

Rowan University

Rowan Digital Works

---

Theses and Dissertations

---

6-14-2010

## Perceptions of the long-term effects of childhood sexual abuse

Cynthia Mellitz

Follow this and additional works at: <https://rdw.rowan.edu/etd>



Part of the [Psychiatric and Mental Health Commons](#)

---

### Recommended Citation

Mellitz, Cynthia, "Perceptions of the long-term effects of childhood sexual abuse" (2010). *Theses and Dissertations*. 86.

<https://rdw.rowan.edu/etd/86>

This Thesis is brought to you for free and open access by Rowan Digital Works. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of Rowan Digital Works. For more information, please contact [graduateresearch@rowan.edu](mailto:graduateresearch@rowan.edu).

PERCEPTIONS OF THE LONG-TERM EFFECTS OF CHILDHOOD SEXUAL  
ABUSE

by  
Cynthia A. Mellitz

A Thesis

Submitted in partial fulfillment of the requirements of the  
Masters of Arts Degree  
of  
The Graduate School  
at  
Rowan University  
May 28, 2010

Thesis Chair: D.J. Angelone, Ph.D.

© 2010 Cynthia A. Mellitz

## ABSTRACT

Cynthia A. Mellitz

### PERCEPTIONS OF THE LONG-TERM EFFECTS OF CHILDHOOD SEXUAL ABUSE

2009/ 2010

D.J. Angelone, Ph.D.

Clinical Mental Health Counseling

The perceptions of how Childhood Sexual Abuse (CSA) survivors perceive themselves and are perceived by others was evaluated. The aims of the study were to use Attribution Theory and the Traumagenic Model in evaluating whether perceptions were mediated by assertiveness, self-esteem, and interpersonal relationships. Additionally examining if CSA survivors differ in perceived levels of these attributes from non-CSA individuals within a college sample was of interest. 35% of the sample exhibited a variety of CSA experiences, with the majority being minimal contact experiences (i.e. sexual invitations or sexual hugging/kissing). Regression analyses indicated that CSA survivors did not differ in their perceptions of a character's level of assertiveness, self-esteem, and interpersonal relationships compared to non-CSA individuals when reading a vignette. Further, CSA survivor's own levels of self-esteem, assertiveness, and interpersonal relationship did not mediate perceptions. However, CSA survivors did identify more with the character in the vignette than non-CSA participants and experiencing CSA did predict a participant's self-esteem and interpersonal relationships. Further research implications are discussed.

## ACKNOWLEDGMENTS

I would like to thank Dr. D.J. Angelone who has helped me throughout the entire thesis process and my family. Without their guidance in what to do, conducting this thesis would have been a lot more difficult. Throughout the past two years I have learned a lot about professional writing and presenting my findings in a way that an audience can grasp. I owe much of my progress and knowledge to these people for constantly pushing me to be better. Thank you again!

## TABLE OF CONTENTS

Acknowledgements	ii
List of Figures	v
List of Tables	vi
CHAPTER	PAGE
I. Introduction	1
II. Method	15
Participants	15
Procedure	16
Measures	16
III. Results	20
Exploratory Analyses	22
IV. Discussion	24
Conclusions	24
Limitations and Future Research	26
References	29
Appendices	40
Appendix A Demographics	40
Appendix B Finkelhor Sexual Abuse Questionnaire	41
Appendix C Brief Crime Report	42
Appendix D Variation of the Mitchell, et al. (2008) Questionnaire	43

Appendix E	Rosenberg Self-Esteem Inventory	48
Appendix F	Assertiveness Self-Report Inventory	49
Appendix G	Social Desirability Scale	52

## LIST OF FIGURES

FIGURE	PAGE
Figure 1 Personal Attributes for CSA and Non-CSA Participants	38
Figure 2 Perceptions of Character's Attributes	39

## LIST OF TABLES

TABLE	PAGE
Table 1 Type of CSA Experiences for CSA Participants	35
Table 2 Pearson Correlations, Means, and Standard Deviations for Questionnaire Totals	36
Table 3 Pearson Correlations, Means and Standard Deviations for the Post-Stimulus Questionnaire on Perceptions of the Survivor	37



## CHAPTER I

### Introduction

Childhood sexual abuse (CSA) is a pressing concern within society due to its association with numerous interpersonal and intrapersonal long-term effects. Some of the long-term effects that may occur for a CSA survivor are poor social relationships, negative attitudes and/or emotions towards others, depression, dependency on others, low self-esteem, and low assertiveness (Dallam et al., 2001; Kallstrom-Fugua, Weston, & Marshall, 2004). CSA occurs in 20% of all women and 10% of all men. However, the rates of CSA are up to 70% in clinical populations (Callahan, Price, & Hilsenroth, 2003). Thus, the experience of CSA can impact the psychological well-being of a survivor, especially in the long-term. However, research has failed to identify why long-term effects occur for certain CSA survivors and not for others (Schreiber & Lyddon, 1998).

There is a wide variety of definitions for CSA (Fleming et al., 1998; Wyatt 1985). In general, CSA may include all experiences of sexual contact occurring before age 12 with a person 5 years older than the child, irrespective of consent, and all experiences of sexual contact occurring between 12 and 16 years with a person 5 or more years older, unless wanted or not distressing at the time (Fleming et al., 1998). Sexual contact may include touching or fondling a child's body; attempts to have a child arouse the adult, or touch his/her body in a sexual way; an adult rubbing his/her genitals against the child's body in a sexual way; touching the child's genitals with the mouth or having the child touch the adult with their mouth; attempts to have anal or vaginal intercourse with the child; and/or anal or vaginal intercourse (Fleming et al., 1998). Although broad, this

definition of CSA emphasizes that the act is unwanted towards a child, is sexual in nature, and represents a distinct age difference between the perpetrator and a child.

It is unclear whether the relationship between CSA and associated long-term effects (e.g. low self-esteem, poor mental health) are direct or indirect. For example, CSA may not directly cause an individual to have maladaptive relationships in adulthood. There may be other factors that influence the relationship (or allow the relationship to exist), such as the survivor experiencing a sense of betrayal. In this example, betrayal would be a mediator and there would be an indirect relationship between CSA and maladaptive relationships. In other words, no relationship would exist between CSA and maladaptive relationships if the victim did not experience a sense of betrayal. Also, while there are numerous potential long-term effects in adulthood, it is unclear which factors (i.e., severity, extent of abuse) of CSA are associated with specific long-term effects. Additionally, it is unknown whether the long-term effects are partial or complete mediators of adult functioning (Kallstrom-Fugua, Weston, & Marshall, 2004). There are, however, known commonalities amongst individuals that experience certain long-term effects of CSA.

The Traumagenic Dynamics Model is a theoretical formulation that might explain commonalities between the long-term effects associated with CSA through the use of mediators. This comprehensive model suggests that a variety of dynamics account for behaviors in adulthood. Some survivors of CSA tend to develop sexually risky behaviors (e. g., promiscuity), decreased self-esteem, or other sexual problems in adulthood due to a relationship that occurs during the CSA experience (Lemieux & Byers, 2008). That is, the development of CSA and long-term effects in the Traumagenic

Model occurs through a classically conditioned response. Over time, the pairing of a negative emotion (e.g. fear) that occurred during CSA experiences becomes generalized to other experiences (e.g. dislike towards all men and not just a perpetrator). This negative emotion may thus trigger avoidance behaviors in a female survivor towards all men as a way to avoid experiencing painful memories or feelings for the sexual abuse experience (Lemieux & Byers, 2008). For example, 15% of CSA adults tend to actively avoid sexual intimacy while about 28% actively engage in sexualized relationships, like frequent casual sexual behaviors (Lemieux & Byers, 2008). Associating sex with a negative emotion during the sexual abuse may lead some CSA individuals to avoid intimate relationships and engage in casual sexual relationships as a way to cope with the abuse. Thus, this association between a negative emotion and CSA experiences may affect typical adult development and lead to negative long-term effects.

In fact, the Traumagenic Dynamics Model outlines four common classically conditioned dynamics that may occur as a result of CSA. The four dynamics serve as mediators that may directly lead to lowered self-esteem, assertiveness, and poor interpersonal relationships in adulthood. The first dynamic is *traumatic sexualization* which refers to how the child develops difficulties in intimate relationships (Greene et al., 1998). The relationship that the perpetrator has with the child (e.g. the rewards given for sexual favors and the inappropriateness of the relationship) may influence how other sexual and nonsexual relationships may function for the individual when they mature into adulthood (Finkelhor, 1985; Paolucci, 2001). For instance, women who experienced CSA are more likely to report sexual problems, a greater number of sexual costs, lower sexual satisfaction, and a lower sexual self-esteem in adulthood than those who have not

experienced CSA (Lemieux & Byers, 2008). Being rewarded for sexual acts at an early age may lead the survivor to have difficulty maintaining intimate and non-intimate interpersonal relationships into adulthood due to the generalization of sexualized behaviors.

The second dynamic of the Traumagenic model is *betrayal* which refers to the experience of sexual abuse where the survivor is harmed by a perpetrator who maintains a close bond or a dependent relationship. A loss of openness and trust often occurs with betrayal. In addition, the child may feel betrayal towards their mother because she did not protect the child and may not believe that abuse occurred. As a result, children are often left vulnerable for more psychological and physical problems later in life than those who have not experienced CSA (Finkelhor, 1985). About 50% of individuals who have experienced CSA also had anxiety or depression in adulthood; possibly from a loss of a trusted person in their life during the abuse (Conte & Schuerman, 1988; Dallam et al., 2001). Additionally, 51% of CSA survivors experience isolation as a means of protection from being betrayed by others (Conte & Schuerman, 1988). The opposite may also be true, in which CSA survivors become overly dependent on an intimate partner as a way to establish a trusting bond.

The third dynamic, *stigmatization*, refers to how a survivor perceives themselves given the negative connotation that society attributes to CSA survivors. Through self-blame, survivors often develop lowered levels of self-esteem, poor assertiveness, and feelings of being devalued (Feiring, Simon, & Cleland, 2009). One outcome of stigmatization is feelings of isolation and becoming part of the “stigmatized society.” Such groups are negatively viewed subcultures that include a moderately high percentage

of CSA survivors. For example, sexually victimized children are 11.4 % more likely to be drug and alcohol users than non-abused children. They may also be more likely to engage in sexually abusive behaviors, such as becoming sex offenders or having children that are sex offenders. Mothers are 54% more likely to engage in sex crimes while fathers are 41% more likely to engage in sex crimes when they experienced CSA (Duane et al., 2003; Finkelhor, 1985; Plant et al., 2007; Rayburn et al., 2005). Additionally, lowered self-esteem and assertiveness might develop as a result of being stigmatized as “sexually abused.”

The fourth dynamic, *powerlessness*, refers to a survivor’s body being repeatedly invaded against their will. During the abuse, there is often a lack of control experienced over the sexual act and the act may be life threatening and violent (Finkelhor, 1985). As an attempt to gain a sense of control and understanding of the acts, the individual often self-blames. The behavioral manifestations of powerlessness in adulthood tends to be an impairment in coping skills and a low sense of self-efficacy through such things as difficulties in regulating emotions and being susceptible to subsequent sexual assaults (Finkelhor, 1985). For example, women with histories of CSA are more likely to have partners who are physically or sexually aggressive than are women who do not have a history of CSA (Testa, Van-Zile-Tamsen, & Livingston, 2005). In fact, 61-69% of adults in a clinical sample that were sexually abused as children were also sexually abused as adults (Campbell, Greeson, & Bybee, 2008). Experiencing powerlessness during the sexual abuse may reduce the likelihood of being able to recognize cues for abusive partners throughout life. A lack of assertiveness may further develop as a result of repeatedly experiencing sexual abuse without being able to stop it.

The four dynamics of the Traumagenic Dynamics Model attempt to explain why certain emotions and perceptions may develop for CSA survivors. For example, a survivor's perceptions and emotions might be distorted or altered due to powerlessness and may shape the person's self concept (Finkelhor, 1985). In fact, 71.6% of women in a community sample perceive the world as a dangerous place and develop maladaptive self representations, possibly as a result of a sense of powerlessness or stigmatization during the CSA (Kallstrom-Fugua, Weston, & Marshall, 2004). As a way to deal with the trauma that was experienced, survivors often experience psychological distress or distort their self view (Heiman & Heard-Davidson, 2003; Peters, 1985).

Although the exact causes of developing particular long-term effects from CSA are unknown, there are some common family patterns for individuals that experienced CSA. Adults who have experienced CSA perceived their families as more isolative, inflexible in their belief systems, and unable to develop autonomy from other family members during childhood (Husley, Sexton, & Nash, 1992). The findings may suggest that sexually abused children's families developed these traits as a result of the abuse. However, the reverse may also be true; these family traits may have been precursors to the abuse. Either way, the nature of the childhood family dynamic appears to be closely related to psychological development, as evidenced by the Traumagenic Model. For example, if sexually abused children are unable to thrive or cope with the abuse because they do not trust family members or are unable to develop the proper problem-solving techniques from their family members, they may be more likely to develop long-term effects. The family is therefore an important factor in understanding the environment that sexually abused children developed in and where their perceptions of the world began.

Perceptions play an important role in the lives of survivor's. People tend to cognitively organize their perceptions to align with stereotypes. Perceptions in line with stereotypes reduce ambiguity by describing the behavior and the perceiver expectancies for the behavior of the labeled individual in a way that is congruent with the label (Briggs, Hubb-Tait, Culp, & Morse, 1994). Sexually abused children may view themselves in a negative light because this labeling process provides a way to understand and make sense of complex events, such as sexual abuse (Briggs, Hubb-Tait, Culp, & Morse, 1994). Examining whether individuals that experienced CSA maintain perceptions that are similar to those who have not experienced CSA on particular long-term effect in adulthood is an area that needs further research.

According to the labeling process, the self perceptions of CSA survivors in adulthood may be potentially mediated by perceptions of self-esteem, assertiveness, and interpersonal relationships. Researchers suggests that CSA is associated with poor interpersonal relationships (Andres-Hyman, 2004), low assertiveness (Greene et al., 1998), and low self-esteem (Callahan, Price, & Hilsenroth, 2003; Finkelhor, 1985; Lemieux et al., 2008). These specific long-term effects occur frequently among adults who experienced CSA, are well-documented effects of CSA, and have valid measures of assessment; therefore, they are the focus of the present study (Kernhof et al., 2008). In terms of poor interpersonal relationships, 11.4 % of adult CSA survivors are less likely to be happy, have more frequent and longer arguments with partners than non-CSA individuals (Plant et al., 2007). In terms of assertiveness, CSA adults tend to lack sexual assertiveness. Women who have been sexually abused as children are 67.9% more likely to engage in unwanted sex than women who have not been sexually abused as a child

(Whyte, 2006). In terms of self-esteem, CSA adults have a significantly lowered self-esteem and overall perception of themselves compared to non-CSA adults (Callahan, Price, & Hilsenroth, 2003).

There is much data to support that adults who experienced CSA often have difficulties in their intimate relationships. For example, adults who experienced CSA and who received outpatient psychotherapy had lower self-esteem, more depression and anxiety difficulties, and difficulties maintaining intimate interpersonal relationships (Peleikis, Mykletun, & Dahl, 2005; Testa, VanZile-Tamsen, & Livingston, 2005). Additionally, after controlling for family risk factors such as violence in the home, poverty, and neglect, CSA was still a major risk factor in poor intimate relationships (Testa, VanZile-Tamsen, & Livingston, 2005). Even social behaviors such as less animated laughing and hand gestures appeared different between CSA adults and non-CSA adults (Parks et al., 2008). As such, adults that have experienced CSA have poorer interpersonal relationships as a long-term effect of CSA.

There is also much data to support that adults who experienced CSA often have difficulties with assertiveness. Assertiveness is shown to be a protective factor for revictimization in CSA survivors that can improve the quality of life for the survivors (Greene et al., 1998). CSA survivors' assertiveness tends to be lower than non-CSA adults and is one of the highest risk factors for revictimization (Parks, 2008). Due to a prominent sense of powerlessness often felt by a sexually abused child when trapped in the abuse, an identity of being a victim rather than a survivor may develop into adulthood. This stigmatization often leads to a greater vulnerability to revictimization



which can be counteracted if higher levels of assertiveness are present (Lundqvist, Hansson, & Svedin, 2004; Parks, 2008).

In addition to revictimization, a lack of assertiveness may lead to social avoidance, interpersonal relationship problems, and an inability to accurately perceive risks. For example, lacking assertiveness may lead an individual to perceive typical sexual relations with the opposite sex as threatening. Also, sexual assertiveness is lacking in survivors of CSA, which may have implications for dating aggression and revictimization if the individual hesitates in standing up for their self sexually (Lemieux et al., 2008; Whyte, 2006). When assessed on stigmatization (abuse-shame and self-blame) and internalizing symptoms (depressive and posttraumatic symptoms) at the time of abuse, at age 8-15 years old, and six years later, internalizing symptoms were associated with a high occurrence of dating aggression (Feiring, Simon, & Cleland, 2009). The survivors were 26% more likely to experience dating aggression and 29% more likely to experience revictimization (Feiring, Simon, & Cleland, 2009). This suggests that CSA individuals later may have difficulty asserting themselves in relationships immediately after the abuse and many years. Specifically because of the sexual abuse experience and internalization difficulties regulating negative emotions like hostility and helplessness may occur.

The third long-term effect examined is based on the relationship between self-esteem and CSA. When someone experiences CSA they often experience low self-esteem and an accompanied self-blame or stigmatization (Finkelhor, 1985). The experience of self-blame degrades the self and further leaves the survivor feeling responsible for the harm. Additionally, negative emotions and thoughts that accompany

self-blame leave the survivor feeling devalued and not worthy of feeling confident in their decisions or choices (Feiring, Simon, & Cleland, 2009). Two possible long-term effects of low self-esteem are a strong dependency on another and feelings of insecurity because of a lack of self confidence. These feelings may leave the survivor vulnerable to other psychological and social difficulties that have previously been discussed (e.g. depression).

In addition to adult survivors having lowered general self-esteem, these individuals also tend to have lowered sexual self-esteem. Men that experienced CSA appear to have lower levels of sexual self-esteem compared to women who experienced CSA (Finkelhor, 1984). This may suggest that since the individual felt a sense of powerlessness during the sexual abuse as a child they also feel powerless in feeling good about their sexual experiences in adulthood. Furthermore, the difficulties that arise in adulthood due to CSA may affect how CSA survivors live their life in other ways as well.

One way that CSA survivor's lives could be affected is through how they are perceived and treated by non-CSA individuals. For example, non-CSA survivors may perceive CSA survivors as having more severe long-term effects than they actually do in adulthood. However, some researchers suggest the contrary, that having a good social support system and positive outlook from non-CSA individuals, such as believing that survivors will be able to overcome or cope with the abuse, may reduce the likelihood of future behavioral and psychological difficulties (Wyatt & Mickey, 1985). For example, learning how to manage feelings of abusive memories and cognitively restructuring attributions of the abuse are two techniques that have been effective methods to reduce the negative effects associated with CSA in adulthood (Wyatt & Mickey, 1985). Further,

55% of women that received social support did not report long-term effects of negative attitudes towards men even when they experienced severe abuse compared to 10% who did not receive social support (Wyatt & Mickey, 1985). This suggests that by being supportive through development of coping strategies may have some impact in reducing potential long-term negative effects in adulthood.

On the other hand, being stigmatized as a CSA survivor or a “sexually abused” individual may influence observer perceptions. Teachers who were aware that their students were sexually abused did not encourage the children on tasks as much as they did for children who were not sexually abused (Briggs, Hubbs-Tait, Culp, & Morse, 1994). The expectations of children labeled as sexually abused were lower than children who were not sexually abused. Additionally, jurors knowledge of sexually abused children were found to be limited, mostly negative, and led them to formulate negative beliefs about a sexually abused child (Briggs, Hubbs-Tait, Culp, & Morse, 1994). Jurors tend not to know much about the long-term effects of CSA and often attribute negative traits to the sexually abused child as a result, such as a lack of intelligence. CSA children may also be perceived as less capable to achieve what non-sexually abused children can. These negative attributions pose the question whether knowledge of CSA influences expectations. Additionally, adults expect these survivors to engage in more aggressive acts, have more internalized problematic behaviors (such as lowered self-esteem) and would be less likely to achieve than those individuals that do not have a family history of sexual abuse. Interestingly, adults with acquaintances of sexual abuse were less likely to view CSA individuals negatively (Briggs, Hubbs-Tait, Culp, & Morse, 1994).

Furthermore, when a CSA individual is perceived in a negative light by society it affects their self perception (i.e. the self-fulfilling prophecy). The self-fulfilling prophecy is when one's beliefs lead to fulfillment or when a person becomes what they were believed to be (Hinnant, O'Brien, & Ghazarian, 2009). For example, if non-CSA individuals perceive CSA survivors as lacking assertiveness they may begin to lack assertiveness because they are treated as such. Being labeled as a sexually abused individual could also interfere with a survivor's recovery because an adult might treat the survivor as being affected by the abuse even if the survivor has not been. Such treatment may affect the survivor's self portrayal. The self-fulfilling prophecy is therefore a model that demonstrates the importance of perceptions on one's own behaviors and beliefs.

Additionally, perceptions of survivor's long-term effects have implications for how they will live their lives (Lemieux & Byers, 2008). For example, if they believe that they are responsible for the CSA, the individual may feel unworthy of pleasurable events in life. This has not been examined thus far in the literature. Existing literature on CSA and self-blame has generally focused on whether certain long-term effects exist or not. In addition, the focus of CSA studies thus far has been on the general functioning of adults. The limited research that does exist, however, on the quality of self and self representation of CSA survivors, suggests that they have significantly more maladaptive representations compared to those that have not (Callahan et al., 2003).

The current study builds on the previous research of maladaptive representations, through the use of the Attribution Theory. Specifically, how CSA survivors perceive someone in a vignette that experienced CSA for assertiveness, self-esteem and interpersonal relationships was evaluated. Attribution Theory is one's beliefs and

perceptions are based on the perceived causes or antecedents (Kelley et al., 1980). There are three types of antecedents for perceiver attributions: the present information, the perceiver's belief, and motivation (Kelley et al., 1980). Based on the information present at the time of attribution, if the perceiver is affected by the outcome they are more likely to attribute blame to external factors rather than internal ones. Specifically, research on how CSA survivors perceive others after an assault experience through a vignette has not been conducted. Based on Attribution Theory, a CSA survivor would be more likely to attribute negative long-term effects to a character in a vignette if they also have negative long-term effects. In other words, a CSA survivor would be more likely to identify with the character in the vignette because of their common CSA experience compared to non-CSA individuals. Further, given the aforementioned research, survivors would rate the character's levels of assertiveness, self-esteem, and interpersonal relationships according to their own levels of these attributes than non-CSA individuals.

The primary aims of the study are to use Attribution Theory and the Traumagenic Model in evaluating whether perceptions are mediated by assertiveness, interpersonal relationships and self-esteem of the participant. Additionally examining whether CSA survivors and non-CSA individuals differ in perceived levels of assertiveness, interpersonal relationships and self-esteem levels in a college sample is of interest.

The hypotheses for the study are 1) self reported self-esteem will mediate the relationship between an individual who experienced CSA and their perceptions of a character's low self-esteem in a vignette that experienced CSA. 2) Self reported poor interpersonal relationships will mediate the relationship between an individual who experienced CSA and their perception of a character's interpersonal relationships in a

vignette that experienced CSA. 3) Self reported low assertiveness will mediate the relationship between an individual who experienced CSA and their perception of a character's assertiveness in a vignette that experienced CSA. Additionally, individuals that experienced CSA will identify more with the character in the story when they have low levels of self-esteem, assertiveness, or interpersonal relationships.

## CHAPTER II

### Method

#### *Participant*

A total of 187 undergraduate students (54% female and 46% male) from a Northeastern University completed the study. However, responses from eight participants were omitted due to incomplete questionnaires, leaving a final sample of 179 participants. Participant's age ranged from 17 to 28 ( $M = 19.3$ ,  $SD = 1.6$ ). A total of 35% of participants reported experiencing some form of CSA. The majority of the participants identified themselves as Caucasian (69%), followed by African American (16%), Asian (2%), Hispanic/Latino (6%), and other (7%). Additionally, the majority of participants identified themselves as freshman (55%), followed by sophomores (22%), juniors (16%), seniors (6%), and other (1%). The majority of participant's (89%) identified themselves as straight, while 3% identified themselves as homosexual.

Participants reported a wide range of CSA experiences (table 1). Most participants experienced an invitation or request to do something sexual (24%), followed by kissing and hugging in a sexual way (22%). Therefore, most of the participants in the study experienced milder forms of CSA, such as sexual invitations and kissing/hugging or minimal contact experiences.

A post-test only experimental design was used for the study. Treatment of the participants was in accordance with the ethical standards of the American Psychological Association (APA) and the study was approved by the Institutional Review Board (IRB) of the author's institution. Participants were provided with an informed consent (orally and in writing) before taking part in the study and were fully debriefed upon completion

of the study. The informed consent and debriefing included contact information for the counseling center and the crisis hotline for the institution. As a precautionary measure these resources were provided if the study influenced any negative consequences for the participants.

### *Procedure*

The study took place in a dedicated computer lab. After signing the informed consent participants were asked to read a vignette of a 19 year-old college student, Jessica, who went on a date with a classmate, Mike, and was allegedly sexually revictimized during the date. The vignette was ambiguous in the sense that Jessica believed that she was sexually assaulted, while Mike stated that it was consensual sex. Within the vignette, background information about Jessica was described. This included how she was sexually abused by her uncle at the age of 10. After reading the stimulus, participants then answered a series of questionnaires about their perceptions of the character in the vignette in terms of self-esteem, assertiveness, interpersonal relationships, and their own personal attributes. Participants also completed a measure of social desirability.

### *Measures*

*Demographic Questionnaire.* This is a brief demographic questionnaire on the student's age, gender, race, ethnicity, and year in college (Appendix A).

*Sexual Abuse Questionnaire.* The Unwanted Childhood Sexual Experiences Questionnaire (UCSEQ; Finkelhor, 1979) is a variation of the 13-item measure of sexual abuse experiences in childhood. It measures sexual experiences that are forced acts with someone at least five years or older than the child. The 13-items are a variety of



increasing degrees of contact (minimal, moderate, and maximal) where the participant indicates the age of the unwanted sexual experiences if it occurred. This measure is a modified version of a larger questionnaire by Finkelhor (1979) and is a widely used measure. Although the reliability of the questionnaire has not been assessed, it is correlated with other unwanted sexual experience measures (Appendix B).

*Stimulus.* The aforementioned vignette is a variation of the Mitchell, Angelone, Kohlberg, & Hirschman (2008) study, which is a brief crime report of an alleged sexual assault. All participants were given the same stimulus where an individual experienced CSA at the age of 10 and was revictimized as an adult. Variations from the original stimulus included an addition of the background information of CSA occurring, the sexual abuse offender was a male uncle of the survivor, and the gender of the survivor was female (Appendix C).

*Post-stimulus questionnaire on perceptions of the survivor.* After reading the brief crime report participants were asked to evaluate their perceptions of the character in the vignette through a variation of the Mitchell, et al., (2008) study. The measure is 31-items evaluating the participant's impressions of the character in the vignette on a 10 point Likert scale (1= not at all, 10= very likely). The participants were further asked how much they identified with the character in the vignette. The first five questions ask about the participant's view of Jessica in terms of assertiveness, self-esteem, interpersonal relationships, and degree of identification with the character, Jessica. These questions are unique to this study and examined the participant's personal attributes that may be related to their perception of Jessica. The remainder of the questions have been used in a combination of past studies by Angelone and Mitchell, 2007; George and Martinez, 2002;

& Mitchell, et al., 2008. The questions tap into certain factors of culpability that are closely related to each other (i.e. individual items such as extent of guilt, perpetrator culpability, victim culpability, and victim credibility) (Appendix D).

*Rosenberg Self-Esteem Scale.* Participant self-esteem was evaluated by the Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965; Appendix E). This scale is a widely used self-esteem inventory consisting of 10-items: 5 positively and 5 negatively worded items (Quilty, Oakman, & Risko, 2006) that assess global self-esteem. The items are on a 4 point Likert scale with 1= strongly disagreeing and 4= strongly agreeing. The negatively keyed items were recoded so that a greater score on the RSES indicates a higher level of self-esteem. The RSES has been reported to be a good indicator of internal consistency, test-retest validity, and construct validity in the original versions with an  $\alpha = .77$  (Rosenberg, 1965). Within the current sample  $\alpha = .59$ . The RSES has also been shown to have low social desirability biases (Plazaola-Castano et al., 2009).

*Assertiveness Self Report Inventory.* Level of assertiveness was evaluated by the Assertiveness Self Report Inventory (ASRI; Herzberger, Chan, & Katz, 1984; Appendix F). The ASRI is a 25-item assertiveness measure with a test-retest reliability of  $r = .81$  and an  $\alpha = .78$ . Within the current sample the  $\alpha = .63$ . The ASRI demonstrates discriminate validity and has also been shown to have low social desirability biases. It further has been established as a good predictor of general assertiveness with specific situations (Herzberger, Chan, & Katz, 1984).

*Marlowe-Crowne Social Desirability Scale.* The Marlowe-Crowne Social Desirability Scale (SDS; Appendix G) (Crowne and Marlowe, 1960) is a 33-item true or false questionnaire that describes acceptable but improbable behaviors and unacceptable

but probable behaviors (Johnson and Fendrich, 2002). The goal is to account for individual's tendencies to report favorable responses of themselves in social situations. The SDS is also suggested to measure actual respondent's behaviors and attitudes, which is of interest since an important aspect of the study is reporting accurate responses that are according to the participant's perceptions.

## CHAPTER III

### Results

#### *Descriptives*

Individuals who experienced CSA identified more with the character in the vignette ( $M=4.10$ ,  $SD = 2.85$ ) than individuals that did not experience CSA ( $M= 2.80$ ,  $SD = 2.14$ ),  $t(177) = 3.46$ ,  $p < .01$ . When calculating differences in terms of the mean scores for personal attributes (figure 1) all participants reported assertiveness ( $M = 14.69$ ,  $SD = 4.00$ ) within the low range of the measure, while self-esteem ( $M = 18.98$ ,  $SD = 3.56$ ) was slightly above the average range of the measure, and ability to maintain interpersonal relationships ( $M = 7.24$ ,  $SD = 2.2$ ) was slightly above average relative to the “norm” scores. When comparing participants that experienced CSA, to participants that did not experience CSA, using a series of independent sample  $t$  tests, there were no differences for assertiveness,  $t(116.5) = -.04$ ,  $p = .97$ ,  $\eta^2 = .02$ ; self-esteem,  $t(119.3) = .22$ ,  $p = .83$ ,  $\eta^2 = .04$ ; or the ability to maintain interpersonal relationships,  $t(122.1) = -.84$ ,  $p = .40$ ,  $\eta^2 = .13$  (these descriptive analyses were done through the usage of a dichotomous variable, i.e. CSA experiences: yes/no). Further, when three independent one-way ANCOVAs for assertiveness, self-esteem, and interpersonal relationships were calculated accounting for SDS no statistically significant results were found.

In terms of perceptions of character attributes in the vignette, when comparing participants that experienced CSA, to participants that did not experience CSA, in terms of mean scores for perceptions of character attributes (figure 2) all participants rated the character’s assertiveness level ( $M = 5.60$ ,  $SD = 2.33$ ) within the average range of the measure, levels of self-esteem ( $M = 4.45$ ,  $SD = 2.48$ ) within the low range, and ability to

maintain interpersonal relationships ( $M = 5.13$ ,  $SD = 2.12$ ) within the low range relative to “norm” scores on the measures. When comparing participants that experienced CSA, to participants that did not experience CSA, using a series of independent sample  $t$  tests, there were no significant differences for assertiveness,  $t(124.1) = .63$ ,  $p = .53$ ,  $\eta^2 = .10$ ; self-esteem,  $t(119) = -1.68$ ,  $p = .10$ ,  $\eta^2 = .26$ ; or the ability to maintain interpersonal relationships,  $t(132.9) = -.65$ ,  $p = .52$ ,  $\eta^2 = .10$ . Further, three independent one-way ANCOVAs for the perceptions of a characters level of assertiveness, self-esteem, and interpersonal relationships were calculated accounting for SDS, but there were not any statistically significant results.

### *Mediation Analyses*

To evaluate the three hypothesized mediator variables, three separate regressions were calculated based on the Baron and Kenny model (1986) (table 2). This model requires four steps 1) the predictor variable must be significantly correlated to the outcome variable, 2) the predictor variable must be significantly correlated to the mediator variable, 3) the regression coefficient for the relationship must lose significance when controlling for the mediator (i.e. the mediator variable must affect the outcome variable). If the mediator variable takes all significance away from the predictor variable there would be a full mediator and if part of the significance is taken away from the predictor variable there would a partial mediator (Baron & Kenny, 1986).

Given the potential for socially desirable responses, all analyses were controlled for SDS (these mediation analyses were done with a continuous variable: i.e. a score of 0-13 based on degree of CSA experience). The first model evaluated self-esteem as a mediator for perceptions of a character’s self-esteem. 1) The relationship between

experiences of CSA and perceptions of self-esteem was not significant,  $F(2, 175) = .08$ ,  $p = .93$ . 2) The relationship between CSA experience and the participant's level of self-esteem however was significant,  $F(2, 175) = 7.76$ ,  $p < .01$ . 3) Based on non-significant findings for step 1, steps 3 and 4 were not calculated since the preceding step needed to be significant to continue on with the mediation analyses.

The second model evaluated assertiveness as the mediator for the perceptions of a character's assertiveness. 1) The relationship between experiences of CSA and perceptions of assertiveness was not significant,  $F(2, 175) = 1.45$ ,  $p = .24$ . 2) The relationship between experiences of CSA and participant assertiveness was also not significant,  $F(2, 175) = 1.96$ ,  $p = .14$ . 3) Based on non-significant findings for step 1 and 2, 3 and 4 were not calculated since the preceding step needed to be significant to continue on with the mediation analyses.

The third model evaluated interpersonal relationships as the mediator for the perceptions of a character's interpersonal relationships. 1) The relationship between CSA experience and perceptions of interpersonal relationships was not significant,  $F(2, 175) = 2.16$ ,  $p = .12$ . 2) The relationship between CSA experience and the participant's level of interpersonal relationships was significant,  $F(2, 175) = 3.5$ ,  $p = .03$ . 3) Based on non-significant findings for step 1, steps 3 and 4 were not calculated since the preceding steps needed to be significant to continue on with the mediation analyses.

#### *Exploratory Post Hoc Analyses*

Based on past significant findings for the Mitchell, et al. (2008) study for perceptions of victims and perpetrators of a sexual assault, the variations of this measure used in the present study were examined via correlational analyses. The results of the

correlational analyses are shown in table 3. There was a statistically significant positive correlation between identification with the victim and victim credibility ( $r = .23, p < .01$ , two-tailed), a negative correlation between perpetrator culpability and victim culpability ( $r = -3.69, p < .01$ , two-tailed), and a positive correlation between perpetrator culpability and victim credibility ( $r = .20, p < .01$ , two-tailed). The results suggest that participants that identified more with the survivor rated the victim as more credible, when the perpetrator was rated more culpable for the alleged rape the participants rated the victim as less culpable, and when the perpetrator was rated more culpable for the alleged rape the participants rated the victim as more credible. In general, the victim in the vignette appears to be perceived in more of a positive light and less to blame than the perpetrator.

## CHAPTER IV

### Discussion

#### *Conclusions*

Overall, the hypotheses and research did not support the findings. Counter to hypotheses, CSA survivors did not exhibit differences of perceptions of a character's level of assertiveness, self-esteem or interpersonal relationships from participants that did not experience CSA. Personal attributes also did not mediate perceptions. They further did not differ in their own levels of assertiveness, self-esteem and interpersonal relationships compared to participants that did not experience CSA. These findings suggest that the participants that experienced CSA in this sample appear not to exhibit long-term effects by their experiences. One possible reason is that the majority CSA experiences were of minimal contact (i.e. sexual invitations or sexual hugging). Thus, their perceptions appear not to be affected by the experiences.

Additionally, knowledge of CSA experience within the vignette appeared not to have affected perceptions of a characters level of assertiveness, self-esteem, and interpersonal relationships. Although according to Attribution Theory it was hypothesized that participants that experienced CSA would identify more with the character in the vignette because they would perceive themselves in the vignette as having low levels of assertiveness, self-esteem, and interpersonal relationships and thus attribute the character to have similarly low levels; this was only partially true. CSA survivors did identify more with the character in the vignette than participants that did not experience CSA and they did attribute lower levels of attributes to the character. However, the participants themselves did not exhibit low levels of assertiveness, self-



esteem, or interpersonal relationships. Thus, all participants perceived the character in the story as having lower levels of attributes compared to themselves, whether they experienced CSA or not. Further, since participants that experienced CSA identified with the character in the vignette more than participants that did not experience CSA, the CSA experience itself is one possible conclusion for the greater degree of identification. However there may be other reasons for the identification that are unknown since reasons for identification was not specified.

CSA experiences might also predict levels of self-esteem and ability to maintain interpersonal relationships according to the regression analyses. Although there were not statistically significant findings within the independent *t*-test or ANCOVAs for these variables experiencing CSA was correlated with self-esteem and interpersonal relationships when accounting for SDS. Even though self-esteem, assertiveness, and interpersonal relationships did not mediate the perceptions of a character's level of these attributes, it seems that when accounting for SDS experiencing CSA is related to a participant's own levels of self-esteem and interpersonal relationships. Possible reasons for these findings might be accounting for SDS and the usage of a continuous variable for CSA rather than a dichotomous variable, which exhibits more power.

An important finding that should be reiterated is that experiencing CSA leads to more identification with the character in the vignette. There were differences in identification through the exploratory analyses. The survivor was perceived more favorable than the perpetrator if identification with the survivor occurred in terms of perpetrator and victim culpability as well as victim credibility. One major implication of this finding is for jurors, since identification with the survivor appears to be a major

influence in attributing a more favorable outcome or perception for the survivor and the perpetrator as more culpable. The same could also be true within the clinical realm. Therapist that identify with the CSA survivor may be more likely to empathize with the survivor and help the survivor gain control of their lives because they perceive the survivor as credible or in a favorable light.

#### *Limitations and Future Research*

A few areas of improvement could occur in the future. It is unclear if participants read the questions and CSA stimulus closely since a memory task was not included. For instance, within the Unwanted Sexual Experience questionnaire participants were encouraged to state their unwanted sexual experiences with someone 5 or more years older and before the age of 16. However, about 10 participants stated sexual experiences between the ages of 17 to 20. Potentially these participants did not read the questionnaire closely and may have merely responded to sexual experiences at the age that they happened in their life, whether unwanted or wanted. Another possible explanation for these responses is that these participants experienced sexual assaults between the ages of 17-20. Although these responses would not be CSA experiences it might be a reason for identification because the character in the vignette experienced revictimization at the age of 19. Therefore the rest of these participant's responses may not be accurate depictions of their perceptions and beliefs of CSA. With a memory task, such as asking the participants to read a brief story and asking questions that would be evident if they read the story, participants that did not closely get these answers correct would be omitted from data analyses.

Additionally, due to researcher input errors two questions in the variation of the Mitchell, et al. (2008) questionnaire were omitted. The two questions were: how much choice did Jessica have about what happened in the vignette and how much did Mike intend to have sex with Jessica in the vignette. These two questions, along with an additional 27 questions from this questionnaire have been used together in past studies as previously stated in the measure section. Although the errors appear not to have affected the results of the data analysis, they would give additional information that is consistent with past research on victimization. In other words, the Mitchell, et al. (2008) questionnaire has been used to evaluate victimization and revictimization, but has not been used to evaluate CSA. Therefore, the present findings in terms of the Mitchell, et al. (2008) questionnaire for CSA should be used with caution due to the input errors.

The sample also consisted of college age students, which may not be generalizable and appears to be a healthy sample. College students generally are higher functioning and therefore if they did experience CSA, the experience may have been processed with in a way that does not affect their functioning. Further the study was advertised as a CSA study, which may have led certain people that experienced CSA to take part in the study, since 35% of the participants experienced CSA. Additionally, the sample exhibited less severe experiences of CSA (i.e. sexual invitations and kissing or hugging); they may not have had as severe negative effects because of the minimal severity of the CSA experiences as someone that is not in college. If however, the study used participants from clinical populations, negative long-term effects of CSA may have been more severe, since up to 70% of clinical population tend to experience negative long-term effects associated with CSA (Callahan, Price, & Hilsenroth, 2003).

In future studies, examining acquaintances of CSA is an area that may help better understand perceptions. Acquaintances of CSA are people that know an individual that experienced CSA. Examining perceptions of acquaintances of CSA and how their perceptions of long-term effects are compared to participants that are not acquaintances of CSA is an area that has not been researched in detail. However, adults with acquaintances of sexual abuse were less likely to stereotype negatively (Briggs, Hubbs-Tait, Culp, and Morse, 1994). Acquaintances of CSA may be an area that could explain why participants who have not experienced CSA might identify with the survivor. They may have seen their acquaintance or friend as coping with the abuse through a good social support system or therapy.

Additionally, an open-ended response question would be added. This question would come up after rating the degree of identification with the survivor. If the participant stated that they identified in any way with the survivor a question asking why do you identify with the survivor, please explain would follow as a way to better understand why some individual's that did not experience CSA might identify with the survivor in the vignette. For example, identification with the character might merely be the fact that she is a college student. Therefore, such open ended responses may provide insight into perceptions by knowing their rationale for identifying with the survivor.

## References

- Andres-Hyman, R. C., Cott, M. A., & Gold, S. N. (2004). Ethnicity and sexual orientation as PTSD mitigators in child sexual abuse survivors. *Journal of Family Violence, 19*, 319-325.
- Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychology research: conceptual, strategic, and statistical considerations. *J. Pers. Soc. Psychol., 51*, 1173-1182.
- Briggs, K., Hubbs-Tait, L., Culp, R. E., & Morse, S. A. (1994). Sexual abuse label: adults' expectations for children. *The American Journal of Family Therapy, 22*, 304-314.
- Callahan, K. L., Price, J. L., & Hilsenroth, M. J. (2003). Psychological assessment of adult survivors of childhood sexual abuse within a naturalistic clinical sample. *Journal of Personality Assessment, 80*, 173-184.
- Campbell, R., Greenson, M. R., & Bybee, D. (2008). The co-occurrence of childhood sexual abuse, adult sexual assault, intimate partner violence, and sexual harassment: a mediational model of posttraumatic stress disorder and physical health outcomes. *Journal of Counseling and Clinical Psychology, 76*, 194-207.
- Conte, J. R., & Schuerman, J. R. (1988). The effects of sexual abuse on children. In Wyatt, G. E. and Powell, G. J. (Eds.), *The Lasting Effects of Child Sexual Abuse* (pp. 61-84). Newbury Park, California: SAGE Publications, Inc.
- Crowne, D. P., & Marlowe, D. (1960). A new scale of social desirability independent of psychopathology. *Journal of Consulting Psychology, 24*, 349-354.

- Dallam, S. T., Gleaves, D. H., Cepeda-Benito, A., Silberg, J. L., Kraemer, H. C., & Spiegel, D. (2001). The effects of child sexual abuse: comment of Rind, Tromovitch, and Bauserman (1998). *Psychological Bulletin*, 127, 715-733.
- Duane, Y., Carr, A., Cherry J., McGrath, K., & O'Shea, D., (2003). Profiles of the parents of adolescent CSA perpetrators attending a voluntary outpatient treatment programme in Ireland. *Child Abuse Review*, 12, 5-24.
- Feiring, C., Simon, V., & Cleland, C. M. (2009). Childhood sexual abuse, stigmatization, internalizing symptoms, and the development of sexual difficulties and dating aggression. *Journal of Consulting and Clinical Psychology*, 77, 127-137.
- Finkelhor, D. (1985). The trauma of child sexual abuse two models. In Wyatt, G. E. and Powell, G. J. (Eds.), *The Lasting Effects of Child Sexual Abuse* (pp. 61-84). Newbury Park, California: SAGE Publications, Inc.
- Finkelhor, D. (1984). Long-term effects of childhood sexual abuse, some new data. *Child Sexual Abuse* (pp. 188-199). New York, N.Y.: The Free Press.
- Finkelhor, D. (1979). Unwanted childhood sexual experience questionnaire. *Sexually Victimized Children*. New York: Free Press.
- Fleming, J., Mullen, P. E., Sibthorpe, B., Attewell, R., & Bammer, G., (1998). Research report: the relationship between childhood sexual abuse and alcohol abuse in women- a case-control study. *Addiction*, 93, 1787-1798.
- Greene, D. M. and Navarro, R. L. (2008). Situation-specific assertiveness in the epidemiology of sexual victimization among university women. *Psychology of Women Quarterly*, 22, 589-604.

- Herzberger, S. D., Chan, E., & Katz, J (1984). The development of an assertiveness self-report measure. *Journal of Personality Assessment*, 48, 317-323.
- Heiman, J. R. and Heard-Davidson, A. R. (2003). Child sexual abuse and adult sexual relationships: review and perspective. In Koenig, L. J, Lynda, S., O'Leary, A., & Willow (Eds.), *Child Sexual Abuse to Adult Sexual Risk: Trauma, Revictimization, and Intervention* (pp. 13-47). Washington. D.C.: American Psychological Association.
- Hinnant, J. B., O'Brien, M., & Ghazarian, S. R. (2009). The longitudinal relations of Teacher expectations to achievement in the early school years. *Journal of Educational Psychology*, 101, 662-670.
- Husley, T. L., Sexton, M. C., & Nash, M. R. (1992). Perceptions of family functioning and the occurrence of childhood sexual abuse. *Bulletin of the Menninger Clinic*, 56 (pp. unknown).
- Johnson, T. P., & Fendrich, M. (2002). A validation of the crowne-marlowe social desirability scale. *American Association for Public Opinion Research*, 1661-1666.
- Kallstrom-Fuqua, A. C., Weston, R., & Marshall, L. L (2004). Childhood and adolescent sexual abuse of community women: mediated effects on psychological distress and social relationships. *Journal of Consulting and Clinical Psychology*, 72, 980-992.
- Kelley, H. H., & Michela, J. L. (1980). Attribution theory and research. *Annual Review of Psychology*, 31, 457-501.
- Lemieux, S. R., & Byers, E. S. (2008). The sexual well-being of women who have experienced child sexual abuse. *Psychology of Women Quarterly*, 32, 126-144.

- Lundqvist, G., Hansson, K., & Svedin, C. G. (2004). The influence of childhood sexual abuse factors on women's health. *Nord J Psychiatry*, 58, 395-401.
- Mitchell, D., Angelone, D. J., Kohlberger, B., & Hirschman, R. (2008). Effects of offender motivation, victim gender, and participant gender on perceptions of rape victims and offenders. *Journal of Interpersonal Violence*, 1-15.
- Paolucci, E. O., Genuis, M. L., & Violato, C. (2001). A meta-analysis of the published research on the effects of child sexual abuse. *The Journal of Psychology*, 135, 17-36.
- Parks, K. A., Hequemborug, A. L., & Dearing, R. L. (2008). Women's social behavior when meeting new men: the influence of alcohol and childhood sexual abuse. *Psychology of Women Quarterly*, 32, 145-158.
- Peleikis, D. E., Mykletun, A., & Dahl, A. A. (2005). Long-term social status and intimate relationship in women with childhood sexual abuse who got outpatient psychotherapy for anxiety disorder and depression. *Journal of Psychiatry*, 59, 31-36.
- Peters, S. D. (1985). Child sexual abuse and later psychological problems. In G. E. Wyatt & G. J. Powell (Ed.), *Lasting Effects of Child Sexual Abuse* (pp. 101-115). California: Sage Publications, Inc.
- Plant, M. L., Miller, P., & Plant, M. A. (2007). Sexual abuse in childhood, alcohol consumption and relationships with a partner. *Journal of Substance Use*, 12, 49-57.
- Rayburn, N. R., Wenzel, S. L., Elliot, M. N., Hambarsoonmians, K, Marshall, G. N., & Tucker, S. S. (2005). Trauma, depression, coping, and mental health service



- seeking among impoverished women. *Journal of Consulting and Clinical Psychology*, 73, 667- 677.
- Rosenberg, M. (1965). *Society and the Adolescent Self-image*. Princeton, NJ: Princeton University Press.
- Schreiber, R., & Lyddon, W. L. (1998). Parental bonding and current psychological functioning among childhood sexual abuse survivors. *Journal of Counseling Psychology*, 45, 358-362.
- Spiegel, D., Classen, C., Thurston, E., & Butler, L. (2004). Trauma-focused versus present-focused models of group therapy for women sexually abused in childhood. In Koenig, L. J., Lynda, S., O'Leary, A., & Willow (Eds.), *Child Sexual Abuse to Adult Sexual Risk: Trauma, Revictimization, and Intervention* (pp. 251-268). Washington, D.C.: American Psychological Association.
- Stevenson, J. (1999). The treatment of long term sequelae of child abuse. *Juvenile Child Psychology Psychiatry*, 40, 89-111.
- Testa, M., VanZile-Tamsen, C., & Livingston, J. A. (2005). Childhood sexual abuse, relationship satisfaction, and sexual risk taking in a community sample of women. *Journal of Consulting and Clinical Psychology*, 73, 1116-1124.
- Whyte, J. (2006). Sexual assertiveness in low-income african american women: unwanted sex, survival, and HIV risk. *Journal of Community Health Nursing*, 23, 235-244.
- Wyatt, G. E. (1985). The sexual abuse of afro-american and white-american women in childhood. *Child Abuse & Neglect*, 9, 507-519.

Wyatt, G. E., & Mickey, M. R. (1985). The support by parents and others as it mediates the effects of child sexual abuse. In Wyatt, G. E. and Powell, G. J. (Eds.), *The Lasting Effects of Child Sexual Abuse* (pp. 61-84). Newbury Park, California: SAGE Publications, Inc.

Table 1. Type of CSA Experiences for CSA Participants

Sexual Experience	Percentile
Invitation or request to do something sexual	24%
Kissing and hugging in a sexual way	22%
Adult showing their sex organs to you	8%
You showing your sex organs to an adult	11%
An adult fondling you in a sexual way	8%
You fondling an adult in a sexual way	4%
An adult touching your sexual organs	8%
You touching an adult person's sex organs	4%
Adult orally touching your sexual organs	3%
You orally touching an adult person's sex organs	2%
Intercourse, but without attempting penetration of the vagina	6%
Intercourse (penile-vaginal penetration)	3%
Anal intercourse (penile-anal penetration)	1%
Note: sum is >100% due to multiple experiences of CSA	

Table 2. Pearson Correlations, Means, and Standard Deviations for Questionnaire Totals,  
N=179

Measure	1	2	3	4	5	6	7	8
1. CSA (continuous)	-							
2. Self-Esteem	.03	-						
3. Interpersonal Relationships	-.04	.38**	-					
4. Assertiveness	.02	.50**	.22**	-				
5. Perceived Self-Esteem	.02	-.02	.07	.00	-			
6. Perceived Assertiveness	.12	-.02	.15	-.02	.42	-		
7. Perceived Interpersonal Relationships	-.04	.02	.07	.05	.43**	.32**	-	
8. SDS	.03	.29**	.18*	.15*	.03	.07	.14	-
<i>M</i>	1.70	18.90	7.43	14.71	4.87	5.45	5.27	15.78
<i>SD</i>	.48	3.40	2.17	3.80	2.41	2.32	2.22	4.96

\*\* $p < .01$ , \* $p < .05$

Table 3. Pearson Correlations, Means, and Standard Deviations for the Post-Stimulus Questionnaire on Perceptions of the Survivor, N=179

Total Scores	1	2	3	4
Identification	-			
Perpetrator	.05	-		
Culpability				
Victim	-.12	-.37**	-	
Culpability				
Victim	.23*	.20**	-.08	-
Credibility				
<i>M</i>	3.26	8.59	5.06	3.70
<i>SD</i>	2.48	1.36	1.91	1.66
** $p < .01$ , * $p < .05$				



Figure 1.

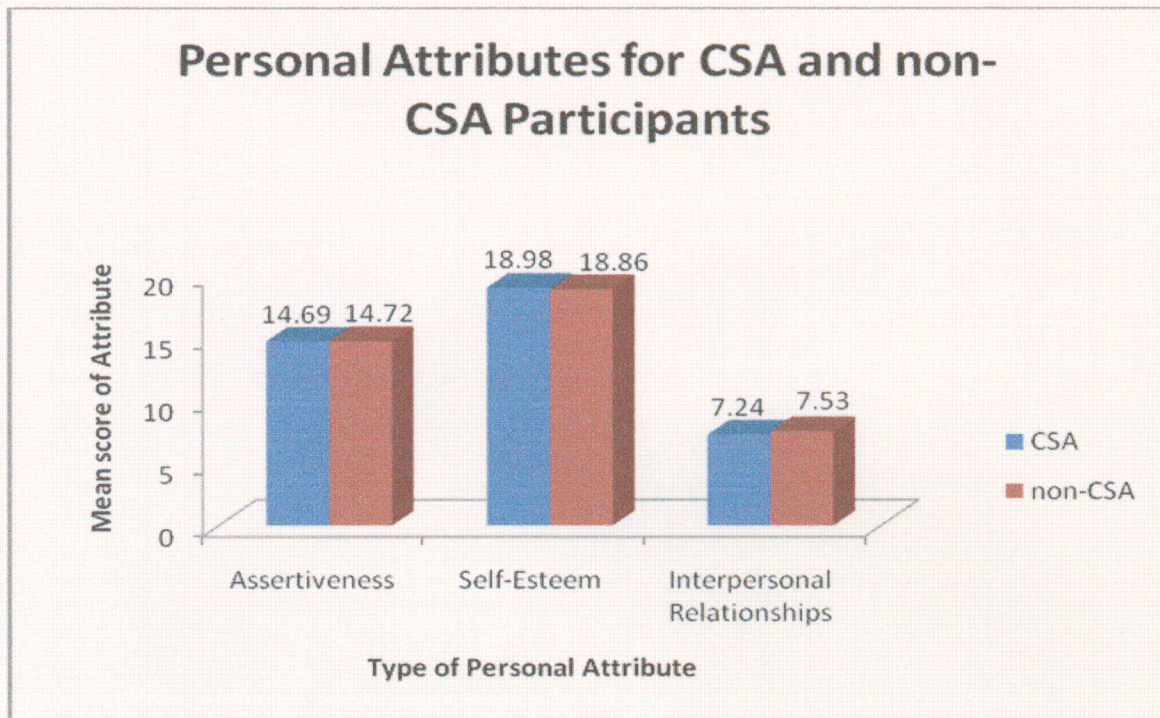
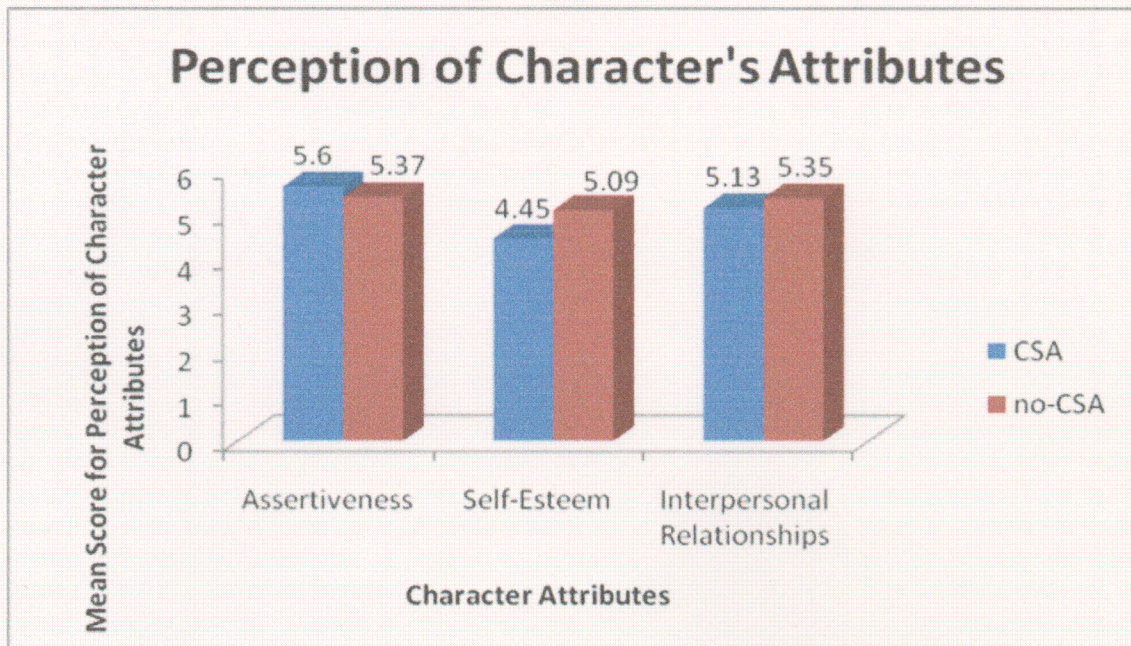




Figure 2.



## Appendix A

### **Perceptions of the Long-Term Effects of Childhood Sexual Abuse**

#### **Demographic information:**

##### **What is your age?**

(Opened ended)

##### **Gender**

Male              Female

##### **Race**

African American              Caucasian              Asian              Hispanic/ Latino  
Native American              Other

##### **Year in college**

Freshman      Sophomore      Junior              Senior              Other

##### **Sexual Orientation**

##### **Based on the Kinsley rating scale**

On a scale from 1, heterosexual/straight, to 7, homosexual/gay please indicate your sexual orientation.

1 Heterosexual/straight

2

3

4 Bisexual

5

6

7 Homosexual/gay



## Appendix B

### **Finklehor (1979) Sexual Abuse Questionnaire: Unwanted Childhood Sexual Experiences Questionnaire**

**-It is now generally realized that most people have sexual experiences as children and while growing up. By “sexual” it is meant any behavior or event that might seem “sexual” to you. Please try to remember if there were any unwanted, that is, sexual experiences that were forced on you or done against your will by an adult (someone at least five or more years older than you), while you were growing up. Indicate if you had any of the following experiences *before* the age of 16. If you did not please check the appropriate line for each question.**

---

1. An invitation or request to do something sexual. Age(s)\_\_\_\_\_
2. Kissing and hugging in a sexual way. Age(s)\_\_\_\_\_
3. An adult showing his/her sex organs to you. Age(s)\_\_\_\_\_
4. You showing your sex organs to an adult. Age(s)\_\_\_\_\_
5. An adult fondling you in a sexual way. Age(s)\_\_\_\_\_
6. You fondling an adult in a sexual way. Age(s)\_\_\_\_\_
7. An adult touching your sex organs. Age(s)\_\_\_\_\_
8. You touching an adult person's sex organs. Age(s)\_\_\_\_\_
9. An adult orally touching your sex organs. Age(s)\_\_\_\_\_
10. You orally touching an adult person's sex organs. Age(s)\_\_\_\_\_
11. Intercourse, but without attempting penetration of the vagina. Age(s)\_\_\_\_\_
12. Intercourse (penile-vaginal penetration). Age(s)\_\_\_\_\_
13. Anal intercourse (penile-anal penetration). Age(s)\_\_\_\_\_

## Appendix C

### Brief Crime Report

*Alleged victim:* Jessica D. is a 19-year-old undergraduate student enrolled in a four-year university. Jessica lives in an apartment near campus with three roommates. The campus is located in the heart of a northeastern city. Jessica serves as the vice-president of a school organization and has many friends and acquaintances. Jessica also reports a good relationship with her family members. However, she reported that at the age of 10, she was sexually assaulted by an uncle. She noted that the event occurred one evening while her uncle was taking care of her. While watching a movie, her uncle reached his hand across her body and fondled her genitals. He further continued to pin her down on the couch and attempted to penetrate her. Jessica reported feeling paralyzed in fear during this episode.

*Alleged incident:* According to Jessica on approximately April 21, 2008, a classmate (Mike K.) asked Jessica out on a date. She said yes and they agreed to go out to dinner at a nearby restaurant. After a nice dinner, Mike paid the bill, insisting that dinner be on him that evening. As they were leaving the restaurant, Jessica asked Mike if he would like to go back to her apartment to hang out and watch TV. Mike accepted her invitation and both headed to Jessica's place. Once there, Mike and Jessica continued to talk, laugh, and enjoy their evening. They began kissing and the kissing became intense. Mike reached for Jessica's breast, but Jessica gently pushed his hand off. They continued kissing and Mike reached for Jessica's chest again, only to have his hand pushed away. Jessica stated "Not tonight. I really don't think it's a good idea." Jessica said she did not want to go any further, told Mike to stop and suggested he leave. Mike allegedly continued to kiss Jessica and forced her to have sexual intercourse.

*Alleged offender:* Mike is a 21-year-old student at the university. When questioned by police, he acknowledged he had gone out with Jessica, but that she had broken off the relationship for reasons he was unsure of. He maintained that their sexual contact was consensual.

## Appendix D

### Variation of the Mitchell, et al. (2008) Questionnaire:

**Please answer the following questions by choosing the response that closely resembles (best reflects) your thoughts related to the brief crime report you just read.**

1. How assertive do you think Jessica is?

1   2   3   4   5   6   7   8   9   10

Not assertive at all

Very assertive

2. How would you rate Jessica's self esteem level?

1   2   3   4   5   6   7   8   9   10

having a low self esteem

Very high self esteem

3. How would you rate Jessica's interpersonal relationships?

1   2   3   4   5   6   7   8   9   10

poor  
interpersonal relationships

meaningful interpersonal relationships

4. How much do you identify with Jessica?

1   2   3   4   5   6   7   8   9   10

Not at all

Fully Identify

5. How would you rate your interpersonal relationships?

1   2   3   4   5   6   7   8   9   10

poor

many meaningful

Relationships

relationships

6. How likely would you be to convict Mike for the crime of sexual assault?

1   2   3   4   5   6   7   8   9   10

Very unlikely

Very likely

7. If Mike were convicted of committing rape, how much time do you believe he should spend in prison?

1   2   3   4   5   6   7   8   9   10

No time at all

More than 40 years

8. How much pleasure would you estimate Jessica experienced during the incident?

1 2 3 4 5 6 7 8 9 10

None at all

Very much

9. How much trauma would you estimate Jessica experienced because of the incident?

1 2 3 4 5 6 7 8 9 10

None at all

Very much

10. How capable was Jessica of changing what happened in the story you read?

1 2 3 4 5 6 7 8 9 10

Not at all capable

Very capable

11. How selfish was Jessica being in her reluctance to engage in sexual activity with Mike?

1 2 3 4 5 6 7 8 9 10

Not at all selfish

Very selfish

12. How much did Jessica know that her behavior would cause Mike to engage in sexual activity with her?

1 2 3 4 5 6 7 8 9 10

Not at all

Very much

13. How much was it Jessica's fault that Mike engaged in sexual activity with her?

1 2 3 4 5 6 7 8 9 10

Not at all

Very much

14. How capable was Mike of changing what happened in the story you read?

1 2 3 4 5 6 7 8 9 10

Not at all capable

Very capable

15. How much choice did Mike have about what happened in the story you read?

1   2   3   4   5   6   7   8   9   10

No choice

A great deal of choice

16. How selfish was Mike by wanting to engage in sexual activity with Jessica after she said she wanted to stop?

1   2   3   4   5   6   7   8   9   10

Not at all selfish

Very selfish

17. How much did Mike know that he was pressuring Jessica to engage in sexual activity to a point where she was uncomfortable?

1   2   3   4   5   6   7   8   9   10

Not at all

Very much

18. How much did Mike intend to cause Jessica to continue sexual activity with him?

1   2   3   4   5   6   7   8   9   10

Not at all

Very much

19. How much was it Mike's fault that he engaged in sexual activity with Jessica?

1   2   3   4   5   6   7   8   9   10

Not at all

Very much

20. In your opinion, to what extent did Jessica cause what happened sexually in the story you read?

1   2   3   4   5   6   7   8   9   10

Not at all

Very much

21. In your opinion, to what extent did Mike cause what happened sexually in the story you read?

1   2   3   4   5   6   7   8   9   10

Not at all

Very much

22. How responsible Jessica for what happened sexually in the story you read?

1   2   3   4   5   6   7   8   9   10

Not at all responsible  
responsible

Very

23. How responsible Mike for what happened sexually in the story you read?

1   2   3   4   5   6   7   8   9   10

Not at all responsible

Very responsible

24. How much did Jessica mean to have sexual intercourse with Mike?

1   2   3   4   5   6   7   8   9   10

Not at all

Very much

25. How much did Jessica really want Mike to stop his behavior?

1   2   3   4   5   6   7   8   9   10

Not at all

Very much

26. How much did Jessica really want to have sex with Mike?

1   2   3   4   5   6   7   8   9   10

Not at all

Very much

27. How definite was Jessica in her refusal?

1   2   3   4   5   6   7   8   9   10

Not at all definite

Very definite

28. How likely it is that Jessica only called the police so that Mike would not think she was too “loose” or “easy”?

1   2   3   4   5   6   7   8   9   10

Not likely

Very likely

29. When Jessica said, “No” how likely is it that Mike understood Jessica meant for him to stop his behavior?

1   2   3   4   5   6   7   8   9   10

Not likely

Very likely

30. How credible (believable) was Jessica’s refusal?

1   2   3   4   5   6   7   8   9   10

Not at all credible

Very credible

31. To what extent would you describe the behavior of Mike towards Jessica as rape?

1   2   3   4   5   6   7   8   9   10

Definitely not rape

Definitely

32. How guilty do you think Mike is of committing rape?

1   2   3   4   5   6   7   8   9   10

Not at all guilty

Very guilty

## Appendix E

### Rosenberg Self-Esteem Inventory:

**Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle SA. If you agree with the statement, circle A. If you disagree, circle D. If you strongly disagree, circle SD.**

- |   |    |   |   |    |
|---|----|---|---|----|
| 1. On a whole, I am satisfied with myself.                                    | SA | A | D | SD |
| 2. At times, I think I am no good at all.                                     | SA | A | D | SD |
| 3. I feel that I have a number of good qualities.                             | SA | A | D | SD |
| 4. I am able to do things as well as most people.                             | SA | A | D | SD |
| 5. I feel that I'm a person of worth, at least on an equal plane with others. | SA | A | D | SD |
| 6. I certainly feel useless at times.   | SA | A | D | SD |
| 7. I feel I do not have much to be proud of.                                  | SA | A | D | SD |
| 8. I wish I could have more respect for myself.                               | SA | A | D | SD |
| 9. All in all, I am inclined to feel that I am a failure.                     | SA | A | D | SD |
| 10. I take positive attitude toward myself.                                   | SA | A | D | SD |



## Appendix F

### Assertiveness Self-report Inventory:

**Instructions: Read each question carefully and answer all 25 items. Circle either True (T) or False (F) whichever most represents your viewpoint.**

1. When my date has acted rudely at a party, I don't hesitate to let him/her know I don't like it.

T or F

2. I feel guilty after I ask my neighbor to be quiet after midnight on a weeknight.

T or F

3. After eating an excellent meal at a restaurant, I do not hesitate to compliment the chef.

T or F

4. If I were stood up on a date I would tell the person who stood me up that I felt angry.

T or F

5. When I get a terrible haircut and my hair stylist/barber asks me how I like it, I say I like it.

T or F

6. I would feel self conscious asking a question in a large lecture class.

T or F

7. I usually let my friends have a larger portion of food at social gatherings and take a smaller one for my self.

T or F

8. When on a date I act cheerful, even though I am depressed, so as not to upset my date's mood.

T or F

9. I feel justified when I send improperly cooked food back to the kitchen in a restaurant.

T or F

10. When people I don't know wear nice outfits, I hesitate to compliment them.

T or F

11. I'm not likely to tell my date that I am irritated when he/she pays more attention to others and ignores me.

T or F

12. I tip a consistent percentage to a waitress despite receiving poor service.

T or F

13. When an interviewer cancels an appointment for the third time I tell him/her that I am annoyed.

T or F

14. When a roommate makes a mess I would rather clean it up myself than confront him/her about it.

T or F

15. If I received a call late at night from a casual acquaintance, I would say I was sleeping and ask not to be called so late.

T or F

16. When people use my car and don't refill the tank, I let them know I feel unfairly treated.

T or F

17. I find it difficult to ask a favor of a stranger.

T or F

18. If my stereo were stolen, I wouldn't regret reporting it to the police even if I suspected a friend.

T or F

19. If I were going out with friends for an evening and my boyfriend/girlfriend did not want me to, I would do it anyways.

T or F

20. I feel comfortable engaging in discussions in a group, even when my views are different from the majority opinion.

T or F

21. I feel guilty when my boyfriend/girlfriend wants to go to a movie but we go where I wanted to instead.

T or F

22. When my roommate consistently fails to take an accurate telephone message, I let him/her know I'm upset.

T or F

23. When people use abusive language around me, I ignore it even though it bothers me.

T or F

24. If someone makes loud noises when I am studying at the library I will express my discontent.

T or F

25. I feel guilty telling my boyfriend/girlfriend that I have to do homework this evening instead of seeing him/her.

T or F

## Appendix G

**Social Desirability Scale:** Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is true or false as it pertains to you personally.

1. Before voting I thoroughly investigate the qualifications of all of the candidates.
2. I never hesitate to go out of my way to help someone in trouble.
3. It is sometimes hard for me to go on with my work if am not encouraged.
4. I have never intensely disliked anyone.
5. On occasion I have had doubts about my ability to succeed in life.
6. I sometimes feel resentful when I don't get my way.
7. I am always careful about my manner of dress.
8. My table manners at home are as good as when I eat out in a restaurant.
9. If I could get into a movie without paying and be sure I was not seen I would probably do it.
10. On a few occasions, I have given up doing something because I thought too little of my ability.
11. I like to gossip all the times.
12. There have been times when I felt like rebelling against people in authority even though I knew they were right.
13. No matter who I'm talking to, I'm always a good listener.
14. I can remember "playing sick" to get out of something.
15. There have been occasions when I took advantage of someone.
16. I'm always willing to admit it when I make a mistake.
17. I always try to practice what I preach.
18. I don't find it particularly difficult to get along with loud mouthed, obnoxious people.
19. I sometimes try to get even rather than forgive and forget.
20. When I don't know something I don't at all mind admitting it.
21. I am always courteous, even to people who are disagreeable.
22. At times I have really insisted on having things my own way.
23. There have been occasions when I felt like smashing things.
24. I would never think of letting someone else be punished for my wrong doings.
25. I never resent being asked to return a favor.
26. I have never been irked when people expressed ideas very different from my own.
27. I never make a long trip without checking the safety of my car.
28. There have been times when I was quite jealous of the good fortune of others.
29. I have almost never felt the urge to tell someone off.
30. I am sometimes irritated by people who ask favors of me.
31. I have never felt that I was punished without cause.
32. I sometimes think when people have a misfortune they only got what they deserve.
33. I have never deliberately said something that hurt someone's feelings.

