the violence perpetrated against her. The goal is to acknowledge that child sexual abuse is a risk factor and to assist in preventing the occurrence of future victimization. Until violence against women and children is no longer evident in our society, helping women prevent future abuse may be the best solution.

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Appendix A

Consent Form

Research Project Title: Child sexual abuse, Revictimization and Adult Attachment.
Researcher: Stephanie A Sinclair
Research Advisor: Rayleen V. De Luca, PhD. C. Psych.

You are invited to participate in a research study conducted by Stephanie Sinclair, a M.A. student from the Psychology department of the University of Manitoba. To contact Stephanie, you may leave a message with her advisor, Dr. Rayleen De Luca at 474-7255. You will be asked to complete a set of short questionnaires which pertain to the phenomena of child sexual abuse and revictimization. More specifically, this project looks at the relationship between revictimization and adult attachment. You will be asked your opinion on a variety of questions that measure these constructs, as well as a scale which measures general childhood trauma. The entire questionnaire should take approximately 25-30 minutes to complete. Please note that this is a very sensitive research project as you will be asked a variety of questions concerning your own experiences with child sexual abuse, adult sexual assault, physical abuse and psychological maltreatment. To reinforce your participation you will receive 1 research participation credit, to be put toward your final grade in Introductory Psychology. If you become uncomfortable at any time, you are free to end your participation without loss of course credit.

Given the sensitivity and seriousness of abuse experiences, your safety and confidentiality is of utmost importance to us. Concerning your safety, if participation in this study elicits negative memories or any other adverse consequences, a variety of resource/support telephone numbers will be provided to you on the debrief form that you will receive upon the completion of the questionnaire. Concerning confidentiality, we ask that you place no identifying information on your questionnaire. Questionnaires will be kept in a locked laboratory office and will be viewed only by laboratory researchers. Further, only group results (e.g., means) will be used and reported. The results of this study may be referred to in presentations at psychological conferences, in an M.A. thesis paper, or journal articles.

The Psychology/Sociology Research Ethics Board (P/SREB) of the University of Manitoba has approved this study. If you have any concerns about the way in which the study is conducted, you may contact the faculty advisor of this project, Dr. Rayleen De Luca at 474-7255, or the Human Ethics Secretariat at 474-7122, or email: _____

Your signature below indicates that you are 18 years of age or older and have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

Date:_____ _____

Stephanie Sinclair, Graduate Student

Printed Name: _____

Student Number: _____

Signature: _____

If you wish to receive a summary of the study's results, please provide your email or mailing address as of June, 2006. If not, do not provide your address:

_____

_____

Appendix B

Debriefing Form

The purpose of this study is to examine the relationship between revictimization (the experience of both childhood sexual abuse and adult abuse in the forms of sexual, physical or psychological abuse) and adult attachment.

Attachment styles are formed in childhood and believed to continue into adulthood. Attachment styles refer expectations that individuals have about (a) his or her role in a relationship and (b) other's roles in relationships. The expectations are classified as either positive (i.e., worthy and capable of getting others attention) or negative (i.e., unworthy and incapable of getting needed attention). The literature describes four main attachment styles: secure (positive model of self, positive model of other), insecure-preoccupied (negative model of self, positive model of other), insecure-dismissing (positive model of self, negative model of other) and insecure-fearful (negative model of self, negative model of other). This study hypothesizes that those individuals who report experiences of revictimization will be more likely to exhibit and insecure attachment. Attachment has been reported to moderate the impact of child sexual abuse on later psychological adjustment.

The purpose of this study was not completely disclosed at the onset of the study. This was done to protect your responses from any potential bias concerning attachment, child sexual abuse, childhood traumatic events, adult sexual assault, adult physical abuse, adult psychological maltreatment, and abuse severity. As child sexual abuse, adult sexual assault, physical abuse, and psychological maltreatment are very sensitive issues, disclosure of this study's true purposes could have negatively affected the results obtained.

Experiences of abuse in childhood or adulthood are sensitive issues. This study may have evoked memories or feelings that may affect you negatively. If this is so, we strongly encourage you to seek resources available to you to help you work through these issues including family, friends, religious leaders, mentors… If your negative feelings persist, then talking to a trained counselor may be helpful. The Klinic Crisis Line (786-8686) is a 24-hour

confidential service with trained volunteers. Students of the University of Manitoba can also access free counseling services at the Student Counseling and Career Centre (474-8592).

Child sexual abuse is a serious legal offence. It is our legal obligation to encourage students who have been sexually abused as children and have not reported these offences to the proper authorities, to do so. Perpetrators of sexual abuse may continue to abuse children if they are not reported to authorities. If you have not reported your experience of child sexual abuse, you may report incidents of abuse to your local law enforcement office or Winnipeg Child and Family Services (944-4200).

Sexual assault and physical abuse are also serious legal offences. It is our legal obligation to encourage students who have experienced sexual assault or physical abuse and have not reported these offences to the proper authorities, to do so. Perpetrators may continue to abuse if they are not reported to authorities. If you have not reported your experiences of abuse, you may report incidents of abuse to your local law enforcement office.

If, for any reason, you wish to withdraw your data from this study, or have any concerns or questions, please leave a message for Stephanie Sinclair or her advisor, Dr. Rayleen De Luca at 474-9255. Thank you very much for your participation in this study.

Appendix C

Demographic Questionnaire

Instruction set A:

The following information relates to demographic information and it is collected for statistical purposes only.

1. Please indicate your age _____

2. Gender:

    1) Female
    2) Male

3. Marital Status:
    1) Single
    2) Married or living as married
    3) Separated or divorced
    4) Other
4. How many romantic relationships have you been in (longer than 3 months)?
    1) 0
    2) 1-3
    3) 4-6
    4) 7-9
    5) greater than 10

5. Year in program at university:
    1) 1
    2) 2
    3) 3
    4) 4
    5) Other

6. Living arrangements:
    1) With parent(s)
    2) Alone
    3) With friends or other family
    4) With spouse or partner
    5) Residence

7. Number of children in your family, including yourself, even if you don't live with them now:
    1) One
    2) Two
    3) Three
    4) Four
    5) Five or more

8. In your family, you are
    1) The only child
    2) The youngest child
    3) In the middle
    4) The oldest child

9. Estimated yearly family income when you were 15 years and younger:
    1) <$10,000/year
    2) $10-19,000/year
    3) $20-29,000/year
    4) $30-39,000/year
    5) >$40,000/year

10. Indicate the level of education completed by your father
    1) Some elementary grades
    2) Some high school grades
    3) High school graduate
    4) Some college or university
    5) College diploma
    6) University degree
    7) Graduate school

11. Indicate the level of education completed by your mother:
    1) Some elementary grades
    2) Some high school grades
    3) High school graduate
    4) Some college or university
    5) College diploma
    6) University degree
    7) Graduate school

12. Indicate the number of parents (genetic parents, or those who adopted you from birth) that consistently lived with you while you were 15 years of age and younger:
    1) Both parents
    2) 1 parent

3) Neither parents (raised by foster parent(s), or other guardian(s)

13. Did you at anytime when you were 15 years of age or younger, live with a stepfather?
    1) Yes
    2) No

14. Estimated size of the town or city you lived in the longest when you were 15 years of age or younger
    1) Farm or town of 10,000 people or less
    2) 11-50,000 people
    3) 51-150,000 people
    4) 151-300,000 people
    5) More than 300,000 people

15. Estimate the level of social activity of your family when you were 15 years of age or younger:
    1) Very outgoing socially
    2) Somewhat outgoing socially
    3) Not very outgoing socially
    4) Somewhat isolated socially
    5) Very isolated socially

16. What is your predominant ethnic background (choose no more than 2):

1) Irish	2) Italian	3) German
4) French-Canadian	5) Polish	6) Other Eastern European
7) Asian	8) Spanish	9) English
10) Scottish	11) Aboriginal	12) Philippino
13) African	14) Middle Eastern	15) Ukrainian
16) Other		

16. In what religion were you raised?

1) Roman Catholic	2) Eastern Orthodox	3) Episcopalian
4) Congregationalist	5) Methodist	6) Presbyterian
7) Other Protestant	8) Judaism	9) Islam
10) Aboriginal Spirituality	11) Hinduism	12) Buddhism
13) Other Eastern	14) Agnostic	15) No religion
16) Other_____		

Appendix D

Experiences in Close Relationships

Instructions: The following statements concern how you feel in romantic relationships. We are interested in how you generally experience close relationships, not just in what is happening in your current relationship. Respond to each statement by indicating how much you agree or disagree with it. Write the number in the space provided, using the following rating scale:

Disagree Strongly						Agree Strongly
1	2	3	4	5	6	7

1. I prefer not to show my partner how I feel deep down.
2. I worry about being abandoned.
3. I am very comfortable being close to romantic partners.
4. I worry a lot about my relationships.
5. Just when my partner starts to get close to me, I find myself pulling away.
6. I worry that romantic partners won't care about me as much as I care about them.
7. I get uncomfortable when a romantic partner wants to be very close.
8. I worry a fair amount about losing my partner.
9. I don't feel comfortable opening up to my partner.
10. I often wish that my partner's feelings for me were as strong as my feelings for him/ her.
11. I want to get close to my partner, but keep pulling back.
12. I often want to merge completely with romantic partners, and this sometimes scares them away.
13. I am nervous when partners get too close to me.
14. I worry about being alone.
15. I feel uncomfortable sharing my private thoughts and feelings with my partner.
16. My desire to be very close sometimes scares people away.
17. I try to avoid getting too close to my partner.

18. I need a lot of reassurance that I am loved by my partner.
19. I find it relatively easy to get close to my partner.
20. Sometimes I feel that I force my partner to show more feelings, more commitment.
21. I find it difficult to allow myself to depend on romantic partners.
22. I do not often worry about being abandoned.
23. I prefer not to be close to romantic partners.
24. If I can't get my partner to show interest in me, I get upset or angry.
25. I tell my partner just about everything.
26. I find that my partner(s) don't; want to get as close as I would like.
27. I usually discuss my problems and concerns with my partner.
28. When I'm involved in a relationship, I feel somewhat anxious and insecure.
29. I feel uncomfortable depending on romantic partners.
30. I get frustrated when my partner is not around as much as I would like.
31. I don't mind asking romantic partners for comfort, advice, or help.
32. I get frustrated if romantic partners are not available with I need them.
33. It helps to turn to my romantic partner in times of need.
34. When romantic partners disapprove of me, I feel really bad about myself.
35. I turn to my partner for many things, including comfort and reassurance.
36. I resent it when my partner spends time away from me.

Appendix E

Experiences in Close Relationships
Scoring Guidelines

The 36 ECL items are scored in a Likert scale ranging from 1 to 7. Several items are reversed scored. These are items 3, 15, 19, 22, 27, 29, 31, 33, and 35.

Odd number items are summed to produce the avoidance scale, and even number items are summed to produce the anxiety scale. The attachment styles are calculated using scores from the avoidance and anxiety dimensions.

The avoidance and anxiety scales are entered into formulas along with classification coefficients (i.e. Fisher's linear discriminant functions). The four formulas, presented below, yield four attachment styles. The formula with the largest total is the participant attachment style.

SECURE = avoidance * 3.2893296 + anxiety * 5.4725318 – 11.5307833

FEARFUL = avoidance * 7.2371075 + anxiety * 8-1776446 – 32.3553266

PREOCCUPIED = avoidance * 3.9246754 + anxiety * 9.7102446 – 28.4573220

DISORGANIZED = avoidance * 7.3654621 + anxiety * 4.9392039 – 22.2281088

Appendix F

Childhood Traumatic Events Scale

Instruction set D:

For the following questions, answer each item that is relevant. Be as honest as you can. Each question refers to any event that you may have experienced **prior to the age of 15**.

1) Prior to the age of 15, did you experience a death of a very close friend or family member? (please circle your response)

No = 0
Yes = 1

If yes, how old were you when this happened? _____

If yes, how traumatic was this? (using a 7-point scale, where 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic. ***Please circle your response***)

1 2 3 4 5 6 7

2) Prior to the age of 15, was there a major upheaval between your parents (such as divorce, separation? ***(please circle your response)***

No = 0
Yes = 1

If yes, how old were you when this happened? _____

If yes, how traumatic was this? (using a 7-point scale, where 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic. ***Please circle your response***)

1 2 3 4 5 6 7

3) Prior to the age of 15, were you the victim of violence?(such as child abuse, mugged or assaulted, other than sexual) ***(please circle your response)***

No = 0
Yes = 1

If yes, how old were you when this happened? _____

If yes, how traumatic was this? (using a 7-point scale, where 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic. ***Please circle your response***)

1 2 3 4 5 6 7

4) Prior to the age of 15, were you extremely ill or injured ? (please circle your response)

No = 0
Yes = 1

If yes, how old were you when this happened? _____

If yes, how traumatic was this? (using a 7-point scale, where 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic. ***Please circle your response***)

1 2 3 4 5 6 7

5) Prior to the age of 15, did you experience any other major upheavals (such as parental alcoholism/substance abuse…) that you think may have shaped your life or personality significantly ***(please circle your response)***

No = 0
Yes = 1

If yes, how old were you when this happened? _____

If yes, how traumatic was this? (using a 7-point scale, where 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic. ***Please circle your response***)

1 2 3 4 5 6 7

6) Prior to age 15 did you ever witness either parent using one or more physically aggressive tactics against the other parent?

No = 0
Yes = 1

If yes, how old were you when this happened? _____

If yes, how traumatic was this? (using a 7-point scale, where 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic. ***Please circle your response***)

1 2 3 4 5 6 7

7) Now taking your whole childhood into account did you ever receive physical injuries from the

discipline used by your parents (that is bruises, welts, cuts, lacerations, burns, broken bones, dental injuries, head injuries, etc) before age 15?

No = 0
Yes = 1

If yes, how old were you when this happened? _____

If yes, how traumatic was this? (using a 7-point scale, where 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic. ***Please circle your response***)

1 2 3 4 5 6 7

Appendix G

Child Sexual Abuse Qualifying Questions

Instruction set F:

While the following questions tap sensitive content matter, please circle "yes" or "no" to the following three questions:

1. Have you ever had sexual contact (fondling, oral-genital contact, or intercourse) before the age of 15, with an adult who was 5 or more years older than you?

   YES = 1
   NO = 0

2. Have you ever had sexual contact, prior to the age of 15, with an individual who may or may not have been 5 or more years older than you but who used force or threats to ensure your compliance?

   YES = 1
   NO = 0

3. Have you ever had sexual contact, prior to the age of 15, with someone of any age that you regarded as abusive?

   YES = 1
   NO = 0

Instruction set G:

If you have answered "YES" *to any one* of the above 3 questions, please complete the abuse severity index questonnaire, If you have answered "NO" *to all* 3 questions, please go on to compete the psychological maltreatment of women inventory.

Appendix H

Abuse Severity Index

Instruction set H:

The following questions pertain to the details of the sexual encounter(s) you experienced as a child. Please answer the questions by circling your response.

1. Approximately how many sexual encounters did you engage in prior to the age of 15, with the individual(s) who initiated the encounter?
   a. 1-5
   b. 6-10
   c. 11-15
   d. 16-20
   e. 21+

2. How many individuals, fitting one of the three previous sexual encounter qualifications, engaged you in sexual relations prior to the age of 15?
   a. 1
   b. 2
   c. 3
   d. 4
   e. 5+

3. How old were you when the sexual encounters began?
   a. Younger than 4
   b. Between 4 years, 1 day to 6 years
   c. Between 6 years, 1 day to 8 years
   d. Between 8 years, 1 day to 10 years
   e. Between 10 years, 1 day to 15 years

4. What was the duration of the sexual activity?
   a. 1-7 days
   b. 1-4 weeks
   c. 1-12 months
   d. More than 1 year

5. How frequent was the sexual activity?
   a. Daily (very frequent)
   b. A few times a week
   c. A few times a month
   d. A few times a year

e. It was an isolated event (not at all frequent)

Instruction set I:

The following statements relate to your sexual experiences. Please read each of the following statements and rate the extent to which you agree with each statement.

	Strongly disagree			**Neutral**			**Strongly Agree**
6. The sexual encounter(s) was/were physically painful	1	2	3	4	5	6	7
7. The person initiating the sexual activity used a considerable amount of force to gain my compliance	1	2	3	4	5	6	7
8. I was coerced into the sexual act (e.g., tricked, bribed, pressured…).	1	2	3	4	5	6	7
9. The person initiating the sexual activity threatened to hurt me, or someone I cared about if I didn't comply with their sexual advances	1	2	3	4	5	6	7
10. The sexual activity involved penetration (e.g., digital, vaginal, anal)	1	2	3	4	5	6	7
11. I was very close to and trusted the person initiating the sexual encounter(s)	1	2	3	4	5	6	7
12. The sexual encounter(s) was/were severe and hurt me	1	2	3	4	5	6	7

Appendix I

The Psychological Maltreatment of Women Inventory (PMWI)

The PMWI is a 58-item test designed to measure the extent and nature of abuse toward women in a relationship. The questionnaire below is given to women survivors of abuse.

PMWI-F

This questionnaire asks about actions you may have experienced in your relationship with your partner. Answer each item as carefully as you can by placing a number beside each one as follows:

1=NEVER

2= RARELY

3= OCCASIONALLY

4= FREQUENTLY

5= VERY FREQUENTLY

NA= NOT APPLICABLE

1. My partner put down my physical appearance.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

2. My partner insulted me or shamed me in front of others.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

3. My partner treated me like I was stupid.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

4. My partner was insensitive to my feelings.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

5. My partner told me I couldn't manage or take care of myself without him.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

6. My partner put down my care of the children.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

7. My partner criticized the way I took care of the house.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

8. My partner said something to spite me.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

9. My partner brought up something from the past to hurt me.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

10. My partner called me names.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

11. My partner swore at me.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

12. My partner yelled and screamed at me.

1	2	3	4	5	NA

never rarely occasionally frequently very frequently

13. My partner treated me like an inferior.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

14. My partner sulked or refused to talk about a problem.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

15. My partner stomped out of the house or yard during a disagreement.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

16. My partner gave me the silent treatment or acted like I wasn't there.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

17. My partner withheld affection from me.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

18. My partner did not let me talk about my feelings.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

19. My partner was insensitive to my sexual needs and desires.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

20. My partner demanded obedience to his whims.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

21. My partner became upset if dinner, housework, or laundry was not done when he thought it should be.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

22. My partner acted like I was his personal servant.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

23. My partner did not do a fair share of the household tasks.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

24. My partner did not do a fair share of child care.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

25. My partner ordered me around.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

26. My partner monitored my time and made me account for my whereabouts.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

27. My partner was stingy in giving me money to run our home.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

28. My partner acted irresponsibly with our financial resources.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

29. My partner did not contribute enough to supporting our family.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

30. My partner used our money or made important financial decisions without talking to me about it.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

31. My partner kept me from getting medical care that I needed.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

32. My partner was jealous or suspicious of my friends.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

33. My partner was jealous of other men.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

34. My partner did not want me to go to school or other self-improvement activities.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

35. My partner did not want me to socialize with my female friends.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

36. My partner accused me of having an affair with another man.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

37. My partner demanded that I stay home and take care of the children.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

38. My partner tried to keep me from seeing or talking to my family.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

39. My partner interfered in my relationships with other family members.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

40. My partner tried to keep me from doing things to help myself.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

41. My partner restricted my use of the car.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

42. My partner restricted my use of the telephone.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

43. My partner did not allow me to leave the house.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

44. My partner did not allow me to work.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

45. My partner told me my feelings were irrational or crazy.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

46. My partner blamed me for his problems

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

47. My partner tried to turn my family against me.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

48. My partner blamed me for causing his violent behaviour.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

49. My partner tried to make me feel crazy.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

50. My partners moods changed radically.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

51. My partner blamed me when he was upset.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

52. My partner tried to convince me I was crazy.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

53. My partner threatened to hurt himself if I left.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

54. My partner threatened to hurt himself if I didn't do what he wanted me to do.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

55. My partner threatened to have an affair.

1	2	3	4	5	NA

never rarely occasionally frequently very frequently

56. My partner threatened to leave the relationship.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

57. My partner threatened to take our children away from me.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

58. My partner threatened to commit me to an institution.

1	2	3	4	5	NA
never	rarely	occasionally	frequently	very frequently	

Richard M. Tolman 1995

Appendix J
Sexual Experiences Survey

MSES

The following questions concern sexual experiences. Please answer the following questionnaire regarding experiences you have had since your 15th birthday.

If you have already described a sexual experience that you had before your 15th birthday on the Life Experiences Questionnaire, DO NOT REPORT IT HERE AS WELL, even if it continued past your 15th birthday.

Throughout our lives we have a variety of experiences. Some are positive and some are negative. The following questions involve unwanted sexual experiences. You will be asked to describe experiences with :

1. SEXUAL CONTACT – KISSING, FONDLING
2. ORAL – GENITAL CONTACT
3. VAGINAL OR ANAL INTERCOURSE
4. PENETRATION BY OBJECTS

Please report any incidents whether or not they were reported to the police or discussed with family or friends. Report experiences even if you feel that they were not very forceful and even if they involve friends, boyfriends, or husbands.

Please answer the following questions about ALL EXPERIENCES YOU HAVE HAD SINCE YOU TURNED 15 WITH A BOYFRIEND, DATE, OR ACQUAINTANCE. Circle Yes (Y) or No (N) for each question.

Sexual Contact (Kissing, Fondling)

1. Have you ever had sexual contact (kissing or fondling, but not oral, vaginal, or anal intercourse) when you didn't want to because you were overwhelmed by someone's continual arguments and pressure? Y N

2. Have you ever had sexual contact (kissing or fondling, but not oral, vaginal, or anal intercourse) when you didn't want to because someone used his/her position of authority (boss, teacher, camp counselor, supervisor) to make you? Y N

3. Have you ever had someone attempt sexual contact (kissing or fondling, but not oral, vaginal or anal intercourse) when you didn't want to because you were incapable of giving consent or resisting due to alcohol or drugs, but contact did not occur? Y N

4. Have you ever had sexual contact (kissing or fondling, but not oral, vaginal, or anal intercourse) when you didn't want to because you were incapable of giving consent or resisting due to alcohol or drugs? Y N

5. Have you ever had someone attempt sexual contact (kissing or fondling, but not oral, vaginal, or anal intercourse) when you didn't want to by threatening or using some degree of physical force (twisting your arm, holding you down, etc.), but contact did not occur? Y N

6. Have you ever had sexual contact (kissing or fondling, but not oral, vaginal, or anal intercourse) when you didn't want to because someone threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you? Y N

Oral-Genital Contact

7. Have you ever had oral-genital contact when you didn't want to because you were overwhelmed by someone's continual arguments and pressure? Y N

8. Have you ever had oral-genital contact when you didn't want to because someone used his/her position of authority (boss, teacher, camp counselor, supervisor) to make you? Y N

9. Have you ever had someone attempt oral-genital contact when you didn't want to because you were incapable of giving consent or resisting due to alcohol or drugs, but contact did not occur? Y N

10. Have you ever had oral-genital contact when you didn't want to because you were incapable of giving consent or resisting due to alcohol or drugs? Y N

11. Have you ever had someone attempt oral-genital contact when you didn't want to by threatening or using some degree of physical force (twisting your arm, holding you down, etc.), but contact did not occur? Y N

12. Have you ever had oral-genital contact when you didn't want to because someone threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you? Y N

Vaginal or Anal Intercourse

13. Have you ever had vaginal or anal intercourse when you didn't want to because you were overwhelmed by someone's continual arguments and pressure? Y N

14. Have you ever had vaginal or anal intercourse when you didn't want to because someone used his/her position of authority (boss, teacher, camp counselor, supervisor) to make you? Y N

1 5. Have you ever had someone attempt vaginal or anal intercourse when you didn't want to because you were incapable of giving consent or resisting due to alcohol or drugs, but intercourse did not occur? Y N

1 6. Have you ever had vaginal or anal intercourse when you didn't want to because you were incapable of giving consent or resisting due to alcohol or drugs? Y N

17. Have you ever had someone attempt vaginal or anal intercourse when you didn't want to by threatening or using some degree of physical force (twisting your arm, holding you down, etc.), but intercourse did not occur? Y N

1 8. Have you ever had vaginal or anal intercourse when you didn't want to because someone threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you? Y N

Penetration of Vagina or Anus by Objects

19. Have you ever had someone penetrate your vagina or anus with an object other than a penis when you didn't want to because you were overwhelmed by his/her continual arguments and pressure? Y N

20. Have you ever had someone penetrate your vagina or anus with an object other than a penis when you didn't want to because he/she used his/her position of authority (boss, teacher, camp counselor, supervisor) to make you? Y N

21. Have you ever had someone attempt penetration of your vagina or anus by an object other than a penis when you didn't want to because you were incapable of giving consent or resisting due to alcohol or drugs, but penetration did not occur? Y N

22. Have you ever had someone penetrate your vagina or anus with an object other than a penis when you didn't want to because you were incapable of giving consent or resisting due to alcohol or drugs? Y N

23. Have you ever had someone attempt penetration of your vagina or anus by an object other than a penis when you didn't want to by threatening or using some degree of physical force (twisting your arm, holding you down, etc.), but penetration did not occur? Y N

24. Have you ever had someone penetrate your vagina or anus with an object other than a penis when you didn't want to because he/she threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you? Y N

Table 1

Frequency of Reported Physical Abuse in the Dichotomous 3 categories created

Physical Abuse	Frequency	Percentage
No abuse	190	71.2
Minor	43	16.1
Severe	34	12.7

Table 2

Frequencies and Percentages for the Demographic Characteristics of the Participants

Demographic Characteristics	Frequency	Percentage of Sample
Age		
18 years	91	34.1
19 years	62	23.2
20 years	33	12.4
21 years	31	11.6
22 and over	44	16.5
Missing	6	2.2
Marital Status		
Single	199	74.5
Married or living as married	20	7.5
Separated or divorced	6	2.2
Other	42	15.7
Year in Program		
1	210	78.7
2	45	16.9
3	7	2.6
4	1	.4
5	4	1.5
Family Income		
Less than 10,000	11	4.1
10-19,000	24	9
20-29,000	44	16.5
30-39,000	46	17.2
40,000 +	141	52.8
Missing	1	.4
Living Arrangements		
With parents	149	55.8
Alone	20	7.5
With friends or other family	45	16.9
With spouse or partner	27	10.1
Residence	26	9.7

Table 2 continued

Frequencies and Percentages for the Demographic Characteristics of the Participants

Demographic Characteristics q	Frequency	Percentage of Sample
# of children in family of origin		
1	41	15.4
2	90	33.7
3	78	29.2
4	40	15.0
5	18	6.7
# of Relationships		
0	36	13.5
1-3	198	74.2
4-6	25	9.4
7-9	3	1.1
Greater than 10	5	1.9
Place in Family		
Only child	38	14.2
Youngest child	82	30.7
Middle child	59	22.1
Oldest Child	88	33.0
Social Activity		
Very outgoing	85	31.8
Somewhat outgoing	120	44.9
Not very outgoing	46	17.2
Somewhat isolated	14	5.2
Very isolated	2	.7
Parents that lived with you		
Both parents	225	84.3
1 parent	40	15.0
Neither parent	2	.7

Table 2 continued

Frequencies and Percentages for the Demographic Characteristics of the Participants

Demographic Characteristics				
Parents Education	Father		Mother	
	Frequency	%	Frequency	%
Some elementary	14	5.2	14	5.2
Some high school	33	12.4	16	6.0
High School graduate	44	16.5	56	21.0
Some college or University	48	18.0	38	14.2
College Diploma	31	11.6	43	16.1
University Diploma	62	23.2	77	28.8
Graduate School	33	12.4	23	8.6
Missing	2	.7		

Ethnic Background	Frequency	Percentage
Asian	46	17.2
Scottish	30	11.2
Irish	26	9.7
Other	24	9.0
German	22	8.2
French Canadian	22	8.2
English	17	6.4
Aboriginal	13	4.9
Filipino	13	4.9
African	13	4.9
Other Eastern European	11	4.1
Ukrainian	10	3.7
Polish	9	3.4
Spanish	6	2.2
Italian	3	1.1
Middle Eastern	2	.7

Table 2 continued

Frequencies and Percentages for the Demographic Characteristics of the Participants

Religion	Frequency	Percentage
No Religion	82	30.7
Roman Catholic	76	28.5
Other	48	18.0
Other Protestant	29	10.9
Buddhism	7	2.6
Judaism	6	2.2
Eastern Orthodox	5	1.9
Presbyterian	4	1.5
Islam	3	1.1
Aboriginal Spirituality	2	.7
Agnostic	2	.7
Congregationalist	1	.4
Methodist	1	.4
Other Eastern	1	.4

Table 3

Descriptive Statistics for the Abuse Severity Index for Childhood Sexual Abuse

Variable	Attribute	CSA (n = 29)	
		Frequency	Percentage
# encounters	1-5	20	69
	6-10	1	3.4
	11-15	2	6.9
	16-20	3	10.3
	21+	3	10.3
# perpetrators	1	17	58.6
	2	6	20.7
	3	4	13.8
	4	0	0
	5+	2	6.9
age of abuse onset	<4	2	6.9
	4.1-6	4	13.8
	6.1-8	5	17.2
	8.1-10	4	13.8
	10.1-15	14	48.3
duration	1-7 days	14	48.3
	1-4 weeks	3	10.3
	1-12 months	5	17.2
	1 year +	7	24.1
frequency	daily	1	3.4
	weekly	7	24.1
	monthly	3	10.3
	yearly	3	10.3
	isolated event	15	51.7
Abuse?	Yes	23	79.3

Table 4

Descriptive Statistics for the Likert Scale Portion of the Abuse Severity Index CSA (n = 29)

Variable	Mean	Standard Deviation
Pain	3.38	2.49
Force	3.55	2.33
Coercion	5.10	2.14
Threat	2.79	2.48
Penetration	3.46	2.71
Trust	4.68	2.28
Severity	3.65	2.39

Note. Items were answered on a 7 point Likert scale where 1 = strongly disagree, 4 = neutral and 7 = strongly agree.

Table 5

Means and Standard Deviation for Other Childhood Traumatic Events and Attachment

Variable	No Trauma n = 78	Other Trauma n = 188	Independent group t-test t-value	p-value
Secure Mean (SD)	18.19 (6.67)	19.40 (7.46)	-1.235	.218
Fearful Mean (SD)	19.03 (11.12)	21.27 (12.68)	-1.363	.174
Preoccupied Mean (SD)	18.54 (11.04)	20.31 (12.11)	-1.11	.268
Dismissing Mean (SD)	17.79 (8.48)	19.73 (9.87)	-1.515	.131

Table 6

Independent Sample t-test – Revictimization

Variable	Group			
	Non-CSA n = 233	CSA n = 34	t-score	p-value
Physical Mean (SD)	1.87 (6.20)	6.24 (15.68)	-1.604	.118
Minor Physical Mean (SD)	1.54 (4.29)	3.73 (8.59)	-1.466	.152
Severe Physical Mean (SD)	.721 (3.26)	3.32 (9.14)	-1.644	.109
Dominance-Isolation Mean (SD)	27.03 (15.03)	38.20 (21.76)	-2.89	.006
Emotional-Verbal Mean (SD)	34.37 (17.14)	49.29 (22.94)	-3.65	.001
Adult Sexual Assault Mean (SD)	1.03 (2.22)	3.83 (4.62)	-3.46	.001

Table 7

Means and Standard Deviation of Victimization Experiences and Attachment Styles

	Secure		Fearful		Preoccupied		Dismissing	
	M	SD	M	SD	M	SD	M	SD
*Non-victim n = 147	17.34	6.90	17.83	11.62	16.98	11.29	17.15	8.94
CSA n = 11	23.64	5.89	27.86	10.46	27.64	9.29	24.01	8.76
*Adult n = 86	20.74	7.44	23.42	12.58	22.57	11.47	21.22	10.15
Revictimized n = 23	21.30	7.24	24.33	11.73	23.54	12.86	21.83	9.51

*differences between the non-victim and adult victimization group in all attachment types reached significance at the $p < .003$ level

Table 8

Regression model for Secure Attachment

Variable	Standardized Beta	t-value	Significance
Other Childhood Traumatic Events	.004	.064	.949
Childhood Sexual Abuse	.086	1.332	.184
Adult Sexual Assault	.063	.995	.340
Psychological Abuse	.094	1.254	.211
Physical	.178	2.578	.010*

Regression model for Fearful Attachment

Variable	Standardized Beta	t-value	Significance
Other Childhood Traumatic Events	.004	.065	.948
Childhood Sexual Abuse	.082	1.260	.209
Adult Sexual Assault	.068	1.030	.304
Psychological Abuse	.073	.972	.332
Physical	.181	2.609	.010*

Table 8 continued

Regression Model for Preoccupied Attachment

Variable	Standardized Beta	t-value	Significance
Other Childhood Traumatic Events	.004	.063	.950
Childhood Sexual Abuse	.089	1.378	.170
Adult Sexual Assault	.058	.879	.380
Psychological Abuse	.110	1.481	.140
Physical	.173	2.519	.012*

Regression model for Dismissing Attachment

Variable	Standardized Beta	t-value	Significance
Other Childhood Traumatic Events	.004	.065	.949
Childhood Sexual Abuse	.073	1.119	.264
Adult Sexual Assault	.074	1.109	.268
Psychological Abuse	.040	.536	.593
Physical	.180	2.581	.010*

Note. Secure Adjusted R^2 = .007, Fearful Adjusted R^2 = .062, Preoccupied Adjusted R^2 = .075, and Dismissing Adjusted R^2 = .048
*p<.05

Authors Note

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