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The Effects of Disclosing Childhood Sexual Abuse on an Adult Survivors' Sense of Self-Esteem, Personal Trauma, and Interpersonal Capabilities

Susan E. Rudolph

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THE EFFECTS OF DISCLOSING CHILDHOOD SEXUAL ABUSE ON AN ADULT SURVIVORS' SENSE OF SELF-ESTEEM, PERSONAL TRAUMA, AND INTERPERSONAL CAPABILITIES

by

Susan E. Rudolph
Bachelor of Science, North Dakota State University, 1997

A Thesis
Submitted to the Graduate Faculty
of the
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for the degree of
Master of Arts

Grand Forks, North Dakota
December
2002
This thesis, submitted by Susan E. Rudolph in partial fulfillment of the requirements for the Degree of Master of Arts from the University of North Dakota, has been read by the Faculty Advisory Committee under whom the work has been done and is hereby approved.

(Chairperson)

This thesis meets the standards for appearance, conforms to the style and format requirements of the Graduate School of the University of North Dakota, and is hereby approved.

Dean of the Graduate School

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The Effects of Disclosing Childhood Sexual Abuse on an Adult Survivors’ Sense of Self-esteem, Personal Trauma, and Interpersonal Capabilities

Department
Counseling Psychology

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The investigation of this study would not have been possible without the participants in this study (survivors of child sexual abuse) who courageously shared their experiences. Thank you. Your life experiences continue to produce a greater understanding of the tremendous impact child sexual abuse has on individuals. May your knowledge decrease child sexual abuse victims from further pain, continue awareness of child sexual abuse, and stop future crimes of child sexual abuse.

Through this study I spoke to many dedicated and truly caring individuals from crisis and university counseling centers. Those counselors and psychologists took the time to help me distribute this study to survivors of child sexual abuse. Thank you for the ongoing work that you do everyday with survivors.

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ABSTRACT

Nineteen survivors of childhood sexual abuse who are receiving services from supportive agencies participated in this study. Counselors from crisis centers and university counseling centers distributed questionnaires to possible participants who disclosed childhood sexual abuse. Perceptions of the first experience of disclosure from the participants were examined, along with the duration of abuse, to find a possible correlation between these variables, current self-esteem levels, levels of trauma, and interpersonal capabilities. Instruments used included the Disclosure of Abuse Scale, Rosenberg’s Self-Esteem Scale, Trauma Symptom Checklist – 40, and the Interpersonal Reactivity Index. The hypotheses of the study included 1) perception of duration and disclosure of abuse will have a significant correlation with survivor’s current self-esteem, 2) perception of duration and disclosure of abuse will have a significant correlation with survivor’s level of trauma, and 3) perception of duration and disclosure of abuse will have a significant correlation with survivor’s interpersonal capabilities. Duration of abuse and disclosure were not found to have an association with an adult survivor’s 1) sense of self-esteem, 2) level of trauma, 3) or interpersonal capabilities. However, the study did find an association between an adult survivor’s 1) self-esteem and level of trauma, 2) level of trauma and personal distress, and 3) personal distress and self-esteem. Implications of such findings are discussed.
CHAPTER I
INTRODUCTION

Research has indicated that adult survivors of childhood sexual abuse may not react in one consistent pattern but may express a variety of reactions (i.e., positive, neutral, or negative) to their experiences of childhood sexual abuse (Long & Jackson, 1993). These effects may be seen throughout the survivor’s adult life (Browne & Finkelhor, 1986; Lamb & Edgar-Smith, 1994). Some of the negative effects may include depression, anxiety or tension, poor self-esteem, self-destructive behavior, and difficulty in interpersonal relationships (Browne & Finkelhor, 1986; Green, 1993; Gries, Goh, Andrews, Gilbert, Praver, & Stelzer, 2000; Testa, Miller, Downs, & Panek, 1992). Disclosure of the abuse may further complicate the survivor’s experience. Disclosure of childhood sexual abuse may result in a continuum of reactions from the respondent, which in turn may or may not have an impact on the survivor’s psychological adjustment (Arata, 1998; Lamb & Edgar-Smith, 1994; Long & Jackson, 1993; Roesler & Wind, 1994). Responses to the disclosure of childhood sexual abuse are important to the survivor, as they could affect the continuation of abuse, the survivor’s psychological functioning, and the survivor’s interpersonal relationships (Arata, 1998; Browne & Finklehor, 1986; Lamb & Edgar-Smith, 1994; Roesler & Wind, 1994).

The purpose of this study was to examine the association that perceived effects of duration and disclosure of childhood sexual abuse have with an adult survivor’s sense of
self-esteem, personal trauma, and interpersonal capabilities. For the purposes of this study, disclosure was defined as the first verbal disclosure of childhood sexual abuse intentionally revealed by the survivor to another person (family member, relative, friend, teacher, therapist, or other). The reactions from the respondents were examined on a continuum of positive to negative responses. The effects of the respondent’s reactions on the survivor were analyzed in relationship to the survivor’s sense of self-esteem, level of personal trauma, and interpersonal capabilities. Duration of abuse was also examined conjointly with the impact of disclosure, as length of abuse has tentatively been shown to correlate with self-esteem, trauma, and interpersonal capabilities (Browne & Finkelhor, 1986).

The literature suggests five main areas that may affect an adult survivor of childhood sexual abuse. Those five areas are as follows: 1) Disclosure of the abuse, 2) Duration of the abuse, 3) The survivor’s current self-esteem, 4) The survivor’s level of trauma, and 5) The survivor’s interpersonal capabilities. Each of these areas is reviewed next.

Literature Review

Disclosure of the Abuse

The disclosure of childhood sexual abuse may have a profound impact on the survivor’s psychological and physiological well being depending upon how a survivor perceives the reaction. The literature discusses the reasons survivors are reluctant to disclose, such as not being believed or supported in the disclosure. One explanation for a poor reaction to disclosure may be due to a lack of knowledge in the area of sexual abuse or not knowing how to react to a disclosure of sexual abuse.
Arata (1998) found a relationship between disclosure and fewer symptoms of Post Traumatic Stress Disorder (PTSD), including intrusion and avoidance. Arata (1998) suggested that if children do not disclose the initial contact of abuse, they are more likely to keep the abuse a secret. Therefore, the abuse is more likely to continue and the effects of the abuse on the child increase from mild to severe. This same child may develop emotional and mental problems as an adult because of an increase in guilt and self-blame for feeling that they “let” the abuse continue. This guilt and blame for not disclosing the abuse may lead the child into a lifestyle of avoidance as a way to cope with his or her abuse. Thus, as an adult the survivor will continue to use avoidance and intrusion as coping mechanisms (Arata, 1998).

One study by Roesler (2000) indicated that childhood sexual abuse victims might be more hesitant to disclose than adult victims of sexual abuse. This hesitancy could be due to the child fearing that the adult perpetrator will be believed over the child. This fear and reluctance to disclose is especially true when the abuse occurs within the family. On average, Roesler’s study concluded that the wait between the cessation of abuse and the disclosure is 14 years. Even after the children were able to disclose, 80% of the children recanted their stories due to pressure from the family. Children who recant telling about their sexual abuse have been shown to have significantly more effects of posttraumatic stress than children who may or may not re-disclose (Gries et al., 2000). Likewise, children who disclosed sexual abuse without recantation displayed significantly lower signs of dissociation than those children who recanted their story of sexual abuse (Gries, et al., 2000). Therefore, childhood disclosure may produce an array of positive and
negative effects that could help increase or decrease a child’s willingness to further discuss the abuse.

Reactions from childhood sexual abuse have been shown to vary according to whether the disclosure occurred in childhood or adulthood (Arata, 1998; Lamb & Edgar-Smith, 1994; Roesler & Wind, 1994). In an earlier study by Roesler and Wind (1994), the authors found that initial disclosures from children were most likely to be received by a family member. However, initial adult disclosure was most likely received by a friend, partner, or therapist. The reactions varied from parents who mostly reacted in a less favorable fashion (anger towards the survivor, ignoring the survivor, and blaming the survivor) to nonfamily members, friends, or therapists who tended to react in a more supportive manner (Arata, 1998; Roesler & Wind, 1994). An important differentiation in disclosing sexual abuse is in the survivor’s perception of receiving support and the respondent of the disclosure feeling supportive in his or her reaction (Gries, et al., 2000). For example, a survivor may misperceive the respondent’s attempt at support or the respondent may feel supportive but may not fully give the survivor a helpful or supportive reaction. Arata (1998) found that an unfavorable reaction from a friend increased the survivor’s global distress, trauma symptoms, and intrusion/avoidance symptoms. Roesler and Wind (1994) and Lamb and Edgar-Smith (1994) found that regardless of who was told about the abuse, the younger the survivor the less likely a favorable reaction was received; therefore, the age of disclosure may influence the degree (or lack) of support given to the survivor.

Pennebaker (1997) found that disclosure releases tension and stress on the body’s physical and psychological functioning. An individual who writes or speaks about
upsetting situations may be able to change the person's basic values, daily thinking patterns, and feelings about oneself in a more positive fashion. In essence, disclosure keeps an individual content by maintaining his or her own self-views. Pennebaker (1997) found this true of any topic that was being disclosed. Lack of disclosing these thoughts or feelings can be unhealthy for the human body and mind. Although, if the reaction from the individual to whom the abuse is disclosed is negative, Pennebaker found that the survivor in general is more likely to become depressed, hostile, and withdrawn. As discussed previously, other studies have found that negative responses to disclosure create higher levels of trauma symptoms, Post Traumatic Stress Disorder (PTSD), dissociation, and avoidance (Arata, 1998; Roesler, 2000) Likewise, a supportive reaction from disclosure may lead to better adjustment as a child and higher self-esteem in adulthood (Arata, 1998).

Gries, et al. (2000) found that children who were in the process of actively disclosing sexual abuse displayed less externalizing behavior than children who did not disclose the abuse. In addition, children who received full support from their caregivers showed a significantly lower level of depression than children who only received partial support from caregivers (Gries, et al., 2000). One explanation for children not receiving full support is that many caregivers or parents are under the misconception that an open conversation about the sexual abuse will increase further trauma or stir up memories that may harm the child (Gries, et. al., 2000).

Pennebaker (1997) expands on the reasons that may cause an individual to react in a negative or nonsupportive manner to disclosure. The recipient of the disclosure may not know how to react to the information. The information that is being disclosed may be
uncomfortable for that individual and he or she may not want to say or do something that may hurt the victim more. By ignoring the victim or the subject that has been disclosed, the recipient attempts to make the victim feel more comfortable when in reality it is the recipient that wants to be more comfortable. The victim then goes through a process of being revictimized and experiencing many negative psychological and physical symptoms (Pennebaker, 1997).

Disclosure of sexual abuse creates many emotions such as guilt, shame, fear and an uncomfortable chaos for the family of the survivors. Survivors may feel that it is their fault for creating chaos in the family. Additionally, family members may exacerbate that feeling by not knowing how to react to the disclosure of abuse. Recantation can occur if the child is not supported or disbelieved in his or her family. One factor that may impact recantation or even nondisclosure is the duration of abuse. Duration of abuse has been found to be a controversial issue, especially in regard to the impact that duration has on the disclosure and the survivor of sexual abuse.

**Duration of Abuse**

The literature is in disagreement as to the effect duration of abuse may have on survivors of childhood sexual abuse. Some studies have focused on the combination of duration and frequency of sexual abuse as predictors of higher levels of unhealthy adjustment, low self-worth, and even suicidal ideation.

Much of the research suggests the need for further studies on the duration of abuse (Browne & Finklehor, 1986; Rew, Esparza, & Sands, 1991). Browne and Finkelhor (1986) argued that research is needed due to the controversy between whether the duration of abuse is associated with greater trauma. One study found that survivors who
endured sexual abuse for more than 5 years rated the abuse as being extremely or considerably traumatic when compared to survivors whose sexual abuse lasted less than five years. (Russell, in press as cited in Browne & Finkelhor, 1986). Green (1993) reviewed more than 100 articles related to immediate and long-term effects of child sexual abuse. Overall, Green (1993) found that survivors who are sexually abused as children may endure more severe and longer lasting symptoms (i.e., depression, aggressiveness, dissociation, sexual dysfunction, interpersonal mistrust) when compared to adult survivors who are victims of rape due to more frequent sexual assaults over a longer period of time. Tsai, Feldman-Summers, & Edgar (1979) found a direct relationship between (combined) frequency/duration of abuse and the feelings of guilt and pain in women who were abused over a longer duration of time (4.7 years compared to 2.5 years). Interestingly, Tsai et al. noted that survivors who displayed healthier forms of adjustment in adulthood had 1) support from friends and family members and 2) sympathetic and understanding sexual partners who helped to stop the feelings of “hatred and disgust” felt toward most males. Tsai, et al. (1979) studied three groups (n=30) of women: 1) a group who were seeking therapy for childhood molestation, 2) a group who had been molested as children but had never been in therapy and described themselves as well-adjusted, and 3) a group who had not been molested but matched the first group’s age, marital status, and ethnicity. The study investigated adjustment differences in adult women who were sexually molested as children. Tsai, et al. (1979) concluded three main findings about women who sought therapy for child molestation when compared to women who had never sought therapy and considered themselves well adjusted: 1) molestation occurred at a later age in childhood, 2) more negative feelings were
associated with the molestation, and 3) there was a higher frequency and duration of abuse. In addition to the information noted, Tsai, et al. (1979) also found an association between (combined) duration/ frequency of abuse and negative effects (e.g., associations between the sexual activities involved with the molestation and guilt/pain) in survivors who sought counseling. Interestingly, women who had been molested and considered themselves well-adjusted were similar to women who had not been molested in the following ways: 1) frequency of orgasm was greater, 2) number of sexual partners was lower (less than 15), 3) sexual responsiveness with current partners was greater, 4) sexual satisfaction with current partners was greater, 5) satisfaction with the quality of relationships with men was greater, and 6) perception of themselves was considered to be better adjusted than the women who were molested and currently in therapy.

Arata (1998) recruited and compared 860 undergraduate females who had both disclosed and not disclosed child sexual abuse. Specifically, the study investigated the impact that telling or not telling had on survivor’s current functioning. The study found that disclosure was less likely to occur if the sexual abuse lasted longer than 1 year or if the abuse involved actual physical contact (Arata, 1998). A possible reason for the length of sexual abuse associated with the decrease in disclosure is due to how the perpetrator may have “groomed” the survivor (Arata, 1998). For example, sexual abuse may start by complimenting the child or brushing up against the child. Over the course of time the sexual abuse escalates to touching, fondling, and then more forceful, physical contact. Once the abuse has been ongoing it is difficult for a child to disclose because the abuse has been occurring for a long period of time and the child may feel like he or she will be blamed for not telling sooner.
The disagreement within the literature as to a direct association between 1) duration of abuse and trauma and 2) duration of abuse and disclosure heightens the need for further research. Research that addresses duration of abuse with other variables such as trauma or disclosure of abuse would provide a more complete picture that may aid in understanding these discrepancies.

**Self-Esteem**

The literature regarding self-esteem and childhood sexual abuse suggests that child sexual abuse may have an impact on psychological and physiological self-esteem. A lowered level of self-esteem may persist in adult survivors of child sexual abuse due to disbelief by others in reporting the sexual abuse, shame by family members, and trust issues resulting from being manipulated by the perpetrator.

Testa et al. (1992) found that women seeking mental health treatment for childhood sexual abuse have more severe psychological symptoms and lower self-esteem than women who have not been abused. In fact, women who have been sexually abused as children are four times more likely to report lower self-esteem when compared to women without a history of abuse (Browne & Finkelhor, 1986). In addition, Tebbutt, Swanston, Oates, and O'Toole (1997) measured depression, self-esteem, and behavior problems in children of sexual abuse (ages 5-15) 18 months and five years after disclosure of the abuse. The study did not find a significant improvement in sadness / depression, self-esteem, or behavior problems when the children were assessed after five years. Furthermore, 30% of the children experienced a deteriorated self-esteem at the five-year follow-up (Tebutt et al., 1997). As a result of these findings, Tebett et al. (1997) asserted that children of sexual abuse have ongoing problems in depression, self-esteem,
and behavior when compared to children without abuse. These findings were significant as the research included the report of the survivors’ parent(s), as well as the self-report of the child survivors (Tebutt, et al., 1997). Tebutt et al. (1997) further asserted that part of the reason for this deterioration is due to parents wanting to renormalize their lives with extended family, which often included the abuser(s). This need for normalization puts the survivor into a position of having ongoing contact with the abuser, which may cause the child more trauma. Their conclusions suggested that traumatization might be reflected in a survivor’s lower sense of self-esteem and interpersonal capabilities.

Not only are survivors of childhood sexual abuse more inclined to have lower psychological self-esteem as adults, but survivors also tend to experience a more negative sense of physical self-esteem (Brayden, Deitrich-MacLean, Dietrich, Sherrod, & Altemeier, 1995). Brayden, et al. (1995) hypothesized that the reason for a lowered sense of physical self-esteem is due to the sexual nature of the abuse and how that impacts the thoughts the survivor has about his or her physical body. Campling (1992) explains that due to the sexual violation of the abuse, sex becomes linked with violence, fear, guilt, and shame. The guilt and shame in particular may be due to the survivor becoming sexually excited (which was then exploited by the perpetrator) or the survivor telling the secret of sexual abuse (Campling, 1992). As a result of telling, the survivor was disbelieved, shamed, or made to feel like he or she broke up the family (Campling, 1992).

Some survivors may feel that they can only be loved when they are being victimized, which may be reinforced when the survivor feels the disclosure of sexual abuse was not received in a supportive manner. This need for love may affect a survivor’s
self-esteem, create issues of trust, increase a survivor’s level of trauma, and create interpersonal problems (DiLillo, 2001; Henry, 1997; Wyatt & Newcomb, 1990).

**Trauma**

The literature related to trauma and childhood sexual abuse discusses the idea that survivors of child sexual abuse endure trauma as a result of the physical and mental aspects of the sexual abuse. Trauma has been cited in the literature as creating a sense of loss for the survivor wherein she or he grieves her or his mental and physical self. Recently, discussion has arisen to expand on additional trauma that may occur as a result of others’ poor reactions to the disclosure of sexual abuse. In contrast to poor reactions, a positive or supportive reaction to the disclosure of child sexual abuse may create trust within a survivor that may in turn help to decrease further trauma to the survivor.

Classen, Field, Atkinson, and Spiegel (1998) compared female adult childhood sexual abuse survivors’ ideal or future self to their mood and trauma. The results indicated that trauma had a significant impact on the distance the survivor felt from herself. Classen, et. al, (1997) measured both mood and trauma to investigate which had a greater impact on the survivor’s current self to the survivor’s ideal self. The relationship between the self and the trauma distanced greater to suggest a relationship between the trauma and not just the survivor’s mood. Therefore, adult survivors were found to have a significant correlation between traumas endured by sexual abuse and the loss of a core self (Classen et al., 1997).

Trauma can be caused by many different sources, such as the actual trauma incurred by the sexual abuse or trauma that may result from the reaction of others following the disclosure of the sexual abuse. Specifically, denial and repression may
pursue the flood of anxiety that often follows a disclosure (Gries, et al., 2000). Sinclair & Gold (1997) found that there is a significant relationship between withholding information (want to disclose but not able to disclose) and the level of trauma a survivor of sexual abuse endures. For example, a survivor may be told by his or her family not to tell others or may be ridiculed by the person the survivor first told about the abuse (Sinclair & Gold, 1997).

Gries, et al. (2000) investigated positive reactions to sexual abuse disclosure by children (6-18 years old) and recovery from the trauma of the sexual abuse. Twenty-one children in foster care who were seeking psychotherapy on a regular basis participated in the study. Individually, therapists and child survivors coded how significant persons in the child’s life reacted to the child’s disclosure. Gries et al. found a significant correlation between positive disclosure and healthy emotional functioning (e.g., lower depression). Children expressed a better outlook on life when receiving multiple forms of support (emotional support – love, acceptance, non-abandonment; feeling believed; instrumental support- protection from further abuse, medical/social interventions; action toward the perpetrator). Gries and colleagues findings provide strong evidence for the hypothesis that positive and convincing support for a survivor of child sexual abuse immediately following the disclosure can help to reduce the likelihood of recantation and further trauma.

Henry (1997) investigated further traumatization from systems interventions (i.e., child protection investigators, counselors, police officers, court personnel) that were working with sexually abused children after disclosing sexual abuse. Interestingly, societal systems interventions were secondary sources of trauma; the primary sources of
trauma developed from the sexual abuse and family dynamics surrounding the disclosure (Henry, 1997). One of the key issues for the children interviewed was personal safety. Specifically, safety at home from verbal attacks by the children’s mothers. The main reason for the attacks was due to the relationship between the mother and the perpetrator: the children’s father (36%), stepfather (22%), mother’s boyfriend (18%), or siblings/relatives within the household (20%) (Henry, 1997). Trust in a professional (counselor, child protection investigator, police officer, court personnel) is one of the factors that can decrease trauma from disclosure (Henry, 1997). Ninety percent of child survivors agreed that trust in a professional helped in the psychological and emotional recovery of the sexual abuse (Henry, 1997). Henry (1997) also ascertained that disclosures must be precipitated with an honest assertion of what may happen after the disclosure, as this may help the child prepare for significant changes in his or her life (i.e., new home placement, offender incarceration, or potential family responses). Familial and social responses are key to decreasing the trauma that may be provoked in the initial disclosure of sexual abuse (DiLillo, 2001). The establishment of trust is critical when minimizing the potential for trauma in sexually abused children (DiLillo, 2001; Henry, 1997).

**Interpersonal Capabilities**

The literature related to interpersonal capabilities and child sexual abuse overviews several areas that impact a survivor’s interpersonal abilities. Such areas include relating socially or intimately with adult males or females, not trusting oneself or others, and difficulties with sexual dysfunction. In general, an adult survivor of child
sexual abuse may experience more difficulties in sexual and interpersonal relationships when compared to non-abused individuals.

The long-term effects of a history of childhood sexual abuse are associated with an increased risk for mental health problems and adjustment problems in adulthood (Browne & Finkelhor, 1986). Women who have been sexually abused as children are more likely than women who were not sexually abused as children to display depression, self-destructive behavior, anxiety, feelings of isolation and stigma, poor self-esteem, a tendency toward revictimization, and substance abuse (Browne & Finkelhor, 1986; DiLillo, 2001). The literature suggests that there is such a profound betrayal of trust in survivors of child sexual abuse that the results of the abuse are long lasting and often the result is difficulties with interpersonal trust and sexual/interpersonal relationships (Browne & Finkelhor, 1986; Courtois, 1988; DiLillo, 2001; Rew et al., 1991; Rumstein-McKean & Hunsley, 2001). Due to these difficulties with trust, adult survivors of childhood sexual abuse seem to gain a vulnerability that nonabused people do not experience. This vulnerability may be attributed to a higher probability of being sexually assaulted later on in life or having an abusive husband or partner (Browne & Finkelhor, 1986).

Younger survivors may be more vulnerable to the impact of sexual abuse because of their impressionability and vulnerability. This vulnerability may affect the survivor’s ability to establish long-term relationships and establish a sense of self (Browne & Finkelhor, 1986). Rew et al. (1991) found that survivors who were abused when they were older (twenty-two years or above) scored significantly higher than survivors who were abused when they were younger (below twenty-one years) in coping and self-
efficacy. The way a survivor copes and interprets his or her abuse can have long lasting effects on the survivor’s personal relationships. Long and Jackson (1993) also found that the level of guilt and fear has an impact on the survivor’s social adjustment. For example, a survivor who feels extreme fear and guilt will display poorer social adjustment. Thus, survivor’s affective response to their experience of abuse was found to be associated with long-term adjustment (Long & Jackson, 1993).

The effects of childhood sexual abuse may be traumatic and continue throughout a survivor’s adult life (Browne & Finkelhor, 1986; Testa et al., 1992). Further trauma to the survivor may be dependent upon the perception of disclosure and duration of abuse (Arata, 1998; Browne & Finklehor, 1986; Lamb & Edgar-Smith, 1994; Long & Jackson, 1993, Roesler & Wind, 1994). Overall, the effects of childhood sexual abuse, trauma, and possibly disclosure of that trauma, may impact the survivor’s sense of self-esteem and interpersonal functioning (Arata, 1998; Browne & Finklehor, 1986; Lamb & Edgar-Smith, 1994; Roesler & Wind, 1994).

**Purpose of Study**

Given the literature reviewed regarding the topic of childhood sexual abuse, and its relationship to self-esteem, trauma, and interpersonal capabilities, the purpose of this study was to examine the association that disclosure and duration of child sexual abuse may have with (1) current levels of self-esteem, (2) levels of trauma symptoms, and (3) levels of interpersonal capabilities among survivors of childhood sexual abuse. The predictor variables in this study are duration and disclosure of abuse. The criterion variables (considered individually) are current self-esteem levels, trauma symptoms, and interpersonal capabilities. The hypotheses were:
1) Duration and disclosure of abuse will significantly predict survivor's current self-esteem levels,

2) Duration and disclosure of abuse will significantly predict survivor's level of trauma, and

3) Duration and disclosure of abuse will significantly predict survivor's interpersonal capabilities.
CHAPTER II
METHOD

Participants

Nineteen survivors of childhood sexual abuse responded from crisis and university counseling centers within the United States that work with adult survivors of childhood sexual abuse. The author contacted various agencies by phone to participate in the study. A description of the study was sent to each agency, including the four instruments, a letter of consent to be signed from the agency granting permission to participate in the study, and the surveys (along with consent forms) to be given to the participants. The counselors were asked to invite clients who disclosed childhood sexual abuse to participate in the study. The clients who disclosed childhood sexual abuse to their counselors were asked by the counselor to participate in the study. One hundred surveys were sent for a return rate of twenty percent. This return rate is slightly less than that of Koraleski and Larson (1997) who used similar sampling methodology and reported a return rate of 25%.

Disclosure was defined as the first verbal statement that was revealed to another person (family member, relative, friend, teacher, therapist, or other) by the survivor regarding the survivor’s childhood sexual abuse. An adult survivor of childhood sexual abuse was defined as any person who was forced or coerced into sexual behavior as a child (under the age of 18). The sexual behaviors might have included but are not limited
to verbal sexual harassment, noncontact (being asked/told touch self or asked/told to undress), or physical contact of a sexual nature.

The participants were fairly homogeneous. Demographic data included age, gender, ethnicity, education level, and relationship status. The ages ranged from twenty to fifty-six with a mean of thirty-eight. All of the participants (N=19) were female. See Table 1. Participant’s ethnicity included Caucasian (95%, 18/19) and other (5%, 1/19). Education level ranged from partial college (37%, 7/19) and college degree (42%, 8/19) to high school/GED (5%, 1/19) and two or more degrees (5%, 1/19). Fifty-three percent of participants (10/19) were married, 11% of participants (2/19) were living with a partner, 11% of participants (2/19) were involved in a serious relationship but not living with a partner, and 26% of participants (5/19) were not involved in a relationship. The survivors in this study had a mean disclosure age of 18, ranging from six to 27 years. See Table 2. The mean age at the start of the sexual abuse was 6, ranging from four to 17 years. Twenty-one percent (4/19) of the survivors disclosed to a counselor/therapist, 21% (4/19) disclosed to a friend, 21% (4/19) disclosed to a parent, and 16% (3/19) disclosed to a partner/spouse. See Table 3. Sixteen percent (3/19) of the survivors were abused by the same person over a period of 10 years. See Table 4. Additionally, 21% (4/19) of the survivors did not disclose until 10 years after the abuse occurred. In contrast 16% (3/19) were abused one time by the same person and 16% (3/19) told after the abuse had occurred once.

The perpetrators of the participant’s sexual abuse varied in this study: 26% (5/19) were siblings, 21% (4/19) were labeled as “other”, 16% (3/19) were parents, 11% were grandparents (2/19) or parent and caregiver (2/19), and 5% were a cousin (1/19) or
boyfriend/girlfriend (1/19) or multiple perpetrators (1/19). The majority of the perpetrators were male (89.5%, 17/19) while 10.5% (2/19) were both male and female. Separate perpetrators abused 63% (12/19) of the survivors. See Table 5.

Table 1

<table>
<thead>
<tr>
<th>Demographic Characteristics of Adult Survivors of Childhood Sexual Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Ethnicity</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>Caucasian</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Level of education</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>High School/GED</td>
</tr>
<tr>
<td>Business/Technical School</td>
</tr>
<tr>
<td>Partial College</td>
</tr>
<tr>
<td>College Degree</td>
</tr>
<tr>
<td>Two or more Degrees</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Relationship Status</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>Married</td>
</tr>
<tr>
<td>Living with a partner</td>
</tr>
<tr>
<td>Involved, not living together</td>
</tr>
<tr>
<td>Not involved</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Procedures

Adult survivors of childhood sexual abuse who were interested in participating in the study received a packet of the surveys from their counselor. The packet included the Childhood Sexual Abuse Disclosure Scale, the Rosenberg Self-Esteem Scale, the Trauma...
Symptom Checklist (TSC-40), the Interpersonal Reactivity Index, a demographic form, a consent form, and two self-addressed stamped envelopes (one for the surveys and one for the consent form).

The participant filled out the surveys at a location of his or her choice. One option was an area within the agency that was safe and anonymous for the client. The counselor had the option to suggest this safe area; however, the counselor was not in the area while the participant filled out the surveys nor did the counselor see the results of the individual surveys. After the participant filled out the surveys, the participant used one self-addressed stamped envelope to send the surveys and the other self-addressed stamped envelope to send the consent form.

Table 2

**Adult Survivors of Sexual Abuse’s Current Age, Age at Abuse, Age at Disclosure, and Age of Sexual Abuser**

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>M</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Age</td>
<td>19</td>
<td>38.95</td>
<td>20.00</td>
<td>56.00</td>
</tr>
<tr>
<td>Age at start of Abuse</td>
<td>18*</td>
<td>8.16</td>
<td>4.00</td>
<td>17.00</td>
</tr>
<tr>
<td>Age at first Disclosure</td>
<td>18*</td>
<td>17.61</td>
<td>6.00</td>
<td>27.00</td>
</tr>
<tr>
<td>Age of Sexual Abuser</td>
<td>17*</td>
<td>28.64</td>
<td>10.00</td>
<td>70.00</td>
</tr>
</tbody>
</table>

*Absence of participant information (i.e., no answer was given by one or more participants).
<table>
<thead>
<tr>
<th>Table 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary of Disclosure Characteristics among Adult Survivors of Childhood Sexual Abuse</td>
</tr>
</tbody>
</table>

**First person disclosed to**
- Parent: 21.1% (4/19)
- Partner/Spouse: 15.8% (3/19)
- Cousin: 5.3% (1/19)
- Acquaintance: 5.3% (1/19)
- Friend: 21.1% (4/19)
- Counselor/Therapist: 21.1% (4/19)
- Other: 10.5% (2/19)

**Likelihood to tell a different person**
- Very likely: 15.8% (3/19)
- Likely: 15.8% (3/19)
- Somewhat likely: 21.1% (4/19)
- Not at all likely: 31.6% (6/19)
- Have told another person: 15.8% (3/19)

**Abuse occurring during disclosure**
- Yes: 21.1% (4/19)
- No: 78.9% (15/19)

**Did abuse stop after disclosure**
- No: 21.1% (4/19)

**Abuse did not occur during disclosure**
- Did not answer: 10.5% (2/19)

**How long waited between cessation of abuse and disclosure**
- > 6 months -12 months: 15.8% (3/17)
- 4-5 years: 5.3% (1/19)
- 6-10 years: 10.5% (2/19)
- 11-15 years: 36.8% (7/19)
- >15 years: 15.8% (3/19)
- Abuse was still occurring: 10.5% (2/19)
- Did not answer: 5.3% (1/19)
The signed consent forms and raw data are stored separately in locked file cabinets for a period of three years. At the end of the three years, the consent forms and the raw data will be shredded and destroyed.

Table 4

**Summary of Duration Characteristics among Adult Survivors of Childhood Sexual Abuse**

<table>
<thead>
<tr>
<th>How many times abused</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Once</td>
<td>15.8% (3/19)</td>
</tr>
<tr>
<td>Several (4 or more times)</td>
<td>78.9% (15/19)</td>
</tr>
<tr>
<td>Did not answer</td>
<td>5.3% (1/19)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How long abused by same person</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>One time</td>
<td>15.8% (3/19)</td>
</tr>
<tr>
<td>2-6 months</td>
<td>5.3% (1/19)</td>
</tr>
<tr>
<td>7-12 months</td>
<td>5.3% (1/19)</td>
</tr>
<tr>
<td>&gt;1 year, &lt; 2 years</td>
<td>15.8% (3/19)</td>
</tr>
<tr>
<td>3-4 years</td>
<td>10.5% (2/19)</td>
</tr>
<tr>
<td>5-6 years</td>
<td>15.8% (3/19)</td>
</tr>
<tr>
<td>7-8 years</td>
<td>10.5% (2/19)</td>
</tr>
<tr>
<td>9-10 years</td>
<td>5.3% (1/19)</td>
</tr>
<tr>
<td>&gt;10 years</td>
<td>15.8% (3/19)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How long abuse occurred before disclosure</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>One time</td>
<td>15.8% (3/19)</td>
</tr>
<tr>
<td>7-12 months</td>
<td>5.3% (1/19)</td>
</tr>
<tr>
<td>&gt;1 year, &lt; 2 years</td>
<td>10.5% (2/19)</td>
</tr>
<tr>
<td>3-4 years</td>
<td>5.3% (1/19)</td>
</tr>
<tr>
<td>5-6 years</td>
<td>15.8% (3/19)</td>
</tr>
<tr>
<td>7-8 years</td>
<td>10.5% (2/19)</td>
</tr>
<tr>
<td>9-10 years</td>
<td>10.5% (2/19)</td>
</tr>
<tr>
<td>&gt;10 years</td>
<td>21.1% (4/19)</td>
</tr>
<tr>
<td>Did not answer</td>
<td>5.3% (1/19)</td>
</tr>
</tbody>
</table>
# Table 5

**Summary Characteristics of Sexual Perpetrators**

<table>
<thead>
<tr>
<th>Relationship between survivor and perpetrator</th>
<th>Percentage (Cases)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>15.8% (3/19)</td>
</tr>
<tr>
<td>Sibling</td>
<td>26.3% (5/19)</td>
</tr>
<tr>
<td>Grandparent</td>
<td>10.5% (2/19)</td>
</tr>
<tr>
<td>Cousin</td>
<td>5.3% (1/19)</td>
</tr>
<tr>
<td>Boyfriend/Girlfriend</td>
<td>5.3% (1/19)</td>
</tr>
<tr>
<td>Other</td>
<td>21.1% (4/19)</td>
</tr>
<tr>
<td>Parent, Sibling, Cousin, Friend</td>
<td>5.3% (1/19)</td>
</tr>
<tr>
<td>Parent and Caregiver</td>
<td>10.5% (2/19)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender of Abuser</th>
<th>Percentage (Cases)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>89.5% (17/19)</td>
</tr>
<tr>
<td>Both Male and Female</td>
<td>10.5% (2/19)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Were there separate abusers at different times</th>
<th>Percentage (Cases)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>63.2% (12/19)</td>
</tr>
<tr>
<td>No</td>
<td>21.1% (4/19)</td>
</tr>
<tr>
<td>I don’t know</td>
<td>15.8% (3/19)</td>
</tr>
</tbody>
</table>

## Measures

**Childhood Sexual Abuse Disclosure Scale**

The Childhood Sexual Abuse Disclosure Scale was developed by the author to measure disclosure of sexual abuse. The scale consists of 38 total items, 24 items are specifically related to disclosure, four items are related to duration of abuse, and the remaining 10 items were used for informational purposes. The specific items related to disclosure contain a disclosure subscale totaling 24 items. Seven of the items are based on a 5-point Likert type scale ranging from (1) very supportive to (5) not at all supportive. For example, “Overall, how emotionally supportive of you was the person you told”. The scale ranges from a 7 – 35. All seven items were reverse scored with a higher number indicating a supportive or positive experience in disclosing and a lower
number indicating an unsupportive or negative experience in disclosing. The remaining 16 items were also based on a 5-point Likert type scale ranging from (1) Not at all to (5) Very much. For example, "Following my disclosure I felt: supported (1) Not at all to (5) Very much". Eight items on this part of the scale were reverse scored indicating the lower the score the more negative the experience was perceived by the survivor. The scale is rated from 16-80. See Appendix A for a sample of this scale.

Half of the disclosure subscale was based on previous work in the area of child sexual abuse and disclosure by Gold (1997). Gold (1997) investigated the long-term impact that disclosures may have on coping of adult survivors of childhood sexual abuse. The author contacted Dr. Gold by phone and was granted permission to use parts of her scale. In addition, permission was granted by Dr. Gold to revise parts of her scale to better suit the purposes of the author's study.

Other items on the scale included the first person the survivor disclosed his or her sexual abuse to, the age of the survivor when the sexual abuse occurred, and how often the survivor was able to speak to the person about his or her abuse after the disclosure. The scale was a pencil and paper self-report questionnaire.

Prior to use of this instrument, five professionals in the field gave feedback on the disclosure subscale. All five professionals had Ph.D.'s in counseling psychology and experience working with child sexual assault. Construct validity was analyzed by looking at the experts' ratings of each item according to a scale of (1) Essential, (2) Useful, but not essential, (3) Not necessary, and (4) Reworded but essential. In addition, a comment line was added to suggest rewording or other changes. For the first seven questions, 25% of the professionals stated that two questions should be "reworded, but essential". For
example, “How positively do you feel your disclosure was received?” was changed to “Did the person you told initially react positively to your choice to share this information with them?”. Twenty-five percent of the professionals stated that one question was “useful, but not necessary”. This question “How much do you feel your disclosure helped you towards dealing with your sexual abuse?” was left in the survey due to the majority of the professionals (75%) stating the question was “essential”. Due to suggestions, three questions were added to the scale. For example, “However the person reacted initially, how comfortable was the individual with your disclosure after some time had passed?”. For the remaining sixteen questions, 25% of the professionals stated that two questions should be “rewarded, but essential”. For example, “ostracized” was changed to “exposed”. Additionally, 50% of the professionals stated two questions should be “rewarded, but essential”. For example, “empowered” was changed to “relieved”. Twenty-five percent of the professionals stated that four questions were “necessary, but not essential”. Two examples include “understood” and “powerless”. However, due to the majority (75%) of the professionals stating that the questions were “essential” the questions were left on the scale. Due to suggestions, “hopeful about the future” and “exposed” were added to the scale. Following the data gathering period, the disclosure subscale had a coefficient alpha of .94, a mean of 70.53, and a standard deviation of 23.28 for the 19 participants considered in the main analyses.

The Rosenberg Self-Esteem Scale (Rosenberg, 1965)

The Rosenberg Self-Esteem Scale was developed by Rosenberg (1965) to measure global self-esteem. The scale consists of 10 items that are scored on a 4-point scale format (Shevlin, Bunting, & Lewis, 1995). The 4-point scale ranges from (1)
strongly agree, (2) agree, (3) disagree, to (4) strongly disagree. The scale measures the individual's self-reported feelings of self-esteem. Examples of items on the scale include "I feel that I have a number of good qualities" or "All in all, I am inclined to feel that I am a failure". Some items on the scale were reverse scored. The scale ranges from 0-30 where a higher score indicates a higher sense of self-esteem and a lower score indicates a lower sense of self-esteem. See Appendix B for a sample of this scale.

The scale is a self-report pencil and paper questionnaire. Robins, Hendin, & Trzesniewski (2001) tested the construct validity using a Single Item Self-Esteem Scale and the Rosenberg Self-Esteem Scale. Concurrent correlations between the Single Item Self-Esteem Scale and the Rosenberg Self-Esteem Scale ranged from .72 to .76 across six assessments, with a median of .75 (Robins, Hendin, & Trzesniewski, 2001). The Single Item Self-Esteem Scale and the Rosenberg Self-Esteem Scale had convergent correlations in the total sample that ranged from .89 to .94, with a median of .93. This was done after correcting for attenuation due to unreliability (Robins, Hendin, & Trzesniewski, 2001). Robins et al. (2001) found support for the construct validity of the Rosenberg Self-Esteem Scale and supported the validity for the Single Item Self-Esteem Scale. The Rosenberg Self-Esteem Scale has been established as reliable with an alpha ranging from .72 to .88 (Robins et al., 2001).

**The Trauma Symptom Checklist (TSC-40: Briere & Runtz, 1990)**

The Trauma Symptom Checklist (TSC-40) was developed by Briere and Runtz (1990) to measure long-term psychological effects of adult survivors of childhood sexual abuse (Burgess, 1991, p.59). Briere and Runtz (1987) devised the TSC-40 from The Trauma Symptom Checklist (TSC-33). In addition to providing an overall score, the
TSC-33 contains subscales on measuring Anxiety, Depression, Dissociation, Post-Sexual Trauma-hypothesized, and Sleep Disturbance. The TSC-40 expands to form a new Sexual Problems subscale and increases reliability in the Sleep Disturbance subscale. See Appendix C for an example of this scale.

The TSC-40 is a pencil and paper questionnaire. The scale ranges from 0-120 where a low score indicates no trauma and a high score indicates a high level of trauma. Each subscale is broken down into different sections ranging from 6-9 questions (Burgess, 1991, p.60). The subscales are scored on a Likert type scale containing answers that range from never (0), occasionally (1), fairly often (2), to very often (3) (Gold, 1997). Examples of items on the scale include “flashbacks (sudden, vivid, distracting memories)”, “sexual problems”, “having trouble breathing”, and “feelings of guilt”.

The TSC-40 has demonstrated reliability with an average subscale alpha of .69 and an alpha of .90 for the total TSC-40-. The new Sleep Disturbance subscale increased with an alpha of .77 compared to a previous alpha of .66 in a clinical sample and .73 in a nonclinical sample. The new Sexual Problems subscale is also reliable with an alpha of .73. The Sexual Abuse Trauma Index has a lower internal consistency of .62 when compared to other subscales but has improved from a prior alpha of .59. The total TSC-40 has a high reliability with an alpha of .90 (Burgess, 1991, p.61).

The Interpersonal Reactivity Index (Davis, 1980)

The Interpersonal Reactivity Index was developed by Davis (1980) to measure a global concept of empathy. The instrument consists of 28 items that are scored on a five-point scale secured by 0 (does not describe me well) and 4 (describes me very well) (Davis, 1980). The scale measures an individual’s self-reported concept of empathy.
Examples of items on the scale include “Sometimes I don’t feel very sorry for other people when they are having problems” or “In emergency situations, I feel apprehensive and ill-at-ease”. See Appendix D for an example of this scale.

The instrument is a self-report pencil and paper questionnaire. The instrument has four, seven-item subscales that include the fantasy scale, the perspective-taking scale, the empathic concern scale, and the personal distress scale. The four scales range from 0-28 and are scored accordingly: 1) a higher number on the fantasy scale indicates a tendency to identify with characters in movies, novels, and other fictional situations, 2) a higher number on the perspective-taking scale indicates a tendency or ability to adopt a point of view of other people, 3) a higher number on the empathic concern scale indicates a tendency to experience warm, compassion, and concern for others undergoing negative experiences, and 4) a higher number on the personal distress scale indicates that feelings of discomfort and anxiety when witnessing a negative experience of others (Davis, 1980).

Each scale was loaded on the highest factor for both males and females to obtain the most reliable instrument to measure empathy (Davis, 1980). The alpha coefficients were strong on each subscale ranging from .70 to .78 (Davis, 1980). For each subscale the standardized alpha coefficients ranged accordingly, the fantasy scale had an alpha of .78 for males and .75 for females, the perspective-taking scale had an alpha of .75 for males and .78 for females, the empathic concern scale had an alpha of .72 for males and .70 for females, and the personal distress scale had an alpha of .78 for males and .78 for females (Davis, 1980). The test-retest reliability coefficients were also fairly strong ranging from .61 to .81 (Davis, 1980). The administration of the questionnaire between the first and second interval ranged from 60 to 75 days. The following indicate the
specific test-retest reliability coefficient for each subscale; fantasy scale coefficient obtained a .79 for males and .81 for females, the perspective-taking scale coefficient obtained a .61 for males and a .62 for females, the empathic concern scale obtained .72 for males and a .70 for females, the personal distress scale obtained a .68 for males and a .76 for females (Davis, 1980). Sex differences were found to be significant between males and females where females scored higher than males in each case. The fantasy scale held the largest difference in the mean score for women was 18.75 and men was 15.73, $F(1,1176) = 96.28; p < .001$. Mean scores were as follows for the other three subscales: perspective-taking scale, 17.96 vs. 16.78, $F(1,1180) = 18.25; p < .001$, empathic concern scale, 21.67 vs. 19.04, $F(1,1180) = 129.09; p < .001$, and personal distress scale, 12.28 vs. 9.46, $F(1,1181) = 103.10; p < .001$ (Davis, 1980). Subscale intercorrelations were highly similar for males and females. The fantasy and perspective-taking subscales were essentially unrelated, with a correlation of approximately .10 for both males and females. Empathic concern and personal distress were also nearly unrelated with a correlation of .11 for males and .01 for females. Both males and females display a moderate correlation between the fantasy scale scores and the empathic concern scores ($r$’s = .33 and .30), but little relationship with personal distress. The perspective-taking scale is positively related to empathic concern ($r$’s = .33 and .30) but somewhat negatively related to personal distress scores ($r$’s = -.16 and -.29). The results indicate that the relationships are not so strong that the same constructs are being measured. Consequently, the current study will address each of these subscales individually when looking at the issue of interpersonal capabilities.
Design and Analysis

The Childhood Sexual Abuse Disclosure Scale, Rosenberg’s Self-Esteem Scale (Rosenberg, 1965), Trauma Symptom Checklist – 40, and the Interpersonal Reactivity Index (Davis, 1980) were used to measure the predictor and criterion variables. Predictor variables were disclosure and duration of abuse. The Criterion variables are 1) self-esteem, 2) levels of trauma, and 3) interpersonal capabilities.

A series of bivariate correlations were run to understand the basic relationship between the predictor and criterion variables. Specifically, as stated in hypotheses 1-3, it was predicted that statistically significant relationships would exist between disclosure and self-esteem, level of trauma, and interpersonal capabilities. Likewise, statistically significant relationships would exist between duration of abuse and self-esteem, level of trauma, and interpersonal capabilities. Five multiple regression analyses were then used to establish if duration of abuse and disclosure significantly predict current self-esteem, level of trauma, and interpersonal capabilities.

**Hypothesis #1**

The first regression analysis was conducted to look at disclosure and duration of abuse as predictors of current self-esteem. Disclosure was measured by the disclosure subscale of the Disclosure of Child Sexual Abuse Scale. Duration of abuse was measured by the Disclosure of Sexual Abuse Scale, specifically the question (number 15) asked, “How long did sexual abuse occur by that person?”. Current self-esteem was measured by total scores on Rosenberg’s Self-Esteem Scale.
Hypothesis #2

The second regression analysis was used to look at disclosure and duration of abuse as predictors of levels of trauma. Disclosure was measured by the disclosure subscale of the Disclosure of Child Sexual Abuse Scale. Duration of abuse was measured by the Disclosure of Sexual Abuse Scale, specifically the question (number 15) asked, “How long did sexual abuse occur by that person?” Trauma was measured by total scores on the Trauma Symptom Checklist-40.

Hypothesis #3

The third, fourth, and fifth regression analyses were used to look at the duration of abuse and disclosure as predictors of levels of interpersonal capabilities. In each of these analyses, duration of abuse was measured by the Disclosure of Sexual Abuse Scale, specifically the question (number 15) asked, “How long did sexual abuse occur by that person?”. Disclosure was measured by the disclosure subscale of the Disclosure of Child Sexual Abuse Scale. However, each of the analyses related to the third hypotheses had different measures of the criterion variable. Specifically, in the third regression analyses, the criterion variable was measured by the Perspective-Taking subscale; in the fourth, the criterion variable was measured by the Empathic Concern subscale; and in the fifth, the criterion variable was measured by the Personal Distress subscale of the Interpersonal Reactivity Index.
CHAPTER III

RESULTS

This chapter contains the results of the statistical analyses of this study. The following hypotheses were analyzed and discussed: 1) Duration and disclosure of abuse will have a significant correlation with survivor’s current self-esteem and 2) Duration and disclosure of abuse will have a significant correlation with survivor’s level of trauma, and 3) Duration and disclosure of abuse will have a significant correlation with survivor’s interpersonal capabilities. Additionally, the direction of the relationship between duration of abuse and the three criterion variables was predicted to be negative, while the relationship between the impact of disclosure and abuse is predicted to be positive.

Preliminary Analysis

Bivariate Correlations were computed among six scales: the Rosenberg Self-Esteem Scale, the Trauma Symptom Checklist-40, the three subscales of the Interpersonal Reactivity Index (Perspective-Taking Scale, Empathic Concern Scale, and Personal Distress Scale), and the disclosure subscale of the Disclosure of Sexual Abuse Scale. To control for Type I error across the sixteen correlations, a p-value of less than .01 was required for significance. The results of the correlation analyses show that six out of 28 correlations were statistically significant at the .01 p-level and were greater than or equal to (±).575. See Table 6. The correlation between Rosenberg’s Self-Esteem Scale and Trauma Symptom Checklist-40 were significant, \( r(18) = -.837, p<.01 \). The
Table 6

Correlation Matrices of the Rosenberg Self-Esteem Scale, Trauma Symptom Checklist-40, Interpersonal Reactivity Index, Disclosure Subscale of Disclosure of Sexual Abuse Scale (N=19)

<table>
<thead>
<tr>
<th></th>
<th>DUR</th>
<th>RSE</th>
<th>TSC</th>
<th>IRI PT</th>
<th>IRI EC</th>
<th>IRI PD</th>
<th>DIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUR</td>
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<tr>
<td>TSC</td>
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<td>-.837**</td>
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<td>.424</td>
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<tr>
<td>IRI PD</td>
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<td>-.575**</td>
<td>.708**</td>
<td>-.335</td>
<td>-.132</td>
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<tr>
<td>DIS</td>
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<td>-.059</td>
<td>-.001</td>
<td>-.246</td>
<td>-.331</td>
<td>-.180</td>
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Note. DUR = Duration of Abuse, RSE = Rosenberg Self-Esteem Scale, TSC = Trauma Symptom Checklist-40, IRI PT = Interpersonal Reactivity Index subscale Perspective Taking, IRI EC = Interpersonal Reactivity Index subscale Empathic Concern, IRI PD = Interpersonal Reactivity Index subscale Personal Distress, DIS = Disclosure Subscale of Disclosure of Sexual Abuse Scale
correlation between Rosenberg’s Self-Esteem Scale and Personal Distress Scale were significant, \( r(18) = -0.575, p<.01 \). The correlation between the Trauma Symptom Checklist and the Personal Distress Scale were significant, \( r(18) = 0.708, p<.01 \).

**Hypothesis #1**

The first hypothesis indicated that disclosure and duration of abuse would have a significant predictive relationship with a survivor’s current level of self-esteem. A multiple regression was conducted to evaluate if this hypothesis was supported. The predictor variables were disclosure and duration of abuse, while the criterion variable was current self-esteem. There was not a significant linear combination of disclosure and duration of abuse related to self-esteem. See Table 7.

**Hypothesis #2**

The second hypothesis indicated that disclosure and duration of abuse would have a significant predictive relationship with a survivor’s personal trauma level. A multiple regression was conducted to evaluate if this hypothesis was supported. The predictor variables were disclosure and duration of abuse, while the criterion variable was trauma level. There was not a significant linear combination of disclosure and duration of abuse related to trauma level. See Table 7.

**Hypothesis #3**

The third hypothesis indicated that disclosure and duration of abuse would have a significant predictive relationship with survivor’s interpersonal capabilities. A one-way analysis was conducted to evaluate if this hypothesis was supported. The predictor variables were disclosure and duration of abuse, while the criterion variable was interpersonal capabilities. There was not a significant linear combination of disclosure
and duration of abuse related to any of the three interpersonal capabilities scales of the Interpersonal Reactivity Index. See Table 7.

Table 7

Regression Analysis of Duration of Abuse and Disclosure with Self-Esteem, Trauma, and Interpersonal Capabilities (Perspective Taking, Empathic Concern, and Personal Distress)

<table>
<thead>
<tr>
<th></th>
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<th>Adjusted R Square</th>
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<th>p</th>
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<td>Disclosure with</td>
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<td>PD*</td>
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<td>-.06</td>
<td>.52</td>
<td>.61</td>
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</table>

Note. *PT = Perspective Taking, EC = Empathic Concern, PD = Personal Distress

Summary

The results of this study did not support the three hypotheses. Specifically, the results of this study did not substantiate 1) a significant relationship between duration and disclosure of abuse and self-esteem, 2) a significant relationship between duration and disclosure of abuse and trauma level, or 3) a significant relationship between duration and disclosure of abuse and interpersonal capabilities. The implications of these findings are discussed in Chapter IV.
CHAPTER IV
DISCUSSION

This study was designed to explore three hypotheses in regards to the impact that duration and disclosure of child sexual abuse have on and adult survivor’s self-esteem, trauma level, and interpersonal capabilities. This chapter includes a summary of results, implications and limitations of the findings, and recommendations for future research.

Summary of Results

Preliminary Analysis

The preliminary analysis included bivariate correlations among Rosenberg’s Self-Esteem Scale, Trauma Symptom Checklist-40, three subscales of the Interpersonal Reactivity Index (Perspective-Taking Scale, Empathic Concern Scale, and Personal Distress Scale), and the Disclosure Subscale of the Disclosure of Sexual Abuse Scale. These scales measure self-esteem, level of personal trauma, perspective-taking, empathy for others, personal distress, and support or lack of support in disclosing child sexual abuse, respectively. The following is a summary of those findings.

The lack of significance regarding duration and disclosure of sexual abuse with all three predictor variables is of particular interest to the author. Three main impressions emerged from these findings. First, this study found an eight-year difference between the time the sexual abuse occurred and when the survivor disclosed the sexual abuse. The long wait between start of sexual abuse and disclosure (M=8.16) may have impacted 1)
who the survivor chose to tell and 2) how the survivor was able to either better express or
deny her feelings at an older age. For example, over half of the survivors (55%) in this
study told a non-family member (counselor/therapist, friend, partner/spouse) about the
sexual abuse, an act that has been shown in the literature to have an association with
more positive responses (Arata, 1998; Roesler & Wind, 1994). Second, the mean age of
disclosure was 16 years of age. Roesler and Wind (1994) and Lamb and Edgar-Smith
(1994) found regardless of who was told about the abuse, the younger the survivor the
less likely a favorable reaction was received. Therefore, it is likely that the majority of
survivors in this study experienced a more supportive or positive reaction due to
disclosing the sexual abuse at a later age (16 years). Third, roughly one third (32%) stated
"not at all likely" when asked if she would disclose to a different person about the abuse.
This finding is especially important to counselors who may be working with a survivor of
sexual abuse. The survivor may display signs or symptoms that can be mistaken for a
particular disorder, when in fact the survivor is truly reacting to the trauma from the
sexual abuse. However, the survivor may not disclose the past sexual abuse due to
negative experiences from a past disclosure. Perhaps, a larger sample may have shown a
stronger relationship between disclosure and nonsupportive responses (in this particular
question) to the survivor's disclosure, as would an ample population that included
survivors who currently were not in therapy. The significant findings of this study are
discussed next.

The preliminary findings found a significant correlation between 1) self-esteem
and trauma level, 2) self-esteem and personal distress, and 3) personal distress and
trauma. The relationship between self-esteem with trauma and personal distress are discussed first. Browne and Finkelhor (1986) found that women who are sexually abused as children have a lower sense of self-esteem by four times in comparison to nonabused women. It seems reasonable that a survivor who experiences a higher rate of trauma and a higher level of personal distress would also have a lower sense of self-esteem as found in this study. Additionally, Testa et al. (1992) found that women who are seeking mental health treatment for childhood sexual abuse have higher rates of severe psychological symptoms and lower self-esteem when compared to women who have not been abused. This study also focused upon survivors who are currently seeking therapy and found a connection between lower self-esteem and higher rates of trauma, which supports Testa et al. (1992) in their findings. The relationship between trauma with personal distress and self-esteem are discussed next.

The literature supports a significant correlation between trauma and the distance a survivor of sexual abuse feels from herself (Classen, et. al., 1997). This distance may account for the significant correlation in this study between 1) trauma and increased personal distress and 2) trauma and lower self-esteem. This study investigated the long-term effects of child sexual abuse by surveying adult survivors of child sexual abuse. The impact of child sexual abuse as proven by these associations is an ongoing, life long process. The survivors of child sexual abuse in this study still carry the trauma of the sexual abuse through flashbacks, nightmares, fear of men, memory problems, sexual problems, and feeling things are unreal. Due to these feelings and experiences, survivors in this study experience low self-esteem where they do not feel worthy, feel useless, and
feel like a failure. These same feelings of low self-esteem impact the survivor's personal
distress level. The personal distress is exhibited when the survivor feels helpless in the
middle of a very emotional situation, is scared in a tense emotional situation, tends to lose
control in emergency situations, and tends to go to pieces when the survivor sees
someone in an emergency who needs help. The association between trauma and personal
distress is almost circular. The survivor's in this study are experiencing a great deal of
trauma due to the past sexual abuse, which leads the survivors to feel bad about
themselves and in return causes the survivors to feel incapable in certain emotional
situations. This feeling of being incapable leads back to the feelings of worthlessness and
may cause the survivor further pain, which in return may validate the survivors already
assumptions of being “not normal” due to the trauma experiences. The following will
discuss the relationship between personal distress with trauma and self-esteem.

An association between long-term adjustment and survivor's affective response to
their experience of abuse has previously been found among survivors who felt guilty or
fearful about their abuse (Long & Jackson, 1993). This study supports Long & Jackson's
(1993) findings in that personal distress was found to have a significant correlation with
trauma level and subsequently with self-esteem. For most of the survivors, the abuse
occurred over 10 years ago but how the survivor views her self and experiences her
trauma is still apparent in the level of personal distress. Similar to the findings of this
study, Browne & Finkelhor (1986) found that adult survivors of childhood sexual abuse
gain a vulnerability that non-abused people do not experience. As previously mentioned
in the literature review, vulnerability may attribute to a higher probability of being
sexually assaulted later on in life or having an abusive husband or partner. This study found that multiple perpetrators abused 65% of the survivors surveyed at different times in her life. Although this information was not significantly related to disclosure, it could account for the correlation between personal distress and trauma, along with personal distress and self-esteem. It is additionally possible that the survivors who did experience multiple assaults in their life may have difficulty separating initial disclosures of the multiple sexual assaults, which would have an impact on the results of this study.

This section will focus on the agreement between this study and the literature with duration of abuse. In addition, findings that were not significant but important to further investigate will be discussed. Duration of abuse was not found in this study to be significant with the three predictor variables: self-esteem, personal level of trauma, and interpersonal capabilities. Browne and Finkelhor (1986) argued more research is needed to determine whether the duration of abuse is truly associated with greater trauma. This study seems to support the findings previously discussed in the literature review where the range of duration of abuse (ten years to one time) does not seem to affect self-esteem, trauma, or interpersonal capabilities as this study found no significant relationship among these variables. Although not significant, it is interesting to note that duration of abuse did have an impact on a few survivors in this study. Twenty percent of the survivors were abused by the same person over a period of 10 years. Additionally, 20% of the survivors did not disclose until 10 years after the abuse occurred. An interpretation of these findings may be that duration of abuse does affect when the survivor discloses the sexual abuse. In this example, the greater the duration of abuse (over 10 years), the longer the
survivor waits to disclose (10 years). In contrast 15% were abused one time by the same person and 15% told after the abuse had occurred once. Similarly, the shorter the duration of abuse (one time) the quicker the survivor is to tell about the sexual abuse (no wait between sexual abuse and disclosure).

The means and standard deviations of the participants help to explain the significant and nonsignificant findings of this study. The Rosenberg's Self-esteem scale \( (M=13.88, SD=7.06) \) for the average number of participants indicates self-esteem is just below a moderate level of 15.00. The Trauma Symptom Checklist-40 \( (M=52.95, SD=22.83) \) for the average number of participants indicates the level of trauma is below the moderate level of 60.00. The measures of the three subscales of the Interpersonal Reactivity Index are as follows: Perspective-Taking scale \( (M=19.79, SD=5.33) \) indicates the average number of participants are respectively around the normal level of 20.00, the Empathic Concern scale \( (M=22.75, SD=3.52) \) indicates the average number of participants are respectively around the normal level of 20.00, and the Personal Distress scale \( (M=12.95, SD=5.25) \) indicates that the average number of participants experience a high level of distress, respectively. The Disclosure of Sexual Abuse scale \( (M=70.53, SD=23.28) \) is a new scale that has measured this study and indicates that disclosure of sexual abuse was a positive experience for the average number of participants. The means and standard deviations suggest that the participants of this study experience lower to moderate self-esteem, moderate to semi-high trauma, normal sense of perspective-taking, normal sense of empathic concern, and a higher level of personal distress compared to the
general population. The disclosure of child sexual abuse in this study indicates that the participants experienced supportive, positive responses. See Table 8.

Table 8

Summary of Participant Means and Standard Deviations on Rosenberg's Self-Esteem Scale, Trauma Symptom Checklist-40, Interpersonal Reactivity Index*, and Disclosure of Sexual Abuse Disclosure Scale**

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<thead>
<tr>
<th>Scale Name</th>
<th>M</th>
<th>SD</th>
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<td>7.06</td>
</tr>
<tr>
<td>Trauma Symptom Checklist – 40</td>
<td>52.95</td>
<td>22.83</td>
</tr>
<tr>
<td>Interpersonal Reactivity Index</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perspective-Taking Scale</td>
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</tr>
<tr>
<td>Empathic Concern Scale</td>
<td>22.75</td>
<td>3.52</td>
</tr>
<tr>
<td>Personal Distress Scale</td>
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<td>5.25</td>
</tr>
<tr>
<td>Disclosure of Sexual Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disclosure Subscale</td>
<td>70.53</td>
<td>23.28</td>
</tr>
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</table>

Note. *Three subscales of Interpersonal Reactivity Index: Perspective-Taking Scale, Empathic Concern Scale, & Personal Distress Scale; **Disclosure Subscale of Disclosure of Sexual Abuse Scale

The findings of this study (both significant and nonsignificant) are note-worthy, particularly due to the small sample size of nineteen participants. Two main inferences came from the small sample size. First, as previously discussed there was a significant relationship between 1) self-esteem and trauma, 2) self-esteem and personal distress, and 3) personal distress and trauma. Correlations are highly dependent on sample size, which alludes to the fact that these three relationships would have been even stronger had the sample size been larger (and the trend of the surveys stayed the same). Second, due to the
dependency of correlations on sample size and because this study had a low sample size, there may be significant relationships between duration of abuse and disclosure with the three predictor variables, self-esteem, trauma, and interpersonal capabilities. The implications for a larger sample size in future research will be discussed later in this chapter.

**Hypothesis #1**

The first research question explored if duration and disclosure of abuse would have an effect on self-esteem. It was hypothesized that there would be a significant predictive relationship between disclosure with duration of abuse and self-esteem. As may be predicted given the lack of statistically significant correlations between these same variables, the results did not support the hypothesis of a significant predictive relationship between duration of abuse, disclosure of abuse and self-esteem. The literature is clear that there is a decreased sense of self-esteem in child sexual abuse survivors when compared to nonabused individuals (Browne & Finkelhor, 1986; Testa, et. al., 1992). This study did not find that survivor’s duration of abuse and disclosure had a direct impact on self-esteem. The implications of this lack of association between duration and disclosure of sexual abuse with self-esteem are as follows. First, the survivors in this study may have had a positive experience with disclosure and therefore, the disclosure did not affect how the survivor felt about herself as a person. However, it is worth noting that the significant correlation between self-esteem with trauma and personal distress suggests that the child sexual abuse did have an impact on how the survivor feels about herself as a person. Perhaps, the survivors in this study felt that the
effects of the child sexual abuse were more prominent than the duration or disclosure of abuse. Second, the small sample size may not be representative of most adult survivors of child sexual abuse. Third, several survivors in this study had difficulty remembering when the sexual abuse first occurred and who the survivor initially disclosed the sexual abuse to. Therefore, the survivor may have trouble recalling the reaction of the disclosure accurately.

**Hypothesis #2**

The second research question explored whether a relationship existed between duration and disclosure of abuse with personal level of trauma. It was hypothesized that there would be a significant predictive relationship between duration and disclosure of abuse with trauma level. As may be predicted given the lack of statistically significant correlations between these same variables, the results did not support the hypothesis of a significant predictive relationship between duration of abuse, disclosure of abuse and trauma. The lack of support for this hypothesis may include three separate areas. First, as previously discussed in the preliminary findings the sample size was low and will have an effect on the correlations between the criterion variables (duration of abuse and disclosure) and the predictor variable (trauma). Second, survivors of child sexual abuse may dissociate the trauma of the sexual abuse from themselves. In other words, a survivor gets through the trauma by forgetting certain events or “blocking” out parts of the sexual abuse. This may have an impact on how the survivor remembers the sexual abuse, who he or she told about the sexual abuse, and how that reaction from the disclosure affected the survivor. Third, this study investigated survivors who were in
therapy and had disclosed child sexual abuse to her therapist. The difference between survivors who seek therapy and those who do not may differ in a) the reactions the survivor received from her disclosure, b) who the survivor initially told, c) if the survivor initially felt the disclosure was unsupportive she may now see it as supportive due to support in therapy.

**Hypothesis #3**

The third research question explored whether a relationship existed between duration and disclosure of abuse with interpersonal capabilities. It was hypothesized that there would be a significant relationship between duration and disclosure of abuse with interpersonal capabilities. The results did not support this hypothesis of a significant relationship between duration and disclosure of abuse with interpersonal capabilities. The literature discusses the impact that child sexual abuse has on interpersonal capabilities such as difficulty maintaining and forming friendships, dissatisfaction in relationships, continuing problems with parents, and sexual difficulties (Browne & Finkelhor, 1996; DiLillo, 2001; Rumstein-McKean & Humsley, 2001); however, the literature only suggests a correlation between the sexual abuse and interpersonal capabilities. In this respect, the author’s findings that there was not a relationship between duration of abuse and disclosure with interpersonal capabilities are concurrent with the literature. Although it is important to discuss the possible implications for the lack of support in this hypothesis. First, the participants were currently in therapy and may have worked on interpersonal relationships with her therapist. Second, the small sample size could give an
inaccurate picture as to how much duration of abuse and disclosure does affect interpersonal capabilities.

Limitations

There are several limitations of this study that may have affected the outcome and significance of the study. First, the study consisted of a small sample size. A larger sample size may have had an impact on significance levels between disclosure with duration of abuse and the three predictor variables. One reason for the low sample size might have been due to the sensitive nature of the study, as may be suggested by the fact that several crisis and counseling agencies declined to participate due to the amount of time the surveys would take for the survivor and not wanting to further traumatize the survivor. Second, the sample size is homogeneous, which could also affect the generalizability to other adult survivors of childhood sexual abuse. This is especially true when looking at the survivor's gender (100% female) and ethnicity (Caucasian, N=18). Additionally, males may be affected or perceived differently than females when disclosing abuse, and may be less likely to seek counseling or respond to this survey. Third, the sample was comprised of survivors who are currently seeing a therapist, which may not be representative of the entire population. Survivors who have disclosed but have not seen a therapist may score differently than the survivors in this study who are currently seeing a therapist. Fourth, education level may possibly affect how a survivor was perceived when disclosing his or her abuse, depending upon when and where the survivor disclosed the abuse. For example, if the survivor disclosed when she was a child the disclosure may have been less believable than if the survivor disclosed as an adult.
Finally, instrumentation may also be a limitation. The Disclosure of Child Sexual Abuse Scale is a new scale that has yet to be proven reliable within a large population, although initial investigations of both reliability (internal consistency) and content validity had strong preliminary support in the current study.

Implications

Our society supports and emphasizes disclosure of childhood sexual abuse while the abuse is occurring. However, research in the area suggests that disclosure of childhood sexual abuse can be received negatively (blaming the child, showing anger towards the child, or even ignoring the child), which could possibly alter a child’s perception of self and may affect the child into adulthood (DiLillo, 2001; Gries, et al., 2000; Roesler & Wind, 1994). Although, this study did not find a significant relationship between disclosure with self-esteem, trauma, and interpersonal capabilities, other studies have suggested the importance of understanding how a reaction to disclosure could influence a survivor’s level of healing. The effects of childhood sexual abuse alone may include depression, anxiety or tension, poor self-esteem, self-destructive behavior, and difficulty in relationships with others (Browne & Finkelhor, 1986; DiLillo, 2001; Gries, et al., 2000; Testa, et al., 1992). This study has shown that childhood sexual abuse does have a significant impact on the relationship between a survivor’s 1) self-esteem and trauma, 2) trauma and personal distress, 3) and personal distress and self-esteem. Although these relationships were not the focus of this study, implications of these relationships are important. Adult survivors of childhood sexual abuse feel that the trauma from the sexual abuse is related to their self-esteem and personal distress even
into adulthood. In addition, the personal distress the survivor experiences is related to their self-esteem.

There is a need to study the effects of disclosure and educate society on this issue. The positive or negative valence of disclosure did not seem to impact this study. However, significance levels may not be the most important aspect in this study (indeed, disclosure did account for .003 of the variance in self-esteem, despite a statistically non-significant correlation between these two variables). Five survivors in this study disclosed about their sexual abuse and five of the survivors stated the abuse was not stopped in spite of the disclosure (note: the two may not be related). In fact, a few of the survivors noted an increase in abuse after telling. If society continues to urge survivors, especially children, to tell about their sexual abuse, then society should also be prepared to react in support of the survivor. This may also mean believing the child over the adult, especially in instances of sexual abuse within the family.

Through research, the dissemination of information, and counseling, counseling-psychologists may be able to educate society and families on the proper way to react to a disclosure of sexual abuse. Preventative measures need to be established for future victims of sexual abuse, not only in reacting to the disclosure of abuse but also in stopping ongoing sexual abuse and the occurrence of sexual abuse. If the general public is better educated on how to support survivors of childhood sexual abuse then the reaction to the survivor’s disclosure could possibly decrease or stop the duration of the survivor’s sexual abuse and its harmful impact on the survivor. A result of the positive reaction to the survivor’s disclosure may also help to increase the survivor’s self-esteem,
decrease the level of trauma, and help the survivor to increase his or her interpersonal capabilities.

Further Research

Further research is needed to fully understand the impact that duration and disclosure of child sexual abuse may have on survivors in general and particularly on survivor's self-esteem, level of trauma, and interpersonal capabilities. There is a vast array of difficulties when researching the area of childhood sexual abuse. First, the sensitive nature of sexual abuse creates a desire among therapists to want to protect their clients from more harm, and, similarly, for the general population of survivors to not want others to know about their experience of child sexual abuse. Second, most instruments are subjective (i.e., self-report), which can create problems due to a lack of memory recall. Many survivors do not remember parts of their abuse or may not be ready to face or remember some of the abuse or initial disclosure. This creates problems when as a researcher specific information is needed to fully analyze the data.

The difficulties in this study are hard to overcome considering that child sexual abuse is such an intrusive and traumatic experience and it is understandable that survivors may not want to or cannot remember the experiences associated with the trauma and the disclosure. However, future research should try to collaborate with different fields in the system (i.e., social workers, child protection services, psychologists, criminal justice system) to get a more comprehensive understanding on the impact of child sexual abuse. This collaboration may help to increase the sample, get a better understanding of the
survivor's perspective due to the multiple system interventions involved, and may even help survivor's heal by contributing to the knowledge of child sexual abuse.

The investigation of adult survivors of child sexual abuse is one that needs to be researched longitudinally. Collecting information from the child and others (parents, therapists, intervention systems) immediately after the sexual abuse may help to clarify the difference between the impact in the initial disclosure to disclosure thereafter. Following a child through this process into adulthood could help gain important information that has not been previously collected due to the reliance on self-report instruments and memory in adult survivors. It is important to gain other therapists and system interventions rapport and support before such a study can be examined fully. This will not only help with multiple perspectives on child sexual abuse but will help to increase sample size. A large sample size may make a difference between the significant and nonsignificant associations within the study. In research, the significance level is highly dependent upon the sample size, which can have an impact on the studies outcome relationships.

It is important to stress a need for research among survivors of childhood sexual abuse in an attempt to understand the impact and take preventative measures to decrease the number of child victims. Due to the sensitive nature of the study, it is difficult to access the survivors we could learn from the most – those who are not currently in therapy. Alternatively, survivors who are in therapy are able to express a great deal of knowledge to help unleash the unspeakable secrets of child sexual abuse. I believe that more education is needed to accomplish part of this goal, along with a collaboration of
professionals in different fields to learn from one another and spread knowledge to a variety of survivors, communities, and professionals.

Education and knowledge in child sexual abuse can be accomplished through 1) workshops that teach future parents and current parents how to speak with their children about sexual abuse and healthy ways for parents and children to give affection, 2) billboards and media information that display crisis numbers for people who are perpetrators or who are feeling unhealthy emotions towards children (similar to the advertisements of physical or neglectful child abuse), 3) intervention programs within daycares and schools that speak to children on their level and empower children to protect and love their bodies, and 4) professionals in the field need to submit their findings of child sexual abuse not only to professional journals but to magazines that the majority of the public read. This last intervention is important to stress as a majority of the public do not read professional journals, but general magazines. Professionals (counselors, therapists, and psychologists) have the ability and research knowledge to educate the public about: 1) healthy and unhealthy parenting, 2) acceptable behavior from children to children and adults to children, 3) ways to empower children to say “no” and empower adults to listen to children (including the ramifications of supportive and nonsupportive reactions), and 4) the impact that child sexual abuse may have on the children’s development and growth as an adult.
APPENDICES
APPENDIX 1

SURVIVOR'S THOUGHTS ABOUT DISCLOSURE

P16:
"I was at a very low point in my life. I was reaching out for help - wrong person to tell!"
"She thought what happened was disgusting and she made me feel disgusting"

P51:
"The abuse by my father had been forgotten and buried with alcohol. After sobriety of three years, memories started to come back - Therapist assisted with this process - he was also the first person I told about my mother's abuse."
"He saved my life. Often the only place the child felt safe was on the floor in a corner - he sat on the floor with me and helped me through the process"
"(The disclosure) saved my life - I would have killed myself rather than believe the abuse"
"I eventually told my AA sponsor and closest friend - she never spoke to me again. With the therapists help I told others and received much support"

P4:
"I disclosed to a fellow co-worker"
"She let me talk about my feelings and was supportive"
"(the disclosure) kept me from attempting suicide at that moment"
"I was very careful about who I disclosed information. If my parents found out I'd be tortured with bleach and ammonia or beaten severely"
"A teacher was the last time I confided in anyone because my mother found out"

P57:
"I was uncomfortable with intimacy or being touched by men. It took six months before I trusted him"
(told husband)
"People do not want to hear about sexual abuse, it makes them uncomfortable"

P100:
"I didn't know what incest meant. I was in denial until recently"
"I told my story again (in group) after fifteen years. When I told my mom about dad she didn't believe me and blamed me. I feel better."

P66:
"I told a girlfriend of the same age, but parents were first of any authority. In thinking back, my girlfriend didn't affect me - my parents reactions did."

P46:
"I told my mother first. I told my mother than I told my father. They both used it to sexually abuse me"
"Personally telling was and still is a great freedom and strength. It's the pathway to my healing - no matter the response"
P22:
"Friends in the 6th grade were talking about sex and I said oh yeah my brother and I do it all the time. I was an outcast until I hit 7th grade and met people who didn't know. Never said anything again until in my late 20s."
"Boys in the class left me notes, can I fuck you. Call and asked to meet me at the park so I can fuck you like your brother does"
"There were probably about 6-7 girls I told and they told others and no one talked to me"

P58:
"I remember trying to tell my mother about an encounter (sexual) with my uncle hoping, I think, that I could tell her about my grandfather and brother but she acted as if I hadn't said anything. I don't consider this a disclosure because nothing really happened with my uncle and myself (he made a pass and as a teen I was able to thwart his efforts) for one thing. I also don't consider the incident with my mom (when I tried to talk to her) a disclosure because I was unable to get anywhere with her" (rated first disclosure with therapist)

P56:
"My husband told a friend of mine that my 'brother had sexually abused me and that I did nothing to stop it' (My husband is an M.D.!)"
APPENDIX 2

DEMOGRAPHICS

1. What is your gender? (circle one)  Male  Female

2. How old are you? ________

3. What is your ethnicity? (check one)
   __1. African American
   __2. Asian
   __3. Hispanic
   __4. Native American
   __5. White (not Hispanic)
   __6. Other (please specify) __________________

4. What is the highest level of education you have completed? (check one)
   __1. 8th grade or less
   __2. Partial high school
   __3. High school degree/GED
   __4. Business/technical school graduate
   __5. Partial college
   __6. College degree
   __7. Graduate degree (Masters, Ph.D., M.D., etc.)

5. What is your relationship status?
   __1. Married
   __2. Living with a partner
   __3. Involved with a serious partner, but not living together
   __4. Divorced/Separated
   __5. Not involved in a relationship
APPENDIX 3

PARTICIPANT CONSENT

Consent Form

You are being invited to participate in a research study that measures the helpfulness of disclosing childhood sexual abuse. The research is being conducted by Susan Rudolph, a student in the Masters program for Counseling at the University of North Dakota. The purpose of this study is to understand how disclosure of sexual abuse may affect how a survivor feels about him or her self and how he or she relates to others. The following information is being provided to you so that you may decide if you would like to participate in this study. You are free to withdraw from this study at any time without penalty.

If you choose to participate in this research study, you will be filling out three anonymous questionnaires regarding disclosure of abuse, self-esteem, and how you relate with others. If you chose to participate, your counselor will give you the questionnaires. A self-addressed stamped envelope will be included. Choosing or declining to participate will in no way affect your relationship with your counselor. You do not have an obligation to fill out all of the questions. You may leave questions blank if you feel more comfortable doing so. The questionnaires will take approximately 60-90 min. to fill out.

There are few risks involved in participating in this study. Your confidentiality will be protected by assigning you a code number on your questionnaires. Your name will not be attached to any of the questionnaires and the questionnaires will be kept separate from your consent form. Your name will not be associated in any way with the findings of this study. As required by law, the information you provide will be stored in a locked cabinet for three years, then shredded and destroyed. Your counselor will NOT have access to your individual results. As the content of these questionnaires contain personal information about your past history of child sexual abuse, there is a chance that you may feel slightly uncomfortable with some of the topics addressed in the questionnaire. If you feel the questionnaire has created any discomfort and would like to speak with someone, please call the 24-hour crisis line provided or speak with your counselor. Although there are no direct benefits to your participation in this study, I believe that the information will be very useful in helping other adult survivors of child sexual abuse.

Your participation would be greatly appreciated, although it is completely voluntary. If you would like additional information concerning this study before or after it is complete or would like to be informed of the findings of this study, please feel free to contact me.
by phone or mail. If you have any other questions or concerns, please call the Office of Research and Program Development at 777-4279.

Sincerely,

Susan E. Rudolph
Principal Investigator
Department of Counseling
PO Box 8255
The University of North Dakota
Grand Forks, ND 58203
Phone: 701-777-9211

Kara Wettersten, Ph.D.
Master’s Thesis Advisor
Department of Counseling
PO Box 8255
The University of North Dakota
Grand Forks, ND 58203
Phone: 701-777-3743

I have read the above information, and my questions about this research have been answered to my satisfaction. I am 18 years or older and I agree to participate in the study described above. I understand that I can withdraw from the study at any time without penalty. I have received a copy of this consent form for my records.

Name (print)          Signature          Date
APPENDIX 4
AGENCY CONSENT

(Date)

The following agency or therapist agrees to participate in the attached study that Susan Rudolph is conducting at the University of North Dakota. The study is entitled “The Impact of Disclosure and Duration of Abuse on Self-Esteem, Trauma, and Interpersonal Capabilities Among Adult Survivors of Child Sexual Abuse”. Our counselors/therapists will ask current clients that fit the description to participate in the study (eighteen or older, adult survivor of childhood sexual abuse). If the client agrees, our counselors/therapists will give the client the packet containing the consent form in one envelope and the questionnaires in a separate envelope.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

58
APPENDIX 5
INFORMATION SHEET

(date)
(address)

Dear (name):

My name is Susan Rudolph and I am a student for the Master’s program in Counseling at the University of North Dakota. I am inviting your agency to participate in a study that I am conducting. My study involves a survivor’s first disclosure of childhood sexual abuse and the effects the disclosure might have had on the survivor. Specifically, I will be looking for possible associations between the impact that the survivor’s first disclosure of abuse and duration of abuse may have had on the survivor’s self-esteem, current level of trauma, and interpersonal capabilities.

I feel that agencies, such as yours have helped survivors with the self-blame and guilt that sometimes occurs after the abuse. I feel my study may be able to help explain the importance of our own reactions toward a survivor who has just told about his or her sexual abuse. Learning about how a survivor has been affected by another person’s reaction may help to reduce the risk of revictimization each time the survivor tells of his or her abuse.

I would like to gain your support in distributing questionnaires to adult survivors of childhood sexual abuse. Each survivor, eighteen and older, would be contacted through his or her counselor by approaching the survivor and asking the survivor if he or she would like to participate in a study. The attached letter of introduction will be given to possible participants. The counselor may tell the survivor that the study involves filling out four short questionnaires and that the questionnaires are completely confidential. The counselor will not see the individual results or be present while the survivor is filling out the questionnaire. If the survivor would like to participate in the study, the counselor will give the full packet to the survivor. If the survivor does not feel safe filling out the questionnaires outside of the agency, then the counselor may suggest a private area within the agency where the survivor can fill out the questionnaires, seal the questionnaires and informed consent in separate addressed stamped envelopes, and mail the envelopes from the agency. The agency will not be responsible for providing envelopes or stamps.
Enclosed you will find a sample packet that contains 1) a letter to the survivor, 2) two informed consent forms (one for the survivor to keep and one to send to me), 3) an envelope for the informed consent form, 4) an envelope for the questionnaires, 5) the Disclosure of Abuse scale, 6) Rosenberg’s Self-Esteem Scale, 7) Trauma Symptom Checklist –40, and 8) the Interpersonal Reactivity Index. This packet is an example of what the counselor would give the survivor if your agency chooses to participate in my study.

If your agency chooses to participate in the study, a copy of the results will be sent to your agency. Individual results will not be included or given to your agency, but an overall finding of the results will be sent to you.

If you have any questions, please contact me or my advisor at the following addresses. Thank you for your time!

Sincerely,

Susan E. Rudolph
Master’s Student
Department of Counseling
The University of North Dakota
PO Box 8255
Grand Forks, ND 58203
701-777-9211
suzeql6@msn.com

Kara Wettersten, Ph.D.
Master’s Thesis Advisor
Department of Counseling
The University of North Dakota
PO Box 8255
Grand Forks, ND 58203
701-777-3743
# APPENDIX 6

## ROSENBERG'S SELF-ESTEEM SCALE

For this questionnaire, please circle the response that best matches your own personal feelings about each statement. For example, if you strongly agree with a statement circle "strongly agree" or if you strongly disagree with a statement circle “strongly disagree”. All questions will be kept confidential. Thank you for your time.

I feel that I’m a person of worth, at least on an equal plane with others.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>

I feel that I have a number of good qualities.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>

All in all, I am inclined to feel that I am a failure.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>

I am able to do things as well as most other people.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>

I feel I do not have much to be proud of.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>

I take a positive attitude toward myself.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>

On the whole, I am satisfied with myself.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>

I wish I could have more respect for myself.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>

I certainly feel useless at times.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>

At times I think I am no good at all.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>
APPENDIX 7

TRAUMA SYMPTOM CHECKLIST (TSC-40)

How often have you experienced each of the following questions in the last two months?
Please circle the number that best fits your experience to the best of your knowledge.
0=Never, 1=Occasionally, 2=Fairly Often, 3=Very Often. All questions will be kept confidential.
Thank you for your time.

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Occasionally</th>
<th>Fairly Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Headaches</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Insomnia (trouble getting to sleep)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Weight loss (without dieting)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Stomach problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Sexual problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling isolated from others</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. “Flashbacks” (sudden, vivid, distracting memories)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Restless Sleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Low sex drive</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. Anxiety attacks</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. Sexual Overactivity</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. Loneliness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13. Nightmares</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14. “Spacing out” (going away in your mind)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15. Sadness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16. Dizziness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17. Not feeling satisfied with your sex life</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18. Trouble controlling your temper</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19. Waking up early in the morning &amp; can’t get back to sleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>20. Uncontrollable crying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>21. Fear of men</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>22. Not feeling rested in the morning</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>23. Having sex that you didn’t enjoy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>24. Trouble getting along with others</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>25. Memory problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>26. Desire to physically hurt yourself</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>27. Fear of women</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>28. Walking up in the middle of the night</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>29. Bad thoughts or feelings during sex</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>30. Passing out</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td>---</td>
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<td>---</td>
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<td></td>
</tr>
<tr>
<td>31. Feeling that things are “unreal”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>32. Unnecessary or over-frequent washing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>33. Feelings of inferiority</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>34. Feeling tense all the time</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>35. Being confused about your sexual feelings</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>36. Desire to physically hurt others</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>37. Feelings of guilt</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>38. Feelings that you are not always in your body</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>39. Having trouble breathing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>40. Sexual feelings when you shouldn’t have the</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
APPENDIX 8

INTERPERSONAL REACTIVITY SCALE (IRI)

The following questions ask about your thoughts and feelings in a variety of situations. Please choose a letter that best describes how you may think or feel in a particular situation. All questions will be kept confidential. Thank you for your time.

1. I daydream and fantasize, with some regularity about things that happen to me.
   A) Does not describe me very well
   B)
   C)
   D)
   E) Describes me very well

2. I often have tender, concerned feelings for people less fortunate than me.
   A) Does not describe me very well
   B)
   C)
   D)
   E) Describes me very well

3. I sometimes find it difficult to see things from the “other guy’s” point of view.
   A) Does not describe me very well
   B)
   C)
   D)
   E) Describes me very well

4. Sometimes I don’t feel very sorry for other people when they are having problems.
   A) Does not describe me very well
   B)
   C)
   D)
   E) Describes me very well

5. I really get involved with the feelings of characters in a novel.
   A) Does not describe me very well
   B)
   C)
   D)
   E) Describes me very well

6. In emergency situations, I feel apprehensive and ill-at-ease.
   A) Does not describe me very well
   B)
   C)
   D)
   E) Describes me very well

7. I am usually objective when I watch a movie or play and I don’t often get completely caught up in it.
   A) Does not describe me very well
   B)
   C)
   D)
   E) Describes me very well
8. I try to look at everybody's side of a disagreement before I make a decision.

A Does not describe me very well
B C D E Describes me very well

9. When I see someone being taken advantage of, I feel kind of protective towards them.

A Does not describe me very well
B C D E Describes me very well

10. I sometimes feel helpless when I am in the middle of a very emotional situation.

A Does not describe me very well
B C D E Describes me very well

11. I sometimes try to understand my friends better by imagining how things look from their perspective.

A Does not describe me very well
B C D E Describes me very well

12. Becoming extremely involved in a book or movie is somewhat rare for me.

A Does not describe me very well
B C D E Describes me very well

13. When I see someone get hurt, I tend to remain calm.

A Does not describe me very well
B C D E Describes me very well

14. Other people's misfortunes do not usually disturb me a great deal.

A Does not describe me very well
B C D E Describes me very well

15. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.

A Does not describe me very well
B C D E Describes me very well

16. After seeing a play or movie, I have felt as though I were one of the characters.

A Does not describe me very well
B C D E Describes me very well
17. Being in a tense emotional situation scares me.

A

B

C

D

E

Does not describe me very well

Describes me very well

18. When I see someone being treated unfairly, I sometimes don’t feel very much pity for them.

A

B

C

D

E

Does not describe me very well

Describes me very well

19. I am usually pretty effective in dealing with emergencies.

A

B

C

D

E

Does not describe me very well

Describes me very well

20. I am often quite touched by things that I see.

A

B

C

D

E

Does not describe me very well

Describes me very well

21. I believe that there are two sides to every question and try to look at them both.

A

B

C

D

E

Does not describe me very well

Describes me very well

22. I would describe myself as a pretty soft-hearted person.

A

B

C

D

E

Does not describe me very well

Describes me very well

23. When I watch a good movie, I can very easily put myself in the place of a leading character.

A

B

C

D

E

Does not describe me very well

Describes me very well

24. I tend to lose control during emergencies.

A

B

C

D

E

Does not describe me very well

Describes me very well

25. When I’m upset at someone, I usually try to “put myself in his shoes” for a while.

A

B

C

D

E

Does not describe me very well

Describes me very well
26. When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me.

A  B  C  D  E
Does not describe me very well
Describes me very well

27. When I see someone who badly needs help in an emergency, I go to pieces.

A  B  C  D  E
Does not describe me very well
Describes me very well

28. Before criticizing somebody, I try to imagine how I would feel if I were in their place.

A  B  C  D  E
Does not describe me very well
Describes me very well
APPENDIX 9

DISCLOSURE OF SEXUAL ABUSE

Please read the following questions and recall the first time you disclosed an experience of sexual abuse. If you were sexually abused at different times in your childhood by different people, please answer according to the first time you disclosed about that sexual abuse. If you would like to comment on a question, please feel free to do so in the space provided (you are also welcome to leave this space blank). Answer as best as you can remember. All questions are anonymous and confidential. Thank you for your time.

1. Who was the first person you disclosed your sexual abuse to? (check one)
   ___ 1. Parent
   ___ 2. Sibling
   ___ 3. Grandparent
   ___ 4. Aunt/Uncle
   ___ 5. Partner/Spouse
   ___ 6. Cousin
   ___ 7. Acquaintance
   ___ 8. Friend
   ___ 9. Teacher
   ___ 10. Counselor/Therapist
   ___ 11. Caregiver/Babysitter
   ___ 12. Other ___________

   Comments? _________________________________________________________

2. Overall, how emotionally supportive of you was the person you told? (circle one)

   1  2  3  4  5
   very supportive neutral not at all supportive

   Comments? __________________________________________________________

3. Did the person you told initially react positively to your choice to share this information with them? (circle one)

   1  2  3  4  5
   very supportive neutral not at all supportive

   Comments? __________________________________________________________
4. However the person reacted initially, how did the person you told react to the disclosure after some time had passed? (circle one)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>very positive</td>
<td>neutral</td>
<td>not at all positive</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments? ________________________________

5. However the person reacted initially, how comfortable was the individual with your disclosure after some time had passed? (circle one)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>very uncomfortable</td>
<td>neutral</td>
<td>not at all uncomfortable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments? ________________________________

6. How much do you feel your disclosure helped you towards dealing with your sexual abuse? (circle one)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>very helpful</td>
<td>neutral</td>
<td>not at all helpful</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments? ________________________________

7. **Initially** after the disclosure, did the person you told become closer to you or more distant?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
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<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Closer</td>
<td>neutral</td>
<td></td>
<td>More distant</td>
<td></td>
</tr>
</tbody>
</table>

Comments? ________________________________

8. However the person reacted initially, did the person you told *overall* become closer to you or more distant?

<table>
<thead>
<tr>
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<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Closer</td>
<td>neutral</td>
<td></td>
<td>More distant</td>
<td></td>
</tr>
</tbody>
</table>

Comments? ________________________________
9. Based on your first experience of telling someone about the abuse, how likely were/are you to tell someone else?

- 1. Very Likely
- 2. Likely
- 3. Somewhat Likely
- 4. Not at all likely
- 5. I have told another person

Comments? ________________________________

10. After the initial disclosure to the person, how often were you able to talk to the person about your abuse? (check one)

- 1. Once
- 2. A few times (2 to 3)
- 3. Many times (4 or more)
- 4. None
- 5. The person stopped talking to me

Comments? ________________________________

11. Was the sexual abuse occurring during your disclosure? (check one)

- 1. Yes
- 2. No
- 3. I don’t know

Comments? ________________________________

12. If the sexual abuse was occurring during your disclosure, did the sexual abuse stop after the disclosure? (check one)

- 1. Yes
- 2. No
- 3. I don’t know
- 4. Abuse did not occur during disclosure

Comments? ________________________________
13. If the sexual abuse was not occurring during your disclosure, how long did you wait between the time the abuse stopped until the time you first disclosed? (check one)

1. I did not wait, I told immediately after the abuse occurred
2. 1 - 4 weeks
3. Over 1 month - 6 months
4. Over 6 months - 12 months
5. Over 1 year, but less than 2 years
6. 2 - 3 years
7. 4 - 5 years
8. 6 - 10 years
9. 11 - 15 years
10. Over 15 years
11. Abuse was still occurring

Comments?

14. How many times did the same person sexually abuse you? (check one)

1. Once
2. A few times (2 to 3)
3. Several times (4 or more)

Comments?

15. How long did the sexual abuse occur by that same person? (check one)

1. One time
2. Less than 1 month
3. 2 - 6 months
4. 7 - 12 months
5. Over 1 year, less than 2 years
6. 3 - 4 years
7. 5 - 6 years
8. 7 - 8 years
9. 9 - 10 years
10. Over 10 years

Comments?

16. How long had the sexual abuse been occurring when you first disclosed? (check one)

1. One time
2. Less than 1 month
3. 2 - 6 months
4. 7 - 12 months
5. Over 1 year, less than 2 years
6. 3 - 4 years
7. 5 - 6 years
8. 7 - 8 years
9. 9 - 10 years
10. Over 10 years

Comments?

17. How old were you when the sexual abuse started?

Comments?
18. How old were you when you first disclosed your sexual abuse? 

Comments?

19. How old was the person who sexually abused you? 

Comments?

20. What was the relationship between you and the abuser?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Parent</td>
<td>7. Friend</td>
</tr>
<tr>
<td>2. Sibling</td>
<td>8. Teacher</td>
</tr>
<tr>
<td>6. Other Family Member</td>
<td>12. Other</td>
</tr>
</tbody>
</table>

Comments?

21. What was the gender of the abuser?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Male</td>
<td>3. I don't know</td>
</tr>
<tr>
<td>2. Female</td>
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</table>

Comments?

22. Have you been sexually abused by separate people at different times in your childhood?

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<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Yes</td>
<td>2. No</td>
</tr>
<tr>
<td>3. I don't know</td>
<td></td>
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</table>

Comments?
DIRECTIONS: Circle the number that best describes your feelings when you think back and consider the overall effects of disclosing your abuse.

<table>
<thead>
<tr>
<th>Following my disclosure I felt:</th>
<th>NOT AT ALL</th>
<th>SLIGHTLY</th>
<th>NOT SURE</th>
<th>SOMewhat</th>
<th>VERY MUCH</th>
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</thead>
<tbody>
<tr>
<td>a. Supported</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>b. Exposed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>c. Understood</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>d. * Blamed</td>
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<td>e. * Accepted</td>
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<tr>
<td>f. * Criticized</td>
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<td>g. * Taken Seriously</td>
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<tr>
<td>h. * Embarrassed</td>
<td>1</td>
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<tr>
<td>i. Relieved</td>
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<td>2</td>
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<tr>
<td>j. * Powerless</td>
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<td>2</td>
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<td>k. * Believed</td>
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<td>4</td>
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<td>l. * Disbelieved</td>
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<td>m. * Listened to</td>
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<td>o. Hopeful about the future</td>
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<tr>
<td>p. Exposed</td>
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REFERENCES


