A survey of the relationship between childhood sexual assault and adult adjustment.

Reinhold Amadeus. Hemrich
University of Windsor

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A SURVEY OF THE RELATIONSHIP BETWEEN
CHILDHOOD SEXUAL ASSAULT
AND ADULT ADJUSTMENT

by

© Reinhold Amadeus Hemrich

A Thesis
submitted to the
Faculty of Graduate Studies and Research
to the School of Social Work
in partial fulfillment of the requirements for the
Degree of Master of Social Work
at the University of Windsor

Windsor, Ontario, Canada

1989
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ABSTRACT

A sample of 194 undergraduate students voluntarily and anonymously completed a self administered survey. This study probed both the prevalence and the nature of childhood sexual assaults as well as their relationship to nine adult adjustment factors. This university sample generated higher prevalence rates than other conceptually similar university sample surveys. After taking into account various definitional and methodological factors which may affect prevalence rate calculations, it was conjectured that there is an increased acceptance to reveal a history of childhood sexual assaults in the latter 1980's. The quantitative description of the female sub-sample's childhood sexual assaults revealed data which was generally consistent with other conceptually similar surveys. One out of nine adult adjustment factors was positively related to female childhood physical sexual assaults. The sub-sample's homogeneity in conjunction with definitional, methodological and statistical issues likely accounted for the inability to statistically relate childhood sexual assaults with adult adjustment problems. Based upon the reviewed literature and the results of this study, conclusions and recommendations were offered.
Acknowledgements

Foremost, I must express my appreciation to those students who participated in this research study. I would like to offer my gratitude to the research committee, Professor Kroeker and Dr. Vincent, for your guidance and support. The committee chairman, Professor Robert Chandler, I can not thank you enough for your patience, support, direction and availability. Your Saturday dinners may now be uninterrupted.

Dr. C. Bagley, whose study was conceptually replicated, made his survey and personal time available to many queries. Thank you for making yourself so accessible to a neophyte researcher.

Appreciation is extended to Mrs. Ann Merner who deciphered my scrawl to produce this manuscript, the computer consultants who made it possible for me to actually run the computer programs, and to Ms. Linda Dutsch who reviewed the manuscript and made many helpful suggestions. Without the support, encouragement and love of my parents and my partner, Cindy, I am not sure that this thesis would have been completed.

Although I was unable to say this personally, I would like to thank Dr. Gerald Erickson, who unexpectedly passed away prior to the completion of this thesis. He made himself available to my questions, and provided me with many invaluable insights. I will miss you.
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OVERVIEW

The overwhelming preponderance of evidence makes it clear that the sexual abuse of children is a frequent occurrence in our society. Recent research in both Canada and the United States indicates that the prevalence of childhood sexual abuse ranges between 21.7% to 62% of the general population (Wyatt, 1985, p. 513; Bagley & Ramsay, 1986, p. 36). The variation in prevalence rates is likely indicative of the differences between the research methodologies and definitional idiosyncrasies of the studies. However, even the lower prevalence rates support the notion that sexual abuse of children in our society occurs with relative frequency.

Earlier research and theoretical formulations postulated that childhood sexual abuse had relatively benign long term effects (Bender & Gruett, 1952; Yorukoglu & Kemph, 1966; Bagley, 1969). However, these findings have been questioned over the last decade by numerous research and clinical studies. What has emerged is that adults who experienced child sexual abuse are reported to suffer more often from depression, poor self-esteem, poor sexual relationships and various other mental health problems (Gelinas, 1983; Bagley & McDonald, 1984; Sedney & Brooks, 1984; Bagley & Ramsay, 1986).

---

The term "childhood sexual abuse" or variation thereof will be used in this thesis in reference to an adult who reported that as a child that they were involved sexually with another person. The nomenclature issues involved with the aforementioned description will be further explored.
Although suggestive, the relationship between childhood sexual abuse and mental health problems as an adult cannot be understood as directly causal in nature. There is evidence to suggest that a small percentage of the explained variance in the adult mental health dimensions is accounted for by the child sexual abuse variables (Bagley & Ramsay, 1986; Fromuth, 1986; Kilpatrick, 1986). Indeed, Bagley and Ramsay (1986) state that "sexual abuse, although of major importance, is but one of a number of disruptive events influencing later mental health" (p. 43).

Objectives of the Study

In light of the previous discussion, it seemed warranted to conduct what Kidder (1981) terms a "conceptual replication" study (p. 9). Therefore the purpose of this research was threefold: firstly, to reinvestigate the prevalence of childhood sexual abuse in a university student population; second, to provide a quantifiable description of the reported childhood physical sexual abuse experiences; third, to conduct a bi-variate statistical analysis, testing for significance and the strength of the potential relationship between a history of physical sexual abuse during childhood and selected dimensions of adult adjustment.

In order to accomplish these objectives, taking into account financial and time constraints, an anonymous and voluntary survey was conducted, which included the majority of undergraduate students enrolled in the University of Windsor's Social Work degree programme. The purpose in utilizing a population of social work undergraduates was fivefold. First, undergraduate students tend to
be younger, in the 19 to 22 year age range. Hence their childhood experiences are chronologically closer to today's youth (Peters, Wyatt & Finkelhor, 1986). Second, the survey which had been conceptually replicated, obtained data from a sample of women (Bagley & Ramsay, 1986). Accordingly, to enhance external validity, a population consisting predominantly of women, such as social work undergraduates, was chosen. Third, the survey population contained the potential number of participants to conduct a sub-group statistical analysis (Schuerman, 1981). Fourth, this population could be described as a non-clinical population. Fromuth (1986) states that there have been relatively "few studies to date which have systematically examined the long term outcome [vis-a-vis childhood sexual abuse and adult adjustment] in non-clinical samples" (p. 6). Lastly, this population was accessible to the researcher.

Relevance to Social Work

There are three reasons why studying this area is relevant to the social work profession. Foremost among them is prevention. Additional data concerning the nature of the sexual abuse experiences during childhood may be helpful in educating children and parents. For example, most of the research literature indicates that males and individuals known to the child perpetrate the large majority of the sexual abuse, where fathers and step-fathers comprise a small subset of this "perpetrator" population (Finkelhor, 1979; Fritz, Stoll & Wagner, 1981; Russell, 1983; Sedney & Brooks,
1984; Wyatt, 1985; Kilpatrick, 1986). Thus "perpetrator" characteristics can be utilized in an educational approach to prevention.

The second reason revolves around the counselling needs of individuals influenced by a history of sexual abuse during childhood. Bagley & Ramsay (1986) cogently state that clients "want to tell their secret, but few go about it directly" (p. 43). In order to be of service to this population the treatment provider needs to be sensitive to the possible factors associated with a history of childhood sexual abuse so that the client can be helped to reveal the secret. Once a history of childhood sexual abuse is revealed the treatment provider can make some decision with the client concerning what issues are of import.

The possibility of adding to the knowledge base comprises the third reason. A replication study utilizing a different population may validate, enhance or pose questions concerning previous research findings. When young adults are studied the data generated may apply to today's youth who possess demographic characteristics similar to those of the research population. Furthermore, a potential research limitation is weakened: "that social conditions may have changed such that the rates of abuse or types of abuse done to people who are now adults may not be the same as what is being done to children today" (Peters et al., 1986, pp. 48-49).

"Since there is no consensus in the literature regarding how one identifies the person who is sexually involved with children, this thesis will use the terms "perpetrator" or "assailant" with the full understanding that the terms may not fit with various legal definitions."
Plan of the Thesis

Chapter II will provide a critical review of the relevant literature which pertains to childhood sexual abuse and its relationship to mental health as an adult. The review primarily includes research studies which are conceptually similar to the study which was undertaken for the completion of this thesis. Literature which does not fulfill the aforementioned criteria will be used sparingly (such as clinical population studies), in order to highlight broad issues involved in this type of enquiry. The chapter will begin by reviewing the prevalence of childhood sexual abuse taking into consideration definitional and methodological issues. Next, childhood sexual abuse experiences as outlined by the research will be reviewed. Then the postulated long term influences of childhood sexual abuse will be reviewed with special attention devoted to global adult adjustment problems, self esteem, depression, anxiety, sexual functioning, marital problems, suicidal ideation, suicide attempts, and having sought professional treatment for mental health problems.

The research methodology will be presented in Chapter III. The content of this chapter will include the formulated intention of the study, the statement of the research problems, the assumptions, the level of design, the research questions and hypothesis, the setting, the population and sampling procedures, the data collection process, the data collection methods, the description of the data collection instruments, the method of analysis, and finally the limitations of the study.
Chapter IV outlines the uni-variate and bi-variate findings. The discussion of these findings as well as conclusions and recommendations for future research will be discussed in the final chapter.
REVIEW OF THE LITERATURE

A critical phase inherent to survey research is the literature review. Surveys attempt "to answer questions about the distribution of and relationships among characteristics of people or groups as they exist in their natural settings" (Kidder, 1981, p. 51). The factors being studied could be influenced by a multitude of recognized and unrecognized processes. Thus a "strong grounding in the substantive literature of the problem area is probably the most crucial step in . . . survey research" (Kidder, 1981, p. 61).

The chapter begins by briefly discussing nomenclature issues regarding the terms used to identify children who have been sexually involved with other people. Second the prevalence of childhood sexual abuse experiences will be reviewed, by taking into account definitional and methodological issues. Third, childhood sexual abuse experiences will be delineated based upon recent research findings. Fourth, the relationship between childhood sexual abuse experiences and eight dimensions of adult adjustment will be discussed. Finally, the literature review will focus upon other independent and intervening variables that are intertwined with the relationship between childhood sexual abuse experiences and adult adjustment.

Nomenclature Issues

Research studies are replete with descriptor terms vis-a-vis children's sexual involvement with other people i.e. "(childhood)

Despite the lack of consensus the most often cited term in the aforementioned list is "childhood sexual abuse". It is recognized that this term may not be agreeable (Kilpatrick, 1987). However, until such time in the future when a consensually validated term is agreed upon, childhood sexual abuse appears to be the term most often used to broadly describe children who have been sexually involved with another person (or persons). Additionally, Dr. C. Bagley (1989) has suggested that it is best to be "up front" about one's moral and ethical stance; he offers that naming children's sexual involvement with others as "childhood sexual abuse" or "childhood sexual assault" revolves around a belief that it is unequivocally wrong for children to be sexually involved with other persons. It is wrong because of the interpersonal power differences between the child and the other person and the inability of a child to base a decision upon principles of informed consent. Such sexual involvement is abusive or assaultive regardless if short or long-
term affects occur (personal communication, July 12, 1989). This belief system is shared by the writer of this thesis.

It should be noted that this belief system is offered to make the reader aware of the ethical and moral stance underpinning the terms used in this thesis describing children’s sexual involvement with other persons. What this belief system does not posit is the question of whether or not such sexual involvement is deleterious to the child either in the "short or long term". That question is for research to determine. Thus in order to investigate the latter question, the terms apart from their moral stance, need to be scrutinized for how they are operationalized: leading into the following discussion concerning the potential impact of definitional and methodological issues upon both prevalence rate calculations and the measurement of adjustment problems in adulthood.

Prevalence Issues

Prevalence studies, which attempt to determine the percentage of a population who have been exposed to childhood sexual abuse experiences, have been conducted since 1929 (Wyatt & Peters, 1986a; Wyatt & Peters, 1986b; Peters et al., 1986). Only recently, however, has the issue of childhood sexual abuse been viewed as a social problem. Finkelhor (1979) attributed this outlook to the efforts of the women’s movement and child protection lobbies. Hence, this has led to the recent efforts to further explore the prevalence of and the potential for long term problems arising from a history of sexual abuse during childhood.
Consistent difficulties arise with contemporary prevalence studies due to differing estimates regarding the percentage of the population which has been involved in childhood sexual abuse experiences. Table 1, presents a summary of recent survey-research prevalence findings, reflecting the diversity of prevalence rates. For women the prevalence rates of childhood sexual abuse range from 7.4% to 62%. For men the prevalence rates range from 4.8% to 8.6%. In order to better understand this diversity, the studies identified in Table 1 will be analyzed with respect to definitional and methodological issues.

**Definitional Issues**

Figure 1 reveals that there is little consensus upon the following: a) age ranges which constitute childhood, b) age differentials between the person sexually involved with the child, and c) what behaviors are defined as sexual. Differences in one or all of these definitional areas potentially account for the wide range of prevalence rate findings (Wyatt & Peters, 1986a). In addition, factors which affect prevalence rate compilation may affect a study's sub-sample groups, thus potentially influencing group-wide adult adjustment scores.

Figure 1 summarizes the three definitional areas for each of the reviewed studies. It should be noted that for clarification purposes, sexual behaviors have been grouped into two broad categories. The first category is that of "non-contact" (Peters et al., 1986, p. 23; Wyatt & Peters, 1986a, p. 232) referring "to two
Table 1

Comparison of Prevalence Rates of 10 Studies.

<table>
<thead>
<tr>
<th>Study</th>
<th>Prevalence Rate</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
<td>Men</td>
</tr>
<tr>
<td>Finkelhor (1979) (p. 53)</td>
<td>19.2%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Herold, Mantle &amp; Isemite (1979) (p. 67)</td>
<td>9.0%/16.0%*</td>
<td>NA</td>
</tr>
<tr>
<td>Fritz, Stoll &amp; Wagner (1981) (p. 56)</td>
<td>7.7%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Russell (1983) (p. 36)</td>
<td>54.0%</td>
<td>NA</td>
</tr>
<tr>
<td>Kercher &amp; McShane (1984) (pp. 498-499)</td>
<td>11.0%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Sedney &amp; Brooks (1984) (p. 216)</td>
<td>16.0%</td>
<td>NA</td>
</tr>
<tr>
<td>Bogley &amp; Ransay (1986) (p. 36)</td>
<td>21.7%</td>
<td>NA</td>
</tr>
<tr>
<td>Wyatt (1985) (p. 513)</td>
<td>62.0%</td>
<td>NA</td>
</tr>
<tr>
<td>Fromuth (1986) (p. 6)</td>
<td>22.0%</td>
<td>NA</td>
</tr>
<tr>
<td>Kilpatrick (1986) (p. 220)</td>
<td>55.0%</td>
<td>NA</td>
</tr>
</tbody>
</table>

*9% refers to attempted rape or other sexual assaults and 16% refers to being exposed to an exhibitionist (p. 67).
### Figure 1. Comparison of the definitions of child sexual abuse of 10 studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Childhood Age Limit</th>
<th>Age Differential Between the Child &amp; the Person Sexually Involved with the Child</th>
<th>Behaviour Defined as Sexual</th>
</tr>
</thead>
</table>
| Finkelhor (1979)             | 16 yrs. (p. 57)     | 6 years up to age 12
5 years up to age 12
10 years between ages 13-16 (pp. 55-57) | contact & non-contact (p. 59) |
| Harold, Mantle & Zemitis (1979) | 14 yrs (p. 67)     | not reported                                                                     | contact & non-contact (p. 67) |
| Fritz, Stoll & Wagner (1981) | pre-pubescent (no definitive age) (p. 55) | child defined as pre-pubescent, person sexually involved with the child was defined as post-adolescent (p. 55) | contact (p. 55) |
| Russell (1983)               | 17 and 13 yrs.      | 5 or more years older than the child (p. 136)                                    | contact & non-contact (p. 138) |
| Kercher & McShane (1984)     | not reported (see p. 497) | no age difference reported (see p. 497)                                           | contact & non-contact (p. 497) |
| Sedney & Brooks (1984)       | not reported        | not reported                                                                      | contact & non-contact (p. 216) |
| Bagley & Ramsey (1986)       | 16 yrs. (p. 37)     | 3 year age difference
age difference
of less than 3 years used
when direct force or threat was
involved with the sexual abuse (p. 36) | contact (p. 36) |
<table>
<thead>
<tr>
<th>Study (Year)</th>
<th>Age Range</th>
<th>Definition of Age Difference</th>
<th>Contact &amp; Non-Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wyatt (1985)</td>
<td>17 yrs.</td>
<td>5 years older than child,</td>
<td>contact &amp; non-contact</td>
</tr>
<tr>
<td></td>
<td>(p. 510)</td>
<td>and less than 5 years older than</td>
<td>(p. 510)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>child only in situations where</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>there was some degree of coercion</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>or the situation was not wanted</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>by the child</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(p. 511)</td>
<td></td>
</tr>
<tr>
<td>Fromuth (1986)</td>
<td>16 yrs.</td>
<td>A minimum of 5 years age</td>
<td>contact &amp; non-contact</td>
</tr>
<tr>
<td></td>
<td>(p. 7)</td>
<td>difference where the person</td>
<td>(p. 7)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>sexually involved with the</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>child is at least 16 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>old, when the child is age 12</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>or younger.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>10 year age difference when</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>the child was age 13 to 16</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(p. 7)</td>
<td></td>
</tr>
<tr>
<td>Kilpatrick (1986)</td>
<td>17***yrs.</td>
<td>none reported</td>
<td>contact &amp; non-contact</td>
</tr>
<tr>
<td></td>
<td>(p. 226)</td>
<td></td>
<td>(p. 228)</td>
</tr>
</tbody>
</table>

***Although age 17 is the upper age limit for this study, only data up to age 14 is presented.
types of experiences: 1) encounters with exhibitionists and 2) solicitations to engage in sexual activity" (Peters et al., 1986, p. 23). The second category is that of "contact [which] applies to all behaviors that do involve physical sexual contact, including fondling of breasts and genitals, intercourse, and anal or oral sex" (Peters et al., 1986, p. 23).

Childhood Age Limits

Figure 1 lists three studies which do not report a numerical age defining childhood (Fritz et al., 1981; Kercher & McShane, 1984; Sedney & Brooks, 1984). Five studies utilize an upper age range between 16 and 17 years (Finkelhor, 1979; Russell, 1983; Bagley & Ramsay, 1986; Wyatt, 1985; Fromuth, 1986). Kilpatrick (1986) utilizes an upper age range of 17, but reports findings up to age 14 years only. Finally, Herold et al., (1979) use an upper age range of 14 years.

Inclusion or exclusion of various upper age ranges can affect prevalence rate magnitudes. For example, Russell's (1983) prevalence rate up to the age of 13 years is 48% while up to age 17 years is 54% (Wyatt & Peters, 1986a, p. 237). Wyatt's (1985) prevalence rates also differ: up to age 13 years prevalence is 47% whereas up to age 17 years prevalence is 62% (Wyatt & Peters, 1986a, p. 237). Therefore, differing childhood age limits impact the reported prevalence rates. Furthermore, since prevalence rates differ according to the age limit, sub-groupings are also affected: the higher the set age limit the greater likelihood of increasing the sub-sample N consisting of those individuals identified as
having a history of childhood sexual abuse. Although not based upon empirical evidence, it might be speculated that group-wide adult adjustment scores may be influenced, obscuring potential findings. This could have formed the basis upon which Kilpatrick (1986) excluded "sexual experiences from age 15-17 [because they] are rather normative in our culture" (p. 226).

Age Differentials Between the Child and Perpetrator

Figure 1 notes four studies which did not define age criteria differences between the person sexual involved with the child (Herold et al., 1979; Kercher & McShane, 1984; Sedney & Brooks, 1984; Kilpatrick, 1986) and the remaining six studies utilized differing age criteria. The following discussion suggests that age differentials affect prevalence rate calculations. Wyatt and Peters (1986a) recalculated Wyatt’s (1985) prevalence rate by imposing Finkelhor’s (1979) age criteria. In doing so, Wyatt’s (1985) prevalence rate dropped "from 62% to 54%" (Wyatt & Peters, 1986a, p. 236). Thus, it appears that prevalence rates are affected by a study’s age-differential criteria. Since the age-differential definition affects prevalence, both the sub-sample N’s are affected, as are the potential group-wide adult adjustment scores. This, in turn, can impact the interpretation of the findings. For example, Finkelhor (1979) investigated childrens’ sexual abuse experiences with older partners; thus, the findings can be interpreted with this in mind, rather than leaving the interpretation open to a broader or more inclusive range of age related sexual abuse experiences. This is speculative and awaits empirical confirmation.
Behavior Defined as Being Sexual

Peters et al. (1986) suggest that the definitional categories of contact and non-contact sexual abuse experiences "reflect unsettled questions" (p. 25). The primary unsettled question revolves around the inclusion of non-contact sexual experiences in the overall definition of childhood sexual abuse experiences. It is argued that exhibitionism may be regarded as a "nuisance act [although it is also] considered a criminal act" (Peters et al., 1986, p. 25). Furthermore, recent research suggests "that non-contact experiences are not as likely to cause long term effects" (Peters et al., 1986, p. 25). What would appear problematic is the inclusion of potentially benign experiences with malevolent experiences. Currently though this dichotomy is unresolved in the literature. In light of this two recent studies have reported prevalence rates "with non-contact included and excluded" (Peters et al., 1986, p. 25).

Figure 1 identifies that 8 of 10 studies included both contact and non-contact sexual abuse experiences. The remaining two studies excluded non-contact sexual abuse experiences (Fritz et al., 1981; Bagley & Ramsay, 1986).

When both types of sexual abuse experiences are combined as in Russell's (1983) study, prevalence is 54% but drops to 38% for contact experiences only. A similar trend appeared in Wyatt's (1985) study where the prevalence rate for both non-contact and contact sexual abuse experiences is 62% but drops to 45.4% excluding non-contact sexual abuse experiences (p. 513). The aforementioned would suggest that the definition of childhood sexual abuse
experiences affects prevalence rates. Since a study's prevalence rate is increased by including non-contact experiences the sub sample N is increased, thus potentially affecting group-wide adult adjustment scores. Should the speculation be valid "that non-contact experiences are not as likely to cause long term effects" (Peters et al., 1986, p. 25) then the inclusion of this sub-sample may obscure potential influences of the contact sexual experiences upon adult adjustment.

Summary of Definitional Issues

The foregoing discussion has highlighted the impact that definitional issues have upon prevalence rates. Thus, the establishment of a prevalence rate is in part dependent upon how childhood sexual abuse experiences are defined. Furthermore, since definitional issues affect prevalence rates, sub-sample N's are thus either increased or decreased, potentially influencing group-wide adult adjustment scores. Although not based upon empirical evidence, the resulting statistical relationships may in this way obscure or enhance potential findings and their interpretation.

Previously it was noted that when Finkelhor's (1979) age criteria were imposed upon Wyatt's (1985) data, the prevalence rate decreased (Wyatt & Peters, 1986a, p. 236). Despite the marked decrease in the prevalence rate, it was still much higher than that reported by Finkelhor (1979, p. 53). Hence, it has been suggested that methodological issues must then account for the majority of the prevalence rate variability (Peters et al., 1986, p. 27; Wyatt & Peters, 1986a, p. 237).
Methodological Issues

The following areas will be discussed in order to elucidate the methodological issues: demographic information, sampling technique, sample size, data collection methods, response rates and recruitment techniques, the phrasing of sexual experience questions and the placement of these questions in the data gathering package. Each area will discuss influences on a study's prevalence rate, and comparisons of prevalence rates between studies. Issues arising out of the aforementioned will be examined for their effect upon studies exploring the relationship between childhood sexual abuse histories and adult adjustment.

Demographic Information

Figure 2 lists 10 studies where the demographic information is presented in four categories. These categories were distilled from the reviewed literature (Peters et al., 1986; Wyatt & Peters, 1986b; Kilpatrick, 1987). Each category of demographic information will be discussed below.

Age distribution of the subjects. Five studies noted in Figure 2 report measures of central tendency regarding the age distribution of the research subjects (Finkelhor, 1979; Herold et al., 1979; Sedney & Brooks, 1984; Fromuth, 1986; Kilpatrick, 1986). Since these five studies do not report a consistent measure of central tendency, all that can be concluded is that the subjects were younger adults, late teens to early twenties. The remaining
**Figure 2.** Comparison of demographic information of 10 studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Age Distribution of subjects</th>
<th>Educational Status</th>
<th>Socio-Economic Status</th>
<th>Ethnic Composition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pinkelhur (1979)</td>
<td>75% 21 &amp; younger 10% 24+ (p. 42) range 17 to 74 (Wyatt &amp; Peters, 1986, p. 213)</td>
<td>partial college (p. 42)</td>
<td>middle class family backgrounds (p. 43) median family income $14000 (p. 39)</td>
<td>mostly white Irish/English French Canadian (p. 43)</td>
</tr>
<tr>
<td>Harold, Mantle &amp; Zemitis (1979)</td>
<td>mean age 20.3 range 18-24 (p. 66)</td>
<td>25% 1st year university 44% 2nd year university (p. 66)</td>
<td>not stated</td>
<td>not stated</td>
</tr>
<tr>
<td>Fritz, Stoll &amp; Wagner (1981)</td>
<td>not stated</td>
<td>partial college (p. 55)</td>
<td>not stated</td>
<td>not stated</td>
</tr>
<tr>
<td>Russell (1983)</td>
<td>18 years of age or older no range or measure of central tendency (p. 124)</td>
<td>not stated</td>
<td>not stated</td>
<td>not stated</td>
</tr>
<tr>
<td>Kercher &amp; McShane (1984)</td>
<td>sample representative of Texas adult pop. no age range given (p. 499)</td>
<td>compared to other studies done with this population this study matched on the educational level variable (p. 495)</td>
<td>compared to other studies done with this population this study's participants were from a slightly higher socio economic level (p. 495)</td>
<td>82% white 5.6% black 11.2% Hispanic 12% other not representative of adult Texas population (p. 498)</td>
</tr>
<tr>
<td>Sedney &amp; Brooks (1984)</td>
<td>median age 19 range 16-58 (p. 216)</td>
<td>partial college (p. 215)</td>
<td>middle to upper middle class family background for at least 1/2 the sample (p. 215)</td>
<td>80% white (p. 215)</td>
</tr>
</tbody>
</table>
(figure 2 continued)

<table>
<thead>
<tr>
<th>Study</th>
<th>Age Group</th>
<th>Education Level</th>
<th>Occupation Status</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bagley &amp; Ramsey (1986)</td>
<td>less than 39 years old - 43.5%</td>
<td>high school or less - 52.3%</td>
<td>lowest category 37.4% (p. 39)**</td>
<td>not stated</td>
</tr>
<tr>
<td></td>
<td>between 39-50 years - 20.7%</td>
<td>college or professional - 20.7%</td>
<td>highest category 20.2% (p. 39)**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>above 50 years - 36.8%</td>
<td>(p. 38)*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wyatt (1985)</td>
<td>18 to 36 years</td>
<td>11th grade or less - 15.7%</td>
<td>generally representa-</td>
<td>50.8% Afro-</td>
</tr>
<tr>
<td></td>
<td>(p. 508)</td>
<td>high school grad - 32.3%</td>
<td>tive of residents</td>
<td>American women</td>
</tr>
<tr>
<td></td>
<td></td>
<td>partial college - 36.3%</td>
<td>in LA County</td>
<td>49.2% white</td>
</tr>
<tr>
<td></td>
<td></td>
<td>college grad - 5.1%</td>
<td>(p. 510)</td>
<td>women</td>
</tr>
<tr>
<td></td>
<td></td>
<td>grad ad. - 7.6% (combined % for both black &amp; white p. 509)</td>
<td></td>
<td>(p. 509)</td>
</tr>
<tr>
<td>Fromuth (1986)</td>
<td>average age 19.4 years</td>
<td>partial college</td>
<td>mostly middle class backgrounds (p. 6)</td>
<td>98% white (p. 6)</td>
</tr>
<tr>
<td>Kilpatrick (1986)</td>
<td>median age 35 years</td>
<td>34% undergrad students</td>
<td>income ranged from 0-$10,000 per month</td>
<td>63% white (p. 224)</td>
</tr>
<tr>
<td></td>
<td>mode age 20 years</td>
<td>16% graduate students</td>
<td>median income</td>
<td>35% black (p. 224)</td>
</tr>
<tr>
<td></td>
<td>range of ages 19-61 years</td>
<td>16 years of school ranged from 3 to 24</td>
<td>$1200 per month lower socio economic backgrounds (p. 224)</td>
<td>28 other (p. 224)</td>
</tr>
<tr>
<td></td>
<td>elderly women under represented compared to total U.S. population (p. 224)</td>
<td>median years of school - 15 years of school - 16 (p. 224, p. 229)</td>
<td>compared to total U.S. population (pp. 224-225)</td>
<td></td>
</tr>
</tbody>
</table>

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**% calculated from information contained on p. 39. The age category of 39-50 was inferred from information available on p. 38.

***% calculated from information contained on p. 39.

****% calculated from information contained on p. 39.
five studies report age ranges, age groupings, representativeness, minimum ages and no information on ages (Fritz et al., 1981; Russell, 1983; Kercher & McShane, 1984; Bagley & Ramsay, 1986; Wyatt, 1985).

It is suggested that "the range of subject's ages may contribute to differences in prevalence rates, although it is not yet clear for what age ranges it would have the greatest impact" (Wyatt & Peters, 1986b, p. 246). In Peters, et al. (1986) review of fourteen studies (five of which are included in Figure 2) it was concluded that "comparisons between studies are not very suggestive at this point . . . overall the evidence available at this time does not suggest that the age of respondents makes a major difference in prevalence rates" (p. 28).

Furthermore, it is unclear if and how the respondent's age range impacts the measurement of adult adjustment. Within the context of measuring sexual adjustment, Browne and Finkelhor (1986) speculate that younger subjects may not manifest the same degree of difficulties as older subjects (p. 160). However, the available data does not necessarily support the aforementioned speculation (Browne & Finkelhor, 1986, p. 160). Kilpatrick (1987) simply suggests that researchers need to separate the age groupings, in order that potential findings are neither lost nor misinterpreted (p. 177).

**Educational status.** Five studies noted in Figure 2 utilized subjects who had partially completed college (Finkelhor, 1979; Herold et al., 1979; Fritz et al., 1981; Sedney & Brooks, 1981;
Fromuth, 1986); two studies do not provide information concerning educational status (Russell, 1983; Kercher & McShane, 1984); one study obtained a sample where over 84% had a minimum of a high school education but ranged up to a graduate education (Wyatt, 1985, p. 509); one study obtained a sample where 50% were undergraduate and graduate students (Kilpatrick, 1986, p. 224); and the final study revealed that over 50% of the sample obtained a high school education or less (Bagley & Ramsay, 1986, p. 39). Overall 7 of 10 studies obtained samples who predominantly held higher educational status.

The literature suggests that those respondents with college educations might evidence lower prevalence rates for childhood sexual abuse experiences than those with less education (Finkelhor, 1979; Wyatt & Peters, 1986b; Peters et al., 1986). However, when Wyatt and Peters (1986b) re-analyzed Wyatt's (1985) data, no significant statistical difference in prevalence was found vis-a-vis educational status. Peters et al. (1986) reported similar conclusions based upon five studies.

Two conclusions can be drawn from the above discussion. First, educational status does not appear to appreciably influence prevalence rates. Second, the lack of an association between educational status categories lends support to the speculation that the educational status of respondents is not responsible for the prevalence rate variations across studies.

Finkelhor (1979) stated that those respondents with higher educational status may be the "mentally healthiest" (p. 39) suggesting that those with a higher educational standing would
evidence a lower magnitude of adult adjustment problems. Four studies outlined in Figure 2, that used college samples all found some evidence of adult adjustment problems, albeit, not necessarily severe problems (Finkelhor, 1979; Fritz, et al., 1981; Sedney & Brooks, 1984; Fromuth, 1986). Although not empirically validated, subjects as a group who have encountered childhood sexual abuse experiences and acquired higher educational status might evidence a lower magnitude of adult adjustment problems than comparable respondents with a lower educational status.

**Current socio-economic status.** Where information is available, the studies in Figure 2 contain samples which overrepresent subjects with a higher socio-economic status (Finkelhor, 1979; Kercher & McShane, 1984; Herold et al., 1984; Fromuth, 1986; Kilpatrick, 1987). Peters et al. (1986) and Wyatt and Peters (1986b) speculate that current socio-economic status might affect a study's prevalence rate. Bagley and Ramsay (1986) found that respondents who were survivors of childhood sexual abuse had "somewhat lower status in economic roles" (p. 37), suggesting that prevalence might be influenced by the socio-economic variable. However, Wyatt and Peters (1986b) and Peters, et al. (1986) conclude that "socio-economic status . . . is [not] responsible for the variations in prevalence findings" (p. 29). Thus, the evidence garnered from the literature suggests discounting current socio-economic status as having an appreciable effect upon prevalence rates, both within and between studies.
Since there appears to be no direct evidence that socio-economic variables influence prevalence rates, sub-groupings and hence group-wide adult adjustments scores may similarly not be affected. However, Kilpatrick (1987) cautions that combining socio-economic groups may "obscure differences in long range effects" (p. 178). Yet, at this time no empirical data are available that would validate the aforementioned concern.

**Ethnicity.** Only one study listed in Figure 2 specifically controlled for almost equal representation of caucasian and afro-american women (Wyatt, 1985). Four studies do not report upon the ethnic composition of their samples (Herold et al., 1979; Fritz et al., 1981; Russell, 1983; Bagley & Ramsay, 1986), while the remaining five studies contain samples wherein the majority of the subjects are caucasian.

Findings from incident studies reveal that children from ethnic minorities formed the "bulk" of those who had experienced childhood sexual abuse, suggesting that ethnicity may influence a study’s prevalence rate (Peters et al., 1986; Wyatt & Peters, 1986b). However, according to their review, Wyatt and Peters (1986b) suggest that ethnicity does not significantly alter prevalence rates (p. 247). Yet, Peters, et al. (1986), infer that, due to the confounding affect between current socio-economic status and ethnicity, it may be premature to rule out ethnicity as a factor influencing prevalence rates. Kilpatrick’s (1986) study underscores the desirability of further investigating ethnicity since, contrary to earlier studies "significantly more whites than blacks had
[childhood sexual abuse experiences] . . . (p. 228). Consequently, at this time, it is unclear if and how ethnicity affects prevalence rates.

Browne and Finkelhor (1986) cited three published and one unpublished source, which indicated that when ethnicity was controlled, differences in adult adjustment remained for those who had suffered childhood sexual abuse experiences. Thus, the available evidence would suggest that ethnicity does not appear to affect group-wide adult adjustment scores.

**Summary of demographic information issues.** Age distribution, educational status and current socio-economic status do not appear to either influence a study’s prevalence rate or account for the prevalence rate variation across studies. If and how ethnicity affects prevalence rates is unclear due to the confounding affects of other factors. It has been thought that demographic issues may influence adult adjustment scores, yet, no empirical evidence exists to support the speculations.

**Sampling Issues**

Sampling issues have been subdivided into three areas: sample source, sampling technique and sample size. Each area will be discussed in terms of how a study’s prevalence rate might be affected, how the area might influence the variability in prevalence rates between studies and how the area might affect adult adjustment scores.
Sample source. Figure 3 outlines five studies which obtained samples from college social science faculties (Finkelhor, 1979; Herold et al., 1979; Fritz et al., 1981; Sedney & Brooks, 1984; Fromuth, 1986), and the remaining five studies obtained samples from the community. Except for Kercher and McShane's (1984) study, community samples obtained higher prevalence rates than college samples, when the definition of childhood sexual abuse included both contact and non-contact experiences.

The trend for college samples to generate lower prevalence rates, seemingly opposes the "popular belief . . . that students take social science courses to work out personal problems" (Finkelhor, 1979, pp. 39-40). Finkelhor (1979) presents a compelling argument portraying why a lower prevalence rate is more likely to occur among social science college samples:

Only about 40 percent of any age group currently attends college . . . and this 40 percent contains the brightest, the most motivated, the most upwardly mobile, the mutually healthiest and of course, the most well to do: [College samples exclude] many people who may be troubled, disorganized, of below average intelligence or from deviant subcultures. Such people are the least likely to make it through the various educational filters that tend to reward intelligence, self-discipline, and conformity . . . these may be the very people who have had or who are the most vulnerable to having experiences of sexual victimisation and incest". (p. 39)

The above argument, combined with the information contained in Figure 3, implies that college samples tend to obtain lower prevalence rates. Overall, this trend indicates that the sample source influences the prevalence rate, thereby explaining a portion of the variability in prevalence rate findings across studies.
**Figure 3.** Comparison of the sample source and the definition of child sexual abuse upon prevalence rates of 10 studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Sample Source</th>
<th>Behaviour Defined as Sexual</th>
<th>Prevalence Rate for Women</th>
<th>Prevalence Rate for Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pinkelhor (1979)</td>
<td>college sample of both men &amp; women (p. 42)</td>
<td>contact and non-contact (p. 52)</td>
<td>19.2%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Herold, Mantle and Zeimitz (1979)</td>
<td>college sample of women (p. 66)</td>
<td>contact and non-contact (p. 67)</td>
<td>98/16%*</td>
<td>N.A. (p. 67)</td>
</tr>
<tr>
<td>Fritz, Stoll and Wagner (1981)</td>
<td>college sample of women (p. 55)</td>
<td>contact (p. 55)</td>
<td>7.7%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Russell (1983)</td>
<td>community sample of women (p. 134)</td>
<td>contact and non-contact (p. 138)</td>
<td>56%</td>
<td>N.A. (p. 36)</td>
</tr>
<tr>
<td>Karcher and McShane (1984)</td>
<td>community sample of men &amp; women (p. 497)</td>
<td>contact and non-contact (p. 497)</td>
<td>118 (pp. 498-499)</td>
<td>38%</td>
</tr>
<tr>
<td>Sedney and Brooks (1984)</td>
<td>college sample of women (p. 216)</td>
<td>contact and non-contact (p. 216)</td>
<td>16%</td>
<td>N.A. (p. 216)</td>
</tr>
<tr>
<td>Bagley and Ramsey (1986)</td>
<td>community sample of women (p. 35)</td>
<td>contact (p. 36)</td>
<td>21.7%</td>
<td>N.A. (p. 36)</td>
</tr>
<tr>
<td>Wyatt (1985)</td>
<td>community sample of women (p. 508)</td>
<td>contact and non-contact (p. 510)</td>
<td>62%</td>
<td>N.A. (p. 513)</td>
</tr>
<tr>
<td>Fromuth (1986)</td>
<td>college sample of women (p. 6)</td>
<td>contact and non-contact (p. 7)</td>
<td>22%</td>
<td>N.A. (p. 6)</td>
</tr>
<tr>
<td>Kilpatrick (1986)</td>
<td>community sample of women (p. 224)</td>
<td>contact and non-contact (p. 228)</td>
<td>55%</td>
<td>N.A. (p. 228)</td>
</tr>
</tbody>
</table>

*98% refers to "attempted rape or other sexual assaults" (p. 67) and 16% refers to "being exposed to an exhibitionist" (p. 67).
Although no empirical evidence is available to confirm or
disprove sample source as an influence upon adult adjustment scores,
some speculations can be offered. First, a purposive college sample
is likely more homogeneous than a random sample of community
respondents. Thus, utilizing a college sample may obscure or reduce
the magnitude of the relationship between childhood sexual abuse and
adult adjustment variables. For example, Finkelhor's (1979)
argument that college samples may contain "... the mentally
healthiest ..." (p. 39) respondents might be understood as a
feature of that sample's homogeneity. Second, homogeneous college
samples and their young age may influence adult adjustment scores in
two contradictory ways. Respondents may not be old enough to have
been exposed to life's problematic vicissitudes, thereby reducing
the magnitude of the group-wise adult adjustment scores (Browne &
Finkelhor, 1986). Conversely, Dr. C. Bagley found that the younger
respondents had a tendency to score higher (indicating more problems
in adult adjustment) than older respondents (personal communication,
1988). Thus, although it is speculative whether college samples are
more or less prone to either lower or higher group-wise adult
adjustment scores, the homogeneous character of this sample may
reduce the likelihood of finding sub-sample relationships.

Sampling techniques. Four of the ten studies listed in Figure
4 utilized a probability sampling technique (Russell, 1983; Kercher
& McShane, 1984; Bagley & Ramsay, 1986; Wyatt, 1985) and the
remaining six studies utilized a purposive sampling technique
(Finkelhor, 1979; Herold et al., 1979; Fritz et al., 1981; Sedney &
Brooks, 1984; Fromuth, 1986; Kilpatrick, 1986). It should be noted that Kilpatrick's (1986) purposive sampling model was used to increase the sample's heterogeneity, whereas the other five purposive sample studies obtained convenience samples.

The probability sample studies demonstrate no clear trend in prevalence, i.e. 11% (Kercher & McShane, 1984) to 62% (Wyatt, 1985). However, the convenience sample studies evidence much less variability, i.e. 7.7% (Fritz et al., 1981) to 22% (Fromuth, 1986). Peters et al. (1986) suggested that the similarity between convenience sampling studies prevalence rates were likely the result of obtaining student samples and of sharing similar methodologies and instrumentation as in Finkelhor's (1979) study. Consequently, other methodological factors seem to account for the similarity in prevalence rates among convenience sample studies. Peters et al. (1986) further suggest that since probability sample surveys demonstrate such a wide range of prevalence findings, sampling technique alone does not account for this variation. Therefore, sampling technique "is not a critical factor in relation to the estimated prevalence of sexual abuse" (Wyatt & Peters, 1986b, p. 244).

Sampling technique only relates to adult adjustment vis-a-vis the issue of generalizability. Random sampling techniques allow one to generalize to a community population, whereas convenience sampling techniques do not afford one the opportunity to generalize the findings (Kidder, 1981; Wyatt & Peters, 1986b).
Figure 4. Comparison of the methodology of 10 studies.

<table>
<thead>
<tr>
<th>Study</th>
<th>Sampling Technique &amp; Prevalence Rates</th>
<th>Sample Size</th>
<th>Data Collection Method/Time It Took to Complete/Reimbursement</th>
<th>Response Rate</th>
<th>Recruitment Technique</th>
<th>Number of Screen Questions</th>
<th>Where the Questions on Sexual Abuse Experiences are Placed in the Instrument</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finkelhor (1979)</td>
<td>purposive (p. 40) women/men 19.2/8.6 (p. 53)</td>
<td>296 total self administered questionnaire researcher went to class room - took an average 45 min. to complete no reimbursement (p. 41)</td>
<td>1/3 of students not there in class day of survey. Of the students present 92% participated *60% (p. 44)</td>
<td>&quot;study of the family &amp; sexual behavior&quot; (general statement) (p. 157)</td>
<td>4 screen questions (pp. 159-184)</td>
<td>part 3 of 4 sections</td>
<td></td>
</tr>
<tr>
<td>Sedney &amp; Brooks (1984)</td>
<td>purposive (p. 216) advertised for participants women/men 16% /N.A. (p. 216)</td>
<td>301 self administered no mention if mailed or administered to a group of students - no mention of time to complete - payment (p. 216)</td>
<td>not stated</td>
<td>&quot;study of long term consequences of certain childhood experiences&quot; (p. 216)</td>
<td>not stated</td>
<td>not stated</td>
<td></td>
</tr>
<tr>
<td>Herold, Mantle &amp; Zemitis (1979)</td>
<td>purposive (p. 66) women/men 94.16% /N.A. (p. 67)</td>
<td>103 self administered researcher in class no reimbursement no mention of time to complete (p. 66)</td>
<td>not stated</td>
<td>not stated</td>
<td>not stated</td>
<td>not stated</td>
<td></td>
</tr>
<tr>
<td>Russell (1983)</td>
<td>probability sample (p. 134) women/men 54% /N.A. (p. 36)</td>
<td>930 face to face interviews reimbursement 1 hour 20 min average</td>
<td>50% (p. 135)</td>
<td>study of crime (Wyatt &amp; Peters 224 crimes to be discussed were rape &amp; sexual assault (p. 135)</td>
<td>14 screen questions (pp. 136-137)</td>
<td>entire questionnaire devoted to S.A. (Peters, et al., 1986, p. 34)</td>
<td></td>
</tr>
<tr>
<td>Study</td>
<td>Design</td>
<td>Sample Description</td>
<td>Methodology</td>
<td>Data Source</td>
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<td>--------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Fritz, Stoll &amp; Wagner (1981)</td>
<td>purposive</td>
<td>952 self administered questionnaire, not stated, no reimbursement, not stated</td>
<td>part 2 of 3 part questionnaire</td>
<td>(p. 55)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>women/men 7.7% / 4.8%</td>
<td>412 total, no reimbursement, not stated, it took to complete questionnaire</td>
<td></td>
<td>(p. 56)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>(p. 56)</td>
<td>540 males, no mention of time, it took to complete questionnaire</td>
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<tr>
<td></td>
<td></td>
<td>females, unable to determine if questionnaire administered during regular class time</td>
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<tr>
<td></td>
<td></td>
<td>or outside of class time (p. 55)</td>
<td></td>
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<tr>
<td>Wyatt (1985)</td>
<td>&quot;multi-stage stratified probability sample using quotes&quot; (p. 508)</td>
<td>248 females, face to face interviews, 8 screen sexuality (Wyatt &amp; Peters, (p. 512)</td>
<td>&quot;placed towards the end of the interview&quot; (p. 512)</td>
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<tr>
<td></td>
<td>women/men 62% / N.A.</td>
<td>(p. 513)</td>
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<tr>
<td>Kercher &amp; McShane (1984)</td>
<td>random sample of persons holding valid drivers</td>
<td>1056 total, mailed questionnaire, no mention of reimbursement, not stated</td>
<td>1 screen &quot;toward end of question booklet&quot; (p. 497)</td>
<td>(p. 497)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>593 females, reimbursement, no mention of time, it took to complete other than &quot;quite lengthy&quot; (p. 500)</td>
<td></td>
<td>(Peters et al., 1986, p. 40)</td>
<td></td>
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<tr>
<td></td>
<td>11 insus (p. 497)</td>
<td>(pp. 498-499)</td>
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<tr>
<td></td>
<td>women/men 11% / 3%</td>
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<tr>
<td>Bagley &amp; Ramsey (1986)</td>
<td>stratified random sample (p. 35)</td>
<td>377 women, face to face, no mention of reimbursement, no mention of interview time</td>
<td>1 screen end of interview question (Peters et al., 1986, p. 40)</td>
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<tr>
<td></td>
<td>women/men 21.7% / N.A.</td>
<td>(p. 36)</td>
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<td></td>
<td>(p. 36)</td>
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<tr>
<td>Fromuth (1986)</td>
<td>purposive</td>
<td>383 self administered questionnaire, no mention of childhood sexual experiences on 2 or 4 screen not stated questions</td>
<td>exploration of the affects of childhood sexual experiences on current psychological and sexual adjustment (p. 6)</td>
<td>(p. 6)</td>
<td></td>
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<tr>
<td></td>
<td>women/men 22% / N.A.</td>
<td>(p. 7)</td>
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<td></td>
<td>(p. 6)</td>
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(figure 4 continued)

<table>
<thead>
<tr>
<th>Kilpatrick (1986) purposive (p. 225)</th>
<th>501 females questionnaire - no reimbursement - 45 min. average conducted in small or large groups in classrooms as well as completed at home (p. 227)</th>
</tr>
</thead>
<tbody>
<tr>
<td>women/men</td>
<td>not stated</td>
</tr>
<tr>
<td>55% /N.A.</td>
<td></td>
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<tr>
<td>(p. 228)</td>
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</tbody>
</table>

* based on the information contained on p. 44, the overall response rate is approximately 60%.

** inferred from the statement "Completed questionnaires were obtained from [the respondents]" p. 216.

*** This is based on 1348 households in which a woman resided, 709 agreed to participate, 266 refused, 335 women terminated phone contact prior to establishing demographic characteristics, and a number could not be contacted (phone not answered). This results in a 43% refusal rate. Of the 709 the first 246 women were interviewed (p. 509).
Sample size. The reviewed literature has not addressed the question of whether or not sample size influences prevalence. Figure 3 notes large sample studies (Fritz et al., 1981; Kercher & McShane, 1984; Russell, 1983), which obtained prevalence rates that ranged from 7.7% (Fritz et al., 1981) to 54% (Russell, 1983). Similarly, studies that obtained smaller samples evidenced a wide range of prevalence rates, i.e. 16% (Sedney & Brooks, 1984) to 62% (Wyatt, 1985). Since no discernable trend can be discovered, sample size does not likely account for the prevalence rate variation. Thus, as was suggested in the previous section, other methodological factors are likely the source of the variation in prevalence.

Sample size, however, is an important consideration when a study investigates the relationship between childhood sexual abuse and adult adjustment. When other factors affecting statistical choice are met "larger studies [have] the potential [to utilize] more sophisticated analytical procedures" (Kilpatrick, 1987, p. 177). In addition, when large samples are utilized to investigate inferential statistical relationships, the probability of finding significant relationships is increased based solely upon the large sample size (Kolevzon, 1981). "Thus, a statistically significant but meaningless correlation coefficient is possible if a large enough sample size is used" (Kolevzon, 1981, p. 497).

Although large samples can make use of sophisticated statistical analysis, it should be cautioned that larger samples can also uncover statistically significant yet meaningless relationships (Kolevzon, 1981). Because of this, when findings are interpreted
the meaningfulness of the relationships must be taken into consideration.

**Summary of sampling issues.** Prevalence rates appear to be influenced by the sample source but not by sampling technique or by the size of the sample. It has been suggested that differences in sample source might affect a study's measurement of adjustment as an adult since samples drawn from colleges or universities may be homogeneous, obscuring between group differences. Sampling technique and sample size are considered important factors in the measurement of adult adjustment. Large random samples facilitate the use of higher powered inferential statistical tests and the ability to generalize the findings to community populations. It needs to be cautioned that although large random samples are desirable, the large sample size can be responsible for statistically significant yet meaningless relationships.

**Data Collection Methods**

Seven of the 10 studies noted in Figure 4 utilized self-administered questionnaires (Finkelhor, 1979; Herold et al., 1979; Fritz et al., 1981; Kercher & McShane, 1984; Sedney & Brooks, 1984; Fromuth, 1986; Kilpatrick, 1986). The remaining studies used specially trained interviewers to gather information from respondents (Russell, 1983; Wyatt, 1985; Bagley & Ramsay, 1986). The large majority of self-administered questionnaire studies obtained lower prevalence rates than the studies which utilized
interviewers. The exceptions are Kilpatrick's (1986) and Bagley & Ramsay's (1986) studies, which reverse the general trend.

Peters et al. (1986) suggest that "this pattern of higher rates for [studies utilizing specially trained interviewers] is not consistent with the previous literature on survey research techniques . . . [although] findings from studies about other sensitive subjects . . . do not necessarily pertain" (pp. 38-39).

Furthermore, it is speculated that:

If the use of [specially trained interviewers] allows for the possibility of better reporting, it may be because of the possibility of using well-selected and trained interviewers to enhance candor. Without this special component, [the use of specially trained interviewers] may be no different from other modes". (Peters et al., 1986, p. 40)

However, the above does not explain the high prevalence rate obtained by Kilpatrick (1986). It might be suggested that social conditions have recently changed, influencing respondents to be more candid than in previous years with regard to revealing a history of childhood sexual abuse.

Therefore, the method of data collection can be viewed as affecting a study's prevalence rate, which is also a factor in explaining the differences in prevalence rates across studies. However, one self-administered study obtained a high prevalence rate (Kilpatrick, 1986), which may suggest that other factors are involved in the generation of higher prevalence rates.

The literature on childhood sexual abuse has not addressed if and how the data collection method might affect the measurement of adult adjustment. Yet, adult adjustment questions might be classed as sensitive or threatening. Sudman and Bradburn (1974) suggest
that "the best and most widely used method . . . for threatening questions is the use of the self-administered questionnaire . . ." (pp. 142-143). However, since the aforementioned does not necessarily apply to one subset of threatening questions (those pertaining to childhood sexual abuse), then it might be assumed that adult adjustment questions may fall outside of Sudman and Bradburn's (1974) recommendation. Consequently, whether the data collection method affects the measurement of adult adjustment or not is open to debate and requires further empirical investigation.

Response Rates and Recruitment Techniques

Four of the 10 studies which are outlined in Figure 4 report response rates ranging between 50% and 60% (Finkelhor, 1979; Russell, 1983; Kercher & McShane, 1984; Wyatt, 1985). Five of the 10 studies in the same figure describe recruitment techniques ranging from broad to explicit research descriptions (Finkelhor, 1979; Russell, 1983; Sedney & Brooks, 1984; Wyatt, 1985; Fromuth, 1986).

Response rates may interact with recruitment techniques in the following manner.

There are two distinct mechanisms by which explicit descriptions might affect findings. On the one hand, one can argue that explicit mention of sexual abuse would deter potential subjects who have had traumatic experiences, thus resulting in lower response rates and prevalence rates. On the other hand, non-abused individuals might perceive their own experiences as being outside the researchers' sphere of interest thus be less likely to participate . . . [resulting in lower response rates but higher] prevalence rates." (Wyatt & Peters, 1986b, pp. 244-245)
Unfortunately, the studies listed in Figure 4 do not contain enough information upon which to further explore the above speculations. Accordingly, explicit descriptions may be thought to reduce response rates and inflate prevalence rates, yet, this speculation cannot be empirically validated. Therefore it appears questionable if recruitment techniques interact with response rates to appreciably influence a study's prevalence rate.

The literature on childhood sexual abuse does not discuss if or how response rates and recruitment techniques might affect the measurement of adult adjustment. However, based upon Wyatt and Peters (1986b) speculations that certain groups of respondents might be over or under represented, it would follow then that different studies might potentially obtain samples wherein sub-group adult adjustment scores are under or over represented. Differential sub-group classification may then potentially impact relationships between the variables. It might be conjectured that the resulting findings are obscured or unduly magnified. Thus, should Wyatt & Peters' (1986b) supposition be valid, then it is conceivable that recruitment techniques and response rates might influence potential findings vis-a-vis adult adjustment.

Eliciting Responses to Childhood Sexual Abuse Experiences

Peters et al. (1986) and Wyatt & Peters (1986b) suggest that the manner in which childhood sexual abuse history information is elicited, influences the reported prevalence rates. How prevalence rates are affected will be discussed in the following manner; the number and type of screen questions will be analyzed and the
placement of the childhood sexual abuse questions within the instrument will be examined.

**Screen questions.** Screen questions are "questions asked to determine which branching questions, if any, will be asked . . . ." (Sudman & Bradburn, 1982, p. 223). Peters et al. (1986) suggest that an important aspect of a study is not only the number of screen questions, but also the "amount and type of specifics that [screen questions] give the respondent concerning the experience being asked about" (p. 41).

Seven of the 10 studies in Figure 4 have information from which to determine the number of screen questions (Finkelhor, 1979; Russell, 1983; Kercher & McShane, 1984; Bagley & Ramsay, 1986; Wyatt, 1985; Fromuth, 1986). Bagley and Ramsay (1986) and Kercher and McShane (1984) used one screen question; Fromuth (1986) used between two and four screen questions, Finkelhor (1979) utilized four screen questions; Wyatt (1985) used eight screen questions; Russell (1983) and Kilpatrick (1986) used 14 screen questions. Based on the number of screen questions, studies utilizing four or less obtained prevalence rates ranging between 16% and 22%. Studies utilizing 8 to 14 screen questions obtained considerably higher prevalence rates, 62% and 54% respectively. A similar trend was uncovered by Peters et al. (1986) where studies using more than four screen questions obtained higher prevalence rates than studies using fewer than four (p. 41).

Peters et al. (1986) suggest that single question screens could be classified as "general questions" (p. 41), whereas multiple
question screens could be classed as "relationship specific [and] activity specific [questions]" (p. 42). Peters et al. (1986) suggested that "multiple specific screens elicit more reports of [sexual abuse] than general ... [questions]" (p. 43). Three factors are proposed which might account for this trend. First, a general screen question may employ words to describe the childhood sexual abuse experience which may not match the respondents conceptualization of that experience. Words such as "abuse" or "molestation" may not match a respondents "personal experience such that the respondent answers no to this general question" (Peters et al., 1986, p. 43). Second, "multiple screens may work better because they provide a longer time period during which a disclosure can occur" (Peters et al., 1986, p. 43). Third, "multiple, specific screens may work better because they provide [the respondent with] many cues that assist in recall and matching" (Peters et al., 1986, p. 44).

Thus, it might be speculated that the number and type of screen questions influences a study's prevalence rate. Additionally, differences in prevalence rates between studies appear to be related to the use or non-use of multiple screen questions.

Group-wide adult adjustment scores might be influenced by the number of and the type of screen questions. Since prevalence rates appear to be affected, the sub-group of respondents, who have or have not had a history of childhood sexual abuse, is also affected. The potential therefore exists to improperly assign respondents to sub-groups, thereby obscuring or altering group-wide adult
adjustment scores. This is mere conjecture however, and requires empirical validation.

Placement of childhood sexual abuse questions within the instrument. The literature concerning the placement of personal, sensitive, threatening or objectionable questions, recommends that such questions be placed later in the instrument (Sudman & Bradburn, 1974, p. 143; Kidder, 1981, p. 178; Sudman & Bradburn, 1982, p. 208; Mindel, 1985, p. 221). However, Sudman and Bradburn (1974) caution that lengthy instruments, taking two or more hours to complete, may fatigue respondents, leading to a decline in performance, near the end of the instrument (p. 90). Thus, lengthy instruments can increase respondent fatigue, which may then influence responses to childhood sexual abuse questions, producing a response effect', observable through a prevalence rate of diminished magnitude.

The studies in Figure 4 which report the placement of childhood sexual experience questions in the instrument, as well as the instrument completion time, show no clear trend vis-a-vis prevalence rates. For example, Kilpatrick's (1986) instrument completion time was approximately 45 minutes (p. 227). Wyatt's (1985) instrument took between three to eight hours to complete (p. 510). Both studies placed their childhood sexual abuse questions towards the end of the instrument; both obtained high prevalence rates. Thus the fatigue factor does not appear to affect

"A response effect is the "amount of error in the response to a question that is associated with that factor" (Sudman & Bradburn, 1974, p. 3), which in this case is the fatigue factor."
prevalence. Since none of the seven studies placed the questions on childhood sexual abuse near the beginning of their instruments, it cannot be determined if in fact, question placement influences a study's prevalence rate.

The literature on childhood sexual abuse pays little attention to question placement and the possible effects upon the measurement of adult adjustment. Bagley and Ramsay (1986) suggest that placing childhood sexual experience questions at the end of the instrument avoids the argument that "the descriptions of psychological state . . . were coloured by revealing, often for the first time, that one had been sexually abused" (p. 36).

Six studies listed in Figure 4 assessed the impact of childhood sexual abuse upon adult adjustment (Finkelhor, 1979; Fritz et al., 1981; Sedney & Brooks, 1984; Bagley & Ramsay, 1986; Fromuth, 1986; Kilpatrick, 1986). Two of these six studies did not clearly indicate where in the instrument childhood sexual abuse questions were placed (Sedney & Brooks, 1981; Fromuth, 1986). Two of the remaining four studies clearly placed their questions at the end of the instrument (Bagley & Ramsay, 1986; Kilpatrick, 1986). Thus, should the respondents "psychological state" (Bagley & Ramsay, 1986, p. 36) be influenced by revealing a history of childhood sexual abuse, then validity issues can be raised concerning the studies which did not place their childhood sexual abuse questions at the end of the instrument. However, this is speculative. It awaits further empirical validation to discover whether or not placing childhood sexual abuse questions prior to adult adjustment questions influences the latter.
Summary of eliciting responses to childhood sexual abuse experiences. The number and type of screen questions appears to influence prevalence rates since studies that utilize multiple specific screens, uncover higher prevalence rates than studies utilizing single screen questions. Since prevalence rates appear to be affected, group-wide adult adjustment scores might be influenced due to the increase or decrease of the sample's sub-groups. It has been suggested that the placement of childhood sexual abuse questions within the instrument, as well as a lengthy instrument completion time, might affect prevalence rates. However, the placement issue remains unresolved due to all studies placing their childhood sexual abuse questions near the end of the instrument; lengthy completion time did not appear to introduce the fatigue factor as a response effect. Thus, neither the placement issue nor the completion time issue appeared to influence prevalence rates. While the placement issue is thought to have an impact upon group-wide adult adjustment scores, this has not yet been empirically validated.

Summary of Methodological Issues

The methodological subheadings and associated sub-sections can be classified in two ways: 1) relationship to prevalence rates and 2) relationship to the measurement of adult adjustment.

First, age distribution, educational status, current socio-economic status, sampling technique and sample size did not appear to account for the prevalence rate variation between studies. Ethnicity was unclearly related to prevalence rate variation due to
confounding effects of other variables. Sample source was related to prevalence rate variation since college samples tended to generate lower prevalence rates than community samples, when definitional issues were similar across studies. Data collection methods, contrary to survey research wisdom, appeared to account for prevalence rate variations. In the absence of empirical data, it was speculated that response rates and recruitment techniques might influence prevalence rates. It was conjectured that placing childhood sexual abuse questions at the beginning of an instrument might affect prevalence rates, but none of the reviewed studies did this; thus, this factor was ruled out as affecting the prevalence rate variations. The number and type of screen questions realized the clearest impact upon prevalence rates.

Second, current socio-economic status and ethnicity do not appear to affect adult adjustment scores. Age distribution, educational status, sample source, response rates, recruitment techniques and placement of childhood sexual abuse questions in the instrument are all thought to have a potential influence upon adult adjustment scores, albeit without empirical confirmation. Sampling technique and sample size intertwine with statistical and generalizability issues in such a manner that adult adjustment findings may be influenced. Data collection methods and the number and type of screen questions appear to affect the size of a sample's sub-groups perhaps influencing group-wide adult adjustment scores.
Summary of Prevalence Issues

Research studies offered differing estimations of the prevalence of childhood sexual abuse. Prevalence rates were found to be influenced by both definitional issues, i.e. how childhood sexual experiences are defined and specific methodological issues, i.e. sample sources, response rates and recruitment techniques, data collection methods and number and type of screen questions. Since studies which investigated the impact of childhood sexual abuse upon adult adjustment, utilized prevalence rates to establish sub-sample groupings, it was conjectured that the definitional and methodological factors which affected prevalence also affected the composition of the sub-groups, thereby potentially influencing group-wide adult adjustment scores. This in turn was conjectured to potentially impact the relationship between childhood sexual abuse variables and adult adjustment variables. In addition, the following methodological issues were identified which were not thought to affect prevalence rates, but rather to potentially influence the sub-sample composition and/or the measurement of adult adjustment: age distribution, educational status, sampling technique, sample size, and placement of childhood sexual experience questions.

Description of Childhood Sexual Abuse Experiences

Figure 5 presents a summary of seven categories of information relevant to the explication of childhood sexual abuse experiences.
<table>
<thead>
<tr>
<th>Study</th>
<th>Types and/or Frequencies of Reported Sexual Abuse Experiences</th>
<th>Sexual Abuse Experiences and Child’s Age</th>
<th>Who is Having Sexual Abuse Experiences With Children</th>
<th>Tactics Used To Induce Child Into Sexual Abuse Experiences</th>
<th>Duration of Sexual Abuse Experience</th>
<th>Disclosure of Sexual Abuse &amp; If so to Whom</th>
<th>Reactions to Disclosure</th>
</tr>
</thead>
</table>
| Pinkelhor (1979) | for females with older partners & by experience (p. 62)  
4% intercourse  
38% touching or fondling of genitals for both  
20% exhibitionism experiences reported included intercourse, simulated intercourse, attempted intercourse, fondling of either child’s or partners genitals, exhibitionism, kissing & hugging in a sexual way, invitations to engage in sexual activity but where no contact took place (p. 54) | mean age for females 10.2  
for males 11.2 (p. 60) | when partners are older than female (p. 58)  
43% experiences relatives  
33% experiences acquaintance  
24% experiences strangers for males  
17% experiences relatives  
53% experiences acquaintance  
30% experiences strangers (p. 58)  
94% for women vs male partners (p. 75) | 55% of both males & females reported force i.e. physical restraint, threats (p. 64) | 60% of experiences single occurrence  
40% of experiences lasted more than 1 week (p. 59) | 63% of females did not tell anyone  
73% of males did not tell anyone (p. 67) | no information |
| Sidney & Brooks (1984) | intercourse, masturbation, oral-genital contact, touching, exposure (p. 216) no quantification | 3/4 of incidents occurred when female age 12 or younger, median age 9 (p. 216) | when female 12 or younger, 72% of incidents with family members  
when female 12 or older 36% of incidents with family members (p. 216)  
1 case of father-daughter incest or 0.3% of sample (p. 216) | no information in article | 58% of cases one time experiences  
26% of reports of repeated activities lasted up to 1 year  
14% of reported activities lasted more than 1 year | no information in article | no information in article |
| Harold, Mantle & Zemits (1979) | before age 14, 9% raped or attempted rape, 16% exposed to exhibitionist | no information | no information | no information | no information | no information | no information |
| Kercher & McShane (1984) | rape, molestation (fondling) incest, prostituting, other forms of sexual exploitation where child’s health or welfare threatened, contacts between child & adult where child is used for sexual stimulation (p. 497) | no information | no information | no information | no information | no information | no information |
\(\text{(figure 5 continued)}\)

<table>
<thead>
<tr>
<th>Type of Sexual Experience</th>
<th>White Parents</th>
<th>Afro-American Parents</th>
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</thead>
<tbody>
<tr>
<td>Exposure</td>
<td>40%</td>
<td>51%</td>
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<tr>
<td>Masturbation</td>
<td>43%</td>
<td>39%</td>
</tr>
<tr>
<td>Solicitations for sexual behavior and unwanted kissing</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>Fondling</td>
<td>30%</td>
<td>40%</td>
</tr>
<tr>
<td>Intercourse</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>Oral sex on child</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Oral sex on partner</td>
<td>10%</td>
<td>3%</td>
</tr>
</tbody>
</table>

(p. 514)

97% of incidents for Afro-American females involved males, 100% of incidents with white females involved males (p. 515)

25% of incidents involved physical coercion or happened without warning (p. 517)

52% of Afro-American females experienced more than one incident (p. 513)

coercion divided no information into 2 categories
1) negative coercion (e.g., physical force, verbal threat, physical attack
2) positive coercion (pp. 57-58)

males less likely than females to talk about the molestation with family members (p. 58)
<table>
<thead>
<tr>
<th>Source</th>
<th>Description</th>
<th>Details</th>
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<tbody>
<tr>
<td>Russell (1983)</td>
<td>3 categories of sexual experiences: 1) very serious-vaginal/anal intercourse, attempted or completed fellatio, or attempted breast contact; 2) serious digital penetration of vagina, attempted breast contact, simulated intercourse; 3) least serious-forced kissing, intentional sexual touching of respondents body, also without force (p. 140)</td>
<td>age 13 and under 34% of incidents intra-familial, 66% of incidents extra-familial; age 14-17 20% of incidents intra-familial, 80% of incidents extra-familial; overall experiences - 11% strangers, 29% relatives, 60% known to child but unrelated (p. 140) 4.9% of cases perpetrated by uncles (p. 136); 20% of cases perpetrated by biological fathers (calculated from information contained on p. 138) 96% of perpetrators male for both intra- and extra-familial situations (p. 139) (calculated from data available on p. 137, Table 1)</td>
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<tr>
<td>Bagley &amp; Ramsey (1986)</td>
<td>In any assault either 1st, 2nd or 3rd: 50.75% of cases involved fondling or fondling over &amp; under clothes; 13.41% of cases involved touching or manipulating child's nude body or genitalia or manual penetration of body; 50.7% of cases involved anal intercourse, fellatio; 15.85% of cases involved intercourse (information calculated from Table 2 of unpublished tables which accompany this study)</td>
<td>Risk of having sexual experiences increased significantly after age 8 (p. 37) 1/3 of sexual experiences involved direct force or thrust (p. 37) of 82 cases 57% were single assaults on one day - 12% repeated over 1 to 31 days - 13% repeated over 32 to 365 days - 17% repeated over 366 days (Table 3 unpublished tables accompanying this study) 8% of victims reported assault to an adult 2% of cases were reported to authorities either police or child protection workers. In no case was offender prosecuted (p. 37)</td>
</tr>
<tr>
<td>Fromuth (1986)</td>
<td>50% of activities involved sexual fondling, intercourse (p. 7). Oral-genital contact rare (p. 7) - behaviors ranged from &quot;a one-time incident of exhibitionism involving a stranger up through repeated sexual intercourse with a father&quot; (p. 14)</td>
<td>80% of cases offender known to female child 95% of cases partner male (p. 8) 60% of experiences a single contact (p. 6) 13% of experiences extended over 7 years or more (pp. 6-7)</td>
</tr>
<tr>
<td>Kilpatrick (1986)</td>
<td>most often reported were &quot;kissing and hugging in a sexual way and exhibitionism&quot; (p. 220)</td>
<td>no information</td>
</tr>
</tbody>
</table>
The large majority of studies have excluded males and thus, unless otherwise indicated, the following discussion will focus upon adult female's reports of childhood sexual abuse experiences.

Types or Frequencies of Reported Sexual Abuse

The 10 studies noted in Figure 5 report upon sexual abuse experiences ranging from exhibitionism to intercourse. The frequency with which these various experiences occur is difficult to compare across studies due to the dissimilar manner in which the data has been collated. For example, Finkelhor (1979) presents data for females with older partners, where the type of sexual abuse is expressed as a percentage of the overall reported cases of sexual abuse. Wyatt (1985) presents data on the frequency of sexual abuse incidents among white and afro-american women. Since partner type is unknown in Wyatt's (1985) study, those results cannot be meaningfully compared to Finkelhor's (1979) results. Additionally, percentages of incidents cannot be compared to percentages of cases since a particular case might have included more than one incident of a particular sexual abuse experience.

Only one broad generalization can be attempted: it would appear that sexual intercourse experiences are reported much less often than other sexual abuse experiences. Beyond this generalization each study's results need to be examined individually.
Sexual Abuse and the Child's Age

The five studies which report such data, present their findings in dissimilar ways (Finkelhor, 1979; Russell, 1983; Sedney & Brooks, 1984; Bagley & Ramsay, 1986; Wyatt, 1985). However, the trend seems to be suggestive of children being involved in sexual abuse experiences most often between the ages of 6 and 12.

Who is Sexually Involved With Children

Although collated differently between studies, the information is suggestive of some trends. Gender distinctions indicate that males are most often sexually involved with female children (Fritz et al., 1981; Russell, 1983; Wyatt, 1985; Fromuth, 1986; Kilpatrick, 1986). Relatives, more so than other categories of perpetrators, appear to be having sexual involvements with female children (Finkelhor, 1979; Fritz et al., 1981; Russell, 1983; Sedney & Brooks, 1984; Wyatt, 1985; Kilpatrick, 1986). Sedney and Brooks (1981) and Russell (1983) report that younger female children encounter more sexual abuse experiences with relatives than older female children. Father/daughter sexual abuse seems to account for about 1% (Finkelhor, 1979, p. 88) to 2.9% (Russell, 1983, p. 138) of the total samples. When stepfathers and father figures are included with the father/daughter sexual abuse experiences, the percentages rise to just over 1% (Finkelhor, 1979, p. 88) to 4.5% (Russell, 1983, p. 138).
Tactics Used to Induce the Child into Sexual Behavior

The results of five studies in Figure 5 are suggestive of force or threat being used in approximately 25% or 50% or more of the cases or incidents of reported childhood sexual abuse (Finkelhor, 1979; Russell, 1983; Wyatt, 1985; Bagley & Ramsay, 1986; Kilpatrick, 1986). However, Finkelhor (1979), Kilpatrick (1986) and Peters et al. (1986) all suggest that in the absence of perceived force, by older partners, the fact that the partner is older signifies they wield greater interpersonal power. This coupled with the child's inability to base a decision upon informed consent, produces a situation wherein the child is left no choice but to comply with the sexual behavior. Therefore, in such situations force is assumed to have been exercised regardless of whether or not the respondent remembers the experience as having involved force. Based upon this definition, it is quite likely that reported force is an underestimation.

Duration of the Sexual Abuse Experience

Five studies in Figure 5 evidence a trend with regard to duration. About half of the sexual abuse experiences were single occurrences (Finkelhor, 1979; Sedney & Brooks, 1984; Wyatt, 1985; Bagley & Ramsay, 1986; Fromuth, 1986); between 14% (Sedney & Brooks, 1984) and 17% (Bagley & Ramsay, 1986) of the sexual abuse experiences lasted longer than one year. Sedney and Brooks (1984) and Bagley and Ramsay (1986) report similar percentages for sexual abuse, occurring more than once, lasting up to one year; 26% (p. 216) and 25% (Bagley & Ramsay, 1985b) respectively.
Disclosure of the Sexual Abuse Experiences

Few researchers have reported upon this aspect of childhood sexual abuse experiences. Finkelhor (1979) reported that 63% of the females and 73% of the males did not tell anyone of the abuse (p. 67). Russell (1983) reported that for women 2% of the intrafamilial and 6% of the extrafamilial sexual abuse cases were reported to police (p. 142). Bagley and Ramsay (1986) reported that 8% of the female respondents told an adult and only 2% of the cases were reported to authorities (p. 37).

Reactions to the Disclosure

No studies in listed Figure 5 present data concerning how the respondents, as children, perceived the reaction by the other person to the disclosure. This is unfortunate since both Finkelhor (1986) and Kilpatrick (1987) suggest that more attention needs to be paid to what occurs after a child is sexually abused.

Summary of the Descriptions of the Childhood Sexual Abuse Experiences

Due to the dissimilar manner in which researchers present data, comparisons between studies are difficult. In order to make any generalized statements, fundamental dissimilarities must be disregarded. Therefore caution should be exercised with the following generalizations.

Sexual intercourse incidents are reported much less often than other types of sexual abuse. Respondents reported being sexually abused more often between the ages of 6 and 12. Males are
identified as having the majority of non-contact and contact sexual abuse incidents with female children. Relatives were reported to be having sexual abuse experiences with children more often than non-relatives, although this seemed to differ according to the child's age.

Father/daughter sexual abuse occurred in 1% to 2.9% of two studies' samples. Force or threat was reportedly used in 25% to 50% of the sexual abuse experiences, however, this may be an underestimate, based upon principles of assumed adult power and informed consent. About 50% of the sexual abuse experiences are single occurrences and less than 20% of the sexual abuse experiences occur over one year or more. A very small percentage of children divulge their sexual abuse experiences and an even smaller percentage of childhood sexual abuse incidents are then reported to authorities. No studies report findings with regard to how the respondent, as a child, perceived the other person's reaction to the disclosure.

Adult Adjustment Factors in Relation to a History of Childhood Sexual Abuse

Eight adult adjustment factors will be discussed, where the bulk of the reviewed literature consists of empirical research studies. The reviewed literature pertains to females only due to the paucity of research studies including males (Browne & Finkelhor, 1986).
Global Rating of Adult Adjustment

Global ratings of adult adjustment lack specificity regarding distinct features of adult adjustment. This may explain why so few researchers have investigated this dimension. However, three research studies were found which explored the impact of childhood sexual abuse histories upon global ratings of adult adjustment.

Bagley and McDonald (1984) and Fromuth (1986) investigated global adult adjustment utilizing different scales. Bagley and McDonald’s (1984) scale was described as "valid in discriminating populations with diagnoses of mental illness from non-psychiatric populations" (p. 18). However, no significant statistical association was found. Fromuth (1986) employed a scale that measures "the level of disorder . . . and the . . . number of symptoms reported . . . [Even though] two of the three global measures were . . . significant . . . the clinical significance of this finding [was] small since sexual abuse accounted for less than 2% of the variance . . ." (Fromuth, 1986, p. 9).

Bagley and Ramsay (1986), utilizing the same scale as Bagley and McDonald (1984), found that this scale distinguished "between the abused and non-abused groups at a statistically significant level" (Bagley & Ramsay, 1985, p. 40). However, Bagley & Ramsay’s (1985b) study reveals that few or no symptoms (a low score on this scale), are what distinguish between the non-abused and abused groups. Thus, high scores, indicating global adult adjustment problems, were not significantly statistically related to childhood sexual abuse.
Therefore, based upon these three studies, it seems likely that childhood sexual abuse, ranging from verifiable incestuous experiences (Bagley & McDonald, 1984) to predominantly non-contact experiences (Fromuth, 1986) exerts little if any statistical influence upon a global rating of adult adjustment. A measure of global adult adjustment maybe too encompassing to be linked to childhood sexual abuse.

Self-esteem

The clinical literature has linked low self-esteem with a history of childhood sexual abuse (Gelinas, 1983; Jehu & Gazan, 1983; Browne & Finkelhor, 1986). The only known prospective study, which utilized a bi-variate statistical analysis, reported that those women who had been incestuously abused during childhood, exhibited significantly lower self-esteem than comparison groups (Bagley & McDonald, 1984). This analysis revealed that the sexual abuse variable accounted for 12.96% of the variance in the self-esteem variable (Bagley & McDonald, 1984, p. 21). In addition, when a five variable analysis was conducted the "sexual abuse [variable] remained the sole significant predictor [of low self-esteem]" (p. 21). The amount of variance explained by the four variables was 19% (Bagley & McDonald, 1984, pp. 21-22).

However, the findings from survey research utilizing non-clinical populations is not as convincing. Fromuth (1986) found no statistically significant associations (p. 9). Kilpatrick (1986), utilizing a bi-variate statistical analysis, also found no significant associations (p. 231). However, when Kilpatrick (1986)
performed a multi-variate statistical analysis, a particular subset of severe "childhood sexual experiences" (p. 173) was associated with low self-esteem and accounted for "less than 7%" of the variance (p. 239). Bagley and Ramsay (1986) reported that "women with very poor self-esteem were nearly four times as likely to report having been [sexually] abused [as a child]" (p. 41); however, this finding was not statistically significant.

Clinical populations and the only known prospective study link low self-esteem to a history of sexual abuse whereas evidence from non-clinical populations is less convincing. Severe types of childhood sexual abuse might be linked to low self-esteem, except that unknown factors, shown by the large amount of unexplained variance, have influenced these associations.

**Depression**

Gelinas (1983), who reviewed the clinical literature suggests that depression is often found among those who were involved in incestuous childhood relationships. The clinical studies conducted by Meiselman (1978) and Herman (1981) were reviewed by Jehu and Gazan (1983) who also suggested that "depression is commonly reported" (p. 73). However, Browne and Finkelhor (1986) indicate the above assertions were not based upon findings that were statistically significant. Thus, Browne and Finkelhor (1986) suggest that the clinical literature has not supported depression findings by uncovering a statistically significant relationship to childhood sexual abuse.
However, survey research, which utilized non-clinical samples, appears to have confirmed a statistically significant link between childhood sexual abuse and adult depression. Bagley and Ramsay (1986) utilized two measures of depression. On the first measure, those respondents who were not sexually abused as children had significantly lower depression scores (indicating few or no depressive symptoms) than those respondents reporting a history of childhood sexual abuse. On the other measure, a significant link was uncovered between childhood sexual abuse and adult depression; 6.25% of the variance was explained by the sexual abuse variable (Bagley & Ramsay, 1986, p. 40). These findings may pose questions concerning the reliability and validity of these two scales". These findings at a cursory level though, may indicate that those respondents reporting a history of sexual abuse, evidence higher levels of depression than the comparison group. Sedney and Brooks (1984) found a significant correlation between intrafamilial "early childhood sexual experiences" (p. 217) and depression. Browne and Finkelhor (1986) cited two unpublished studies in which respondents’ depressive symptoms predominated among the sexually abused groups. Kilpatrick (1986) uncovered no significant associations when a two variable analysis was conducted. Yet a multi-variate analysis, uncovered significant linkages to adult depression. Fromuth (1986) found no significant associations.

"Delving into these matters goes beyond the scope intended for the literature review. However, reliability and validity issues of these scales will be further explored in the Discussion of the Findings chapter."
Although some significant associations have been uncovered, measurement issues are evident. It is plausible that comparing depression and depressive symptoms is improper since one may manifest depressive symptoms but not be considered clinically depressed. Furthermore, there is some question concerning the theoretical usefulness of measuring a current depression, since Finkelhor (1986) has indicated that investigating a history of depressive episodes may better distinguish between the abused and non-abused groups.

Thus, it might be suggested that these findings be interpreted cautiously, since no consistent "picture" has emerged. In addition, the large amount of unexplained variance would indicate that other factors likely influenced the discovered associations.

Anxiety

Browne and Finkelhor (1986) suggest that anxiety disorders have not been investigated as vigorously as other adult adjustment factors. However, recent survey researchers have been investigating anxiety disorders.

Bagley and Ramsay (1986) measured two types of anxiety. Those who were not sexually abused were more likely to manifest fewer or no traces of both types of anxiety in comparison to the abused group. However, there was no significant correlation between childhood sexual abuse and high levels of either type of anxiety (Bagley & Ramsay, 1985b). Sedney and Brooks (1984) found that those respondents who reported an intrafamilial "childhood sexual experience . . ." reported nervousness/anxiety as a problem at a
significant level" (pp. 215, 217). Fromuth (1986) investigated two
types of anxiety and found only one significant association, in
which childhood sexual abuse accounted for 4.41% of the variance in
the anxiety variable (p. 9).

Although inroads have been made investigating anxiety
disorders, no clear consistent account emerges. Part of the
difficulty may involve the dissimilar types of anxiety disorders
that have been investigated. In addition, the severity of the
disorders seems to require standardization since the three studies
measured anxiety differently, i.e. Bagley and Ramsay (1986)
investigated low levels, Fromuth (1986) investigated high levels,
while Sedney and Brooks (1984) investigated more frequent reports.
Furthermore, the amount of variance explained by the sexual abuse
variable needs to be further scrutinized with respect to its
explanatory power. When over 95% of the variance is due to unknown
factors, caution needs to be employed when results are interpreted.

Sexual Functioning

Browne and Finkelhor (1986) suggest that this area has
received most of the attention in the empirical literature.
Clinical studies have suggested that those with a history of
childhood sexual abuse, especially incest survivors, "show later
sexual problems" (Browne & Finkelhor, 1986, p. 159).

Bagley and McDonald’s (1984) study included a two and a five
variable analysis of the data. The two-variable analysis revealed
that asexual maladjustment was significantly associated with
incestual childhood sexual abuse, which accounted for 29.16% of the
variance (Bagley & McDonald, 1984, p. 21). The five-variable analysis revealed that "sexual abuse [remained] the sole significant predictor of the [sexual maladjustment] variable" (Bagley & McDonald, 1984, p. 21), and the independent variables accounted for 33% of the variance (p. 22).

However, two recent surveys which utilized student and community samples, were not as convincing. Kilpatrick's (1986) survey, utilizing essentially the same scale as the aforementioned study, found "that the relationship of childhood sexual experiences with adult sexual satisfaction was not found to be statistically significant for women who had a current sexual partner" (p. 240). This finding occurred with both a two and a five-variable analysis. Fromuth (1986) utilized a college sample and found no significant difference (using three sexual functioning measures) between those respondents having a history of childhood sexual abuse and those without such a history.

Although Browne and Finkelhor's (1986) review of the empirical literature suggests that those respondents with a history of childhood sexual abuse report greater sexual problems, which was strongly supported by Bagley and McDonald's (1984) prospective study, two recent surveys do not support such findings. Yet, the types of childhood sexual abuse which were uncovered (mostly non-contact sexual abuse experiences) may account for the lack of association found in the two recent surveys. It is plausible that the severe types of childhood sexual abuse may pose more of a long-term problem than less severe types.
Marital Problems

Browne and Finkelhor (1986) cited the findings of two clinical studies on incest, in which it was suggested that the incest group reported a greater frequency of conflicts with their spouses and a fear of their spouses. Furthermore, about "2/5 [of both samples had never married]" (Browne & Finkelhor, 1986, p. 157). Bagley and McDonald's (1984) study found that a number of respondents who had been incestuously abused during childhood "experienced both physical and sexual abuse in relationships with males" (p. 25); however, these findings were not "subjected to significance testing because of incomplete data" (p. 23). Thus, for incest sub-samples, relationships with opposite sex partners were impaired to some degree.

Kilpatrick's (1986) community survey indicated that decreased marital satisfaction was a statistically significant finding when a multi-variate analysis was conducted. The findings revealed that a particular subset of severe childhood sexual experiences accounted for "less than 7%" of the variance of the marital satisfaction variable (Kilpatrick, 1986, p. 237). Bagley and Ramsay (1986) found that respondents who had a history of childhood sexual abuse reported "prior divorce more frequently [and rated] their current marriages more adversely" (p. 37) than respondents who were not sexually abused during childhood. The correlation between marital problems and the sexual abuse variable was statistically significant, and the latter variable accounted for 10.89% of the variance (Bagley & Ramsay, 1986, p. 38).
Overall it would appear that childhood sexual abuse impacts later marital satisfaction. However, where variance findings were made available, the amount of unexplained variance would suggest that unknown factors are influencing the relationship between childhood sexual abuse and marital satisfaction.

Suicidal Ideation and Attempts

Several clinical studies are cited by Browne and Finkelhor (1986) in which those who had a history of childhood sexual abuse demonstrated higher rates of suicidal ideation and attempts. Bagley and McDonald (1984) offered descriptive statistics for their sample: "(25%) of the . . . sexually abused . . . [group] were known to have made a suicidal gesture or attempt compared with . . . (5%) of the [non-abused group]" (p. 23). Sedney and Brooks (1984) reported a significant correlation: "16% [of the] . . . childhood sexual experience . . . [respondents] v.s. 6% [of the control group made suicide attempts]" (pp. 215, 217). Bagley and Ramsay (1986) uncovered two significant associations for the sexually assaulted group: "plans for suicide [and] deliberate self-harm or suicide attempt" (p. 40). The amount of variance explained by the sexual assault variable was 2.89% and 2.56% respectively (Bagley & Ramsay, 1986, p. 40).

Thus, the available evidence would indicate that having been sexually abused was related to later suicidal ideation and attempts. However, Bagley and Ramsay's (1986) study suggests that unknown factors are influencing the discovered associations as revealed by the large amount of unexplained variance.
Professional Treatment of Adult Adjustment Problems

Clinical observation and literature indicates that "many female patients treated for mental health problems as adults had experienced sexual abuse in childhood . . ." (Bagley & Ramsay, 1986, p. 34). Despite this observation only one known researcher has utilized a non-clinical population in order to investigate whether or not childhood sexual abuse survivors seek out professional treatment more often than those who were not sexually abused.

Bagley and Ramsay (1986) utilizing a community sample, collated the data on seeking professional treatment based upon two distinct categories of mental health (depression and psychosis) and a third inclusive category (anxiety neurosis or other condition) (Bagley & Ramsay, 1986, p. 40). Categories dealing with seeking treatment were significantly correlated to the childhood sexual abuse variable. This variable accounted for 6.25% of the variance in the depression category, 8.41% of the variance in the psychosis category, and 5.29% of the variance in the inclusive category (Bagley & Ramsay, 1986, p. 40).

These findings appear to indicate that childhood sexual abuse had some influence, albeit small, upon a history of treatment for various adult adjustment problems. However, these findings should be interpreted cautiously due to the large amount of unexplained variance, as well as the lack of confirmatory evidence from other studies.
Summary of Adult Adjustment Factors

This section will offer a summary of each of the eight adult adjustment factors. Issues that require further study will also be discussed.

Two of three studies which investigated the association between childhood sexual abuse and global adult adjustment found no significant associations. The one study which uncovered an association reported that the childhood sexual abuse variable accounted for a very small portion of the variance: under 2% (Fromuth, 1986). Significant self-esteem problems were uncovered when the sexual abuse was incestuous (Bagley & McDonald, 1984), as well as when a particular sub-set of severe "childhood sexual experiences" (Kilpatrick, 1986, p. 221) was uncovered. The amount of variance, in each study, fell below 13% (Bagley & McDonald, 1984, p. 21) and 7% (Kilpatrick, 1986, p. 237). Depression was found when the childhood sexual abuse experiences were serious, although the amount of explained variance was less than 7% in all the studies presenting such data (Bagley & Ramsay, 1986, p. 40; Kilpatrick, 1986, p. 237). It was identified that measures of this adult adjustment area require standardization, and a theoretical consideration was raised: it might be more fruitful to investigate a pattern or history of depressive episodes, rather than a current depression (Finkelhor, 1986, p. 215). Anxiety disorders measured by various scales and self-reports were associated in two of three studies (Sedney & Brooks, 1984; Fromuth, 1986) where Fromuth reported a variance value of less than 5% (p. 9). Adult sexual functioning and childhood sexual abuse evidenced the greatest
disparity in findings, both accounting for the largest amount of explained variance; i.e. 29% (Bagley & McDonald, 1984, p. 21) to no correlations in a three and five variable analysis (Fromuth, 1986; Kilpatrick, 1986). However, it is plausible that the reason for this disparity lies with the types of childhood sexual abuse uncovered; the study which uncovered the 29% explained variance, investigated incestuous experiences (Bagley & McDonald, 1984) whereas the other two studies uncovered primarily non-contact experiences (Fromuth, 1986; Kilpatrick, 1986). Extreme types of sexual abuse may be linked with adult sexual dysfunctioning. Utilizing both descriptive and inferential statistical procedures revealed a link between childhood sexual abuse and marital problems. However, the amount of variance discovered ranged between 7% (Kilpatrick, 1986, p. 237) and over 10% (Bagley & Ramsay, 1986, p. 38). Suicidal ideation and attempts were linked to childhood sexual abuse, when descriptive and inferential statistical findings were offered. However, the only study to offer data regarding explained variance, uncovered less than 3% (Bagley & Ramsay, 1986, p. 40). One study investigated the correlation between childhood sexual abuse and the seeking of treatment for adult mental health problems, and while the findings were statistically significant the explained variance was low, ranging from about 5% to about 8% (Bagley & Ramsay, 1986, p. 40).

Considering all studies, there is evidence to suggest some links between childhood sexual abuse and eight adult adjustment factors. However, the findings are not consistent and it has been suggested that clarifying the types of uncovered sexual abuse as
well as utilizing standardized measures might facilitate more consistent findings (Finkelhor, 1986). It should be noted that when associations are significant the explained variance is low. Kilpatrick (1986) raises the issue of "statistical significance versus substantive significance" (p. 240), in that "when the researcher's goal is to explain 100% of the variance" (p. 240) uncovering between 2% and 29% of the variance "can only be described as small . . ." (p. 240). Thus the factors which account for the unexplained variance need further attention.

Other Variables and Considerations

This final section of the literature review will be subdivided into two parts. First, hypothesized family factors involved in the relationship between childhood sexual abuse and adult adjustment will be briefly discussed. Second, other independent and post-abuse variables will be discussed, as well as a theoretical speculation concerning the measurement of adult adjustment.

Family Factors

Fromuth's (1986) study was designed to further elucidate "whether any discovered association [between childhood sexual abuse and adult adjustment was] due to the sexual abuse per se, or the adverse family background which often accompanies the abuse" (p. 6). It was found that the "family background . . . was a better predictor of later psychological adjustment than was the sexual abuse . . . [thus] the long-term effects often attributed to the
sexual abuse then may not be actually due to the abuse per se, but rather to the family environment" (p. 14). However, Fromuth cautions that "the possibility remains that . . . sexual abuse does have unique effects on [adult] adjustment, but only in families with low parental support" (p. 14). Bagley and Ramsay (1986), in their community survey, concluded that "it is not typical for sexual abuse, especially that within the family, to occur independent of other aspects of family structure and climate [and that] these various factors interact with one another in reinforcing poor mental health . . ." (p. 42).

Thus, these two studies have suggested that family factors may either better explain later adult adjustment, or influence the relationship between childhood sexual abuse and adult adjustment. Although these two studies posited different weights to the family factors and thus derived different conclusions, this may be partly based upon the samples and types of abuse uncovered: Fromuth (1986) uncovered mostly non-contact forms; Bagley and Ramsay (1986) researched contact forms. It may be suggested that family factors play different roles vis-a-vis childhood sexual abuse and adult adjustment depending upon the type and circumstance of the sexual abuse.

**Interaction Between Variables and a Theoretical Speculation**

While inroads have been made unravelling the complex web of variables involved with childhood sexual abuse and adult adjustment, more work is required to uncover the issues and factors involved in
the large amount of unexplained variance. Two researchers have specifically addressed these issues and factors.

Both Finkelhor (1986) and Kilpatrick (1987) suggest that along with standardizing definitions and adopting improved methodological standards, particular attention needs to be paid to specific variables. Kilpatrick (1987) suggests that important variables include the interaction of the "conditions under which the sexual behaviour took place and the reactions to the behavior . . ." (p. 194). Kilpatrick (1986) found that these variables accounted for less than "7%" of the variance in her community survey (p. 237). Finkelhor (1986) suggests that "consideration needs to be given to the hypothesis that many of the effects of sexual abuse can be traced to its aftermath [and] consideration needs to be given also to the hypothesis that some subsequent events such as support from family, mitigate the effects of abuse" (p. 212).

Finally, it is noteworthy that Finkelhor (1986), in the context of measuring adult depression, highlighted an important theoretical consideration. It is well known that adult adjustment problems are transitory in nature. Finkelhor seems to be suggesting that a history or pattern of particular adult adjustment problems, as opposed to a current measurable adult adjustment problem may better distinguish between the abused and non-abused respondents (p. 215). Thus the potential exists for some of the unexplained variance to be accounted for by controlling for a history or pattern of adult adjustment problems along with a current measure of the problem.
Summary of Other Variables and Considerations

Family factors were discussed that either a) better predict adult adjustment problems than does a history of childhood sexual abuse (Fromuth, 1986) or b) interact with childhood sexual abuse experiences reinforcing later adult adjustment problems (Bagley & Ramsay, 1986). These disparate findings likely arise from the different types of childhood sexual abuse which were discovered in the two reviewed studies. Additional variables considered important were identified: the interactions between the "conditions under which the sexual behavior took place and the reactions to the behavior" (Kilpatrick, 1987, p. 194) and the consideration that the aftermath of the childhood sexual abuse may better predict adult adjustment, taking into account family support (Finkelhor, 1986). It was discussed that not only the use of valid and reliable measures of adult adjustment were warranted, but that a history or pattern of adult adjustment problems may need to be probed as an additional factor which would help distinguish between the abused and non-abused respondents. Unexplained variance, may be potentially reduced by paying more attention to the factors and considerations outlined in this section.

Summary of the Literature Review

The literature review indicated that there is no consensus among researchers regarding a term that describes children's sexual involvement with other persons. It was suggested that researchers should be "up front" concerning their moral and ethical stance.
Prevalence studies which investigated childhood sexual abuse, have had a 60 year history, but that the current interest in this research has been influenced by its identification as a social problem. Differing estimates concerning the prevalence of childhood sexual abuse was identified as a problem and was shown to be influenced by both definitional and methodological issues. These issues were described as potentially affecting the measurement of group-wide adult adjustment. Research studies describing the nature of the uncovered childhood sexual abuse experiences were reviewed and discussed. The evidence linking childhood sexual abuse to selected adult adjustment problems was reviewed and it was suggested that the large amount of unexplained variance indicated that other factors were influencing the discovered associations. Finally, the review of the literature highlighted family and interrelated factors, as well as a measurement consideration. These were suggested as being influential in uncovering more of the variance in the association between childhood sexual abuse and adult adjustment.
METHODOLOGY

The methodology of the study will be presented in this chapter, covering the following areas: formulated intention of the study, research problems, assumptions, level of design, research questions and hypothesis, setting, population and sampling procedures, data collection process, data collection instruments (their reliability and validity), method of data analysis, and limitations of the study.

Formulated Intention of the Study

This study was intended to conceptually replicate the study conducted by Bagley & Ramsay (1986). Thus it was intended to repeat "the ideas or concepts rather than the procedural details" (Kidder, 1981, p. 9). Similarities between studies included the purpose (establishing a prevalence rate of childhood sexual assaults, providing a quantifiable description of the childhood sexual assaults and correlating childhood physical sexual assaults with measures of adult adjustment), the structure of the data gathering instrument, and the use of the chi-square statistic to test bi-

'It should be noted that Bagley and Ramsay’s (1986) survey probed and reported upon childhood sexual abuse and its influence upon adult adjustment; however, their instrument specifically labelled childhood sexual abuse experiences as "assaults". Although a more detailed discussion of the term "assault" will follow: "from here on in" this thesis will use the term "childhood sexual assault" when referring both to conceptual intent and specific data applicable to this survey and the Bagley and Ramsay (1986) study.
variates relationships between variables. Notable procedural differences between the Bagley and Ramsay (1986) study and this research include the setting, the sample source, the data collection method and the majority of the data collection instrument. These differences, as discussed in the preceding chapter, may result in findings that differ from the Bagley and Ramsay (1986) study.

**Objectives**

The objectives of this study were threefold: to reinvestigate the prevalence of childhood sexual assault in a university population; to provide a quantifiable description concerning the nature and circumstance of the reported childhood physical sexual assaults; and to explore the association between a history of childhood sexual assault and selected adult adjustment factors.

**Assumptions**

Two assumptions are intrinsic to this research. The first assumption involves the notion that retrospective investigation of social phenomena is a well founded, acceptable method of empirical investigation. The second assumption involves the capacity of an adult to remember events, behaviours and attitudes which occurred during childhood. Both assumptions will be discussed in further detail.

When unable to manipulate independent variables such as sexual abuse in childhood, for ethical or practical reasons three broad
research techniques are available: the matching of earlier and later records, prospective studies and retrospective studies (Kaplan, 1975; Roff, Robins & Pollack, 1972). This study embodies the latter research technique. The essential feature of this research technique comprises the investigation of relationships of variables situated between two time or age levels (Kaplan, 1975; Roff et al., 1972).

The assumption, accompanying the aforementioned feature, is that what occurs at time level one can be correlated or associated with what occurs at time level two. Associated with the notions inherent to logical positivism, this assumption forms the epistemological foundation upon which quantitative research methods are based (Epstein, 1985). In addition, Whitehead (1925) suggests that the aforementioned research methods can be traced back in time to a belief system which is "the greatest contribution of medievalism to the scientific movement . . . [where occurrences] can be correlated with . . . antecedents . . . exemplifying general principles" (p. 12). Furthermore, this research belief and methodology has a long tradition in both sociology, dating back to Auguste Comte (Chapin, 1917, p. 133) and medical epidemiology (Lilienfeld & Lilienfeld, 1979, p. 5).

The second assumption involves the difficulty of willing adult respondents to fully recall potentially disturbing childhood events. Russell (1983) suggests that some potential respondents may have "... repressed such experiences from their conscious memories . . ." (p. 144). Even if the experiences are not repressed, research from the stressful life-events-arena indicates that recall
ability diminishes over time (Jenkins, Hurst & Rose, 1979; Funch & Marshall, 1984). The most cogent description of the problem of recall is offered by Kilpatrick (1986): "there is the possibility of loss of memory or impression management, and there is no way to confirm the data with the reported partner" (p. 223). Thus recall ability is assumed to be a problem in retrospective childhood sexual abuse research.

Classification Level of Design and Knowledge

The type of research design chosen was a cross-sectional survey, described by Tripodi (1985) as able to provide "... accurate quantitative-descriptive data ..." (p. 247). Kidder (1981) indicates that survey research concerns itself with the "distribution of and relationships among characteristics of people ... as they exist in their natural settings" (p. 59). In addition, this survey incorporates features of an associational study of the static group comparison type (Tripodi, 1985, p. 252). The meshing of these two types of designs is based upon the purpose of this research which is to describe the reported sexual assaults in childhood and then compare this sub-group of the sample with the rest of the sample who have not had such experiences, in order to discover if there are differences in adjustment as adults between sub-groups.
Research Questions and Hypothesis

This study was concerned with both the description of the reported childhood sexual assaults and the association between childhood sexual assault and adult adjustment. Thus, the research questions have been divided into two categories: those questions pertaining to the description of the childhood sexual assaults, and those questions pertaining to the hypothesis of association.

Approximately one half of the data gathering instrument was devoted to childhood sexual abuse experiences which were labelled "assaults" for replication purposes". Respondents were able to provide information, in the case of experiencing more than three sexual assaults during childhood, on the three most recent assaults or up to three assaults. This information was elicited by 23 questions, which accounted for 69 of the 96 variables contained in this section of the instrument. The research questions which were associated with the 69 variables were posed as follows: 1) In what ways are the findings from this study comparable to the findings obtained by Bagley and Ramsay (1986)? 2) In what ways are the findings of this study comparable to other retrospective surveys utilizing non-clinical student samples?

The major hypothesis of this research states that there is a positive association between a self-reported history of childhood physical sexual assault and a negative self-report of nine adult

"It should be noted that the term "childhood sexual assault" does not necessarily correspond to the Canadian legal definition, as outlined by Rodrigues (1979)."
adjustment measures. These measures include marital satisfaction, sexual satisfaction with a partner, psychoneurosis, depression, free floating anxiety, somatic anxiety, suicidal ideation and attempts, self-esteem, and a history of treatment for psychological problems.

Setting

This survey was conducted at the School of Social Work, which is a part of the Social Science faculty of the University of Windsor. The School of Social Work offers a four year Bachelor of Social Work (B.S.W.) degree and a one calendar year Master of Social Work degree. The first two years of the B.S.W. program are open to all students at the University, whereas entry into the third year is on a competitive and suitability basis. Enrollment in the B.S.W. degree program has generally numbered over 300, with well over half of these students being registered in the first two years of the program. Female students have historically accounted for roughly 80% of the B.S.W. degree population.

Population and Sampling Procedures

The population selected for study was the entire undergraduate class enrolled in the School of Social Work at the University of Windsor during the winter semester of 1987. Those students who voluntarily participated in the study were considered the sample.

This population was chosen for several reasons. First, this population is as a non-clinical adult population. Second, in order
to conceptually replicate the Bagley and Ramsay (1986) study, a population comprised mostly of females was needed. Over 85% of the B.S.W. degree population were female, thus fulfilling the aforementioned replication requirement. Third, this population contained 310 potential respondents, which when coupled with a reasonable return rate would allow for the use of inferential statistical procedures (Sudman, 1983). Fourth, this population was accessible and available: a pragmatic consideration for a researcher who had limited funds and resources.

Data Collection Process

The population was accessed by first petitioning the Social Work School Council for permission. On December 12, 1986 permission was granted to conduct this survey which guaranteed voluntary participation and anonymity. Professors who taught core courses in all four years of the B.S.W. degree program were approached, to request class time for the administration of the survey. Due to scheduling constraints, one of 10 core courses was excluded from this survey, reducing the potential N from 310 to 285.

During the third week in March, 1987, the instrument was pretested on 12 second year B.S.W. degree students enrolled at King's College, London, Ontario. Based upon the student's responses minor adjustments were made to the instrument.

Two weeks before the end of the 1987 winter semester, the survey was administered in the classrooms of the School of Social Work, University of Windsor. Approximately 40 minutes of class-time
was utilized. One minute was spent reading a prepared statement, broadly describing to the participants the nature of the survey (Appendix I) and then four minutes were spent handing out an "informed consent form" (see Appendix II) which was completed and handed back to this researcher prior to distributing the questionnaire package. Twenty-five minutes were then allotted to complete the questionnaire package (Appendix III). After the administration of the survey, depending upon student interest, time was spent further discussing the nature of the research undertaking.

One hundred and ninety four (194) completed questionnaires were returned, producing an overall return rate of over 68% based upon a total sample size of 285. Absences from class formed the bulk of the non-responses, since 206 students were present during the administration of the survey. Thus, the response rate to the survey was over 94% of those present.

**Data Collection Method**

Self-administered questionnaires, which took between 15 and 25 minutes to complete, were used to collect data. Although the literature review revealed that the face-to-face interview format seemed to be advantageous for surveying respondents' history of childhood sexual abuse (Wyatt & Peters, 1986b), that format was rejected since it was considered to be too time consuming, both for the research subjects and the researcher. The self administered format was ultimately chosen because of the lower cost and the
ability to generate a large amount of data in a short period of time (Kidder, 1981).

A classroom setting, for data gathering, was both an advantage and a disadvantage. The advantages included minimal description of time scheduling for the student respondents and provided a convenient place to complete and retrieve the questionnaires. The main disadvantage of an instrument containing sensitive and threatening material, is that the classroom setting may increase the level of threat, reflecting less than accurate measures of socially unacceptable behavior (Sudman & Bradburn, 1974).

The Data Collection Instrument

The questionnaire which was used to gather data in this survey is based upon the Bagley and Ramsay (1985b) instrument. The rationale for modifying the Bagley and Ramsay (1985b) questionnaire will be discussed in further detail.

The demographic, independent and dependent variables will be presented along with the instruments that measure the variables. The variables will be discussed in terms of what they measure, their level of measurement, reliability, validity and scoring procedures.

Demographic Variables

This first section of the questionnaire package was modified from the Bagley and Ramsay (1985b) questionnaire. The modifications reflected the need to generate data appropriate to a student sample, as well as reducing the level of threat by decreasing the number of
variables which might have been construed as being identifying factors. Thus only basic demographic information was elicited. Figure 6 lists the included variables and their level of measurement.

**Independent Variables**

The Bagley and Ramsay (1985b) instrument contained five major independent variables, three of which were included in this survey’s data gathering package. Based upon the literature review one additional variable was developed. Ultimately, of the three remaining variables, only one was utilized for descriptive and inferential statistical purposes.

Excluded from this instrument were two questions pertaining to the difference between one’s own child-rearing methods and the child-rearing methods of the respondents’ parents. Also excluded was a stressful life events scale. The child rearing questions were deleted since it was thought very few students would have children and stressful life events were viewed as being worthy of a separate investigation.

Two family factors originally included in the data gathering package were deleted from the data analysis stage of this study. They were originally included for replication purposes, since it was erroneously assumed that this study could have utilized a multivariate statistical analysis; thus the family factor variables would have been utilized as control variables. They were not utilized for a bi-variate analysis since no time sequence could be inferred; i.e. simply performing a bi-variate analysis between sexual assault
Figure 6. Demographic, independent and dependent variables and their level of measurement

<table>
<thead>
<tr>
<th>Demographic Variables / Level of Measurement</th>
<th>Independent Variables / Level of Measurement</th>
<th>Dependent Variables / Level of Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age interval</td>
<td>Non-contact sexual experience nominal or ordinal</td>
<td>Quality of marital relationship ordinal</td>
</tr>
<tr>
<td>Gender nominal</td>
<td>Contact sexual experience nominal or ordinal</td>
<td>Sexual satisfaction with a partner interval</td>
</tr>
<tr>
<td>Marital status nominal</td>
<td></td>
<td>Psychoneurosis interval</td>
</tr>
<tr>
<td>Student status nominal</td>
<td></td>
<td>Depression interval</td>
</tr>
<tr>
<td>Employment status nominal</td>
<td></td>
<td>Free floating anxiety interval</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Somatic anxiety interval</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Suicidal ideation &amp; attempts nominal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self-esteem interval</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Treatment history for psychological problems nominal</td>
</tr>
</tbody>
</table>
during childhood and family factors would have revealed data that would have been difficult to interpret since there was no way of determining which factors occurred first.

The major independent variable was concerned with whether a respondent was or was not physically sexually assaulted during childhood. The question, as it appeared in the Bagley and Ramsay (1985b) questionnaire with one slight modification was retained in this study. Bagley and Ramsay (1985b) asked whether respondents had ever "experienced a serious sexual assault", whereas this survey queried a "physical sexual assault". Thus the modification of this variable involved substituting "physical" for "serious". Unfortunately, after the questionnaire was administered it was discovered that Bagley and Ramsay (1985b) utilized a different definition of childhood sexual assault (p. 36). The difference is in the reduction or elimination of the age difference between the child and the person with whom the child was sexually involved. Thus, this different definition may have caused this survey to generate a more conservative prevalence rate. The definition used in Bagley and Ramsay's (1985b) instrument only queried contact sexual assault experiences, failing to take into account non-contact assault experiences such as exhibitionism.

In order to obtain reports concerning a broad spectrum of sexual abuse experiences during childhood, an additional variable was created which questioned non-contact childhood sexual assaults. The wording of this question only differed from the contact sexual assault variable in terms of what behaviors were defined as sexual, namely non-contact behaviors (Appendix III).
The remaining variables, which further specified the contact sexual assault variable, were modified from the Bagley and Ramsay (1985b) questionnaire. These descriptive variables were modified from being open ended to closed ended for coding efficiency purposes, as well as "to attract and maintain reliable responses from individuals [so that] they can be easily compared" (Mindel, 1985, p. 210). In addition several variables were reworded. It was thought that in a face-to-face interview (as was done in the Bagley and Ramsay (1986) study, any ambiguous questions could have been clarified consistently and with relative ease; whereas in the self-administered format, such clarification would be unavailable.

The sexual assault variables were placed at the end of the questionnaire package for two reasons. First for replication purposes, and second to avoid the research limitation that the description of the participant's "psychological state . . . [was] coloured by revealing . . . that one had been sexually abused . . ." (Bagley & Ramsay, 1986, p. 36).

It should be noted that the sexual assault variables have not been subjected to reliability or validity testing, either in the original or modified versions. Figure 7 lists the childhood sexual assault variables and their level of measurement.

**Dependent Variables**

The dependent variable involves the construct of adjustment as an adult. In the Bagley and Ramsay (1985b, 1986) study, this construct was measured by four scales and two questions, comprising eight dimensions of adult adjustment. Two of the five scales were
Figure 7. Contact sexual assault variables used to quantify the childhood sexual assaults and the level of measurement of the variables.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Level of Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-contact sexual assault variable</td>
<td>nominal or ordinal</td>
</tr>
<tr>
<td>Contact sexual assault variable</td>
<td>nominal or ordinal</td>
</tr>
<tr>
<td>Age assault #1, #2, #3</td>
<td>interval</td>
</tr>
<tr>
<td>Single or multiple incident, assault #1, #2, #3</td>
<td>nominal</td>
</tr>
<tr>
<td>Single or multiple persons involved in the assaults, assault #1, #2, #3</td>
<td>nominal</td>
</tr>
<tr>
<td>Total number of assaults if more than 3 assaults</td>
<td>interval</td>
</tr>
<tr>
<td>Duration of assault #1, #2, #3</td>
<td>nominal</td>
</tr>
<tr>
<td>Threat or force used in assault #1, #2, #3</td>
<td>nominal</td>
</tr>
<tr>
<td>Identification of the person(s) making assault #1, #2, #3</td>
<td>nominal</td>
</tr>
<tr>
<td>If perpetrator related, kinship grouping, assault #1, #2, #3</td>
<td>nominal</td>
</tr>
<tr>
<td>Experience divulged to a friend or peer, assault #1, #2, #3</td>
<td>nominal</td>
</tr>
<tr>
<td>Experience divulged to an adult, assault #1, #2, #3</td>
<td>nominal</td>
</tr>
<tr>
<td>If divulged to an adult, how that adult was experienced by the respondent, assault, #1, #2, #3</td>
<td>nominal</td>
</tr>
<tr>
<td>If divulged to an adult, did adult inform anyone, assault #1, #2, #3</td>
<td>nominal</td>
</tr>
<tr>
<td>Was perpetrator charged by police, assault #1, #2, #3</td>
<td>nominal</td>
</tr>
<tr>
<td>Did perpetrator receive counselling, assault #1, #2, #3</td>
<td>nominal</td>
</tr>
</tbody>
</table>
retained, one scale was substituted, one scale was added and one of three retained measures was slightly modified.

Since one of the retained multi-dimensional scales contained a depression sub-scale, the other uni-dimensional depression scale was deleted. At the time this study’s instrument was developed, it was thought that two scales measuring the same dimension was redundant. In retrospect, the deleted uni-dimensional scale should have been included for replication purposes and in light of the fact that in the Bagley and Ramsay (1985b) study the two depression scales measured depression differently. However, this discrepancy in the Bagley and Ramsay (1985b) study was only discerned, well after this study’s questionnaire had been administered.

The self-esteem scale utilized by Bagley and Ramsay (1985b) was deleted in favour of a scale developed by a social worker (Hudson, 1981, 1982). It was thought that, where possible, valid and reliable scales developed by a social worker should be utilized in a social work research study.

The modified items included deleting questions that further specified receiving treatment for a nervous or mental condition. Sub sample Ns were anticipated to be too small for meaningful statistical purposes.

The added scale involved the dimension of sexual satisfaction with a partner (Grinnell, 1981, p. 644). This area was not investigated by Bagley and Ramsay (1986). The literature review indicated this area could be further investigated since recent survey findings seemed to differ from earlier findings.
Middlesex hospital questionnaire. The Middlesex hospital questionnaire was utilized in the Bagley and Ramsay (1986) study and was retained in this study (Appendix III). The following four areas of adjustment as an adult are measured: psychoneurosis, depression, free floating anxiety and somatic anxiety. This version of the Middlesex hospital questionnaire has been described as being valid and reliable: "in discriminating populations with diagnoses of mental illness from non-psychiatric populations in Britain, the United States, the Caribbean, ... Israel ... [and] Canada" (Bagley & McDonald, 1984, p. 18).

The questionnaire contains 29 items which are scored on a four point scale i.e., often, sometimes, rarely and never, having weights of 3, 2, 1, 0, assigned to them respectively. The cut-off point in this scale is 38. The items are simply sum totalled (Dr. C. Bagley, 1987).

The depression sub-scale consists of six items (questions 8, 13, 15, 21, 26, 29). The cut-off point for this sub-scale is 8. The free floating anxiety sub-scale consists of six items (questions 4, 10, 20, 23, 24, 27). The cut-off point is 5. The somatic anxiety sub-scale consists of five items (questions 9, 14, 17, 25, 28). The cut-off point is 7. The overall scale and sub-scale cut-off points are indicative of clinically relevant problems. These cut-off points were determined in an unpublished study (Bagley, 1985a). Each of the aforementioned sub-scales are simply sum totalled (Dr. C. Bagley, 1987) and are interval level measures.


Suicidal ideation and attempts. The second dependent variable is a measure of suicidal ideation and attempts (Appendix, III). This six-item scale is an adapted version of a five-item scale developed by Paykel, Myers, Lindenthal and Tanner (1974). The major departure from the original Paykel et al. (1974) scale is the inclusion of an item that probes "non lethal suicide attempts and gestures" (Bagley & Ramsay, 1986, p. 35). The minor departure from the Paykel et al. (1974) scale is the reduction in the number of response choices from four to two, i.e., often, sometimes, hardly ever, never, to "yes" or "no". Although this would appear to be a major modification it is, in fact, analogous to the manner in which Paykel et al. (1974) scored the items since, "positive responses other than 'never' were pooled . . ." (p. 461). It should be noted for conceptual purposes that "suicide attempts and suicidal feelings should not be equated" (Paykel et al., 1974, p. 460). Thus in both the modified and original version, the first four items can be considered individual variables which represent "a continuum ranging from mild to severe [suicidal ideation]" (Paykel et al., 1974, p. 467), while the last items represent two degrees of suicide attempts, ranging from lesser to severe. It is assumed that this conceptual basis led Bagley and Ramsay (1986) to collapse the last two items (p. 40), one of which was added to the original scale. There are no published accounts regarding the reliability or validity of this modified nominal level scale.

Self esteem. The third dependent variable measures the respondent's self esteem. The scale utilized in the Bagley and
Ramsay (1986) study was the Coopersmith (1981) self-esteem scale. Another scale measuring self esteem - which was developed by a social worker (Hudson, 1982) - was substituted for the Coopersmith (1981) self-esteem scale.

The Hudson (1982) scale of self esteem is an interval level measure of known reliability and validity, statistically for adult populations. The scale items are scored on a five point scale having weights of 1, 2, 3, 4, 5. The cut-off point in the scale is 30, which indicates that a clinically relevant problem is evident (Hudson, 1981, p. 153). Items 3, 4, 5, 6, 7, 14, 15, 18, 21, 22, 23, and 25 are reverse-scored (Grinnell, 1981, pp. 642).

Treatment for a nervous or mental condition. The fourth dependent variable is represented by the nominal level question that queries whether respondents have ever received treatment for depression or nervous or mental illness. Two other items further specify this variable when respondents answer "yes". The latter two items were included for replication purposes, but were not utilized for inferential statistical purposes due to the anticipated low subsample N. These items have not been subjected to validity or reliability testing.

Quality of the marital or living together relationship. The fifth dependent variable is represented by a one-item ordinal level question which required the respondents to rate, on a six point scale, the quality of the current marital or living together relationship (Appendix III). This was unmodified from the Bagley
and Ramsay (1985b) instrument. It should be noted that the six possible responses to this variable are all "double barrelled" (Mindel, 1985, p. 212) since degrees of happiness and degrees of problems are presented simultaneously. Therefore, it is not possible to state with any precision what responses are measured by this item. This measure was retained for replication purposes, and at best may measure an imprecise dimension of marital adjustment. There are no known published accounts of this variable's reliability or validity.

**Sexual adjustment with a partner.** The interval scale which measures this dimension, is the Hudson (1982) index of sexual satisfaction. It is reported to be valid and reliable for adult populations. This is a 25 item scale that is scored on a five point scale having assigned weights of 1 through 5. The cut-off point in the scale is a score of 30. Items 1, 2, 3, 9, 10, 12, 16, 17, 19, 21, 22, and 23 are reverse scored (Grinnell, 1981, p. 644).

This dimension of adult adjustment was added to this study since the literature review identified recent discrepancies with respect to the influence of childhood sexual abuse upon sexual functioning as an adult. Specifically, two recent surveys (Fromuth, 1986; Kilpatrick, 1987) found no significant associations. This may have been due to these studies' sample sources or age ranges of the samples but was conjectured to have been due to the non-contact types of childhood sexual abuse experiences uncovered by these researchers. Since this study shares some of the same features as the aforementioned two studies, but probes contact sexual assault
experiences, it seemed worthwhile to investigate this dimension utilizing a scale developed by a social worker (Hudson, 1982).

**Summary of the dependent variables.** The construct of adult adjustment formed the conceptual basis of the dependent variables. These were measured by four scales and two questions which comprised nine sub-dimensions of adult adjustment. The major departures from the Bagley and Ramsay (1985b) questionnaire package involved deleting one depression scale, deleting items which further specified the dimension of receiving treatment for a nervous or mental condition, and substituting another self-esteem scale. Furthermore, a scale measuring sexual adjustment with a partner was added to this study. Reliability and validity have been established for six of the nine dependent variables. The level of measurement was described for each of the nine dependent variables, of which six are interval measures, two are nominal measures, and one is an ordinal measure.

**Summary of the Data Collection Instrument**

The instrument used in this study was based upon the Bagley and Ramsay (1985b) data gathering package. Modifications to the Bagley and Ramsay instrument were based upon this study's use of a student population, a different method of administration and a reduced sphere of investigation.

Demographic, independent and dependent variables were described and discussed in terms of their level of measurement, where appropriate, how they were scored as well as their reliability
and validity. Additions, substitutions, modifications, omissions and the deletion of various variables was justified and discussed.

**Method of Data Analysis**

The data was analyzed with the aid of the University of Windsor's computer system utilizing the Statistical Analysis System package (SAS Institute, Inc., 1985). Both descriptive and inferential statistical procedures were utilized, which will be discussed separately below.

Descriptive statistics were utilized in the study of the demographic variables for both males and females. Descriptive statistics, for only the female sub-sample, were utilized to study the variables which measured the nature and circumstance of the contact sexual assault variable.

Inferential statistical procedures included the utilization of the chi-square and the tau b statistical formulas. The following discussion outlines the considerations involved in the making of these statistical choices.

It was assumed that the data would not be normally distributed due to the purposive sampling plan. Thus a non-parametric statistic such as chi-square would be appropriate. Additionally in order to utilize the cut-off points in the various scales, which indicate whether a clinically significant problem is evident or not, it would be necessary to collapse the scale scores into two categories: i.e., clinically significant scores and clinically non-significant scores. Collapsing the scale scores thus reduces interval level
scales to ordinal level dichotomies. The contact sexual assault variable is also dichotomous, fitting the criteria for both nominal and ordinal level measures. Considering this variable as both a nominal and ordinal level measure becomes salient later in this discussion. What is currently of import is that when two dichotomous variables are tested, the chi-square statistic is appropriate. Finally, the Bagley and Ramsay (1986) study, along with utilizing a multi-variable analysis, also performed a two variable analysis utilizing the chi-square statistic. Thus, for replication purposes, chi-square is appropriate.

However, the chi-square statistic can not determine "how much of an association [is present]" (Shuerman, 1981, p. 474). Ascertaining the degree of association with data that is analyzed using the chi-square statistic, requires the use of an additional statistical procedure.

Measuring the degree of association requires that particular attention be paid to the measurement level of the variables. The contact sexual assault variable can be classed both as a nominal and as an ordinal level measure. The sexual assault variable, because of the "yes" or "no" response categories, encompasses an all or none dichotomy, formally meeting the requirements of nominal data. Yet, a rank order can be imposed, meeting the requirements of ordinal data in that the "yes" response contains more of the characteristic in question (sexual assault) than the "no" response. Nie, Hull, Jenkins, Steinbrenner and Bent (1975) discuss just such an imposition of order upon dichotomous nominal level data, in so far as this "order" is isomorphic to the order in the second variable.
Thus in this study the isomorphic order of the two variables can be stated as follows: variable 1 - absence of sexual assault/sexual assault, variable 2 - absence of a clinically significant problem/a clinically significant problem.

Since the dichotomies can be isomorphically ordered, reflecting an ordinal level of measurement, the only statistic which can measure the level of association is tau b. This statistic uses the information about the ordering of categories of variables by considering every possible pair of cases in the table. Each pair is checked to see if their relative ordering on the first variable is the same (concordant) as their relative ordering on the second variable or if the ordering is reversed (discordant). (Nie et al., 1975, p. 227)

If concordant pairs outnumber discordant pairs then tau b will be positive. For example, in a 2x2 table wherein the columns are represented by the two categories, absence of a clinical problem and presence of clinical problem; and the rows are represented by the two categories, absence of sexual assault and presence of sexual assault; in such a table concordant pairs would represent a sexually assaulted respondent scoring in the clinically significant range, and a non-assaulted respondent scoring in the non-clinically significant range. Discordant pairs would represent a sexually assaulted respondent scoring in the non-clinically significant range and a non-assaulted respondent scoring in the clinically significant range. Therefore, since the hypothesis involves the need to detect the direction of association, the chi-square statistic needs to be augmented with the tau b statistic, so that the level and direction of the association can be also reported.
Limitations of the Study

Several limitations are evident in this research undertaking. First, the sample was not selected at random, suggesting that care needs to be exercised when generalizing beyond this sample. Second, several of the measures have not undergone reliability and validity testing suggesting that the results should be interpreted with caution. Third, recall accuracy can be questioned, since it is possible that respondents may have repressed, forgotten or distorted events or circumstances which were queried. Fourth, due to the setting in which the questionnaire was administered, responses to threatening questions may have tended toward the more socially desirable options. Fifth, since the behavior queried in this survey was defined as a childhood sexual assault, respondents who did experience such a situation but did not recall it as assaultive, may have been grouped with the non-assaulted sub-sample. This implies both that the uncovered prevalence rate may be an underestimate and that the non-assaulted sub-sample may not be fully comprised of non-assaulted individuals. If the latter is a possibility, then this survey’s major attribute may not be able to statistically discern sub-group differences based upon adult adjustment measures, since the sub-samples may evidence homogeneous tendencies. Finally, since the respondents took part in this study on a voluntary basis, it might be argued that only those who were interested in the subject matter participated, potentially biasing the results of this study.
Summary of the Methodology

This survey was formulated with the intention of conceptually replicating the Bagley and Ramsay (1986) study. The research problems were not as extensively investigated as in the Bagley and Ramsay study, none the less, this research intended to explore the prevalence of the reported childhood sexual assaults, the nature of the reported sexual assaults during childhood, and the association between childhood sexual assault and adult adjustment. Assumptions inherent to this research were described, suggesting that retrospective investigation of social phenomena is a well founded, acceptable method of research investigation and that uncertain recall of past events would be a threat to validity.

Features of a cross sectional survey as well as an associational research method were incorporated into the design of this survey. Research questions pertaining to the description of the sexual assaults during childhood were posed, which involved the comparability of the findings of this survey with other similar studies. The major hypothesis stated that there would be a positive association between a childhood physical sexual assault and a negative self report of nine adjustment factors as an adult. Data was collected by the use of the self-administered questionnaire format using a sample of B.S.W. degree students enrolled at the University of Windsor. A return rate of over 60%, and a response rate of over 94% was obtained, where the total sample numbered 194. Demographic, independent and dependent variables that formed the instrument were discussed for their exclusion, omission or
inclusion, as well as for their level of measurement, scoring procedures, validity and reliability. Data analysis methods included descriptive and inferential statistical procedures, which were described and discussed for their inclusion in this survey. Finally, the limitations of the survey and the consequent findings were offered.
RESEARCH FINDINGS

The research findings will be presented in the following five sections: uni-variate statistical procedures will be utilized to describe both the sample, as well as this sample's comparison to the B.S.W. degree student population; childhood sexual assault prevalence rate findings will be presented for the total sample and the male and female sub-samples; uni-variate statistical procedures will be used to describe the sub-sample of females who reported a history of contact sexual assault; uni-variate statistical analysis will be used to describe the contact sexual assaults of the female sub-sample; and, the association between childhood sexual assault for females and nine dimensions of adult adjustment will be presented and interpreted.

Prior to the presentation of the research findings, two areas will be clarified. First, it should be noted that inferential statistical procedures were only utilized with the female sub-sample since the sub-sample of males contained insufficient numbers to warrant a meaningful use of inferential statistical procedures. Second, since the questionnaire used in this survey queried respondents about sexual assaults occurring during childhood, the results will be reported using the term "assault". It is recognized that the reported childhood sexual "assaults" may not conform to its legal definition. Accordingly data regarding the reported childhood sexual assaults will be understood in the remainder of this thesis to mean "alleged childhood sexual assaults". Similarly, since this survey's questionnaire used the term "perpetrator(s)" to refer to
the person(s) who sexually assaulted the respondents, the results pertaining to this term will be presented as such. It is important to recognize that when the term "perpetrator" is presented that this term may not conform to its legal definition. Thus for the remainder of this thesis, whenever data is presented on "perpetrators" it will be understood to mean "alleged perpetrators". These nomenclature issues will be further discussed in the recommendations section of this thesis.

Description of the Sample and the Population

The sample numbered 194 individuals where 162 (83.5%) were female and 32 (16.5%) were male. The mean age for females was 24.39 (SD=6.97) and the median and the mode were 22 and 21 years of age respectively. The ages ranged from 19 to 57. Male mean age was 24.90 (SD=5.91) and the median and the mode were both 22 years of age. The ages ranged from 19 to 40.

The data referring to females reveals that 73.5% were single, 8.6% were married, 10.5% lived in common-law relationships, 4.3% were divorced and 3.1% were separated (N=162). The data applying to males indicates that 75% were single, 6.3% were married, 12.5% lived in common-law relationships and 6.2% were divorced (N=32). It was found that 86.4% of females were enrolled full time while 13.6% pursued part time studies (N=162). Regarding males, 90.6% were enrolled full time and 9.4% were part time students.

The female employment status showed that 41.4% of the females were unemployed due to academic pursuits, 45.1% were employed part
time, 6.8% were looking for work and 6.8% were employed full time (N=162). The male employment status showed that 50% were unemployed due to academic pursuits, 43.8% were employed part time and 6.3% were looking for work (N=32).

Unfortunately comparison between the sample and the total B.S.W. degree population is severely limited in scope due to the unavailability of comparison statistics. Only two comparison statistics for the B.S.W. degree population were available, which were supplied by the School of Social Work, winter semester, 1987. The total population of undergraduates numbered 310 with 269 females (86.8%) and 41 males (13.2%). Thus the obtained sample slightly under-represents females, 83.5% vs 86.8% and slightly over-represents males 16.5% vs 13.2%. In addition the sample represented 62.6% of the total population of B.S.W. degree students.

Prevalence of Four Categories of Childhood Sexual Assaults

Four prevalence rates will be discussed in this section: overall prevalence combining non-contact and contact childhood sexual assaults, prevalence of respondents who reported both a non-contact and a contact childhood sexual assault, prevalence of non-contact childhood sexual assaults, and finally prevalence of physical childhood sexual assaults. Table 2 summarizes the prevalence information.

Combining both non-contact and contact sexual assaults produces a prevalence rate of 35.4% based upon a total sample size of 189 where five observations are deleted due to missing information. The female sub-sample obtained a prevalence rate of
<table>
<thead>
<tr>
<th></th>
<th>Total Sample</th>
<th>Female Subsample</th>
<th>Male Subsample</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall prevalence of</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>childhood sexual assault</td>
<td>35.4%</td>
<td>36.5%</td>
<td>30%</td>
</tr>
<tr>
<td>(N=189)</td>
<td>(N=159)</td>
<td></td>
<td>(N=30)</td>
</tr>
<tr>
<td><strong>Prevalence of respondents</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>who experienced both a non-contact and a contact sexual assault</td>
<td>10.1%</td>
<td>10.7%</td>
<td>6.7%</td>
</tr>
<tr>
<td>(N=189)</td>
<td>(N=159)</td>
<td></td>
<td>(N=30)</td>
</tr>
<tr>
<td><strong>Prevalence of non-contact sexual assault</strong></td>
<td>22.6%</td>
<td>23.6%</td>
<td>17.2%</td>
</tr>
<tr>
<td>(N=186)</td>
<td>(N=157)</td>
<td></td>
<td>(N=29)</td>
</tr>
<tr>
<td><strong>Prevalence of contact sexual assault</strong></td>
<td>23%</td>
<td>23.6%</td>
<td>20%</td>
</tr>
<tr>
<td>(N=187)</td>
<td>(N=157)</td>
<td></td>
<td>(N=30)</td>
</tr>
</tbody>
</table>
36.5% based upon a sample size of 159 where three observations are deleted due to missing information. The male sub-sample evidences a prevalence rate of 30% based upon a sample size of 30, where two observations are deleted due to missing information.

Respondents who reported both a non-contact and a contact childhood sexual assault account for a prevalence rate of 10.1% based upon a sample size of 189, where five observations are deleted due to missing information. The female and male sub-samples respectively obtained prevalence rates of 10.7% and 6.7%, based upon sub-sample sizes of 159 and 30, where three and two observations, respectively, were deleted due to missing information.

Non-contact childhood sexual assaults accounted for a prevalence rate of 22.6%, based upon a total sample size of 186, where 8 observations were deleted due to missing information. The female and male sub-samples respectively evidenced prevalence rates of 23.6% and 17.2%, based upon sub-sample sizes of 157 and 29, where five and three observations, respectively, were deleted due to missing information.

Respondents who reported contact childhood sexual assaults accounted for a prevalence rate of 23%, based upon a total sample size of 187, where seven observations were deleted due to missing information. The female sub-sample accounted for a prevalence rate of 23.6% based upon a sub-sample size of 157, where five observations were deleted due to missing information. The male sub-sample evidenced a prevalence rate of 20% based upon a sub-sample size of 30, where two observations were deleted due to missing information.
Demographic Characteristics of Women Who Reported That They Were Physically Sexually Assaulted

The sub-sample of women who were physically sexually assaulted numbered 37. The mean age was 25.35 with a range of 38 years (SD=8.4) where the median and the mode were 22 and 21, respectively. The distribution of ages was positively skewed, taking on the properties of a "j curve" (Beless, 1981, pp. 449-450). The marital status of this sub-group was 67.6% single, 24.3% married or in common-law relationships and 8.1% divorced. The student status of this sub-sample indicated that 86.5% were full time and 13.5% were part time. Employment status concluded that 51.4% were employed full time, 41.2% did not work due to academic pursuits and 5.1% were looking for employment.

Description of the Childhood Physical Sexual Assaults

The description of the childhood physical sexual assaults will focus upon the female sub-sample (N=37) since the male sub-sample size was too small for a meaningful discussion. The data will be reported, for the most part, as a percentage of the total number of reported assaults for which data is available (N=63).

Overview of the First, Second and Third Assaults

At least one childhood physical sexual assault was reported by 23.6% (N=37) of the sub-sample (N=157, 5 missing). Of these respondents, 12.7% (N=20) experienced only one physical childhood
sexual assault, 10.8% (N=17) experienced two or more assaults, and 5.7% (N=9) experienced three or more assaults.

Reported Assaults

Overall, 82 assaults were reported, of which 63 assaults have data available for descriptive purposes. The findings indicate that 45.9% (N=17) of the sub-sample accounted for 75.6% of the total number of assaults (N=82); 54.1% of the sub-sample (N=20) accounts for 24.4% of the total number of assaults (N=82).

Age At Which The Assaults Took Place

Data will be presented for the ages at which the first, second and third assault took place, expressed as a percentage of the N of the respective sub-groups. Then, age data will be presented expressed as a percentage of the total number of reported assaults for which data is available (N=62; 1 missing value).

The mean age of respondents on the first assault was 8.7 years with a median of 8 and a mode of 12 (N=37). The ages ranged from 3 to 16 and the standard deviation was 3.3 years. The frequency distribution curve revealed peaks at age 7 and 12. The curve was positively skewed (.31) and the Kurtosis was -.669.

The mean age of respondents on the second assault was 9.8 years with a median and mode of 10 (N=17). The ages ranged from 3 to 15 and the standard deviation was 3.2 years. The frequency distribution curve was negatively skewed (-.65) and the Kurtosis was -.07.
The mean age of respondents on the third assault was 11.3 years with a median and mode of 14 (N=8; 1 missing value). The ages ranged from 3 to 15 and the standard deviation was 4.7 years. The frequency distribution curve was negatively skewed (-1.23) and the kurtosis was -0.14.

Regarding overall assaults (N=62; 1 missing value), which includes assault one, two and three, the mean age of respondents when sexually assaulted was 9.4 with a median of 10 and a mode of 12. The ages ranged from 3 to 16 years. The frequency distribution curve was negatively skewed with spikes occurring at age 5, 7 and 12. The standard deviation was 3.5 years. Plus or minus the standard deviation yields an age range of 5.9 to 12.9. This age range accounts for 77.4% (N=48) of the reported assaults (N=62; 1 missing value).

Additional age data reveals that 80.6% of the assaults occurred when the respondents were between the ages of 6 and 16. Given this survey's age differential criterion, the persons assaulting these respondents as children were at least 12 years of age or older. Under the laws of Canada, the potential exists for charges to be laid against those individuals who engaged in physical types of sexual behavior with the respondents (Sgt. S. Pierson, personal communication, July 24, 1989).

Incidents Comprising the Assaults

Based upon the total number of assaults for which data is available (N=62; 1 missing value), 51.6% were comprised of a single incident and 48.4% were comprised of multiple incidents. It was
also found that 22.5% of the assaults (N=62; 1 missing value) were single incident, one time assaults. Stated differently 37.8% (N=37) of the respondents who reported being sexually assaulted, experienced one assault comprised of a single incident.

The Number of Persons Sexually Involved With the Child During An Assault

Based upon 62 assaults, a single person was sexually involved with the child in 95.2% of the assaults. Multiple individuals were sexually involved with the child in 4.8% of the assaults.

Duration of the Physical Assaults

Table 3 summarizes the duration findings. Based upon the sub-sample of sexually assaulted females (N=36, 1 missing value), over any assault category, 63.8% (N=23) were assaulted during one day, 11.1% (N=4) were assaulted between two and 31 days, 11.1% (N=4) were assaulted between 32 and 365 days and 13.8% (N=5) were assaulted for over 366 days. Stated differently, based upon the total number of assaults N=62; 1 missing value), 61.3% (N=38) occurred during one day, 12.9% (N=8) occurred between two and thirty-one days, 14.5% (N=9) occurred between 32 and 365 days and 11.3% (N=7) occurred over a period of 366 days or more. Thus the majority of the reported assaults were of a one day duration.
Table 3

<table>
<thead>
<tr>
<th>Duration</th>
<th>First Assault</th>
<th>Second Assault</th>
<th>Third Assault</th>
<th>Total Number of Assaults</th>
<th>Total Number of Assault Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 day</td>
<td>24 (38.78%)</td>
<td>9 (14.39%)</td>
<td>5 (8.18%)</td>
<td>36 (61.36%)</td>
<td>23 (62.93%)</td>
</tr>
<tr>
<td>2 to 31 days</td>
<td>5 (0.81%)</td>
<td>3 (4.88%)</td>
<td>0 (0%)</td>
<td>8 (12.98%)</td>
<td>4 (11.81%)</td>
</tr>
<tr>
<td>32 to 365 days</td>
<td>5 (0.81%)</td>
<td>1 (1.66%)</td>
<td>3 (4.88%)</td>
<td>9 (14.29%)</td>
<td>4 (11.81%)</td>
</tr>
<tr>
<td>366(+) days</td>
<td>2 (3.28%)</td>
<td>4 (6.55%)</td>
<td>1 (1.66%)</td>
<td>7 (11.33%)</td>
<td>5 (13.88%)</td>
</tr>
<tr>
<td>Totals</td>
<td>36</td>
<td>17</td>
<td>6 (1 missing value)</td>
<td>62</td>
<td>36 (1 missing value)</td>
</tr>
</tbody>
</table>

Percentage of subgroups for the total sample: 62% (n=389)
The Use of Threat or Force

It was found that 44.3% of the assaults involved perceived force or threat while 55.7% of the assaults did not involve force or threat (N=61; 2 missing values).

Specification of the Person Who Sexually Assaulted the Respondents

Males were sexually involved with the respondents in 96.6% of the assaults and females were sexually involved with the respondents in 3.4% of the assaults (N=59; 4 missing values). The following will list the results, expressed as a percentage of the reported assaults (N=63) for four additional categories of persons sexually involved with the respondents as children: strangers 12.7%, acquaintances 41.3%, multiple persons known to the child 1.6%, relatives, 44.4%. Overall, 87.3% of the persons sexually assaulting the respondents were known to the respondents as children.

Within the relative category, expressed as a percentage of all 63 assaults, fathers accounted for 7.9% of the assaults; siblings, 4.8%; uncles, 15.2%; first cousins, 1.6% and stepfathers, 4.8%. Tables 4, 5 and 6 summarize the data contained in this section.

Disclosure of the Assault

Since two separate questions were asked concerning the disclosure of the assaults, the following results are not additive, and thus cannot be used to determine the percentage of assaults which were not disclosed. It was found that 52.7% of the assaults (N=55; 8 missing values) were disclosed to a friend or peer and that
Table 4

Gender of the Individuals who Sexually Assaulted the Respondents as Children.

<table>
<thead>
<tr>
<th>Total Number of Assaults</th>
<th>Number and Percentage of Males Involved in the Assaults</th>
<th>Number and Percentage of Females Involved in the Assaults</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=54 (9 missing values)</td>
<td>N=57 96.6%</td>
<td>N=2 3.4%</td>
</tr>
</tbody>
</table>

Table 5

Relationship of the Individuals who Sexually Assaulted the Respondents, as Children.

<table>
<thead>
<tr>
<th>Relationship Category</th>
<th>Percentage of 63 Assaults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strangers</td>
<td>12.7%</td>
</tr>
<tr>
<td>Acquaintances</td>
<td>41.3%</td>
</tr>
<tr>
<td>Relatives</td>
<td>44.3%</td>
</tr>
<tr>
<td>Multiple assailants</td>
<td></td>
</tr>
<tr>
<td>known to the child</td>
<td>1.6%</td>
</tr>
<tr>
<td>Assailant(s) known to</td>
<td></td>
</tr>
<tr>
<td>child-combines</td>
<td></td>
</tr>
<tr>
<td>relatives, acquaintances, and multiple assailants known to the child</td>
<td>87.3%</td>
</tr>
</tbody>
</table>
Table 6

Relatives who Sexually Assaulted the Respondents as Children.

<table>
<thead>
<tr>
<th>Relative Category</th>
<th>Percentage of 63 Assaults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fathers</td>
<td>7.9%</td>
</tr>
<tr>
<td>Step-fathers</td>
<td>4.8%</td>
</tr>
<tr>
<td>Siblings</td>
<td>4.8%</td>
</tr>
<tr>
<td>Uncles</td>
<td>15.2%</td>
</tr>
<tr>
<td>First cousins</td>
<td>1.6%</td>
</tr>
</tbody>
</table>
46.3% of the assaults (N=54; 9 missing values) were disclosed to an adult.

**How the Adult to Whom Disclosure Occurred was Perceived During the Sexual Assault Disclosure**

Based upon the 25 assaults disclosed to adults, they were described as supportive in 60% of the disclosures, helpful in 56% of the disclosures, neutral in 28% of the disclosures and of no help in 8% of the disclosures.

**Whom the Adult to Whom Disclosure Occurred Subsequently Informed**

Adults who were informed of the assaults subsequently reported 24% of the assaults to family members, 20% of the assaults to others, 4% to helping professionals (not physicians) and 4% to police (N=25 of 54; 9 missing values). Stated differently, i.e. as a percentage of all 63 assaults, police and helping professionals were informed of 3.2% of the assaults, and family members and others were informed of 17.5% of the assaults.

**Disposition of the Perpetrator**

The results indicate that police charged 11.6% (N=43; 20 missing values) of the perpetrators and 15.2% (N=46; 17 missing values) received counselling for the assaults. Stated as a percentage of all 63 assaults, 7.9% of the perpetrators were charged

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*Respondents were able to choose from more than one response category, therefore, the percentages do not add up to 100.*
by police, and 11.1% of the perpetrators received counselling for
the assault(s).

Major Hypothesis

The major hypothesis states that, for the female sub-sample,
there is a significant positive association between a self-reported
history of childhood physical sexual assault and a negative
self-report of nine adult adjustment factors. The childhood
physical sexual assault variable is classed as the independent
variable and the nine adult adjustment factors are classed as the
dependent variables. Each sub-hypothesis will be discussed
separately. The discussion will include the manner in which the
data was made amenable to a statistical analysis, as well as the
statistical significance and the level of association of the
investigated variables.

Sexual Satisfaction With a Partner [N=87; 75 missing values]

The scale which measures sexual satisfaction with a partner,
has a cut-off point of 30 (Hudson, 1982). The various scores of
this scale were collapsed into two categories. The first category
was composed of those scores below 30, indicating that this group
did not experience sexual problems with a partner. The second
category was composed of those scores equal to or greater than 30,
indicating that this group experienced clinically significant sexual
problems with a partner (Hudson, 1982). The sexual satisfaction
variable was thus reduced from an interval level scale to a
dichotomous ordinal level measure, since an inherent order is implied by the two categories.

Chi-square for this sub-hypothesis was not statistically significant. It should be noted that since over 20% of the chi-square cells contained an N of less than 5, the Yates correction factor was utilized (Chase, 1976), which further reduced the magnitude of the chi-square value. Accordingly the chi-square continued to represent a non-significant value. Therefore the null hypothesis was accepted: there is no significant positive association between childhood physical sexual assault and current clinically significant sexual problems with a partner.

**Self Esteem [N=155; 7 missing values]**

The self esteem scale has a cut-off point of 30 (Hudson, 1982). The various scores were collapsed into two categories. The first category was composed of those scores below 30, indicating that this group did not experience clinically significant problems with self esteem. The second category was composed of those scores equal to or greater than 30, indicating that this group experienced clinically significant problems with self esteem. Therefore the scores were converted to dichotomous ordinal level data.

Chi-square for this sub-hypothesis was not statistically significant. Therefore, the null hypothesis was accepted: there is no significant association between childhood physical sexual assault and current clinically significant problems with self esteem.
General Psychoneurosis [N=157; 5 missing values]

The scale which measures general psychoneurosis is a 29 item scale which is "valid in discriminating populations with a diagnosis of mental illness from non-psychiatric populations . . ." (Bagley & McDonald, 1984, p. 18). The cut-off point in this scale is a score of 38. The various scores were collapsed into two categories. The first category was comprised of those scores below 38. The second category was comprised of those scores equal to or greater than 38. Therefore the scores were converted to dichotomous ordinal level data.

Chi-square for this sub hypothesis was not statistically significant. Therefore the null hypothesis was accepted: there is no significant positive association between childhood physical sexual assault and clinically significant levels of general psychoneurosis occurring within the last year.

Depression [N=152; 10 missing values]

The scale which measures psychoneurosis contains a sub-scale measuring depression. The cut-off point in this sub-scale is eight. The various scores of this sub-scale were collapsed into two categories. The first category was composed of those scores below eight, and the second category was composed of those scores equal to or greater than eight. Therefore this interval level sub-scale was converted to a dichotomous level measure.

Chi-square for this sub-hypothesis was not statistically significant. Therefore the null hypothesis was accepted: there is no significant positive association between contact sexual assault
in childhood and a clinically significant depression occurring within the last year.

**Somatic Anxiety [N=156; 6 missing values]**

The scale which measures psychoneurosis contains a sub-scale measuring somatic anxiety. The cut-off point in this sub-scale is a score of seven. The various scores of this sub-scale were collapsed into two categories. The first category was composed of those scores below seven and the second category was composed of those scores equal to or greater than seven. This sub-scale was therefore converted to a dichotomous ordinal level measure.

Chi-square for this sub hypothesis was not statistically significant. Therefore the null hypothesis was accepted: there is no significant positive association between childhood physical sexual assault and clinically significant levels of somatic anxiety occurring within the last year.

**Free-floating Anxiety [N=157; 5 missing values]**

The scale which measures psychoneurosis contains a sub-scale measuring free-floating anxiety. The cut-off point in this sub-scale is a score of five. The various scores of this sub-scale were collapsed into two categories. The first category was composed of those scores below five, and the second category was composed of those scores equal to or greater than five. This interval level sub-scale was thus transformed into a dichotomous ordinal level measure.
Chi-square for this sub hypothesis was not statistically significant. Therefore the null hypothesis was accepted: there is no significant positive association between childhood physical sexual assault and clinically significant levels of free-floating anxiety occurring within the last year.

**Marital Problems [N=43; 119 missing values]**

The existence of marital problems was determined by adding up the number of respondents who indicated that they either experienced problems in their marital or common-law relationships (corresponding to the last three items in the quality of relationship scale (Appendix III, Section 1, Question #4), or identified that they were separated or divorced. A sub-sample, N of 43, was obtained. This produced a 2x2 table of data where one of the cells contained an N of less than five. Thus the chi-square statistic was computed utilizing the Yates correction factor (Chase, 1976).

Chi-square for this sub-hypothesis was not statistically significant. Therefore the null hypothesis was accepted: there is no significant positive association between childhood physical sexual assault and current marital problems.

**History of Seeking Professional Help for Mental Health Problems [N=155; 7 missing values]**

The question "Have you ever received treatment for depression or a nervous or mental illness" (Appendix III, Section IV, Question 2) was classed as an ordinal level variable since a "yes" response
indicated more of the trait in question (i.e. having received treatment) than a "no" response.

Chi-square for this sub-hypothesis is statistically significant at the .032 level, with 1 degree of freedom. The tau b statistic, measuring the level of association is +.172, a negligible but positive association, indicating that concordant pairs of variables slightly outnumbered discordant pairs. Thus the null hypothesis was rejected: there is a significant positive association between childhood physical sexual assault and a history of ever having sought professional treatment for mental health problems.

Attempted Suicide [N=157; 5 missing values]

Attempted suicide was determined by combining the last two items in the six item suicidal ideation and attempts scale (Appendix III, Section III, second scale). This variable was classed as an ordinal level measure since a "yes" response indicated more of the trait in question (i.e. having made a suicide attempt) than a "no" response.

Chi-square for this sub-hypothesis was not statistically significant. Since one of the cells in the 2x2 table contained an N of less than five, the Yates correction factor was calculated, further reducing the magnitude of chi-square. Accordingly chi-square continued to represent a non-significant value. Therefore the null hypothesis was accepted: there is no statistically significant positive association between childhood physical sexual assault and suicide attempts within the last year.
Summary of the Research Findings

The 194 students who completed the instrument were considered the sample, where 83.5% were female and 16.5% were male. Age distribution, marital status, student status and enrollment status data were presented for both the female and male sub-samples. When the total B.S.W. degree population (N=310) and the sample (N=194) were compared, the sample slightly under-represented females and over-represented males.

Four categories of prevalence results for the total sample and both the female and male sub-samples, revealed that the prevalence of childhood non-contact and contact sexual assault was 35.4%, 36.5% and 30%, respectively. The prevalence of respondents who experienced both types of childhood sexual assaults was 10.1%, 10.7% and 6.7%, respectively, while the prevalence of non-contact childhood sexual assault was 22.6%, 23.6% and 17.2%, respectively, and finally the prevalence of childhood physical sexual assault was 23%, 23.6% and 20%, respectively.

The sub-sample of females, who reported that they were physically sexually assaulted during childhood, numbered 37 individuals. Age distribution, marital status, student status and employment status statistics were presented for this sub-sample.

Data, obtained from the instrument, was utilized to describe the reported childhood sexual assaults of the sub-sample of females. Twelve sub-headings were utilized to present this data.

The major hypothesis was comprised of nine sub-hypotheses, of which eight accepted the null hypothesis. The one sub-hypothesis,
which rejected the null hypothesis, revealed a statistically significant level of correlation, although the level of association could only be described as being negligible.

These findings will be discussed in the following chapter. The resulting discussion will offer a further interpretation of the results, in light of the study which was conceptually replicated and other conceptually similar studies.
DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

This final chapter will be divided into four sections. First, the discussion of the findings will be presented, focusing upon the following: the prevalence of the reported childhood sexual assaults for both the male and female sub-samples, the quantitative description of the female sub-samples' reported childhood sexual assaults and the association between reported childhood sexual assault and nine measures of adjustment as an adult. These findings will be discussed with regard to whether or not this study's results compliment or diverge from both the conceptually replicated survey and other similar surveys. Where relevant, previously discussed definitional and methodological issues will be reintroduced to aid the discussion. Second, based upon the discussion of the findings, conclusions will be presented. Third, recommendations for future research will be offered and finally, a brief summary of this study will also be included.

Prevalence

Four prevalence rate figures were obtained for different categories of reported sexual assault during childhood. Combining the categories of non-contact and contact sexual assault during childhood, rates of 36.5% and 30% were obtained, respectively, for females (N=159) and males (N=30). The prevalence rate for females and males, who reported both non-contact and contact childhood sexual assaults were 10.7% (N=157) and 6.7% (N=30) respectively.
Non-contact sexual assault experiences during childhood evidenced prevalence rates of 23.6% (N=157) and 17.2% (N=29), respectively, for females and males. Finally the prevalence rates for reported contact childhood sexual assaults were 23.6% (N=157) and 20% (N=30), respectively, for females and males.

The small number of studies which included males all obtained much lower prevalence rates. Finkelhor's (1979) study obtained a prevalence rate for non-contact and contact types of sexual abuse experiences during childhood, of 8.6% (pp. 53-54) vs 30%, that was found in this study. Fritz et al. (1981) and Kercher and McShane (1984) obtained prevalence rates for contact types of sexual abuse experiences during childhood of 4.8% (p. 56) and 3.04% (p. 498), respectively, vs 20%, that was found in this study.

Factors which might account for the prevalence rate differences include definitional and methodological issues, which were discussed in Chapter II. Both Kercher and McShane (1984) and Fritz et al. (1981) define childhood sexual behaviors as being physical, but neither study clearly defines age differential criteria between the child and the perpetrator. Thus, should both these studies have defined sexual abuse experiences during childhood similarly to this survey, then definitional issues would not account for the prevalence rate discrepancies. However, varying age differential criteria could have partially accounted for the prevalence rate dissimilarities. Definitional issues can be more clearly ruled out as factors affecting the prevalence rate variation between this study and Finkelhor's (1979) survey, since the definitions used in both studies were similar (see Figure 1).
Turning to methodological factors, the factor with the clearest impact upon the prevalence rate variation between studies is the number of screen questions. However, comparison on this factor between studies is restricted since only Finkelhor (1979) provides information upon which to determine the number of screen questions. Fritz et al. (1981) and Kercher and McShane (1984) do not explicitly define the number of screen questions used in their data gathering instrument. Accordingly, variability in prevalence rates between this survey and the aforementioned two studies cannot be ascertained based upon potential differences regarding the number of screen questions used to elicit childhood sexual abuse histories. However, this survey utilizing two screen questions obtained a much higher prevalence rate than was obtained in Finkelhor’s (1979) survey, where four screen questions were used (pp. 169-177). Therefore, based upon the number of screen questions: this study, using a lower number of screen questions should have obtained a lower prevalence rate. But this was not the case; thus, either this survey’s findings are unique to this sample or over the years since the completion of Finkelhor’s (1979) landmark study, it may have become more acceptable for men to disclose a history of childhood sexual assault.

Bagley and Ramsay’s (1986) prevalence rate for females reporting sexual assault during childhood was 21.7% (N=377) (pp. 36, 37). Bagley and Ramsay do not present prevalence rate results for the other three categories of findings obtained in this survey. The prevalence rate obtained by this study, for childhood physical sexual assault, is quite similar: 23.6%. However, the manner in
which prevalence was calculated in this study differed from the Bagley and Ramsay study. Bagley and Ramsay ultimately utilized a more inclusive age differential criterion between the child and the perpetrator. The final operational definition of the age differential between the child and perpetrator "was that involving either someone at least three years older than the subject, or someone of any age using direct force or threat to effect at least a manual assault on the child's genital area" (Bagley & Ramsay, 1986, p. 36). Thus, this definition is more inclusive in two areas than the definition used in this study: a) the age differential criteria for the perpetrator has been reduced from either 6 or 10 years older to 3 years older and b) no age differential criteria were used when two conditions were met, namely the use of direct force or threat during an assault that included handling the child's genital areas. Therefore, in this study the prevalence rate for physical sexual assault during childhood is likely a conservative estimate compared to the Bagley and Ramsay study.

When this survey's prevalence results for females are compared to other purposive college sample studies, this survey obtains a higher prevalence rate for the definitional category which combines contact and non-contact sexual abuse experiences during childhood. Employing similar definitions, Finkelhor (1979) and Fromuth (1986) realized prevalence rates of 19.2% and 22% respectively, whereas this study obtained a prevalence rate of 36.5%. Herold et al. (1979) and Sedney and Brooks (1984) both reported prevalence rates of 16%, but they cannot be meaningfully compared since they do not reveal explicit information concerning age differential criterion.
Community sample prevalence rates, for women who disclosed either contact or non-contact sexual abuse experiences during childhood, are generally of a higher magnitude than was found in this study. For example Russell (1983), Wyatt (1985) and Kilpatrick (1986) realized prevalence rates of 54%, 62% and 55% respectively. Thus, the prevalence rate of 36.5% obtained in this university survey appears to follow the trend, as discussed in Chapter II, of generating lower prevalence rates due likely to sample source differences and a lower number of screen questions vis-a-vis community sample surveys.

This university survey followed the trend of uncovering fewer childhood sexual abuse experiences than the majority of community sample surveys. However, this survey uncovered a higher prevalence of childhood sexual abuse experiences than other comparable university sample studies. In addition, this survey found slightly higher but similar levels of childhood sexual assault experiences than the conceptually replicated study. These latter two discrepancies will be further discussed in light of the definitional and methodological issues which were previously examined in Chapter II.

Since the definitions used by Finkelhor (1979) and Fromuth (1986) were very similar to the one used in this study, definitions likely do not account for the majority of the variation in prevalence rates. Bagley and Ramsay (1986) used a more inclusive definition, which likely should have led this study to obtain a lower prevalence rate. However, since this is not the case,
Methodological issues may explain the reason for similar prevalence rates.

Prevalence rates were conjectured in Chapter II to be influenced by the number of screen questions. Bagley and Ramsay (1986) used one screen question, whereas this study used two. It has already been discussed that both an inclusive definition as well as a greater number of screen questions may increase prevalence. Even though this study used an exclusive definition, the potential reduction in prevalence may have been negated by the use of an extra screen question. However, if this also applied to other studies, it would follow that the prevalence rates reported by Finkelhor (1979) and Fromuth (1986) should have been of a higher magnitude because a) they used definitions similar to this study and b) they used two more screen questions than this study did.

Thus, although definitional and methodological issues partly explain the variation in prevalence rates, much is still left unexplained. Therefore, the prevalence rates for females in this sample may simply be unique to this study, or female survey respondents in the latter 1980's may be indicating an increased acceptance of disclosing a history of childhood sexual assault.

Description of the Female Sub-sample's Reported Childhood Physical Sexual Experiences

This section will focus upon eleven areas of sexual assault experiences reported by respondents during their childhood. The eleven areas will be discussed separately, with regard to the
similarities and differences between this survey and the conceptually replicated study. Then, the findings of this survey will be discussed vis-a-vis the results of other survey's on childhood sexual abuse.

Types and Frequencies

The precise nature of the reported childhood physical sexual assaults was not queried in this study. Generally it can be stated that at a minimum the physical sexual assault involved touching or handling of the respondent's body. Thus, a very wide range of sexual behaviours fits this definition, from fondling of various body parts to intercourse. Since the physical sexual assault was not further specified, no comparison with the Bagley and Ramsay (1985b) study was possible.

However, this study did explore the total number of childhood sexual assaults reported by the respondents. Eighty-two assaults were reported of which 63 were amenable to a descriptive analysis. Bagley and Ramsay (1986) did not specifically report the total number of assaults, although information is reported from which the total number of assaults can be calculated. Bagley and Ramsay state that "22 of the 82 [respondents] had been assaulted by two [assailants] and 10 had been assaulted by three assailants" (p. 37). Thus, 50 respondents were assaulted by one assailant each. Based

"However the results of this study and the Bagley and Ramsay (1986) study cannot be used to determine whether the assailants were the same or different individuals."
upon the aforementioned figures, 82 respondents reported 124 assaults.

These figures can be further specified as follows: 39% of the sub-sample (N=32) accounted for 59.7% of the assaults (N=74), and 61% of the sub-sample (N=50) accounted for 40.3% of the assaults (N=50). This study found that 45.9% of the sub-sample (N=17) accounted for 60.3% of the assaults (N=43) and 54.1% of the sub-sample (N=20) accounted for 31.7% of the assaults (N=20). It would appear that this study found an increase in the reports of respondents who indicated that they had been assaulted two or three times. However, when the data from this study and the Bagley and Ramsay study are analyzed using the chi-square statistic, no significant differences emerged. Thus, it can be stated that this study's findings are similar to those of the Bagley and Ramsay study.

The similarities in findings may indicate that despite sample source differences, the following discovery may be reliable: the majority of women who reported being physically sexually assaulted as children were assaulted once and the remainder of women physically sexually assaulted as children, were assaulted two or more times.

Since this study did not categorize or quantify specific sexual behaviours, no comparison is feasible between this study and any of the other reviewed studies. In addition, with the exception of the Bagley and Ramsay study, no other studies are amenable for comparison vis-à-vis the number of assaults per respondent.
Reported Sexual Assault and the Child's Age

When the assaults were classified as first, second and third, it was found that the number of assaults increased with the child's age. Not only is this evidenced in terms of the mean age increasing per assault (i.e. mean age at assault 1=8.7 years of age, mean age at assault 2=9.8 years of age, mean age at assault 3=11.3 years of age) but also by the skewness of the frequency distribution curves which correspondingly moved from +.31, to -.65, to -1.23. The obtained standard deviations from each assault category indicate the age ranges at which respondents were vulnerable to being sexually assaulted. The age range on first assault was between 5.4 and 12 years of age; second assault ages ranged from 6.6 to 13 years of age and third assault ages ranged between 6.7 and 16 years of age. When the assault categories are combined a mean age of 9.4 is revealed. The obtained standard deviation (3.5) yields an age range of 5.9 to 12.9 years of age. Unprecisely stated the aforementioned shows that the age of vulnerability to sexual assault ranged from 5 to 13 years of age, regardless of whether it was the first, second or third assault. Approximately 77% of the assaults occurred when this study's respondents were between the ages of 5-13, which further confirms the above observation.

Bagley and Ramsay (1986) do not discuss as precisely the recollection of the age of assault, other than stating "the risk of sexual abuse increased . . . after the age [of] eight" (p. 37). If one were to consider the findings of this present study indicative of an increase in sexual abuse at the age of five, then this study,
as opposed to the Bagley and Ramsay study, found a three year downward trend vis-a-vis vulnerability to sexual assault.

This discrepancy can be explained in a number of ways. First, this sample was composed of younger women than those in the Bagley and Ramsay study; thus, this sample’s subjects, being closer in age to the occurrence of the assaults, may have better recalled earlier assaults. Second, the age of five was found in this study to be at the lower end of the vulnerability age range. This may be an artificially low age since this age might be suggestive of average limits of recall rather than be representative of the actual lower age range at which a female is vulnerable to sexual assault (Dr. C. Bagley, personal communication, 1988).

Only two of the reviewed studies contain comparable data regarding sexual assault (or abuse) and the child’s age. Finkelhor (1979) claimed that the mean age for females was 10.2 years of age (p. 60). Sedney and Brooks (1984) described the mean age for females as nine, and indicated that 75% of the incidents occurred when the female respondents were 12 years of age or younger (p. 216). This study’s findings compare favourably to the above results with a mean age of 9.4 years and at least 77% of the assaults occurring when the respondents were 13 years of age or younger. The similarities between this study and the aforementioned studies may be due to the sharing of similar samples and methodologies.

Incidents Comprising the Reported Assaults

The results reveal that 51.6% of the assaults (n=62; 1 missing value) were comprised of single incidents and 48.4% of the assaults
(N=62; 1 missing value) were comprised of multiple incidents. Additionally, 22.5% of the assaults (N=62; 1 missing value) were single incident, one time assaults. Stated differently, 37.8% of the sexually assaulted respondents (N=37) experienced one assault, comprised of a single incident.

No direct comparison can be made to the Bagley and Ramsay (1986) study, since the item which probed single or multiple incidents was developed for this study. Comparisons can be attempted with other studies that were reviewed. Finkelhor (1979) found that 60% of the reported sexual abuse experiences were comprised of a single occurrence (p. 59). Sedney and Brooks (1984) found that 58% of the cases were one time experiences (p. 216). Wyatt (1985) found that 48% and 52% of the sexual abuse experiences were comprised of a single incident for Afro-American and white females, respectively (p. 513). Thus, if the above studies' definitions of single occurrences, one time experiences, or single incidents correspond to this study's definition of one assault comprised of a single incident, then this study found more multiple incidents and multiple assaults. However, the observed differences between this study and the reviewed studies are likely due to differences in how occurrences, experiences and incidents are defined and classified. Therefore, this study's findings, vis-a-vis single and multiple incidents, await further research investigation in order to ascertain if these findings can be replicated.
The Number of Persons Sexually Involved with the Child During an Assault

None of the reviewed studies queried the number of persons sexually involved with the child during an assault or abuse incident. This study found that overall all assaults (N= 62; 1 missing value) a single person was sexually involved with the child in 95.2% of the assaults and multiple individuals were sexually involved with the child in 4.8% of the assaults. Since this finding is unique to this study, further research is needed in order to determine if this is a generalizable finding or specific to this sample.

Duration of the Physical Assaults

It should be noted that the duration of the assault does not in any way correspond to whether or not the assault was comprised of single or multiple incidents. For example, a single assault may have been comprised of multiple incidents, yet still have taken place over one day. This type of potential scenario should be kept in mind during the ensuing discussion concerning the duration of the assaults.

Findings of the duration, regarding all assaults (N=62; 1 missing value), revealed that 61.3% occurred on one day, 12.9% occurred over a period of two and 31 days, 14.5% occurred over a period of 32 and 365 days and 11.3% occurred over one year or more. The corresponding percentages, found by Bagley and Ramsay (1985a), for the above categories are as follows; 70.1%, 9.7%, 8.9% and 11.3% (N=124).
Utilizing the chi-square statistic, no statistically significant differences were found between this study's findings and the Bagley and Ramsay findings. Thus, this study's findings are similar to those uncovered by Bagley and Ramsay.

Only two of the reviewed studies present data from which to compare. Sedney and Brooks (1984) found that "26% of the reports were of repeated activities lasting up to a year and 14% went on for more than a year" (p. 216). Fromuth (1986) found that "13% of the abusive relationships extended over one year or more" (pp. 6-7). These aforementioned findings are similar to the upper range duration results obtained in this study, where 27.4% of the assaults extended between two days to just under one year and 14.3% continued for one year or more.

Despite potential differences in definitions and methodologies, between this study and the three other studies, comparable duration findings are evident. Duration results are perhaps either generalizable or an artifact resulting from the classification schema. In addition, the similarities in duration data may be influenced by recall ability since there may be limits to a respondent's ability to quantify and specify duration information. These speculations will be further discussed in the recommendations section of this chapter.

Specification of the Person Who Sexually Assaulted the Respondents as Children

Males were sexually involved in over 96% of the assaults (N=59; 4 missing values). The Bagley and Ramsay study did not
report upon characteristics of those individuals sexually assaulting respondents, thus, no comparison is possible. However, several other studies obtained comparable results for males. Where these findings ranged from 90% to 100% (Finkelhor, 1979, p. 75; Fritz et al., 1981, p. 56; Wyatt, 1985, p. 515; Russell, 1983, p. 139; Fromuth, 1986, p. 6). Despite potential definitional and methodological differences then, between the above cited studies, the overwhelming majority of individuals sexually involved with children are found to be males. It could therefore be suggested that the aforementioned finding is generalizable.

This study found that over all assaults (N=63) 12.7% involved strangers, 42.9% involved acquaintances, and 44.4% involved relatives. In total, 87.3% of the persons sexually involved with children were known to the respondents as a child. Further classification of relatives who were sexually involved with the respondents as children reveals that over all assaults (N=63), 7.9% involved fathers, 4.8% involved stepfathers, 15.2% involved uncles, 4.8% involved siblings and 1.6% involved first cousins.

No comparison with the Bagley and Ramsay (1986) study is possible since findings of the characteristics of those individuals sexually assaulting respondents were not reported. Results from other studies partially confirm those obtained in this study. For example, Finkelhor (1979), Russell (1983) and Fromuth (1986) respectively found that in 76%, 89% and 88% of the cases, the persons sexually involved with respondents were known to the female respondent as a child. These results are similar to the 87.3% obtained in this study. When the category of knowing the person is
broken down into relatives and non-relatives, Russell (1983) found that relatives accounted for 29% of the persons sexually involved with children, whereas Finkelhor (1979) found that 43% of the persons sexually involved with children were relatives. Thus the results of this study compare to Finkelhor's (1979) data but not Russell's (1983) findings. Strangers accounted for 24% of the persons sexually involved with children in Finkelhor's (1979) study, 11% in Russell's (1983) study and 22% in Fromuth's (1986) study. Russell's (1983) results compare to the 12.7% found in this study.

Fathers who were sexually abusing their daughters cannot be compared between this survey and Finkelhor's (1979) and Russell's (1983) studies since the latter two express their findings as a percentage of their total sample size.

Similarities between studies regarding males and people known to the respondents are evident. However, when the latter category is specified, differences between studies emerge. This may be due to sample characteristic differences or may be due to dissimilarities in data collation. The percentage differences may be a result of calculating from the number of cases or incidents, either of which may result in different percentages. This however, is mere speculation, but indicates the desirability of standardizing base calculations, so that results may be compared.

The Use of Force or Threat

This study found that 44.3% of the assaults (N=61; 2 missing values) involved force or threat. Bagley and Ramsay (1986) found
that "one-third [33%]" of the sexual assaults involved direct force or threat. When this study's results and Bagley and Ramsay's results are subjected to a chi-square analysis, no statistically significant differences emerged. Thus, this study's findings are similar to those obtained by Bagley and Ramsay.

Several other studies reported force or threat findings, which ranged from 25% (Wyatt, 1983, p. 517) to 55% (Finkelhor, 1979, p. 64). This study's finding (44.3%) then, appears to fall between the above cited range.

It should be noted however, that the results obtained by this study and the Bagley and Ramsay (1986) study may not be comparable to the aforementioned quoted studies. This study and the Bagley and Ramsay study based the finding on force or threat upon a "double-barrelled [question]" (Mindel, 1985, pp. 212-213), making it impossible to determine under what conditions force or threat occurred. Extreme caution should therefore be used in the interpretation of the force or threat findings, indicating that question wording needs to be refined in future studies.

Disclosure of the Assault

This study found that 52.7% of the sexual assaults (N=55; 8 missing values) were disclosed to a friend or peer and 45.5% of the assaults (N=54; 9 missing values) were disclosed to an adult. Bagley and Ramsay (1986) did not report disclosures to friends or

*Dr. C. Bagley (personal communication, 1988) confirmed that the 33% figure is based upon the total number of assaults (N=124).*
peers, but did report that 8% of the assaults (N=124) were disclosed to adults. Significantly more assaults in this study were reported to adults than in the Bagley and Ramsay study"". However, that significantly more assaults were reported to adults in this study, needs to be interpreted with caution, since the question which probed disclosures did not specify a time-frame within which a disclosure could have occurred. For example, one respondent in this study wrote a note in the margin beside this question, that the disclosure only occurred within the last few years, which was far removed in time from the assault.

It seems plausible that the 46.3% disclosure rate to adults may be an over-estimation of the disclosures which occurred at the time of the assault. Thus, comparing this study's results to other studies which defined a time-frame, would not be appropriate. This study's finding may therefore not be meaningful beyond the understanding that the 46.3% figure may represent this sub-sample's lifetime disclosure rate.

How the Adult, to Whom a Disclosure Occurred, was Perceived During the Disclosure

This variable was formulated for this study and suffers from the same lack of a time-frame referent as did the previously discussed item. In addition, no other reviewed study probed this area, thus, even if comparisons were appropriate (which they are

""A chi-square analysis was conducted where p>.001."
not), they cannot be attempted. There may however be some value in discussing the obtained results vis-a-vis future research.

Adults were described as being supportive in 60% of the disclosures, helpful in 56% of the disclosures, neutral in 28% of the disclosures and being of no help in 8% of the disclosures""". First, a time-frame, under which the disclosure took place, is necessary for these response categories to have some meaning. Second, the obtained results may have been influenced both by the structure of the questions and by the placement of these questions at the end of the questionnaire. It may be conjectured that near the end of the questionnaire that respondents felt fatigued, quickly filling out the available response categories. This speculation may be supported by the results, where the descending order of the obtained percentages corresponds to the descending order of the response categories. Thus, reliability may be questioned since these items may not accurately reflect the respondents' perception of the adult, but instead may reflect the respondents' fatigue level when completing the questionnaire. These two areas therefore need further investigation, if future researchers are to make use of this item.

**Whom the Adult to Whom Disclosure Occurred Subsequently Informed**

When the findings are expressed as a percentage of all assaults (N=25 of 54; 9 missing values) 3.7% were reported to

""""Respondents were able to choose more than one response category, therefore, the percentages do not total 100%.}
police or other helping professionals and 20.4% were reported to family members or others. Bagley and Ramsay (1986) reported that 2% of the assaults (N=124) were reported to police or child protection workers. The results obtained by this study, despite differences in sample source and other methodological areas, compare to those of the Bagley and Ramsay (1986) study. It should, however, be noted that this study's results are without a time-frame referent. Accordingly it can not be determined when the adult, to whom a disclosure occurred, informed others. These findings may be over-estimates of adults informing others at, or around, the time the assaults occurred. This study's results compare favourably, despite the above limitation, to those findings obtained by Russell (1983) where "only 4 cases (2%) of intrafamilial child sexual abuse and only 26 cases (6%) of extrafamilial child sexual abuse were ever reported to the police" (p. 142). It should be cautioned that "cases" (Russell, p. 1142) may have been calculated differently from how this survey defined "assaults", accordingly it may be inappropriate to compare results.

Despite the appearance of numerical similarities across three surveys, refinement in question wording as well as data collating methods are necessary before results can be generalized.

Disposition of the Perpetrators

It was found that perpetrators were charged by police in 11.6% of the assaults (N=43; 20 missing values) and 15.2% of the perpetrators received counselling (N=46; 17 missing values). Bagley and Ramsay (1986) found that no perpetrators were prosecuted (p.
37). No other studies queried this area. This study’s result may reflect an encouraging trend in that some perpetrators are being charged. However, since no time-frame is inherent to this item, it cannot be determined when the perpetrators were either charged or when counselling commenced. Therefore charges being laid or counselling services may have been initiated well after the assaults occurred. Accordingly, these results need to be interpreted with extreme caution.

Contact Sexual Assault and Adult Adjustment

The previous chapter outlined the findings for each of the nine sub-hypotheses where eight out of nine null hypotheses were accepted. In this section each sub-hypothesis will be discussed separately regarding convergence or divergence from both the conceptually replicated study and other conceptually similar studies. It should be noted that there are numerous shared issues which may have accounted for this survey’s non-significant associations. Therefore to enhance clarity regarding the discussion of the eight non-significant associations, issues which may be shared by all the non-significant associations will be discussed below. Idiosyncratic issues, potentially affecting individual sub-hypothesis, will be discussed in the appropriate sub-hypothesis discussion section.

The primary reason for the acceptance of the null hypothesis vis-a-vis childhood sexual assault and eight adult adjustment factors, revolves around the homogeneous nature of the female sub-
sample. Thus, as a group, those with adult adjustment problems could not be distinguished on the basis of having been involved in a physical childhood sexual assault. The following may have singularly, or in combination, enhanced the homogeneous group-wide characteristics: a) definitional issues and b) methodological issues. Furthermore, sub-group variations may have been further diminished by statistical and measurement issues.

The definition of childhood physical sexual assault which was utilized in this study, specified the child’s age vis-a-vis the perpetrator’s age and defined the behaviors comprising what was defined as a physical sexual assault. However, this definition lacked the ability to distinguish between various types of physical assault i.e. fondling, intercourse. Thus, respondents having experienced a wide range of physically assaultive behaviour were grouped together. The literature review indicated that serious types of childhood physical sexual abuse appear to influence adult adjustment, whereas less severe types do not seem to have the same affects. If differences existed between the severity of the assault and adult adjustment, then this study’s definition may have contributed to obscuring these differences, which in turn likely contributed to the observed homogeneity of the two sub-samples.

Focusing specifically upon this study and the Bagley and Ramsay (1986) study, it was previously discussed (p. 112) that this survey’s definition was more exclusive than the Bagley and Ramsay definition. Based upon this survey’s use of an exclusive definition, it might be speculated that potentially assaulted respondents (who would have been grouped with the sexually assaulted
sub-sample in Bagley and Ramsay's survey) were included in this survey's non-assaulted sub-sample. Therefore, if adult adjustment differences existed for those potentially inaccurately grouped respondents; this inaccurate grouping may have contributed to the homogeneous characteristics of this survey's sample. It is conceivable that this conjecture partially accounts for this study's lack of significant findings vis-a-vis the Bagley and Ramsay (1986) study.

The following methodological issues may have enhanced the homogeneous characteristics of this survey's sample. First, age distribution may have been a factor. It was outlined earlier in the literature review, that younger subjects as a group evidence two contradictory tendencies regarding adult adjustment scores. As a group the scores may be elevated or depressed. In either case, group-wide homogeneity is the result, diminishing the ability of this survey's major attribute (childhood physical sexual assault) to uncover statistically significant between group differences based upon adult adjustment scores. Second, Finkelhor (1979) discussed that the "filters" (p. 39) involved in an individual's higher educational attainment may exclude those respondents who may have been adversely affected by a history of childhood sexual abuse. Accordingly, sexually abused respondents who have a higher educational status may not differ to a significant degree from their peers who have not been sexually abused during childhood. The aforementioned speculation may have contributed to this sample's homogeneity.
Third, Sudman and Bradburn (1974) suggested that when studies are conducted in the classroom, respondents may be apt to select socially desirable options. Thus, a survey such as this, may not have been able to uncover appreciable numbers of respondents with clinically relevant problems. This potential response effect may have contributed to the female sub-sample's homogeneity. Lastly, the literature review identified that a low number of screen questions may have excluded potential respondents with childhood sexual abuse histories because the words used to describe the experience may not have matched the respondents' recollection of the event. Furthermore the time-frame needed to recall and disclose may also have been insufficient, compared to surveys utilizing multiple screen questions. Accordingly, respondents may have been inaccurately grouped, thereby contributing to the observed homogeneity of the female sub-sample.

Statistical and measurement issues may also have contributed to the non-significance of eight out of the nine sub-hypotheses. First, the statistic chosen, chi-square, is sensitive to the influence of sample size, in that larger samples increase the power of this statistic (Schuerman, 1981, p. 473). Thus, it might be expected that a sample size of 377 as obtained by Bagley and Ramsay (1986) may be more apt to find statistically significant results than the sample size of 164 which was used here. Second, a two variable analysis may be too crude a measure when the purpose of a study is to explore sub-group differences based upon clinically relevant problems. More recent studies, such as Kilpatrick's (1986), found no statistically significant differences between
respondents with and without "childhood sexual experiences" (p. 221) when using a two variable analysis. Yet, significant differences emerged when a multi-variate analysis was performed. Lastly, it was speculated in the literature review (Finkelhor, 1986), that instruments measuring clinical problems may not be the most appropriate since "these measures were not designed to assess the particular impairments associated with sexual abuse" (p. 215). Thus, non-significant findings may indicate the need for more refined and appropriate instrumentation, rather than being indicative of a lack of sub-group differences.

**Sexual Satisfaction With a Partner**

The null hypothesis was accepted: there is no significant statistically positive association between childhood physical sexual assault and current clinically relevant sexual problems with a partner. Bagley and Ramsay (1986) did not study this sub-dimension of adult adjustment and thus no comparison with this research is possible. However, two other surveys investigated this area and the results are mixed. Kilpatrick (1986), utilizing the same Hudson (1982) scale, as was used in this study, found no statistically significant relationships. Bagley and McDonald (1984) did find a statistically significant relationship although the Hudson (1982) scale was modified.

Several factors can be identified which may have contributed to acceptance of the null hypothesis in this survey. First, the issues which were discussed during the introduction to this section may have singularly or in combination contributed to the finding of
no statistical significance. Second, 46.3% of the responses were missing for this sub-dimension of adult adjustment. Thus, the diminished sub-sample may reduce the ability of the chi-square statistic to statistically relate the tested variables. Third, Brown and Finkelhor (1985) suggest that samples of younger persons may not evidence the same degree of sexual problems as older subjects.

Nevertheless, this study’s finding is consistent with Kilpatrick’s (1986) result but at odds with the Bagley and McDonald (1984) results. Perhaps respondents in this present study as well as those respondents in Kilpatrick’s (1986) study were exposed to less severe forms of child sexual abuse than those respondents as Bagley and McDonald’s (1984) study. Thus, the potential exists that those respondents, involved in less severe childhood sexual abuse or assault, do not manifest clinically relevant sexual problems with a partner.

Self-Esteem

The null hypothesis was accepted: there is no statistically significant positive association between a history of childhood physical sexual assault and current clinically relevant levels of low self-esteem. Although Bagley and Ramsay (1985) found "a strong link" (p. 41) between childhood sexual abuse and low self-esteem, this finding was not described as being statistically significant. Thus, if the self-esteem scale, used by Bagley and Ramsay (1986) measures poor self-esteem in the same manner as the scale used in
this survey, then this study's lack of statistical significance corresponds to that same lack found by Bagley and Ramsay.

Both Kilpatrick's (1986) and Fromuth's (1986) findings confirm this survey's and Bagley and Ramsay's (1986) results. However, when Kilpatrick (1986) performed a multi-variate analysis, significant self-esteem problems emerged when the "sexual experiences" (p. 221) were severe. This latter finding may indicate that when clinically relevant self-esteem problems are probed, sophisticated statistical analyses are required in order to discover relationships of sexual abuse experiences occurring during childhood.

**General Psychoneurosis**

The null hypothesis was accepted: there is no statistically significant positive association between childhood physical sexual assault and general psychoneurosis occurring within the last year. Although Bagley and Ramsay (1986) reported that the general psychoneurosis scores "distinguished between the abused and non-abused at a significant level" (p. 40), it should be noted that the bottom quartile scores were utilized to make the distinction (Bagley & Ramsay, 1985b). When the cut-off point in the scale was statistically analyzed (indicating a psycho-neurotic condition), Bagley and Ramsay (1985b) discovered no statistically significant relationship between psychoneurotic condition and childhood sexual assault. Since the study undertaken for the writing of this thesis utilized the cut-off points in the scale as the basis for distinguishing between those respondents with and without childhood
sexual assault histories, it can be stated that this study replicated the finding obtained by Bagley and Ramsay (1985b, 1986).

These results may compliment Fromuth’s (1986) findings where "two of three global measures were . . . significant [however] . . . the [meaningfulness] of this finding [was] small since sexual abuse accounted for less than 2% of the variance . . . " (p. 9). Two interrelated factors may account for the above. First, the definition of childhood sexual abuse may be too inclusive to distinguish sub-group variations in a global measure of adult adjustment. Second, a two variable analysis may simply be too crude a measure to capture sub-group variations on this variable. Indeed, when Bagley and Ramsay (1986) performed a multi-variate analysis, one conclusion reached was that "sexual abuse, although often of major importance, is but one of a number of disruptive events influencing later mental health" (p. 43). Thus, it would appear that a two variable analysis may be inadequate to distinguish between the abused and non-abused, vis-a-vis high levels of psychoneuroticism.

**Depression**

The null hypothesis was accepted: there is no statistically significant positive association between childhood physical sexual assault and clinically relevant levels of depression occurring within the last year. This partly replicates Bagley and Ramsay’s (1985b) depression findings where the one scale (retained in this present study), using the cut-off point, found no significant differences between those with and without childhood sexual assault
histories, but the other scale (not used in this study) found a
significant relationship between childhood sexual experiences and a
clinical depression (Bagley & Ramsay, 1986, p. 40).

Prior to discussing this survey’s depression findings vis-à-vis Bagley and Ramsay’s (1985b, 1986) study, their disparate depression results will be examined where two interrelated speculations may be offered. Scale length and scale placement may have influenced the Bagley and Ramsay depression findings. The Middlesex hospital questionnaire contains a six item depression sub-scale which preceded the other 20 item depression scale. The preceding six item scale may have sensitized respondents to the construct of depression, whereupon the longer 20 item scale was able to measure this evoked sensitization. Additionally, the six item scale required respondents to recall depressive symptoms for the preceding six months, whereas the longer 20 item scale required respondents to recall depressive symptoms that had occurred during the preceding week. There is supportive empirical evidence to suggest that recall ability diminishes over time (Jenkins et al., 1979). Accordingly, the possibility exists that the evoked sensitization effects of the first six item scale, combined with increased recall ability, enhanced the second 20 item scale’s ability to measure a clinical depression.

These purely speculative conjectures may explain the disparate depression findings obtained by Bagley and Ramsay (1985b, 1986), without questioning the scale’s convergent validity (Bostwick & Kyte, 1981). However, should validity issues override the above speculations, then whether this study did or did not replicate the
Bagley and Ramsay (1985b) depression findings becomes a rather moot point since potentially invalid scales may render these findings as meaningless.

The results of other studies are mixed. Fromuth (1986) found no statistically significant association between childhood sexual abuse and depression. Kilpatrick (1986), utilizing a two variable analysis, found no significant association, but when a multi-variate analysis was conducted, depression was a significant finding. Browne and Finkelhor (1986), citing two unpublished studies, indicated that depressive symptoms occurred more often for those respondents with a history of childhood sexual abuse. Sedney and Brooks (1984) found that depressive symptoms also occurred more often for those with a history of "childhood sexual experiences" (p. 215).

The above mixed results indicate that two areas need further clarification. First, it would appear that comparing study results on depression and depressive symptoms is inappropriate, since one may manifest depressive symptoms and not be clinically depressed. Second, it would seem that a two variable analysis may obscure potential differences in adult functioning between those respondents with childhood sexual abuse experiences and those respondents without childhood sexual abuse experiences, as evidenced by Kilpatrick's (1986) multi-variate analysis.

Somatic Anxiety and Free Floating Anxiety

The null hypothesis was accepted in both the somatic and free floating anxiety sub-hypothesis. Bagley and Ramsay (1985b) found
that both sub-scales, utilizing the cut-off points, evidenced no statistically significant associations; however, the bottom quartile scores of both scales distinguished between those respondents with and without childhood sexual assault histories. Thus, when the scales' cut-off points are utilized this study replicates the Bagley and Ramsay (1985b) findings.

The issues which were discussed in the introduction to this section may have contributed to this study's acceptance of the null hypothesis for both the somatic and free floating anxiety sub-hypothesis. Thus, since Bagley and Ramsay's (1986) survey was not subject to the same limitations as this study the appearance of a partial replication is likely coincidental, suggesting that results are not comparable. Alternately it might be speculated that probing clinically relevant problems may not distinguish between those respondents with and without childhood sexual assault histories and therefore other measurement tools are appropriate. In addition, a two variable analysis may be inadequate in order to measure the complex web of variables potentially involved with adult anxiety disorders.

No other studies specifically investigated somatic or free floating anxiety, however, two studies investigated "nervousness/anxiety" (Sedney & Brooks, 1984, p. 217) and phobic anxiety (Fromuth, 1986). Although the findings of both these studies were significant, it may be speculated that it is inappropriate to compare findings relating to different anxiety sub-types. Should this speculation be valid, then research is required
to determine what anxiety sub-types are related to a history of childhood sexual abuse.

**Marital Problems**

This study found no statistically significant positive association between childhood physical sexual assault and marital problems. However, over 73% of the female sample's responses were missing for the statistical calculation of the sub-hypothesis. Accordingly, results based upon such a diminished sub-sample cannot be meaningfully compared to either Bagley and Ramsay's (1986) data, or any other study's results.

The only conclusion to be drawn from this analysis is that a young university sample of women is likely not a viable sub-sample from which to test this particular sub-hypothesis.

**History of Seeking Professional Help For Problems**

The null hypothesis was rejected: there is a statistically significant positive association between childhood physical sexual assault and a history of ever seeking help for a nervous or mental disorder. The chi-square statistic was significant at the .032 level, with a magnitude of association (tau b) of +.172. This suggests that the level of association is negligible. This finding complements Bagley and Ramsay's (1986) findings, where seeking prior help for three different categories of problems was significantly related to childhood physical sexual abuse (p. 40). The obtained Eta values represented between 8.4% to 5.2% (Bagley & Ramsay, 1986,
p. 40) of the explained variance, which are low or negligible levels of association. No other reviewed surveys studied this area.

It may be speculated that this survey's one statistically significant relationship occurred because the measurement tool investigates a history of help seeking behaviour. The aforementioned speculation is based upon the notions advanced by Finkelhor (1986) who seemed to be suggesting that a history or pattern of adult adjustment problems, as opposed to a current measurable adult adjustment problem may better distinguish between the abused and non-abused respondents. In addition, this result may explain the lack of statistically significant findings regarding the other hypothesis tested in this survey. Should the respondents with childhood sexual assault histories have benefitted from their exposure to professional help, this may have contributed to their indistinguishability from respondents without childhood sexual assault histories.

Despite the above speculations, extreme caution should be exercised with the interpretation of both this survey's and Bagley and Ramsay's (1986) results. The item probing a treatment history has neither been subjected to reliability nor validity studies and the uncovered relationships are of a low to negligible magnitude of association. Accordingly, further research is required both to establish the item's validity and to unravel the potential unknown factors involved with the discovered statistical relationships.
Attempted Suicide

The null hypothesis was accepted in the attempted suicide sub-
hypothesis. This result was not a replication of Bagley and
Ramsay's (1986) finding. They found a statistically significant
correlation between childhood sexual assault and suicide attempts,
where the former variable accounted for 2.56% of the explained
variance (Bagley & Ramsay, 1986, p. 40). The only other reviewed
study (Sedney & Brooks, 1984) which subjected data regarding suicide
attempts to a statistical analysis, uncovered a statistically
significant correlation between a history of "childhood sexual
experiences" (p. 217) and suicide attempts (p. 217).

It may be suggested that the issues discussed in the
introduction to this section contributed to the acceptance of the
null hypothesis. Yet, the conceptually replicated survey's variance
findings indicate that suicide attempts were influenced by unknown
factors. These factors may have contributed to this study's
acceptance of the null hypothesis. In addition, the suicidal
ideation scale is of unknown reliability and validity, suggesting
that dissimilar findings may be attributable to the use of a non-
standardized scale. Thus, future researchers may wish to focus upon
scale standardization and hypothesis refinement in order that higher
levels of association may be found.

Summary of the Discussion of the Findings

Similarities and differences between this study's prevalence
results, for both males and females and other reviewed studies, were
discussed. Differences in this survey's prevalence rates were suggested as being due either to the uniqueness of this sample or due to an openness in the latter 1980's to disclose a history of childhood sexual assault. This study's findings, regarding the descriptions of the childhood sexual assaults, were discussed for their convergence or divergence from both the conceptually replicated survey and other reviewed studies. Measurement problems inherent to several of this study's description findings limited their meaningfulness and hence their comparability. Nine adult adjustment factors were subjected to hypothesis testing in this survey, where numerous issues were identified as potentially influencing this study's acceptance of the null hypothesis in eight out of the nine hypotheses. However, this survey's results did compare to six out of the eight sub-hypothesis tested in the conceptually replicated study and to three out of eight sub-hypothesis results found by the other reviewed studies. It was suggested that future researchers may make use of more sophisticated statistical analysis and pay more attention to definitional and measurement issues so that comparisons can be more meaningfully attempted. Issues arising from the above will be further discussed in this chapter's next two sections.

Conclusions

The conclusions presented will cover the three areas investigated in this study: prevalence rates, the description of
the childhood sexual assaults and the investigated adult adjustment factors, vis-a-vis childhood sexual assault.

Conclusions Regarding Prevalence Rates

1) When childhood sexual assaults were divided into contact and non-contact experiences, different prevalence rate magnitudes were obtained. Thus definitional classifications clearly impact prevalence rates.

2) Although based upon a very small sub-sample N, the male prevalence rate was very close to that obtained for females. The male prevalence rate ranged between three and a half to six and a half times higher than male prevalence rates in comparable studies. This study's male prevalence rate may be indicative of an increased acceptance by males to reveal a history of childhood sexual assaults. If this conjecture is viable, then serious consideration must be given to the notion that there may be little difference in prevalence rates between males and females, suggesting that the paucity of research on males needs to be rectified by investigating male samples.

3) In comparison to similarly conducted surveys, this study's female prevalence rate was of a higher magnitude, which was not adequately explained by either definitional or methodological factors. The results of this survey may be indicative of an increased acceptance to disclose a history of childhood sexual assault. Furthermore, when one considers the potential for recall problems, the classroom absenteeism rate and the inadequacies inherent to the use of very few screen questions: it may be
suggested that the aforementioned issues influenced this survey to under-estimate the actual prevalence of childhood sexual assault for this population.

Conclusions Regarding the Descriptions of the Childhood Sexual Assaults

1) When one disregards potential definitional and data collating differences between conceptually similar studies, this present study appears to generate the following similar results: the large majority of sexual assaults occurred prior to adolescence; the large majority of persons sexually involved with the respondents as children were single individuals; the majority of sexual assaults occurred during one day; the small minority of sexual assaults occurred over one year or more; the overwhelming majority of persons sexually involved with the respondents as children were male; the large majority of persons sexually involved with the respondents as children were known to the respondents and the overwhelming majority of childhood physical sexual assaults were not reported to police. These similar findings across different surveys may be either representative of classification artifacts (i.e. it may be an error to compare statistically generated values that may be based upon idiosyncratic collating procedures, since the resulting numerical similarities may obscure real differences between studies) or evidence of generalizable crude ranges of various childhood sexual abuse classifications.

2) This study incorporated several descriptive variables which were not used in comparable research. The resulting analysis of the
data generated by these variables revealed that they did not measure what had been intended to be measured. Thus, a simple conclusion was reached: newly formulated variables need to be closely scrutinized for their potential to generate meaningful data prior to their inclusion in an instrument.

**Conclusions Regarding Childhood Sexual Assault and Adult Adjustment**

1) A purposive, small, homogeneous university sample is likely inappropriate to test bi-variate relationships, when evidence suggests that samples should be randomly selected, large and heterogeneous.

2) It may be conjectured, from the literature review, that different types of sexual abuse experiences may differentially influence adult adjustment. Thus it may be assumed that simply categorizing childhood sexual abuse as either contact or non-contact obscures variations inherent to such sexual abuse experiences. Therefore, a study such as this one, utilizing a major attribute, whose definition may merge disparate experiences which cancel potential separate affects, may be unlikely to uncover statistically significant relationships to adult adjustment problems.

3) Based upon Finkelhor's (1986) discussion of current measures of adult adjustment (p. 215), it may be tentatively concluded that a current measurable clinical adult adjustment problem may not best capture sub-group differences between those respondents with and without childhood sexual abuse experiences. Rather, a history or pattern of certain problems may better reflect
sub-group differences as suggested by Finkelhor (1986) and as evidenced in this survey's one finding of statistical significance.

4) It seems plausible to conclude that, since this study found a statistically significant correlation between childhood sexual assault and a history of seeking help for mental health problems, this help was successful since those respondents reporting a childhood sexual assault (on all other current measures of adult adjustment problems) were indistinguishable from their peers who did not report being sexually assaulted during childhood.

5) Two tentative conclusions can be drawn from findings where levels of association, either parametric or non-parametric, range in strength and meaning from moderate to negligible. Either, these findings are meaningless because of the unknown nature of other factors influencing these associations or these findings are meaningful because it may be impossible to retrospectively account for all the unknown factors. The following discussion may lend support to the latter conclusion.

It has been suggested by both Finkelhor (1986) and Kilpatrick (1986; 1987) that, by sharpening childhood sexual abuse definitions, probing the aftermath of childhood sexual abuse, exploring the interactions of various combinations of variables along with utilizing more sophisticated methodological and statistical procedures, that "... substantive significance" (Kilpatrick, 1986, p. 240) can be increased. However, Wonder (1968) states "one should realize that [these issues] alone will never account for all the ... variations. I would add that predictability is low because small variations in experience often produce large effects" (p.
Thus, although there is a need to further pursue the aforementioned issues, involved with "substantive significance" (Kilpatrick, 1986, p. 240), it would seem that there is a limit to how "small variations in experience" (Wender, 1968, p. 321) can be statistically captured. This leads to the conclusion that all the variance can not be explained due to the complex interplay of variables and therefore one may need to be satisfied with meaning being derived from moderate to negligible associations.

6) It has been noted by other researchers (Fromuth, 1986; Kilpatrick, 1986) and will be reiterated herein, that the results of this study cannot be used to conclude that childhood sexual assaults are harmless. Numerous issues and factors were outlined, specific to this study, which likely contributed to sub-group homogeneity whereby the independent variable was unable to discern significant differences in the dependent variables. As Fromuth (1986) has noted, the non-significance of group wide trends "... does not rule out the possibility that some women may have been severely harmed by the experience" (p. 14).

7) The corollary to the above conclusion may be that not all childhood sexual abuse experiences influence latter adult adjustment. Finkelhor (1986) states that "extreme long-term effects are not inevitable" (p. 164), which is echoed by Kilpatrick's (1986) statement that "overreaction to these events by assuming that harm has been done to the child should, however, be tempered" (p. 240).

8) Finally, should some childhood sexual abuse experiences not influence adult adjustment, this does not mean they are "less serious if their impact is transient and disappears in the course of
development" (Finkelhor, 1986, p. 178). Finkelhor (1986) further states that

... this tendency to assess everything in terms of its long-term effects betrays an adultocentric bias. Adult traumas such as rape are not assessed ultimately in terms of whether or not they will have an impact on old age. They are acknowledged to be painful and alarming events, whether their impact lasts one year or ten. Similarly childhood traumas should not be dismissed because no long-term effects can be demonstrated" (p. 178).

Kilpatrick (1986) adds that even though childhood sexual experiences may not be related to adult adjustment problems, this information should not "be used as a sanction for child-adult sexual relationships" (p. 240).

Recommendations for Future Research

1) Since prevalence rates seem to vary according to how childhood sexual abuse experiences are defined and elicited, several recommendations can be made regarding definitional and methodological issues. First, sexual behaviours need to be explicitly defined beyond the classification of non-contact and contact behaviours. Specific sexual behavior classification would both help to accurately group respondents and help to further scrutinize the legality of the reported sexual behavior. Second, childhood needs to be uniformly classified, perhaps based upon developmental stages or legal distinctions. Third, age-range differences between the child and other person could be uniformly and consistently defined in order to gain clarity regarding childrens sexual involvement with peers, adolescents and adults. Fourth, multiple specific screen questions seem to elicit more
reports of childhood sexual abuse experiences because "they provide a longer time period during which a disclosure can occur [and] they provide many cues that assist in recall and matching" (Peters et al., 1986, pp. 43, 44). Therefore, this methodology should be employed in future research studies. Furthermore research is needed in order to ascertain whether multiple specific screen questions do in fact elicit more reports and whether the obtained data is reliable.

2) Three areas will be discussed regarding the terms used to describe both the children who are sexually involved with other persons, and the terms used to describe those other persons. First, when researchers formulate questions which query respondents recollections of childhood vis-a-vis their sexual involvement or non-involvement with other persons, Peters et al., (1986) suggest that the questions ought to "avoid labels like 'sexual abuse' since respondents may not have applied [such labels] to their own experiences" (pp. 45-46). It is advised that researchers use "a mixture of relationship-specific questions [and] . . . activity-specific questions (Peters et al., p. 45). Therefore, research, such as was undertaken for the completion of this thesis, should not continue to use terms that may deter research respondents from participating in the study.

Second, apart from the use of terms to elicit information: once data has been gathered, there would appear to be no consensus among researchers regarding the labelling of the results pertaining to the child's sexual involvement with other persons. It was identified in the literature review that the most commonly used term
is "childhood sexual abuse", and a moral belief was outlined defending the use of this term. This belief stated that it is wrong for a child to be sexually involved with another person because of a) the interpersonal power differences between the child and the other person and b) the inability of a child to base a decision upon principles of informed consent. What this belief does not specify is both when or under what conditions in conjunction with what, if any, age range determines when interpersonal power differences exist, and when is a child expected to base a decision upon principles of informed consent. These questions require further scrutiny. For example, an interpersonal power difference may exist between age mates when one of the children is physically larger or uses force or threat. An adult who is not threatening but kind and gentle has power over a child by virtue of the adult’s age and status. Thus, in different situations either age range differences or conditions surrounding the sexual behavior may form the basis upon which a power imbalance may be inferred. In neither case would a strict age related or condition related definition be useful. Turning to the issue of informed consent: the most appropriate definition may likely be determined by a legal definition. However, since legal definitions of informed consent likely vary from jurisdiction to jurisdiction, a consensually validated definition is likely not feasible.

To answer these questions is not the intent of this section. The questions and some of their implications are raised in order that future researchers may carefully consider the moral and legal
complexities involved in the use of specific terms which are applied to children's sexual involvement with other persons.

Third, the terms applied to the person sexually involved with children, included the use of "perpetrator" and "assailant". These terms should likely not be used, for the same reasons the term abuse should not be used, in the gathering of data from respondents. Furthermore, the legal implications of these terms need to be scrutinized. However, as noted earlier legal definitions likely vary from jurisdiction to jurisdiction, making the use of a consistent term impractical. In addition, certain sexual behaviors combined with the age of the person sexually involved with a child, may not constitute an illegal act. No adequate solution to these dilemmas can be offered, other than to suggest that in the absence of data which specifies that an illegal act may have occurred that individuals sexually involved with children be referred to as persons sexually involved with children. The larger issue, beyond a proposed solution, it to enunciate the questions and implications in order that future researchers may be able to further scrutinize these issues.

3) Since researchers are quantifying and specifying the nature of childhood sexual abuse, research is required regarding a standardized format to collect such data. This would facilitate valid and reliable comparisons among future research studies.

4) A convenience sample study, such as the use herein of a small homogeneous, young, university sample, is likely not the most appropriate sample from which to study the influences of childhood sexual assault upon adult adjustment factors. Rather, a random
community sample survey would be a better choice for this type of analysis. However, university samples may be useful for exploratory research of the mechanisms whereby prevalence rates vary, as well as in the development of a standardized instrument which quantifies the nature of the sexual assaults.

5) There is a need to develop valid and reliable scales measuring various degrees of adult adjustment. Measurement of clinically significant adult adjustment problems may not, as Finkelhor (1986) has indicated, be sensitive to the influences of childhood sexual abuse. Additionally, since a history or pattern of an adult adjustment problem may better distinguish between the abused and nonabused, a standardized method of measuring such histories or patterns needs to be developed (Finkelhor, 1986).

6) Numerous factors influence the relationship between childhood sexual abuse and adult adjustment. Thus, bi-variate analysis should likely be replaced with multi-variate analysis. Kilpatrick (1987) suggests that the following factors be included in a multi-variate analysis: "conditions under which the sexual behaviours took place and the reactions to the behaviour ... [in relation to] the measures of later functioning [and] also the relationship of the interactions of these variables to the measures of later functioning. Controls for socio-economic and other background variables must also be included" (p. 194). Fromuth (1986) identifies that a critical background control factor, which is the family background (p. 14). Additionally, Finkelhor (1986) suggests that information concerning the "events following abuse [require further study since] . . . consideration needs to be given
to the hypothesis that some subsequent events such as support from family, mitigate the effects of abuse" (p. 212). Thus, a multivariate analysis would take into consideration pre-sexual abuse variables (the family background), sexual abuse variables and the interactions of these variables and finally, post sexual abuse variables. This researcher would add several post-abuse variables i.e. social supports, stressful life events and help-seeking behaviour, since all these variables may interact with adult adjustment measures.

7) Finkelhor (1986) suggests that "researchers need to give very careful thought to how their research design, interview, questionnaire, follow-up and recruitment procedures might cause inadvertent injury to research subjects" (p. 221). It is suggested that researchers not convey either "stigmatizing attitudes [or the] presumption of serious effects . . ." (p. 222) regarding respondents with childhood sexual abuse histories.

Summary

The literature review identified that sexual abuse during childhood, has been regarded over the last decade, as a social problem. This formulated belief has likely spurned researchers to explore the prevalence of childhood sexual abuse and its affects upon adjustment factors in adulthood. Definitional and methodological issues were outlined which appeared to both influence research results and make consistent generalizations and comparisons among research difficult if not impracticable.
This research undertaking was not intended to provide easy answers or solutions to the highlighted issues. Rather, this survey was intended to add, in a small way, to the knowledge base, in spite of the identified limitations, by conceptually replicating an earlier research investigation. The results of this and other conceptually similar studies were then critiqued based upon issues identified in the literature review. This analysis of research results has led to several inescapable conclusions which point the way towards recommendations that may be of benefit to future researchers.
APPENDIX A

The Statement Which Was Read to the Research Participants
Hello, my name is Reinhold Hemrich and I am a graduate student in the School of Social Work at the University of Windsor. I am asking for your help in participating in a research study I am conducting with all Social Work undergraduates.

The purpose of this study is to determine how childhood factors influence adult adjustment. As a result, some of the questions in the questionnaire may deal with sensitive or personal issues. For this reason, your responses are anonymous and your participation in this study is voluntary. I assure you that all the information you provide will be treated with the strictest confidence in accordance with the protocols safeguarding human subject research. Furthermore, no individual can be singularly identified in the reporting of the findings and all the information will be analyzed in group data form only.

The questionnaire will take approximately 20 minutes to complete, and I am asking that you remain seated during that time period. I would like to thank you in advance for your cooperation in this study. The results will be available by the Fall of 1987 and if you are interested in obtaining the findings please contact the School of Social Work at that time.

Before I hand out the questionnaire, I will be distributing the informed consent forms. Only once these have been completed and handed in, will I be distributing the Questionnaires.
APPENDIX B

The Informed Consent Form
Informed Consent Form for Respondents

Childhood Factors and Adult Adjustment

I, the undersigned, understand that the purpose of this research being conducted is to collect data and information about childhood factors that may influence adult adjustment.

I understand that the information collected from me will only be used as part of a large amount of similar information provided by other equally anonymous individuals and reported in group numerical or statistical form only. Therefore, confidentiality will be safeguarded.

I agree to participate voluntarily in this study by completing the attached questionnaire and returning it after completion to the investigator.

I understand that this survey is a research undertaking being supervised through the School of Social Work and the Faculty of Graduate Studies at the University of Windsor.

DATE: Year     Month     Day
Signature:_________________________________________________________________

***Please hand in this form prior to completing the questionnaire, so that your anonymity is assured.***
APPENDIX C

The Research Instrument
**The purpose of this study is to assess childhood factors that may influence Adult Adjustment.**

**Please try to complete all of the questions to the best of your ability.**

**The information will be held in STRICTEST CONFIDENCE and will be analysed in group data form only. Thank you for your cooperation.**

---

**Section 1. Background Information**

**Please circle the appropriate number or fill in the blanks where appropriate.**

1. Your age: (_____) yrs. of age

2. Your sex: 1-female 2-male

3. Present marital status: 1-single/never married
   2-married
   3-commonlaw/living together
   4-remarried
   5-divorced
   6-widowed
   7-separated

4. If married or living together (#2, 3, 4 above)
   Please rate the quality of your present relationship, circle the appropriate number.

<table>
<thead>
<tr>
<th>Very happy</th>
<th>Pretty happy</th>
<th>Generally happy</th>
<th>Rather unhappy</th>
<th>Very unhappy</th>
<th>Very unhappy</th>
</tr>
</thead>
<tbody>
<tr>
<td>no problems</td>
<td>few problems</td>
<td>at all problems</td>
<td>problems only</td>
<td>a great many</td>
<td>many thinking</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td>problems of separation</td>
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</table>

   1 2 3 4 5 6

5. Are you presently enrolled as:

   1-full-time student  2-part-time student

6. Present employment status:

   1-Employed full-time

   2-Employed part-time

   3-Unemployed - devoting time to school

   4-Unemployed - but looking for work
7. Were you separated from a parent for more than 6 months before the age of 16? (Circle the appropriate response)

1 Yes 0-No (if "No" go to Section II)

7a) Were you separated from your father?

1-Yes 0-No (if "No" go to question 7c)

7b) If separated from your father: cause of separation (check all that apply)
   a) work or business ____
   b) marital separation or divorce ____
   c) illness ____
   d) death ____
   e) other ____

7c) Were you separated from your mother?

1-Yes 0-No (if "No" go to Section II)

7d) If separated from your mother: cause of separation (check all that apply)
   a) work or business ____
   b) marital separation or divorce ____
   c) illness ____
   d) death ____
   e) other ____

Section II. Index of Sexual Satisfaction

**This questionnaire is designed to measure the degree of satisfaction you have in the sexual relationship with your partner. If this does not relate to you please skip this section and go to the Section III.

**Answer each item as carefully and accurately as you can by placing a number beside each one as follows:


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<th>1</th>
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<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>Rarely or none of the time</td>
<td>A little of the time</td>
<td>Some of the time</td>
<td>A good part of the time</td>
<td>Most or all of the time</td>
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</table>

1. I feel that my partner enjoys our sex life ............
2. My sex life is very exciting ..........................
3. Sex is fun for my partner and me ......................
4. Sex with my partner has become a chore for me .......
5. I feel that sex is dirty and disgusting ...............  
6. My sex life is monotonous ...............................
7. When we have sex it is too rushed and hurriedly completed ..........................
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<tr>
<td>1</td>
<td>Rarely or none of the time</td>
<td>A little of the time</td>
<td>Some of the time</td>
<td>A good part of the time</td>
<td>Most or all of the time</td>
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<tr>
<td>8. I feel that my sex life is lacking in quality...</td>
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<td>9. My partner is sexually very exciting...............</td>
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<td>10. I enjoy the sex techniques that my partner likes or uses...........................................</td>
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<td>11. I feel that my partner wants too much sex from me.................................................</td>
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<td>12. I think sex is wonderful....................................</td>
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<td>13. My partner dwells on sex too much..............................</td>
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<td>14. I try to avoid sexual contact with my partner......</td>
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<td>15. My partner is too rough or brutal when we have sex.</td>
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<td>16. My partner is a wonderful sex mate..........................</td>
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<td>17. I feel that sex is a normal function of our relationship.............................................</td>
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<tr>
<td>18. My partner does not want sex when I do...............</td>
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<td>19. I feel that our sex life really adds a lot to our relationship......................................</td>
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<tr>
<td>20. My partner seems to avoid sexual contact with me..</td>
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<tr>
<td>21. It is easy for me to get sexually excited by my partner...........................................</td>
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<tr>
<td>22. I feel that my partner is sexually pleased with me.</td>
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<td>23. My partner is very sensitive to my sexual needs and desires..........................................</td>
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<tr>
<td>24. My partner does not satisfy me sexually...............</td>
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<tr>
<td>25. I feel that my sex life is boring.......................</td>
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</table>

**Section III.** Now some questions about feelings during the past 12 months. **Circle the appropriate number**

**During the past 12 months, how often:** Never | Rarely | Some Times | Often

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did you feel upset for no reason?...</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Did you find yourself worrying unreasonably?...............</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Did you feel panicky in crowds?....</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Did you have difficulty controlling your emotions?...............</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tr>
<tr>
<td>5. Did you feel uneasy?...............</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tr>
<tr>
<td>6. Did you find yourself needing to check things to an unnecessary extent?...............</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
During the past 12 months, how often:  Never  Rarely  Some Times  Often

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Rarely</th>
<th>Some Times</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Did you feel unduly worried when relatives were late coming home?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Did you have to make a special effort to face up to something</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>difficult?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>9. Did you feel restless?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. Did you feel worried about things in general?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>11. Did you find silly thoughts kept recurring in your mind?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. Did you feel uneasy when travelling on buses?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>13. Did you find that your appetite decreased?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. Did you feel &quot;strung up&quot; inside?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>15. Did you feel tired or exhausted?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>16. Did people comment that you were too conscientious?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17. Did you feel tingling or prickling sensations?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. Did you feel more relaxed being indoors?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19. Did you find yourself worrying about getting some incurable illness?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20. Did you have the feeling that you were &quot;going to pieces&quot;?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>21. Did you feel that life was too much effort?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>22. Did you find yourself irritated by interruption of your normal</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>routine?</td>
<td></td>
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<td></td>
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<tr>
<td>23. Did you have bad dreams that upset and/or woke you up?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>24. Did you feel a sense of panic?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>25. Did you feel dizzy or short of breath?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>26. Did you experience a long period of sadness?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>27. Did you feel as though you might faint?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>28. Did you feel sick or have indigestion?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>29. Did you find yourself needing to cry?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tbody>
</table>
During the past 12 months: Please circle the appropriate response (Either Yes or No).

1. Have you ever felt life was not worth living?...... Yes No
2. Have you ever wished that you were dead - for instance you could go to sleep and not wake up?... Yes No
3. Have you ever thought of taking your life, even if you would not really do it?............ Yes No
4. Have you ever reached the point where you seriously considered taking your life or perhaps made plans how you would go about doing it?..... Yes No
5. Have you ever deliberately harmed yourself, but in a way that stopped short of a real intent to take your life?......................... Yes No
6. Have you made an intentional attempt to take your life?.................. Yes No

Section IV. This questionnaire is designed to measure how you see yourself.

**Answer each item as carefully and accurately as you can by placing a number beside each one as follows:

- Rarely or none of the time
- A little of the time
- Some of the time
- A good part of the time
- Most or all of the time

1. I feel that people would not like me if they really knew me well.................................
2. I feel that others get along much better than I do. ........................................
3. I feel that I am a beautiful person..................
4. When I am with other people I feel they are glad I am with them............................
5. I feel that people really like to talk with me....
6. I feel I am a very competent person..............
7. I think I make a good impression on others........
8. I feel that I need more self-confidence...........
9. When I am with strangers I am very nervous........
10. I think that I am a dull person..................
11. I feel ugly........................................
12. I feel that others have more fun than I do........
13. I feel that I bore people.....................
14. I think my friends find me interesting........
15. I think I have a good sense of humor............
16. I feel very self-conscious when I am with strangers.................................
17. I feel that if I could be more like other people I would have it made. ......................
18. I feel that people have a good time when they are with me. ..............................
19. I feel like a wallflower when I go out. ..............
20. I feel I get pushed around more than others....
21. I think I am a rather nice person.................
22. I feel that people really like me very much....
23. I feel that I am a likeable person............... 
24. I am afraid I will appear foolish to others......
25. My friends think very highly of me.............

1. Have you ever received treatment for depression, or a nervous or mental illness?
   1-Yes  0-No (if "No", please proceed to Section V: "Memories of Childhood")

2. If "Yes", who treated you (more than one can be checked ✓)?
   a) family doctor ✓
   b) counsellor, social worker, non-medical person
   c) specialized doctor as an outpatient
   d) specialized inpatient treatment
   e) self-help group
   f) other

3. How helpful was the treatment you received?

<table>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>made things worse</td>
<td>no help</td>
<td>unsure</td>
<td>somewhat helpful</td>
<td>very helpful</td>
</tr>
<tr>
<td>worse</td>
<td></td>
<td></td>
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Section V. Memories of Your Childhood

These questions are about your own childhood and in particular your adolescence (up to the age of 16). "Parents" may refer to one or both parents.

**Answer each item to the best of your ability by placing a number beside each one as follows:

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</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
</tbody>
</table>

1. Would your parents punish you hard, even for trifles? ..............................................

2. Do you think your parents were mean and grudging toward you? ................................

3. Did your parents criticize you and tell you how lazy you were in front of others? ...........

4. Could you seek comfort from your parents if you were sad? .......................................

5. Did either of your parents forbid you to do things because they were afraid something might happen to you? .................................................................

6. When you came home, did you always have to account for what you had been doing, to your parents? .................................................................

7. Did your parents respect the fact that you had other opinions than they had? ...............

8. Would your parents demonstrate they were fond of you? ............................................

9. Did your parents try to spur you on to become the best? .............................................

10. Did you feel your parents thought it was your fault when they were unhappy? ..............

11. If you had a difficult task in front of you, did you feel support from your parents? ........

12. Did you feel that your parents liked your brother or sister more than you? (leave blank if you had no siblings) .....................................................

13. Did it happen that you were punished by your parents without having done anything? ........

14. Did you usually get beaten by your parents? ............................................................

15. Did your parents treat you in such a way that you felt ashamed? ................................

16. Did you feel it was difficult to approach your parents? ...........................................

17. Did your parents trust you so that you were allowed to do things on your own? .............

18. Did your parents put decisive limits on what you were not allowed to do which they adhered vigorously? .................................................................

19. Did your parents respect your opinions? .................................................................
Section VI. These final questions are about any kind of sexual incidents or assaults(s) you may have experienced during your childhood.

1. When you were a child (up to age of 16) did you ever experience a non-contact sexual assault by an older person? ("Non-contact" sexual assault is defined as exhibitionism without touching and sexual suggestions without touching. "Older" implies someone at least 6 years older when you were 12 or younger, and at least 10 years older when you were between the ages of 12 and 16.)
   Please circle the appropriate response
   1-Yes     0-No

2. When you were a child (up to the age of 16) did you ever experience a physical sexual assault by an older person? ("Physical" sexual assault implies at least touching or handling of your body by the other person. "Older" implies someone at least 6 years older when you were 12 or younger, and at least 10 years older when you were between the ages of 12 and 16.)
   Please circle the appropriate response
   1-Yes     0-No (if "No" stop here. You have completed the questionnaire. Thank you.)

   If "Yes" go to the next question #3:

3. How old were you at the time of the physical assault(s)?
   **If more than 3 assaults complete for the 3 most recent.

   Age _____ Assault #1
   [Check either a) or b) below]
   a) single incident _____ or,
   b) multiple incidents _____
   [Check either c) or d) below]
   c) single person _____ or by,
   d) multiple persons _____
Age _____ Assault #2

[Check either a) or b) below]
a) single incident _____ or,
b) multiple incidents _____

[Check either c) or d) below]
c) single person _____ or by,
d) multiple persons _____

Age _____ Assault #3

[Check either a) or b) below]
a) single incident _____ or,
b) multiple incidents _____

[Check either c) or d) below]
c) single person _____ or by,
d) multiple persons _____

If more than 3 assaults, please write in the total number of assaults. before 16 years of age, in the space provided

_____ (actual number)

4. What was the duration in day(s), week(s), month(s), or year(s) of each physical assault? ("Each physical assault" is defined by either a single incident or multiple incidents perpetrated by a specific individual)

**Write in the appropriate number beside the category.

***Again, if more than 3 physical assaults. complete for the 3 most recent.

Assault #1 (duration) _____ day(s)
(________ week(s)
(________ month(s)
(________ year(s)

Assault #2 (duration) _____ day(s)
(________ week(s)
(________ month(s)
(________ year(s)

Assault #3 (duration) _____ day(s)
(________ week(s)
(________ month(s)
(________ year(s)
5. Was any threat or force used by the other person(s) to induce you to participate, and/or to keep you silent about the physical assault afterwards? (prior to the age of 16)
**Circle the appropriate response
***If more than 3 physical assaults, again, complete for the 3 most recent.

<table>
<thead>
<tr>
<th>Assault #1</th>
<th>Assault #2</th>
<th>Assault #3</th>
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<tbody>
<tr>
<td>1-Yes</td>
<td>1-Yes</td>
<td>1-Yes</td>
</tr>
<tr>
<td>0-No</td>
<td>0-No</td>
<td>0-No</td>
</tr>
</tbody>
</table>

6. Who were the person(s) making the physical assault(s)?
**Again, if more than 3 physical assaults complete for the 3 most recent.

1st Assault (Check all that apply)
Male __________
Female __________
A stranger ______
An acquaintance not related to you ______
A relative, not living in your house ______
A person unrelated to you living in your house ______
A person related to you living in your house ______
Multiple assailants unknown to you ______
Multiple assailants known to you ______

2nd Assault (Check all that apply)
Male __________
Female __________
A stranger ______
An acquaintance not related to you ______
A relative, not living in your house ______
A person unrelated to you living in your house ______
A person related to you living in your house ______
Multiple assailants unknown to you ______
Multiple assailants known to you ______

3rd Assault (Check all that apply)
Male __________
Female __________
A stranger ______
An acquaintance not related to you ______
A relative, not living in your house ______
A person unrelated to you living in your house ______
A person related to you living in your house ______
Multiple assailants unknown to you ______
Multiple assailants known to you ______
7. If the person was related to you, what was your relationship. **Again, if more than 3 physical assaults, complete for the 3 most recent (Check all that apply).

<table>
<thead>
<tr>
<th>1st Assault</th>
<th>2nd Assault</th>
<th>3rd Assault</th>
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<tbody>
<tr>
<td>mother ____</td>
<td>mother ____</td>
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<td>father ____</td>
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<td>father ____</td>
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<tr>
<td>step-mother ____</td>
<td>step-mother ____</td>
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<td>step-father ____</td>
<td>step-father ____</td>
<td>step-father ____</td>
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<tr>
<td>brother ____</td>
<td>brother ____</td>
<td>brother ____</td>
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<tr>
<td>sister ____</td>
<td>sister ____</td>
<td>sister ____</td>
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<tr>
<td>step-brother ____</td>
<td>step-brother ____</td>
<td>step-brother ____</td>
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<tr>
<td>step-sister ____</td>
<td>step-sister ____</td>
<td>step-sister ____</td>
</tr>
<tr>
<td>uncle ____</td>
<td>uncle ____</td>
<td>uncle ____</td>
</tr>
<tr>
<td>aunt ____</td>
<td>aunt ____</td>
<td>aunt ____</td>
</tr>
<tr>
<td>1st cousin ____</td>
<td>1st cousin ____</td>
<td>1st cousin ____</td>
</tr>
</tbody>
</table>

8. Did you ever tell a friend or peer about the physical assault(s)?? **If more than 3 physical assaults, again, complete for the 3 most recent.

Assault #1 1-Yes 0-No
Assault #2 1-Yes 0-No
Assault #3 1-Yes 0-No

9. Did you tell any adult about the physical assault(s)?? **Again if more than 3 physical assaults, complete for the 3 most recent.

Assault #1 1-Yes 0-No
Assault #2 1-Yes 0-No
Assault #3 1-Yes 0-No
(If "No" for assault(s) go to question #12).

10. Was the adult: (check or fill in the blank)

a) supportive ____ (for which assault #(s) ________)

b) helpful ____ (for which assault #(s) ________)

c) neutral ____ (for which assault #(s) ________)

d) unhelpful ____ (for which assault #(s) ________)
11. Did the adult inform: (check or fill in the blank)
   a) police _______ (for which assault #(s) ________)
   b) doctor _______ (for which assault #(s) ________)
   c) other helping professional _______ (for which assault #(s) ________)
   d) family member _______ (for which assault #(s) ________)
   e) other _______ (for which assault #(s) ________)

12. To your knowledge was the perpetrator charged by the police, for the physical assault(s)? (Circle the appropriate response)
   Assault #1 1-Yes 0-No
   Assault #2 1-Yes 0-No
   Assault #3 1-Yes 0-No

13. To your knowledge, did the perpetrator ever receive counselling for the physical assault(s)? (Circle the appropriate response)
   Assault #1 1-Yes 0-No
   Assault #2 1-Yes 0-No
   Assault #3 1-Yes 0-No

***************************

Thank you for your time in completing this questionnaire. It is very much appreciated.

***************************
References


Reinhold Amadeus Hemrich was born in London Ontario Canada, on August 9, 1959. He received his elementary and secondary school education in London, Ontario. He graduated from King's College with his B.S.W. degree in June of 1982. From July 1982 until September 1986 he worked as a psychiatric social worker in both Brandon, Manitoba and St. Thomas, Ontario. He enrolled in the Master of Social Work program in the Fall of 1986 and will graduate and receive an M.S.W. degree at the September 1989 convocation. Since May, 1987, he has worked for Family Service London, providing individual, marital, family and group social work treatment.

During the latter part of 1982 he and two colleagues published a paper entitled "Dealing with resistance in group work with adolescents" contained in Norma C. Lang and Christine Marshalls' (editors), Patterns in the Mosaic, Volume II, published by the Committee for the Advancement of Social Work with Groups, Inc.