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The Sexual Behavior Sequelae of Childhood Sexual Abuse in College Women

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THE SEXUAL BEHAVIOR SEQUELAE OF CHILDHOOD SEXUAL ABUSE IN
COLLEGE WOMEN

by

Brian A. Wilson
Master of Arts, University of North Dakota, 1999

A Dissertation

Submitted to the Graduate Faculty

of the

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for the degree of

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This dissertation, submitted by Brian A. Wilson in partial fulfillment of the requirements for the Degree of Doctor of Philosophy from the University of North Dakota, has been read by the Faculty Advisor Committee under whom the work has been done and is hereby approved

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

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ABSTRACT

The present investigation examined the association between childhood sexual abuse (CSA) and a variety of sexual behaviors in adulthood while controlling for the confounding effects of family environment and adolescent/adult sexual assault. Three hundred ninety female undergraduates completed measures of CSA, adolescent/adult sexual assault, family environment (physical abuse, emotional abuse, neglect, quality of the parent-child bond), sexual satisfaction and functioning, propensity to engage in casual sex, attraction to sexual aggression, sexual fantasy, and sexual preference. The results indicated that CSA, after controlling for confounding variables, was associated with increased sexual activity, a propensity for casual sex, and sexual fantasies containing elements of force. The relationships, however, tended to be small. Finally, CSA was associated with a preference for sexual images containing themes of domination. The results of the present study suggest that CSA is uniquely associated with adult sexuality after controlling for the potentially confounding effects of family environment and adolescent/adult sexual assault.

CHAPTER I

INTRODUCTION

Childhood sexual abuse (CSA) is a widespread and harmful social problem. Recent estimates, based on the retrospective self-report of research participants, indicate that approximately 20% of women have experienced CSA (e.g., Briere & Runtz, 1989; Browning & Lauman, 1997; Finkelhor, 1979; Finkelhor, Hotaling, Lewis, & Smith, 1990; Fromuth, 1986; Salter, 1992; Vogeltanz, Wilsnack, Harris, Wilsnack, Wonderlich & Kristjanson, 1999; Wyatt, 1985). Moreover, a number of long-term negative effects have been correlated with a history of CSA in adult females. These correlates include higher rates of major psychological disorders (i.e., depression and anxiety) and personality disorders, substance abuse, binge eating, somatization, suicidal behaviors, and poorer interpersonal functioning (Beitchman, Zucker, Hood, DaCosta, Akman, & Cassavia, 1992; Messman & Long, 1996; Polusny & Foilete, 1995). Recent research, however, has questioned whether CSA results in significant long-term distress (Rind & Tromovitch, 1997; Rind, Tromovitch, & Bauserman, 1998). Nonetheless, the plethora of research detailing the adverse consequences of CSA indicates it is, at least in some cases, associated with significant long-term impairment. This, along with its high prevalence, underscores the importance of continuing to understand the ramifications of CSA through scientific research.

The adult sexual behavior of female CSA victims has received relatively less attention in the literature compared to other areas of psychological and behavioral functioning. It appears, however, that CSA is often associated with sexual dysfunction; increased, risky and compulsive sexual behavior; revictimization; and fear and avoidance of sex (Davis & Petretic-Jackson, 2000; Wyatt, 1991). In addition, there is some preliminary data suggesting that adult females with a history of CSA are more likely to engage in sexually aggressive behavior and have atypical and more frequent sexual fantasies compared to women without such a history (Andersen, 1996; Briere, Smiljanich, & Henschel, 1994; Gold, 1991). Even though there has been some research in this area, a comprehensive and specific account of the sexual behavior outcomes associated with CSA has not occurred; a more complete understanding of this area is important because of the potential intrapersonal and interpersonal difficulties these outcomes could create.

The Effect of CSA on Adult Sexual Behavior in Women: Finkelhor's Traumatic Sexualization

A variety of theoretical accounts have been offered to explain the long-term impact of CSA on adult psychological functioning (e.g., Alexander, 1992; Finkelhor & Browne, 1985; Summit, 1983; Wolfe, Gentile, & Wolfe, 1989). Unfortunately, most of these theories do not discuss in any detail the effect that CSA has on adult sexual behaviors, and theories that do address this issue tend not to be comprehensive or particularly detailed. For example, Jehu (1989) posited a classical conditioning model whereby sexual stimuli are associated with physical trauma. This pairing then results in conditioned phobias, sexual dysfunction, and other negative responses to sexual stimuli

later in life. A drawback of this theory is that it only addresses difficulties with sexual functioning and fears associated with sex and not other aspects of sexual behavior (e.g., risky sexual behavior, sexual aggression, sexual fantasies, etc.).

Finkelhor and Browne's (1985) "Traumagenics Dynamic Model of Child Sexual Abuse", while not without flaws, offers the most thorough and detailed discussion of the effect of CSA on the victim's sexual behavior in both childhood and adulthood. The theory posts four traumagenic dynamics that explain the impact of sexual abuse: traumatic sexualization, betrayal, stigmatization, and powerlessness. The authors describe a traumagenic dynamic as an experience that "alters a child's cognitive or emotional orientation to the world and causes trauma by distorting the child's self-concept, worldview, or affective capacities" (p. 531, Finkelhor, 1988). A multitude of the immediate and long-term correlates of CSA are explained by one or more of these traumagenic dynamics.

The dynamic of traumatic sexualization is the one most relevant to the present investigation as it accounts for the sexual behavior outcomes of CSA. Traumatic sexualization refers to the way in which CSA can shape a child's (and eventually an adult's) sexuality in a developmentally inappropriate and interpersonally dysfunctional manner. The following processes combine to create traumatic sexualization: "(1) Sexually abused children are often rewarded, by offenders, for sexual behavior that is inappropriate to their level of development. (2) Because of the rewards, sexually abused children learn to use sexual behavior, appropriate or inappropriate, as a strategy for manipulating others to get their needs met. (3) Because of the attention they receive,

certain parts of sexually abused children's anatomy becomes fetishized and given distorted importance and meaning. (4) Children become confused and acquire outright misconceptions about sexual behavior and sexual morality as a result of things that offenders tell them or ways that offenders behave. (5). Finally, a child's sexuality can become traumatized when frightening and unpleasant memories become associated in the child's mind with sexual activity (p. 69, Finkelhor, 1988)." Finkelhor (1988) also contended that these processes are unique to sexual abuse because they do not occur in other forms of childhood trauma.

Behavioral manifestations of traumatic sexualization in children include sexual preoccupations and compulsive sexual behaviors, frequent masturbation, precocious sexual activity, and sexually aggressive behaviors. The research literature has, in general, supported the association between CSA and these behaviors in children; however, many children who are abused do not engage in such behaviors while children without abuse histories sometimes engage in these behaviors (Beitchman et. al, 1991; Deblinger et. al., 1989; Kolko, Moser, & Weldy, 1988). Thus, sexual abuse is likely one of many possible variables that may contribute to such behavior. In adults, behavioral manifestations include sexual promiscuity and compulsivity, involvement in commercial sex, sexual dysfunctions, avoidance of sexual intimacy, and revictimization. Again, research has generally supported the association between CSA and these adult outcomes (Davis & Petretic-Jackson, 2000; Messman & Long, 1996; Wyatt, 1991). Finally, a recent study that designed a questionnaire to measure Finkelhor's concept of traumatic sexualization further supports its validity (Matorin & Lynn, 1998).

There also may be other sexual behavior outcomes in adult survivors of CSA that are not explicitly delineated by the theory of traumatic sexualization, but are nonetheless consistent with it. For example, the sexual fantasies of adults who experienced CSA could be affected by having their sexuality shaped in developmentally inappropriate ways. Likewise, it is possible the sexual preferences of adult victims of CSA are affected in some way by the experience. For example, CSA may predispose an individual to have an affinity for sexual stimuli containing elements of force. Finally, CSA may predispose an adult to engage in sexually aggressive behaviors. Unfortunately, there is little or no research data assessing these issues.

Explicitly stated in the description of traumatic sexualization is the idea that its sexual behavior manifestations (e.g., sexual dysfunction or promiscuity) are specific to CSA (Finkelhor, 1988). That is, the theory of traumatic sexualization predicts that these sexual outcomes are more likely to occur as a result of CSA as opposed to other types of childhood trauma like physical and emotional abuse, neglect, and a host of other family environment factors. There is some evidence, however, that suggests this may not be the case, and that family environment factors may exert just as potent an effect on adult sexual behavior (Kinzl, Traweger, & Biebl, 1995; Rind, Tromovitch, & Bauserman, 1998); however, there is no definitive answer as of yet to this issue.

While Finkelhor and Browne (1985) view sexual trauma as an indiscrete process evolving developmentally over time and across situations, an implicit part of their theory is the notion that the severity of the sexual trauma may result in greater dysfunction as an adult. Accordingly, there is some evidence to suggest that characteristics of the abuse

experience are associated with greater long-term psychological impairment. These characteristics include the nature of the abuse; the duration, age of onset, and frequency of the abuse; the relationship to the perpetrator; the number of perpetrators; and the extent of force used (Baynard & Williams, 1996; Briere & Runtz, 1988; Kendall-Tackett, 1991; Lange et. al, 1999; Mennen & Meadow, 1995; Nash, Zivney, & Hulse, 1993; Russel, 1986). Unfortunately, the association between characteristics of the abuse and the sexual behaviors of adult victims has received little attention.

The preceding discussion alludes to a few important questions. First, what are the sexual behavior outcomes associated with CSA in females? Second, are these outcomes specific to CSA, or are they as likely to be associated with other forms of childhood trauma? Third, to what extent are characteristics of CSA associated with poorer outcomes in adult functioning? The present investigation is designed to address each of these questions. The association between CSA and the following sexual behaviors in adult females will be examined: sexual dysfunction and satisfaction, risky and compulsive sexual behavior, sexual aggression, sexual fantasy, and sexual-preference. In addition, the extent to which each of these outcomes is specific to CSA and not other forms of childhood trauma will be examined. Finally, characteristics of CSA that may be indicative of poorer adult sexual outcome will be explored.

CSA, Sexual Dysfunction and Satisfaction, and Risky Sexual Behavior

In general, the research literature has found a relationship between CSA and sexual dysfunction in adult survivors (Clarke, 1993; Davis & Petretic-Jackson, 2000; Wyatt, 1991). Specifically, women who were victims of CSA appear to be at an

increased risk for developing sexual desire problems, vaginismus, dyspareunia, inhibited arousal, and difficulties with orgasm (Becker, et. al. 1984; Becker, Skinner, Abel & Cichon, 1986; Jackson et. al, 1990; Jehu, 1988; Mackey et. al., 1991; Mullen et. al., 1994; Sarwer & Durlak, 1996; Tsai, Feldman-Summers, & Edgar, 1979; Wilsnack, Vogeltanz, Klassen, & Harris, 1997). Likewise, female CSA survivors tend to report a decreased overall level of sexual satisfaction relative to women without such a history (Finkelhor, Hotaling, Lewis, & Smith, 1989; Jackson et. al, 1990; Jehu, 1988; Mullen et. al. 1994; Tsai et. al. 1989; Wind & Silvern, 1992). Finally, a recent meta-analysis of studies that used community samples also indicated that CSA is often associated with sexual difficulties (Rind & Tromovitch, 1997). Specifically, these authors reported statistically significant effect sizes for the association between CSA and measures of sexual satisfaction and sexual dysfunction. The magnitude of these effect sizes, however, were small, and thus the authors concluded that, on average, the CSA victims in the studies they reviewed were only slightly less adjusted sexually than those without such a history.

There are other studies, however, that have not found a relationship between CSA and sexual dysfunction and dissatisfaction in adults (Alexander & Lupfer, 1987; Bartoi & Kinder, 1998; Greewald, Leitenberg, Cado, & Taran, 1990; Fromuth, 1986; Meston, Heiman, & Trapnell, 1999). The reason for this discrepancy appears to be due to methodological factors like the definition and measurement of CSA and sexual dysfunction, the use of variables that control for other negative experiences in childhood (e.g., physical abuse, emotional abuse, neglect), and the population sampled (i.e., clinical, community, or college sample); the use of community samples of adult women is

generally considered the “gold standard” in this area of research. Furthermore, it appears that studies using college samples are more likely to report nonsignificant differences between abused groups and controls while studies employing clinical populations usually show significant differences from controls (Clarke, 1993); however, this is not always the case (Jackson et. al., 1990; Kinzl, Traweger, & Biebl, 1995).

Adult survivors of sexual abuse have a tendency to engage in risky sexual behavior. Specifically, adult female CSA survivors tend to have more sexual partners, higher rates of sexual activity, briefer sexual relationships, and a tendency to engage in casual sex relative to nonabused peers (Alexaner & Kupfer, 1987; Browning & Laumann, 1997; Jehu, 1988; Walser & Kern, 1996; Wyatt, 1988; Zierler et. al., 1991). Even more serious is the tendency for women with CSA histories to be involved in prostitution and commercial sex. For example, Ross, Anderson, Heber, and Norton (1990) found that 65% of exotic dancers and 55% of prostitutes in their sample had been sexually abused as children. Similar findings have been reported by others (Silbert & Pines, 1983; Yates, MacKenzie, Penbridge, & Swofford, 1991; Zierler et. al. 1991).

There are a few studies that have not found a relationship between CSA and adult sexual satisfaction and dysfunction but have found an association between CSA and sexual promiscuity (Alexander & Lupfer, 1987; Fromuth, 1986; Wind & Silver, 1992). This finding suggests an interesting question. That is, why might some women who have a history of CSA develop a sexual dysfunction while others engage in sexually promiscuous or risky behaviors? A recent study by Browning and Laumann (1997) provides one possible answer to this question.

Browning and Laumann hypothesized that CSA has an indirect effect on adult sexual functioning by way of "sexual life trajectories" or sexual experiences that an individual has subsequent to CSA. As a result of CSA there is a heightening of interest in sexual activity and developmentally inappropriate sexualization leaving the child at high risk for experiencing early and extensive sexual activity in adolescence. This in turn increases the chances of teenage pregnancy and childbirth, multiple sexual partners, sexually transmitted diseases, and revictimization through sexual assault. It is these latter experiences of early and increased sexual activity that are hypothesized to have the most impact on sexual functioning as an adult.

Impressively, Browning and Laumann (1997) presented evidence in support of their hypothesis. Their data were based on the National Health and Social Life Survey, a probability sample of 1,749 women in the United States between the ages of 18 and 59. When they controlled for teenage childbirth, number of sexual partners, sexually transmitted diseases, and sexual assault they found that the relationship between CSA and adult sexual dysfunction largely disappeared. Moreover revictimization or sexual assault appeared to have one of the strongest relationships with sexual dysfunction in adulthood.

The study by Browning and Laumann (1997) suggests that CSA has an indirect effect on adult sexual dysfunction through a handful of variables, especially revictimization. This is consistent with other literature that has found that CSA victims who are revictimized tend to experience greater psychopathology and more difficulties with sexual adjustment than those women who only experience CSA (Arata, C. M., 2002; Gold, Milan, Mayall, & Johnson, 1994; Messman & Long, 1996). In addition, adult

sexual assault is often associated with sexual difficulties in women who have no history of CSA (van Berlo, W. & Ensink, B., 2000). Taken together, this literature suggests that CSA is often confounded with adult sexual assault/revictimization. Consequently, it appears it is important to control for adult sexual assault when examining the long-term sexual correlates of CSA.

CSA and Sexual Aggression

As discussed earlier in reference to Finkelhor and Browne's (1985) theory, children who have been sexually abused often display aggressive sexual behaviors toward other children. The extent to which this occurs in female adults who have a history of CSA is less clear. The literature on male sex offenders indicates that, at least in one study, a substantial number of rapists (59%) were molested as children (Petrovich & Templer, 1984); however, others have not found overly high rates of CSA in samples of adult, male sex offenders (Maletzky, 1991). One study found that a high percentage of adolescent female sex offenders were victims of CSA (Canavan, & Meyer, 1992). This study, however, contained a small sample and thus should be interpreted with caution. In summary, there is some, albeit weak, evidence that CSA is associated with an increased propensity to engage in sexual aggression as an adult.

Only one study to date has examined empirically the association between CSA and sexually aggressive behavior in adult females. Using a college sample of 212 women, Andersen (1996) assessed for a history of sexual aggression toward men with a questionnaire, the Sexually Aggressive Behaviors Scale (SABS), which is similar to Koss and Oros's (1982) Sexual Experiences Survey. Participants indicated the extent to which

they had ever initiated sexual contact through a variety of methods. The measure consisted of the following three scales: sexual coercion (behaviors intended to trick or pressure a male verbally or psychologically to have sex), sexual abuse (using a position of power to make a male have sex), and force (the threat or use of physical force to get sex from a male). In addition, participants completed measures that assessed for a history of CSA and adult sexual assault, as well as adversarial sexual beliefs. For the data analysis, Andersen pooled those participants with CSA or sexual assault history into one sexual abuse group.

Chi-square analysis revealed that the sexually abused group engaged in a significantly higher percentage of coercive, abusive, and forceful sexual behaviors relative to the non-abused controls. Andersen then pooled the three scales of the SABS together to create one sexual aggression score. A multiple regression analysis was executed and revealed that both adversarial sexual beliefs and history of sexual abuse predicted overall sexual aggression.

While Andersen's study is the first to demonstrate empirically that CSA and sexual assault are associated with sexual aggression in females, it has a few noteworthy limitations. First, the percentage of variance accounted for by sexual abuse history in the prediction of sexual aggression was quite small (4.45 %). Second, the pooling of CSA and adult sexual assault into one category of sexual abuse leaves the reader unable to interpret the extent to which each of these are associated with sexual aggression. Moreover, it may be that a history of CSA and revictimization as an adult result in the

greatest degree of sexual aggression. Future research should examine specifically the association between CSA and sexual aggression in adult females.

CSA, Sexual Fantasy, and Sexual Preference

If CSA truly shapes a victim's sexuality in developmentally inappropriate ways, then it is possible that sexual fantasies are affected by this process. A few recent studies examined this issue. Gold (1991) investigated the patterns of sexual fantasy in college women with and without a history of CSA. Participants completed fantasy log sheets in which they were instructed to write as much as possible about a recently occurring fantasy, as well as the first two fantasies they could remember having as a child. Two independent researchers then rated each fantasy for the level of explicitness, degree of force (used by either the woman or their partner), and the presence of four themes (sex with a stranger, group sex, sex where there was a risk of being observed, and sex with a partner in control). The data revealed that women with a history of CSA had more force in their fantasies, had fantasies that were more explicit, reported having fantasies at a younger age, and had more fantasies with the theme of being controlled relative to women without such a history.

Briere, Smiljanich, and Henschel (1994) found results similar to Gold. College women with and without a history of CSA responded to items assessing the frequency of five fantasies: consensual intercourse, forcing someone else to have intercourse, being forced to have intercourse, sex with a stranger, and sex with a child. The results showed that women with a history of CSA reported more fantasies of being forced to have sex than women without a CSA history.

Taken together, these two studies suggest that college women with a history of CSA, relative to those without such a history, more frequently have sexual fantasies of being forced, have fantasies that are more explicit, and remember having fantasies at a younger age. While these findings are certainly interesting, there is one important limitation to these studies: the extent to which these fantasies were experienced as arousing or distressing was not assessed. Specifically, women with a history of CSA may experience fantasies that contain force as an intrusive flashback much like in post-traumatic stress disorder (Leitenberg & Henning, 1995). Such an experience would most likely be distressing and thus should probably not be considered a sexual fantasy. This possibility should be examined in future studies.

A question related to the effect of CSA on adult sexual fantasy involves the extent to which a victim's sexual preferences are affected by the abuse. That is, are a victim's sexual preferences affected in a similar way as their fantasies? This is an important question because it may, at least partially, explain why some victims of CSA are revictimized as adults. Some CSA victims may be classically conditioned to prefer aggressive sexual stimuli through the pairing of sexual arousal and aggressive behaviors directed towards them as a child. This is not to say that women with a history of CSA want to be raped; however, it is possible that some women who have had this conditioning experience may be more likely to seek out sexual experiences that involve force and aggression and therefore put them at a greater risk for nonconsensual sexual experiences. Although this is a highly speculative account of revictimization, it is nonetheless important to consider the effect of CSA on sexual preference in adult

females. A difficulty with examining this issue involves finding an adequate method to assess for sexual preference. Vaginal photoplethysmography would be one way to measure sexual preference, but this method is intrusive and could be distressing for a sample of women with a history of CSA. A less intrusive measure would probably be more feasible. Fortunately, such a measure has been recently developed.

Wright and Adams (1994) designed a choice reaction time (CRT) task to measure sexual preference in a simple and unobtrusive fashion. The task consisted of presenting erotic slides to participants that contained a white dot randomly placed in one of five locations: the center of the slide, the upper left-hand corner of the slide, the upper right-hand corner of the slide, the lower left-hand corner of the slide, and the lower right-hand corner of the slide. While viewing the slides, participants had to indicate on a keypad the position of the dot. Pressing the keypad recorded a reaction time in milliseconds. Heterosexual and homosexual participants of both genders viewed three categories of slides: neutral, naked men, and naked women. The results indicated that reaction times were significantly longer for images that were consistent with a participant's sexual orientation compared to those images that were not.

It would be interesting to use the methodology designed by Wright and Adams (1994) to examine the sexual preferences of women with a history of CSA. Images depicting forceful but consensual sexual interactions could be presented to these women in addition to images of sexual interactions that do not contain elements of force. Their reaction times to each type of stimuli could be compared, as well as their reaction times

relative to women without a CSA history. The goal would be to ascertain whether or not they demonstrate a preference for sexually aggressive stimuli.

The Relative Effects of CSA and Familial Factors on the Sexual Behavior of Women with a History of CSA

As mentioned earlier, there has been some recent research suggesting that when family environment factors are controlled for, many of the long-term effects associated with CSA become nonsignificant (e.g., Nash et al. 1993; Rind, Tromovitch, & Bauserman, 1998). These family environment factors include things like physical and emotional abuse, neglect, parental support or bonding, the level of traditionalism within the family, family structure, and the extent of conflict or pathology in the family. There are very few studies that have concomitantly examined the relationships of both CSA and family environment factors to adult sexuality, and this is surprising because sexual, physical, and psychological abuse frequently occur together (Briere, 1992). It is possible that physical and emotional abuse exert a powerful effect on adult sexuality because of the potential impact it could have on interpersonal functioning. Studies examining this issue will be discussed below.

Finkelhor, Hotaling, Lewis, and Smith (1989) provided data from a large, nationally representative survey of women that examined the association between CSA and sexual dissatisfaction in adulthood. In addition, the authors collected data on a variety of family environment factors including family structure (e.g., single parent or step-parent family), number of children in the family, happiness of family life, level of closeness to the mother, adequacy of sex education, and strictness of parental authority. Discriminant function analyses revealed that CSA was associated with sexual

dissatisfaction in adulthood after controlling for these family factors; however, a poorer relationship with the mother and inadequate sex education were also associated with sexual dissatisfaction in adulthood. There are two noteworthy limitations of this study. First, sexual behavior and functioning were not assessed with any level of detail. That is, respondents were simply asked if they were satisfied with their sexual relationships, and this could mean something quite different for each participant. It would be more useful to know precisely what was unsatisfactory about the sexual relationship. Similarly, it is unclear what the authors meant by the variable "closeness to the mother" because an operational definition of this construct was not provided.

Briere and Runtz (1990) administered questionnaires assessing CSA, physical abuse, and psychological abuse to a population of college females. In addition they measured self-esteem, the extent of aggressive behavior, and maladaptive sexual behavior. The maladaptive sexual behavior items included behaviors that were indicative of sexual promiscuity and the use of sex for secondary gain. Canonical correlation analysis was used to determine the unique and overlapping effects of sexual, physical, and emotional abuse on the dependent measures. The data analysis indicated that psychological abuse was uniquely associated with low self-esteem, sexual abuse was particularly associated with maladaptive sexual behavior, and physical abuse was specifically related to aggressive behavior. The data also revealed, however, that physical and emotional abuse were often comorbid and that the combination was associated with greater difficulties in all three areas assessed. A major limitation of this study is the restricted range of sexual behaviors assessed (the scale assessing sexual

behavior only contained 7 items).

Kinzl, Traweger, and Biebel (1995) examined the extent to which CSA and early family experiences were associated with sexual dysfunction in college females. The authors administered questionnaires assessing history of CSA, the presence of any DSM-III-R sexual dysfunctions, and early family experiences including the quality of the parent-child relationship, the extent of familial social isolation, the extent of parental stimulation in childhood, and the quality of parent educational behaviors. The authors found that both CSA and poorer early family experiences were associated with a variety of sexual dysfunctions. Unfortunately, the authors conducted no analyses (i.e., canonical correlation analysis or multiple regression) that indicated the relative contributions each made to the prediction of sexual dysfunction. Moreover, it is possible that a combination of the two variables was associated with the poorest outcome. Thus, there is no way of determining which variable (CSA, early family experience or both) is most strongly associated with sexual dysfunction. A final limitation involved the variable they termed "early family experience." The concept was not clearly defined and was composed of several different variables, and as a result, the reader is unable to determine precisely what about early family experience was associated with sexual dysfunction.

Mullen et al. (1996) examined the relationships between physical, emotional, and child sexual abuse and sexual problems in a community sample of women. Unlike the other studies mentioned thus far, these data were gathered through interviews. The data revealed that all three forms of abuse were associated with sexual problems. To clarify this finding, logistic regression was used to disentangle the relative effects of each type of

abuse. This analysis showed that emotional and sexual abuse continued to be predictive of sexual problems while the significance of physical abuse disappeared. Like other studies, the definition of sexual problems was not clearly delineated making it difficult to determine with what specific sexual behaviors CSA and emotional abuse were associated; it appears that what the authors referred to as sexual problems were behaviors like sexual dissatisfaction, increased frequency of sexual activity, and past and present "sexual difficulties."

The most comprehensive study conducted in this area was by Meston, Heiman, and Trapnell (1999). These authors assessed a wide variety of sexual behaviors, as well as a history of CSA, physical abuse, and emotional abuse in a large sample of college women. Sexual behaviors they assessed included the extent of experience with intercourse, the frequency of intercourse, variety in sexual experiences, sexually promiscuity, frequency of masturbation, range of sexual fantasies, subjective sexual drive, and sexual satisfaction. Hierarchical regression analyses were used to determine the unique effects that each type of abuse contributed to the prediction of sexual variables. In general, these analyses showed that only CSA had significant relationships to the dependent measures. Specifically, CSA was positively associated with subjective sexual drive, a wider variety of sexual fantasies, greater frequency of masturbation, sexually promiscuous behavior, a wider variety of sexual experience, the extent of experience with intercourse, and greater frequency of intercourse. In general, it appears that Meston et al. (1999) found that CSA was specifically linked to increased sexual behavior in adult females.

The final study to be discussed in this section is the meta-analysis conducted by Rind and Tromovitch (1998). These authors compared the effect size of the association between CSA and sexual adjustment to the effect size of the association between family environment and sexual adjustment in the studies that used college student populations. Family environment was operationalized as a combination of a variety of constructs found in the studies they reviewed, including nonsexual abuse and neglect, conflict or pathology, family structure, level of support or bonding, and extent of traditionalism in the family. This analysis revealed that both of these effect sizes were statistically significant; however, the effect size for family environment ($r = .23$) was larger than that of CSA ($r = .09$). Moreover, there was a significant overall effect size for the relationship between CSA and family environment ($r = .13$). Taken together, these results suggest that CSA is often confounded with a host of family environment factors, and it may be that these latter factors are more responsible for poorer sexual adjustment.

There are 3 important limitations of the Rind and Tromovitch (1998) study that are important for the present investigation. First, the global dependent variable of "sexual adjustment" is vague and thus does not provide information that is specific. That is, what specific difficulties with sexual adjustment were participants more likely to experience? Unfortunately, this appears to be a limitation of the meta-analytic method in general. Second, the authors did not provide data separately for men and women regarding sexual adjustment. Third, they did not conduct a specific analysis in which they controlled for the effect of family environment while simultaneously examining the association between CSA and sexual adjustment. These constraints limit the usefulness

of this study for informing the present investigation about the specific sexual consequences of CSA in a female college student population. Nonetheless, the emphasis Rind and Tromovitch (1998) placed on the confounding effects of family environment is something important to address, and account for, in any investigation of CSA.

In summary, these studies seem to suggest, as a whole, that CSA does make a unique contribution to adult sexual behavior that is distinct from physical and emotional abuse. Specifically, CSA appears to be linked to sexual dissatisfaction/dysfunction and a general increase in sexuality. There is some indication, however, that a combination of physical and emotional abuse or a combination of CSA and emotional abuse may also impact adult sexual behavior. These conclusions, however, are tentative, and further work is clearly needed. Moreover, the findings of Rind and Tromovitch (1998) do not support these conclusions, but this study provided limited, non-specific information on sexuality.

A wider range of sexual behaviors also needs to be explored concomitantly in the same study. For example, it may be that childhood physical abuse, because of its aggressive components, is linked to sexually coercive and aggressive behaviors in women. Furthermore, physical, emotional or sexual abuse (or some combination of them) may be associated with forceful sexual fantasies or a preference for sexually aggressive stimuli, as well as being associated with sexual promiscuity and sexual dysfunctions. Unfortunately, these remain empirical questions at this time.

Characteristics of CSA and Sexual Behavior Outcomes

It was alluded to earlier that certain characteristics of the CSA experience (e.g., relationship to perpetrator, duration of abuse, age at onset) tend to be associated with poorer long-term psychological adjustment. Some have argued, however, that no one characteristic has been consistently associated with poorer outcomes but that the type of abuse (e.g., fondling versus penetration), the relationship to the perpetrator, abuse frequency, and abuse duration are important to consider (Browne & Finkelhor, 1986; Hanson, 1990). Characteristics such as these have received little attention in the literature examining the association between CSA and adult sexuality. The small amount of research that is relevant to this area will be presented below.

Studies that have examined the association between characteristics of the abuse and sexual outcomes have tended to focus on sexual dysfunction and dissatisfaction. Kinzl, Christian, and Biebl (1995) found that victims who experienced multiple incidents of CSA were more likely to have a sexual dysfunction as adults than victims who experienced only one incident. In another study, Sarwer and Durlak (1996) found that CSA involving penetration was more likely to be associated with a sexual dysfunction than those experiences that didn't involve penetration.

Browning and Lauman (1997) assessed the following characteristics of CSA: type of sexual contact (oral, anal, or vaginal intercourse versus fondling), relationship of perpetrator to the child (father versus nonparental relative or stranger), how many times the sexual contact occurred (many times versus a few times or only once), the number of perpetrators (two or more versus one), and the age at which the abuse began (9 or

younger versus 10 to 13). A composite score of abuse severity was created based on the number of these characteristics present during CSA. In general, they found that when one or more of the characteristics above were present, an individual was at an increased risk for sexual dysfunction; however, CSA experiences with many of these characteristics were no more likely to be associated with sexual dysfunction than when only one characteristic was present. This study suggests that beyond a minimum threshold, abuse severity is not associated with poorer outcomes on measures of sexual dysfunction. A limitation of this study involves the composite score of abuse severity created by the authors. It leaves the reader unable to determine which of the individual variables is specifically associated with poor outcomes.

Two additional studies have examined the link between characteristics of CSA, sexual promiscuity, and sexual fantasy. Walser and Kern (1996) created a composite score of abuse severity by combining the duration and frequency of the abuse, the type of abuse, and the relationship to the perpetrator. Their data showed that severity of abuse was associated with a greater degree of sexually promiscuous behavior. Similarly, Briere, Smiljanich and Henschel (1994) found that having a fantasy of being forced into sex was linked to an earlier age of abuse onset.

In summary, these studies suggest that multiple incidents of abuse and abuse involving penetration are more likely to lead to sexual dysfunction; however, there is some evidence to suggest that beyond a minimum threshold, abuse severity is not necessarily associated with a greater degree of sexual dysfunction. Increased duration of abuse, greater frequency of abuse, abuse that is more invasive, and a perpetrator who is a

family member are factors associated with sexually promiscuous behavior. Last, a propensity toward having sexual fantasies containing force is linked to an earlier age of abuse onset. Again, these findings are quite tentative due the small amount of literature available.

It would be useful for future studies to determine how characteristics or severity of CSA impact a wide range of sexual behaviors (like those discussed in this paper). For example, it is possible that abuse severity is associated with sexually aggressive behavior in adult victims, a preference for sexually aggressive stimuli, or the propensity to have sexual fantasies containing elements of force, in addition to sexual dysfunction and sexually promiscuous behavior. This type of information could assist clinicians in identifying those victims who are at the greatest risk for experiencing deleterious sexual outcomes.

Present Study

The present study examined the association between CSA and a wide range of sexual behaviors in college women. The overlapping and unique contributions of CSA, adult sexual assault, physical abuse, emotional abuse, neglect, and parental bonding to these sexual outcomes were explored. Finally, this study investigated the extent to which specific characteristics of CSA were linked to sexual outcomes. Secondary goals of this study included examining the relationship between adult sexual assault and sexual dysfunction, as well as determining whether women with a history of CSA who experience sexual fantasies with elements of force perceive these fantasies as distressing

Participants completed measures of CSA and its characteristics, adult sexual assault, childhood physical and emotional abuse, childhood neglect, parental bonding, sexual functioning and satisfaction, propensity to engage in casual sex, attraction to sexual aggression, sexual fantasy, and sexual preference. The hypotheses of the present study were as follows:

1. Women with a history of CSA, relative to those without such a history, will have more difficulties with sexual satisfaction and functioning, a greater propensity to engage in casual sex, higher levels of attraction to sexual aggression, and a tendency to report sexual fantasies containing elements of force. Moreover, CSA will be associated with these outcomes after controlling for physical abuse, emotional abuse, neglect, quality of the parent-child bond, and adult sexual assault.
2. Within the group of participants with a history of CSA, revictimization in the form of adult sexual assault will be associated with increased sexual dysfunction/dissatisfaction relative to women who only experienced CSA. This hypothesis will be tested only if there is an association between CSA and sexual dysfunction/dissatisfaction after controlling for the confounding variables mentioned above.
3. Physical and emotional abuse, neglect, and poor parental bonding will also be associated, to a lesser extent, with some of these sexual outcomes. Due to the small amount of research in this area, there is no precise prediction at this point indicating which of the sexual outcomes will be most affected by these family environment factors or whether some of these factors will be differentially associated with specific sexual outcomes and not with others.

4. It is expected that within the group of women who report a history of CSA, there will be a relative preference for sexual images containing elements of force compared to sexual images without forceful elements.
5. CSA victims will not find forceful sexual fantasies more distressing than participants without a history of CSA.
6. Last, it is expected that characteristics of CSA indicative of more (higher frequency and duration of abuse, a perpetrator who is more familiar to the victim, and higher levels of coercion) severe abuse will augment the hypothesized relationships between CSA and the sexual variables discussed above.

CHAPTER II

METHOD

Participants

Three hundred ninety female undergraduates at the University of North Dakota participated in this study. The average age of the women completing this study was 19.43 years ($SD = 2.34$), and most were Caucasians (96.2%) who had never been married (91.3%). Furthermore, most of the participants were first (57.7%) or second-year (26.7 %) college undergraduates. The remaining were divided between third (9.7 %) and fourth-year (5.9%) undergraduates.

Materials

Early Sexual Experiences Checklist (ESEC)

The ESEC is a brief instrument designed to assess a history of CSA in adult females. It asks about nine explicit sexual behaviors that might have occurred before the respondent was 16 years of age when she did not want them to (Miller & Johnson, 1998). The ESEC also assesses various characteristics of the abuse experience including the respondent's age at the time of the most bothersome event, the age of the perpetrator, the relationship of the perpetrator to the respondent, the frequency and duration of the most bothersome experience and the presence and type of any coercion. (see appendix A).

Test-retest reliability of the ESEC is excellent (Cohen's kappa = .92).

Furthermore, Miller and Johnson (1998) report that results obtained with this instrument

are similar to those obtained by more intensive personal interviews. Finally, Miller and Johnson (1998) provided evidence suggesting that the ESEC detects reports of CSA that other questionnaires miss.

For the present study, participants were classified into three groups depending on whether they experienced CSA as measured by the ESEC. The first group contained participants who reported no history of CSA. The second group consisted of participants who experienced forced sexual contact (e.g., fondling of genitals, oral sex, sexual intercourse) under the age of 16 where the perpetrator was not five or more years older, as well as those participants who experienced non-contact forms of sexual abuse (i.e., forced to display their sexual organs or view someone's sexual organs) under the age of 16. The third group, and of most interest to the present study, consisted of participants who experienced forced sexual contact under the age of 16 where the perpetrator was five or more years older.

Sexual Experiences Survey (SES).

The SES is a 10-item questionnaire that assesses a woman's history of being the recipient of sexually aggressive behaviors. The test items refer to explicit sexual contact involving various degrees of force, threat, and coercion (Koss & Oros, 1982; Koss, Gidycz, & Wisniewski, 1987). Research by Koss and Gidycz (1985) indicates that the SES has adequate internal consistency (Cronbach's $\alpha = .74$) and test-retest reliability ($r = .93$). The authors also reported a correlation of .73 between the SES and reports of sexual assault from an interview (see appendix A).

The present study used the SES as a measure of adolescent and adult sexual assault and revictimization. Adolescent/adult sexual assault was defined as any of the

coercive experiences on the SES occurring at the age of 16 or older. The instructions on the SES were adjusted to reflect this age cut off.

Emotional and Physical Abuse Questionnaire (EPAQ)

The EPAQ is a 32-item instrument that assesses the presence of physical abuse, emotional abuse, and neglect in a participant's childhood (Carlin, et. al., 1994). The instrument contains items that are indicative of relatively common abuse (i.e., "I was shaken") to more severe forms of abuse (i.e., "I have had broken bones following a beating"). In accordance with Meston, Heiman, Trapnell, and Carlin (1999), items were grouped into the following three categories: physical abuse, emotional abuse, and neglect. Participants were asked to rate the frequency with which they experienced each type of abuse on a 5-point likert scale. A total score for the entire instrument can be computed, as well as individual scale scores for each category of abuse.

Internal consistency estimates based on Cronbach's alpha for each scale are as follows: .81(physical abuse), .80 (emotional abuse), and .65 (neglect). In addition, Meston et al. (1999) reported that 15 psychologists independent of the study were consulted to insure that the instrument was face valid. (see appendix A).

In the present investigation the instructions of the instrument were altered. Participants were instructed to report on abuse that occurred before the age of 16 in order to be consistent with the age cutoff used on the ESEC.

Parental Bonding Instrument (PBI)

The PBI is 25-item questionnaire that assesses the quality of the parent-child relationship when the respondent was 16 years of age or younger (Parker, Tupling, & Brown, 1979). It contains a care scale and an overprotection scale. The care scale

measures the extent of affection, emotional warmth, empathy, and closeness that was present in the respondent's relationship with the parent. The overprotection scale measures the extent of control, overprotection, intrusion, excessive contact, infantilization, and prevention of independent behavior exhibited by the parent. Respondents complete the questionnaire twice to assess the extent of bonding with each parent.

The PBI has adequate reliability and validity. The test-retest reliability is .76 for the care scale and .628 for the overprotection scale. In addition, the split-half reliabilities of the care and overprotection scales are .879 and .739 respectively. Finally, concurrent validity was demonstrated by correlating each scale with data ascertained through an interview. The validity coefficients are as follows: .772 (care scale) and .505 (overprotection scale). See appendix A.

Brief Index of Sexual Functioning for Women (BISF-W)

The BISF-W is a brief, standardized measure of overall sexual function in women (Rosen, Taylor, & Leiblum, 1998). It consists of 22 items that assess sexual desire, arousal, orgasm, frequency of sexual behavior, sexual fantasy, masturbation, and sexual preference. There are additional items that measure body image, partner satisfaction, and sexual anxiety. Finally, there are several items that assess sexual performance difficulties like diminished arousal or lubrication, pain or tightness during intercourse, and difficulties reaching orgasm. A principal component analysis has shown three factors: Sexual Desire/Interest, Sexual Activity, and Sexual Satisfaction. The Sexual Desire/Interest factor measures an interest or desire for sexual activity and includes questions that assess sexual dysfunction. The Sexual Activity factor assesses the

frequency of a variety of sexual activities. The Sexual Satisfaction factor measures pleasure, communication, and satisfaction with the sexual relationship.

The three factors have adequate test-retest reliability ranging from .68 to .73. Validity data indicate that the BISF-W has moderate to high correlations (.59 to .69) with several of the scales from the Derogatis Sexual Function Inventory, a lengthy and comprehensive measure of sexuality (Taylor, Rosen, & Leiblum, 1994). The scale has also been used to measure sexual functioning in a community sample of women (Rosen, Taylor, Leiblum, & Bachmann, 1993)(See appendix B).

Sociosexual Orientation Inventory (SOI)

The SOI is a 7-item questionnaire designed to measure individual differences in the willingness to engage in casual, uncommitted sexual relationships (Simpson, 1998). Specifically, it measures an individual's past sexual behavior, what they expect their sexual behavior to be in the future, the content of their sexual fantasies, and their attitudes about casual sex.

Simpson and Gangstead (1991) have shown the SOI to be internally consistent (Cronbach's $\alpha = .75$) and to have high test-retest reliability ($r = .94$). These authors have also found that high scores on the SOI are associated with engaging in sex earlier in romantic relationships, a greater likelihood of having sex with multiple partners during the same period, and sexual relationships that are characterized by less commitment, love, investment, and affectional ties (see appendix B).

Attraction to Sexual Aggression Scale-Female Version (ASA-FV)

The ASA-FV is a modification of Malamuth's (1989a, 1989b) Attraction to Sexual Aggression scale for men, which was designed to assess men's propensity toward, or

attraction to, sexual aggression. The original version of the scale has been shown to be reliable and valid (Malamuth, 1989a, 1989b). The ASA-FV was designed to assess the same inclination in women. The content of some of the items of the original ASA were modified for female respondents (see appendix B), but for the most part, the ASA-FV is quite similar to the original ASA. For example, items assessing attraction to and willingness to "rape" were rephrased as "persuading a male to do something sexual he didn't want to do." Preliminary evidence supporting the validity of the ASA-FV was presented by Berggren (1992). This author found that women who scored higher on the ASA-FV were more accepting of interpersonal violence.

Sexual Fantasy Questionnaire (SFQ)

The SFQ was adapted from the brief questionnaire on sexual fantasy used by Briere, Simljanich, and Henschel (1994). Respondents are asked to rate on a 5-point likert scale the frequency with which they have had the following fantasies over the past 12 months: consenting intercourse, forcing someone to have sex, being forced to have sex, participating in an orgy, and having sex with a stranger. In addition to reporting the frequency of each fantasy, participants are asked to rate on 5-point likert scales the extent to which they find each fantasy distressing and sexually arousing.

Sexual Preference Task

A task to measure preference for various types of sexual images, based on Wright and Adams (1994), was designed for the present study. It consists of a series of 120 computer images (20 in each category) from the following six categories: nude males; nude females; a neutral image (solid gray square); consensual, heterosexual interactions between a couple; consensual, heterosexual interactions where a woman dominates a man

through the use of force and bondage; and consensual, heterosexual interactions where a man dominates a woman through the use of force and bondage. All images were grayscaled (i.e., black and white) and adjusted to fit standardized dimensions. This was done to reduce, as much as possible, the effect of any unique characteristics (e.g., color) of each image.

The images are presented on a personal computer by software written for this study. The software presents the images in a random order and randomly places a $\frac{1}{4}$ inch tan dot in one of 5 locations on each image, the four corners or the center. Participants are instructed to locate the dot as quickly as possible and to record its location by pressing the number pad on the keyboard of the computer. The five possible locations of the dot correspond to five different numbers on the number pad. Once the participant makes a choice, she must hit a key to move on to the next image. The software then removes the picture and there is a 3-second intertrial interval in which the screen is blank until the next image is brought up. The software records two reaction times in milliseconds for each image (i.e., dot location and hitting a key to move on the next image). This process is continued until 120 experimental trials are completed. At the end of these trials, the computer program sorts the responses into the six categories of images, totals correct responses, and calculates means and standard deviations for each category of images. Data from incorrect responses are excluded from analysis of response times. Five practice trials with images of various scenes around the University of North Dakota Campus precede the experimental trials to allow participants to learn the task.

Procedure

Sign up sheets requesting a participant's name and phone number were distributed in undergraduate psychology classes to recruit for the study. Participants were informed that the study examined the sexual attitudes and behaviors of college students. Participants were then randomly chosen and contacted by phone to participate in the study. They were informed that the study involved completing some questionnaires about the sexual practices and behaviors of college students and viewing some erotic images. If a participant agreed to participate, she was scheduled for an appointment in the laboratory.

Upon arrival at the laboratory, participants were given a consent form explaining the nature of the study, as well as emphasizing confidentiality. They were informed that they could withdraw at any time without penalty. After signing the consent, participants completed the sexual preference task. A research assistant already had the computer and software running with the monitor off. The research assistant then entered the subject room and turned the monitor on. The participant was then read the following directions that also appeared on the computer screen:

"This part of the study examines the effects of sexually explicit stimuli on information processing. You will view a series of 120 pictures. The pictures will be of 5 types: neutral, nude women, nude men, depictions of heterosexual behaviors, and depictions of consensual, heterosexual behaviors in which one partner controls the other partner. Each picture will have a dot located in one of 5 positions: the upper left-hand corner, the upper right-hand corner, the middle, the lower left-hand corner, or the lower right-hand corner.

"Your task is to locate the position of the dot on each picture and press the key on the number pad, with your right hand, that corresponds with the dot placement. If the dot appears in the upper left-hand corner of a picture, press the 7 key. If the dot appears in the upper right-hand corner, press the 9 key. If the dot appears in the middle, press the 5 key. If the dot appears in the lower left-hand corner, press the 1 key. Finally, if the dot appears in the lower right-hand corner, press the 3 key.

"After making your selection the picture will remain on the screen. When you are ready to advance to the next picture, press the Enter key on the keyboard (not the Enter key on the number pad) with your left hand. You will then have a 3-second delay until the next picture is presented; during the delay the screen will be blank.

"You will have five practice trials with nonsexual pictures to prepare you for the task. After the practice trials, the experimenter will answer any questions you have, and then you will proceed with the experimental trials. Do you have any questions before you begin? When you are ready to begin the practice trials, press the Enter key."

After completing the sexual preference task, participants were asked to fill out all of the questionnaires. Specifically, they completed the questionnaires in the following order: the BISF-W, the SOI, the ASA-FV, the SFQ, the PBI, the SES, the ESEC, and EPAQ.

The final part of the study involved debriefing the participants. All participants received extra credit for their participation. The amount of this extra credit was

commensurate with the hours served in the study, as determined by the instructor of the course in which they received the extra credit.

CHAPTER III

RESULTS

Sexual Preference Task

First, the data for the sexual preference task were examined for outliers, and individuals with mean reaction times exceeding z-scores of four were excluded from the data analyses. Three participants were completely excluded from the analyses (having z-scores greater than 4 in all picture categories), and twelve participants were excluded from some analyses because they had z-scores greater than 4 in at least one picture category. A history of sexual abuse did not appear to be associated with the pattern of outliers as only one participant who met the definition of CSA used in this study had any z-scores greater than 4.

Second, internal consistencies of the stimuli were examined by computing Cronbach's alpha on the mean reaction times for the twenty images in each category. The reliability coefficient was .832 for the neutral image, .968 for images of nude men, .954 for images of nude women, .972 for images depicting sexual interactions without elements of force, .97 for images in which a male dominated a woman, and .964 for images where a woman dominated a man.

Next, the three picture categories (neutral, nude male, nude female) that had been used in previous studies were examined with repeated measures ANOVA to determine if

the previous results could be replicated in this study. Participants who endorsed a predominantly homosexual or bisexual orientation on the BISF-W were excluded from this analysis. This resulted in the data of two participants being excluded. The effect of stimulus type was significant, $F(5, 1860) = 198.86, p < .001$, indicating that significant differences existed on reaction times among the six categories of pictures. This was followed up with Bonferroni pairwise comparisons that indicated reaction times for all of the sexual images were significantly longer than for the neutral image. More importantly, however, was the comparison between images of nude men and nude women. Reaction times were significantly ($p < .001$) longer to images of nude men ($M = 1.442$) than nude women ($M = 1.281$), suggesting that the sexual preference task is consistent with self-reported sexual orientation.

Next, the possibility that a history of sexual victimization (i.e., CSA and/or sexual assault as an adolescent or adult) would affect reaction times for the nude male, nude female, and neutral pictures was examined by performing the above analysis again while excluding participants with a history of sexual victimization, as well as by performing a repeated measures ANCOVA with CSA and adolescent/adult sexual assault history as covariates. These analyses resulted in essentially similar results to the original analysis, suggesting that a history of CSA or adolescent adult sexual assault did not affect the validity of the sexual preference task as an indicator of sexual orientation.

Finally, in order to examine the effect a history of CSA had on reaction times to images containing elements of force, a mixed ANOVA was conducted with stimulus type as a within- subjects factor and abuse group as a between-subjects factor. The stimulus types or picture categories examined in this analysis included the sexual intercourse

images without elements of force, the sexual intercourse images in which a man is domineering/forceful, and the sexual intercourse images in which a woman is domineering or forceful. The between-subjects factor compared participants who reported no history of CSA, participants who experienced non-contact forms of sexual abuse or forced sexual contact under the age of 16 by a perpetrator less than five years older, and participants who experienced forced sexual contact under the age of 16 where the perpetrator was five or more years older.

The main effect for stimulus type was significant, $F(2, 754) = 3.11, p < .05$. Bonferroni pairwise comparisons indicated that reaction times to pictures of male domination ($M = 1.462$) were significantly slower ($p < .05$) than to pictures of female domination ($M = 1.418$). The main effect for abuse group was not significant, $F(2, 377) = .184, p < .90$. The interaction between stimulus type and abuse group approached significance, $F(4, 754) = 2.306, p < .06$. Informal inspection of group means indicated that they were in the predicted direction. That is, mean reaction times for pictures of male and female domination were longer than times for images without element of force within the third, and most stringently defined, abuse group. This pattern was not evident within the other two groups. See Table 1 for group means.

Because the mean reaction times were in the predicted direction for the third abuse group, some follow-up analyses were conducted in an effort to increase power. First, the definition of CSA was altered in the third group to include participants who experienced CSA where the perpetrator was three or more years older instead of five. This increased the size of this group from 32 to 41. The analyses conducted above were conducted again using this new definition.

Table 1. Mean Reaction Times on Sexual Preference Task as a Function of Image Type and Abuse Group

Abuse Group	Stimulus Type		
	NoForce	Male Domination	Female Domination
	M	M	M
1 ^a (n = 270)	1.50	1.49	1.42
2 ^b (n = 78)	1.44	1.43	1.42
3 ^c (n = 32)	1.39	1.47	1.41

^a No history of childhood sexual abuse. ^b Forced sexual contact and/or viewing another's, or displaying one's own, sexual organs under the age of 16; perpetrator not 5 or more years older

^c Forced sexual contact under the age of 16; perpetrator 5 or more years older

The main effect for stimulus type approached significance, $F(2, 754) = 2.895$, $p < .06$. The main effect for abuse group was not significant, $F(2, 377) = .822$, $p < .50$, but the interaction between stimulus type and abuse group was significant, $F(4, 754) = 3.084$, $p < .05$. This significant interaction was followed up with paired samples t-tests in each of the three abuse groups that compared the mean reaction times of both the male and female domination images to the non-forceful coital images. See Table 2 for means and t-statistics.

These analyses revealed that the mean reaction times to images of female domination were significantly faster than responses to coital images containing no force in the group who reported no history of CSA. In addition, the third, and most stringently defined, abuse group had slower mean reaction times to male domination images than responses to coital images without force, though this difference only approached statistical significance.

Table 2. Mean Reaction Times on Sexual Preference Task as a Function of Image Type and Abuse Group: Modified Definition of CSA

Abuse Group	Stimulus Type			t-test	
	No Force	Male Domination	Female Domination	M2 vs M1	M3 vs. M1
	M (SD)	M (SD)	M (SD)		
1 ^a (n = 269)	1.50 (.66)	1.50 (.70)	1.42 (.54)	-.281	-5.02**
2 ^b (n = 70)	1.40 (.59)	1.37 (.48)	1.37 (.45)	-.944	-1.04
3 ^c (n = 41)	1.47 (.53)	1.55 (.73)	1.50 (.61)	1.83*	1.44

^a No history of childhood sexual abuse. ^b Forced sexual contact and/or viewing another's, or displaying one's own, sexual organs under the age of 16; perpetrator not 3 or more years older.

^c Forced sexual contact under the age of 16; perpetrator 3 or more years older

* $p < .08$. ** $p < .001$

In order to further clarify and understand these data, the definition of CSA was altered a second time in the third group to include only those participants who experienced the abuse when under the age of 15. The age at which the abuse occurred was lowered because previous research (e.g., Browning & Laumann, 1997) has suggested that earlier abuse onset is associated with greater long-term consequences. This changed the size of this group to 34. The analyses conducted above were performed again using this new definition.

The main effect for stimulus type was significant, $F(2, 754) = 3.214$, $p < .05$, and again, the main effect for abuse group was not significant, $F(2, 377) = .661$, $p < .60$. The main effect for stimulus type was followed up with Bonferroni pairwise comparisons, and indicated, again, that mean reaction times to pictures of male domination ($M = 1.48$) were significantly slower ($p < .05$) than to pictures of female domination ($M = 1.44$). The interaction between stimulus type and abuse group was also statistically significant, $F(4,$

754) = 3.817, $p < .01$. This significant interaction was followed up with paired samples t-tests in each of the three abuse groups comparing the mean reaction times of both the male and female domination images to the coital images devoid of force. See Table 3 for means and t-statistics. These analyses revealed again that mean reaction times to images of female domination were significantly faster than reaction times to the nonforceful coital images in the group with no history of CSA. More importantly, however, was the pattern of responses in the third abuse group. The data revealed that the mean reaction times to the male domination images were significantly slower than reaction times to the nonforceful coital images. In addition, the mean reaction times to images of female domination were also slower than the non-forceful coital images, though this relationship only approached statistical significance. Further analyses in which the age of abuse onset was lowered each time by one year did not change the results found in this last set of analyses.

Table 3. Mean Reaction Times on Sexual Preference Task as a Function of Image Type and Abuse Group: Modified Definition of CSA (2)

Abuse Group	Stimulus Type			t-test	
	No Force	Male Domination	Female Domination		
	M (SD)	M (SD)	M (SD)	M2 vs M1	M3 vs. M1
1 ^a (n = 270)	1.51 (.68)	1.50 (.70)	1.42 (.54)	-.310	-5.02***
2 ^b (n = 76)	1.41 (.58)	1.38 (.48)	1.38 (.45)	-1.09	-1.24
3 ^c (n = 34)	1.45 (.55)	1.57 (.77)	1.51 (.65)	2.25**	1.94*

^a No history of childhood sexual abuse. ^b Forced sexual contact and/or viewing another's, or displaying one's own, sexual organs under the age of 16; perpetrator not 3 or more years older^c Forced sexual contact under the age of 15; perpetrator 3 or more years older; * $p < .07$. ** $p < .05$. *** $p < .001$

This last analysis was executed again with history of adult/adolescent sexual assault entered as a covariate. This was done to control for the possibility that sexual abuse at the age of 16 or older was confounded with CSA. This analysis revealed that the interaction of stimulus type and abuse group was largely unaffected by adult sexual assault; this interaction remained statistically significant with highly similar results on the post hoc t-statistics to the previous analysis. The main effect for stimulus type, however, was no longer statistically significant, but this finding was not of particular interest to the present investigation.

One final analysis was conducted, in the third abuse group, to examine the possibility that reaction times to the male domination images were accentuated as a result of participants being upset about their CSA experience (in contrast to the preference hypothesis which posits that slower reaction times are reflective of a participant's sexual interest in the picture). The relationship between two questions on the ESEC (see Appendix A) and the mean reaction times to the male domination images were examined using Pearson correlations. These two questions assessed the extent to which participants were upset about the abuse when it occurred, as well as the extent to which they were upset about it now. Responses were made on a 7-point likert scale. The relationship between the extent to which they were upset about the abuse at the time it occurred and reaction times to the male domination images was not significant ($r = -.059$, $p = .735$), nor was the association between their level of distress about the abuse now and the reaction times ($r = -.161$, $p = .354$).

Questionnaire Data

A series of hierarchical, multiple regression analyses were performed to examine the unique and overlapping contributions of CSA, sexual assault at the age of 16 or older, emotional and physical abuse, neglect, and the quality of the parent-child relationship to the prediction of sexual satisfaction and dysfunction (measured by the three scales of the BISF-W), the propensity to engage in casual sex (assessed by the SOI), attraction to sexual aggression (measure by ASA-FV), and the extent to which participants reported having sexual fantasies containing elements of force (assessed by the SFQ). The definition of CSA employed in the first set of analyses of the sexual preference task was used here. Childhood sexual abuse was entered as a predictor in the first block of each hierarchical regression and the Emotional and Physical Abuse Questionnaire (EPAQ), the Sexual Experiences Survey (SES) and the mother and father versions of the Parental Bonding Instrument (PBI-M and PBI-F, respectively) were entered as predictors in the second block. Each version of the PBI contains two scales, overprotection and care. Finally, the total score for the EPAQ was used in all analyses as preliminary results indicated that the three subscale scores (emotional abuse, physical abuse, and neglect) were not associated with the outcome measures.

Sexual Dysfunction/Satisfaction and Risky Sexual Behavior.

In the first step of the prediction of the Sexual Activity factor of the BISF-W, CSA accounted for a statistically significant amount of variance [$F(1, 385) = 5.64, p < .05$ and $R^2 = .014$] indicating that a history of CSA was associated with more sexual activity and a greater variety of sexual behaviors. The subsequent entry of the EPAQ, the SES, and the two versions of the PBI did not result in a statistically significant increment

of variance explained [F of Change(6, 379) = 1.893, p = .081]; however, the overall model remained significant [F (7, 379) = 2.44, p < .05 and R^2 = .043]. Significant predictors included CSA and the SES, indicating that in addition to CSA, sexual assault at the age of 16 or older was associated with increased sexual activity and a greater variety of sexual behaviors. The standardized weights (beta), zero-order correlations, and part correlations for the statistically significant predictors can be found in Table 4.

Table 4. Prediction of the Sexual Activity Scale of the Brief Index of Sexual Functioning for Women

Model	Variable	Beta	p-value	Zero-order Correlation	Part Correlation
1	CSA ^a	.12	.018	.12	.12
2 ^b	CSA	.103	.049	.12	.099
	SES ^c	.159	.002	.165	.153

^a History of childhood sexual abuse. ^b The model did not account for a statistically significant increment in variance. ^c The Sexual Experiences Survey (sexual assault at the age of 16 or older)

The prediction of the Sexual Desire/Interest Factor of the BISF-W did not result in a statistically significant model when CSA was entered as a predictor; however, when the EPAQ, the PBI, and the SES were entered in the second step, the model was statistically significant [F (7, 379) = 2.305, p < .05 and R^2 = .041]. The SES was the only significant predictor in this model, indicating that sexual assault at the age of 16 or older was associated with difficulties in sexual desire and functioning. The standardized weights (beta), zero-order correlations, and part correlations for the statistically significant predictors in both models can be found in Table 5.

The first model in the prediction of the Sexual Satisfaction Factor of the BISF-W indicated that CSA did not account for a statistically significant amount of variance.

Table 5. Prediction of the Sexual Desire/Interest Scale of the Brief Index of Sexual Functioning for Women

Model	Variable	Beta	p-value	Zero-order Correlation	Part Correlation
1 ^a	CSA ^b	.014	.786	.014	-.020
2	SES ^c	.167	.002	.16	.16

^a The model was not statistically significant. ^b History of childhood sexual abuse.

^c The Sexual Experiences Survey (sexual assault at the age of 16 or older)

When EPAQ, the PBI, and the SES were entered in the second step, there was a statistically significant amount of variance explained [$F(6, 379) = 2.776, p < .01$ and $R^2 = .049$]. The care scale of PBI-M and the SES were statistically significant predictors, indicating the lower levels of caring behaviors displayed by the mother during childhood and sexual assault were associated with greater sexual dissatisfaction in adulthood. The standardized weights (beta), zero-order correlations, and part correlations for the significant predictors in both models can be found in Table 6.

Table 6. Prediction of the Sexual Satisfaction Scale of the Brief Index of Sexual Functioning for Women

Model	Variable	Beta	p-value	Zero-order Correlation	Part Correlation
1 ^a	CSA ^b	.006	.902	.006	.006
2	SES ^c	.107	.042	.12	.102
	Care-M ^d	-.140	.031	-.178	-.109

^a The model was not statistically significant. ^b History of childhood sexual abuse.

^c The Sexual Experiences Survey (sexual assault at the age of 16 or older). ^d The care scale of the Parental Bonding Instrument-Mother version.

In the first step of the analysis for the SOI, CSA accounted for a statistically significant amount of variance [$F(1, 380) = 26.36, p < .001$ and $R^2 = .065$] suggesting that

CSA is associated with a propensity for casual sex.. The EPAQ, PBI, and SES were entered in the second model and accounted for a statistically significant increment of variance [F of Change(6, 374) = 2.776, $p < .05$ and R^2 of change = .040]. In addition to CSA, the SES was a statistically significant predictor suggesting that sexual assault at the age of 16 or older was associated an increased propensity for casual sex. The standardized weights (beta), zero-order correlations, and part correlations for the significant predictors in both models can be found in Table 7.

Table 7. Prediction of the Sociosexual Orientation Inventory

Model	Variable	Beta	p-value	Zero-order Correlation	Part Correlation
1	CSA ^a	.255	.000	.255	.255
2	CSA	.217	.000	.255	.208
	SES ^b	.178	.001	.223	.171

^a History of childhood sexual abuse.

^b The Sexual Experiences Survey (sexual assault at the age of 16 or older)

Sexual Aggression

The prediction of the ASA-FV resulted in a statistically significant model when CSA was entered as a predictor in the first step [$F(1, 385) = 6.077$, $p < .05$ and $R^2 = .016$]. This indicated that a history of CSA was associated with an increased interest in sexual aggression. When the EPAQ, PBI, and the SES were entered as predictors in the second model, they did not account for a statistically significant increment in the amount of variance explained [F of Change(6, 379) = 1.80, $p = .098$ and R^2 of change = .027]; however, the overall model remained statistically significant [$F(7, 379) = 2.422$, $p < .05$ and $R^2 = .043$]. Statistically significant predictors in this second model included the SES

and overprotection scale of PBI-M, indicating that sexual assault and higher levels of overprotective behaviors in the mother were associated with attraction to sexual aggression. In addition, CSA was no longer a significant predictor in the second model. The standardized weights (beta), zero-order correlations, and part correlations for the significant predictors in both models can be found in Table 8.

Table 8. Prediction of the Attraction to Sexual Aggression Scale-Female Version

Model	Variable	Beta	p-value	Zero-order Correlation	Part Correlation
1	CSA ^b	.125	.014	.125	.125
2 ^a	CSA	.093	.077	.125	.089
	SES ^c	.115	.028	.137	.111
	Opr-M ^d	.128	.041	.127	.103

^aThe model did not account for a statistically significant increment in variance. ^bHistory of childhood sexual abuse. ^cThe Sexual Experiences Survey (sexual assault at the age of 16 or older).

^dThe overprotection scale of the Parental Bonding Instrument-Mother version.

Sexual Fantasy

For the question assessing the frequency of having a fantasy of forcing someone to have sexual intercourse, the model with CSA as a predictor was significant [$F(1, 385) = 11.309, p < .01$ and $R^2 = .029$]. This indicated that a history of CSA was associated with a greater likelihood of having a sexual fantasy of forcing someone to have intercourse. When the EPAQ, the PBI, and the SES were entered as predictors in the second model, they did not account for a statistically significant increment in the amount of variance explained [F of change(6,379) = .825, $p = .551$ and R^2 of change = .013]; however, the overall model remained significant [$F(7, 379) = 2.319, p < .01$ and $R^2 = .013$]. CSA was the only significant predictor in the second model. The standardized

weights (beta), zero-order correlations, and part correlations for the significant predictors in both models can be found in Table 9.

In the first step of the analysis for the second sexual fantasy question (the frequency of having a sexual fantasy of being forced to have sexual intercourse), CSA accounted for a statistically significant amount of variance explained [$F(1, 385) = 11.9$, $p < .01$ and $R^2 = .030$], indicating that a history of CSA was associated with a greater likelihood of having a fantasy of being forced to have sexual intercourse. The EPAQ, the PBI, and the SES did not account for a statistically significant increment in the amount of variance explained [F of change(6,379) = 1.776, $p = .105$ and R^2 of change = .026] when entered as predictors in the second model; however, the overall model remained significant [$F(7, 379) = 3.234$, $p < .01$ and $R^2 = .056$]. In addition to CSA, the SES and overprotection scale of the PBI-M were statistically significant predictors, suggesting that sexual assault and higher levels of overprotective behaviors displayed by the mother in childhood were associated with sexual fantasies of being forced in this second model. The standardized weights (beta), zero-order correlations, and part correlations for the significant predictors in both models can be found in Table 10.

Table 9. Prediction of Sexual Fantasy: Forcing Someone to Have Sexual Intercourse

Model	Variable	Beta	p-value	Zero-order Correlation	Part Correlation
1	CSA ^b	.169	.001	.169	.169
2 ^a	CSA	.152	.004	.169	.146

^a The model did not account for a statistically significant increment in variance.

^b History of childhood sexual abuse.

Table 10. Prediction of Sexual Fantasy: Being Forced to Have Sexual Intercourse

Model	Variable	Beta	p-value	Zero-order Correlation	Part Correlation
1	CSA ^b	.173	.001	.173	.173
2 ^a	CSA	.152	.004	.173	.146
	SES ^c	.113	.030	.135	.109
	Opr-M ^d	.147	.018	.091	.118

^a The model did not account for a statistically significant increment in variance. ^b History of childhood sexual abuse. ^c The Sexual Experiences Survey (sexual assault at the age of 16 or older).

^d The overprotection scale of the Parental Bonding Instrument-Mother version.

Follow up analyses were conducted on the sexual fantasy questions to determine whether participants with a history of CSA were distressed, relative to those without such a history, from having sexual fantasies containing elements of force. Responses to the questions assessing the extent to which participants were distressed by each forceful fantasy were evaluated with two one-way ANOVAs with abuse group as a between-subjects factor. The ANOVA for the fantasy of forcing someone to have sexual intercourse was not significant [$F(2,25) = .315, p < .80$], nor was the one for the fantasy of being forced into having sexual intercourse [$F(2,96) = .315, p < .60$]. This suggested that participants with a history of CSA, relative to participants without such a history, were not appreciably distressed by either of the fantasies.

Definition of CSA and Questionnaire Data

As a result of the data analyses for sexual preference task, which indicated the definition of CSA impacted the findings, the regression analyses of the questionnaire data presented above were redone using the alternative definitions of CSA described in the section on the sexual preference task analysis. These alternative regression analyses resulted in a similar pattern of results and therefore will not be reported here.

Characteristics of CSA

In the final set of analyses, four characteristics of a participant's CSA history were examined to determine their association with the Sexual Activity Scale of BISF-W, the SOI, the ASA-FV, and the two fantasy questions on the SFQ that assessed the frequency of fantasies containing elements of force. These characteristics included the frequency and duration of the CSA, the respondent's relationship to the perpetrator, and the level of coercion during the abuse.

The first analysis examined Pearson correlations between level of coercion during the abuse and the variables listed above. One and two-tailed correlations were computed because of the small sample size and the expected relationship among the variables (i.e., higher levels of coercion will be associated with larger sexual outcomes). The level of coercion variable was created by dividing participants with a history of CSA into three groups depending on the type of coercion employed by the perpetrator during the abuse. Participants were assigned a score of "1" if they experienced psychological/emotional coercion (e.g., feeling afraid of the perpetrator because he was bigger, being bribed by the perpetrator), a score of "2" if they were forced to consume an illicit substance, and a score of "3" if physical force was used by the perpetrator (e.g., pushed, hit, or physically restrained the victim). Participants reporting more than one type of coercion were assigned the higher number. Results of this analysis revealed that higher levels of coercion were slightly associated with a greater likelihood of having a fantasy of being forced to have sexual intercourse ($r = .295$, $p = .091$, two-tailed; $p < .05$, one-tailed).

The next analysis consisted of computing Pearson correlations between the frequency and duration of abuse (as measured by questions 5 and 6 on the ESEC) and the

outcome variables. Again, both two-tailed and one-tailed correlations were computed because of the small sample size and the expected relationship among the variables (i.e., increased frequency and duration will be associated with larger sexual outcomes). This analysis revealed two significant correlations with the duration of abuse: ASA-FV ($r = .321$, $p = .068$, two-tailed; $p < .05$, one-tailed) and the sexual fantasy of being forced to have sex ($r = .347$, $p < .05$, two-tailed). These data indicate that, among the participants with a history of CSA, a greater duration of abuse was associated with a higher level of attraction to sexual aggression and greater likelihood of having a sexual fantasy of being forced to have sex. There were no significant relationships between frequency of the abuse and the outcome variables.

The last set of analyses examined the association between the perpetrator's relationship to the victim and the outcome measures. Participants within the CSA group were placed into one of three groups according to whether the perpetrator of the abuse was a stranger, friend, or relative. One-way ANOVAs were then executed with this variable as a between-subjects factor and the Sexual Activity Scale of BISF-W, the SOI, the ASA-FV, and the two fantasy questions on the SFQ containing elements of force as the dependent measures. None of these analyses were significant or approached significance ($p < .10$), suggesting that the relationship to the perpetrator had no relationship to the outcome measures.

Finally, all of the analyses discussed thus far in this section were repeated with the data from the two categories of images containing elements of force (i.e., male and female domination) on the sexual preference task. These analyses were conducted within the group of CSA victims with the last alternative definition of CSA discussed in the

section on the sexual preference task (i.e., sexual contact under the age of 15 with a perpetrator who was 3 or more years older). None of these analyses were significant or approached significance ($p < .10$), suggesting that frequency and duration of abuse, level of coercion, and relationship to the perpetrator were not associated with mean reaction times to the images of male and female domination in the group of women with a history of CSA.

CHAPTER IV

DISCUSSION

In general, the results supported the overall hypothesis of this study. That is, CSA was associated with a wide range of sexual behavior outcomes in adult females, even after controlling for a host of confounding variables (i.e., family environment factors, adolescent/adult sexual assault). Specifically, CSA was associated with a preference for forceful sexual images, increased sexual activity, a propensity for casual sex, and sexual fantasies containing elements of force. In addition, CSA was associated with attraction to sexual aggression, but this relationship disappeared after controlling for confounding variables. Family environment factors were associated to a lesser degree with some of these outcomes. Specifically, the quality of the mother-child bond was associated with sexual satisfaction, attraction to sexual aggression, and the fantasy of being forced to have sexual intercourse. Likewise, adolescent/adult sexual assault was associated with sexual desire/functioning, sexual satisfaction, increased sexual activity, a propensity for casual sex, attraction to sexual aggression, and the sexual fantasy of being forced to have sexual intercourse. These findings are discussed in greater detail below.

Sexual Preference and Sexual Fantasy

The validation analysis of the sexual preference task replicated the findings of Wright and Adams (1994). Specifically, mean reaction times to images of nude males

were slower than reaction times to nude females for participants with a self-reported heterosexual orientation. In addition, the reliability analysis indicated that each category of images had high levels of internal consistency. Additional analyses indicated that a history of sexual victimization (i.e., CSA and/or adolescent/adult sexual assault) had no impact on the validity of the sexual preference task. Taken together, these results suggest that the sexual preference task was an accurate measure of sexual orientation. The present study is limited by the lack of a comparison group of participants with a self-reported homosexual orientation. The inclusion of such a group would have permitted us to determine if the mean reaction times would have been in the opposite direction (i.e., slower reactions times to nude females than nude males). Such data would have provided more evidence to support the validity of the sexual preference task.

The examination of the association between CSA and reaction times to forceful images provided some interesting results. In the group of participants who met criteria for the most stringent definition of CSA (i.e., sexual contact under the age of 15 with a perpetrator that was 3 or more years older), mean reaction times to images of male domination were significantly slower than reaction times to images of sexual activity with no elements of domination. In addition, reaction times to images of female domination were slower than responses to the non-domination images, although this finding only approached statistical significance. This pattern of results was not evident in the other two groups of participants (i.e., no CSA and CSA under the age of 16 that involved no sexual contact or sexual contact where the perpetrator was not 3 or more years older). Moreover, there were no differences between the groups on mean reaction times to any of the stimuli. This last finding suggests that participants with a history of

CSA did not demonstrate greater sexual interest in the sexual images in general, nor did they have a greater sexual interest in any of the specific categories of images, relative to those participants who reported no, or lesser forms, of CSA. Taken together, these findings suggest, as predicted, that there was a relative preference for sexual images containing elements of domination within the third, or most stringently defined, CSA group.

The mechanism of action by which this pattern of sexual preference developed in the CSA group is not readily explainable given the design of the present study. The most plausible explanation, however, would likely involve some type of early conditioning or learning. Specifically, it is likely that the abusive sexual experience these participants had in childhood were also their first sexual experiences. Consequently, such an experience would likely be quite powerful in shaping behavior. This early experience may have combined or paired sexual stimulation and behaviors with forceful physical behaviors in a classical conditioning paradigm. Thus, when these individuals encounter sexual stimuli containing elements of force later in life it would be predicted that they would exhibit a preference for such stimuli if this explanation were accurate.

While this explanation is quite speculative, indirect evidence supporting it can be found by examining the pattern of results in the group of females who reported no sexual abuse of any type. If the conditioning explanation were accurate, it would be predicted that reaction times to male/female domination sexual images would not be slower in this group compared to the non-domination sexual images, suggesting that these participants have no particular sexual preference for such images. Moreover, it is plausible that reaction times to the domination images may in fact be faster than responses to the non-

domination images in this group. Specifically, these participants may have been conditioned to prefer sexual stimuli without elements of domination because they have no history of CSA. The data, in fact, support these hypotheses. Participants in the group who reported no history of CSA (of any type) had almost identical mean reaction times on the male domination and non-domination images. Furthermore, their reaction times were significantly faster for images of female domination in comparison to the non-domination images.

A point that is important to consider with the sexual preference data is whether or not slower reaction times to images are actually reflective of higher sexual interest or preference. Even though reaction times to images of nude males were slower than nude females, demonstrating the validity of the sexual preference task as a measure of sexual orientation, this does not necessarily mean that slower reaction times to other categories of images are reflective of greater sexual interest or preference. Specifically, the validity analysis involved the discrimination between heterosexual and homosexual images, whereas the analysis of the other images dealt with discriminating among heterosexual stimuli containing varying levels of domination. Consequently, these two analyses are quite different, and it cannot be assumed that slower reactions times are necessarily reflective of the same underlying construct (i.e., sexual interest or preference) in both sets of analyses.

One alternative explanation is that participants in this group were distressed by the forceful content of the male domination images because of their abuse history. This could have then resulted in delayed responses on the task. Indirect evidence refuting this latter hypothesis can be found in the nonsignificant correlations between participants

ratings of their level of distress about their CSA experience and reaction times to the male domination images. These data, however, do not completely rule out this alternative explanation. It would be useful in future studies to have participants make ratings of how upsetting or distressing an image is immediately after viewing it.

Other indirect evidence supporting the validity of the sexual preference task can be found in the literature on male sex offenders. A widely used instrument for assessing pedophiles, the Abel Assessment, assesses visual reaction time to a wide range of deviant and non-deviant images (Abel, Huffman, Warberg, & Holland, 1998). This instrument has demonstrated high reliability and validity, comparable to that of penile plethysmography, for discriminating pedophiles from non-pedophiles. Specifically, reaction times to pedophilic stimuli were longer than reaction times to non-pedophilic stimuli in participants identified as child molesters, and this pattern was not evident in a group of controls. Other investigators who have used visual reaction time as a measure of sexual interest in sex offenders have found similar results (Harris, Rice, Quinsey, & Chaplin, 1996). The extent to which one can generalize from studies with male participants, in particular pedophiles, to a sample of college females with a history of CSA is unknown. These studies do, however, corroborate to some extent the validity of visual reaction time as a measure of sexual interest.

A related point involves the extent to which data from the sexual preference task has any relationship to the actual sexual behaviors engaged in by a participant and to sexual behaviors they may be interested in trying. Specifically, it would be useful to know if participants in the most stringently defined CSA group actually engage in consensual sexual encounters in which their partner behaves in a dominating fashion or if

they would be interested in participating in such an experience. Exploring this issue could serve two useful purposes. First, it would provide additional data regarding the validity of the sexual preference task. Second, and more importantly, it would underscore the profound way in which a history of CSA may potentially shape a female's future sexual behavior.

The pattern of results with the sexual fantasy data is consistent with the information provided by the sexual preference task. A history of CSA was associated with an increased tendency to report having sexual fantasies about forcing someone to have sexual intercourse and being forced to have sexual intercourse. Moreover, CSA was uniquely associated with both fantasies after controlling for confounding variables (i.e., adolescent/adult sexual assault and family environment factors). Finally, the tendency to report these fantasies was not associated with psychological distress; participants with a history of CSA were not more distressed from having these fantasies relative to those with no history of CSA.

These data are consistent with that of Gold (1991) and Briere Smiljanich, and Henschel, (1994). It appears the CSA history is one factor associated with the expression of forceful sexual fantasies in adult females. The present investigation extends the findings of these previous studies by demonstrating that these fantasies are not associated with appreciable distress in CSA victims relative to those without such a history. This indicates that these fantasies are likely not a painful flashback or re-experience of sexual trauma as suggested by Leitenberg and Henning (1995). Finally, it is important to keep in mind that the correlations between CSA and these sexual fantasies were relatively small (though statistically significant), and thus these findings should not be overstated.

In summary, the data from the sexual preference and sexual fantasy analyses suggest a slight tendency toward experiencing and preferring sexual stimuli containing elements of force and domination in college females with a history of CSA. An important unanswered question, however, is the extent to which this tendency is problematic. Specifically, are experiencing sexual fantasies with elements of force and preferring stimuli with themes of domination deleterious to an individual's psychological functioning? Unfortunately, the design of the present investigation does not allow for the exploration of this question. It would be useful for future research to examine whether this tendency is associated with poorer psychological/interpersonal functioning or any negative consequences for that matter. For example, as discussed earlier, there may be a relationship between the tendency to experience/prefer sexual domination and revictimization in the form of adult/adolescent sexual assault in those who have a history of CSA. Unfortunately, the small number of participants in the most stringently defined CSA group precludes an adequate and sufficiently powerful examination of this issue. Future research should examine this issue.

Sexual Dysfunction and Satisfaction and Risky Sexual Behavior

The results revealed that participants with a history of CSA did not report difficulties with sexual satisfaction and functioning. Adolescent/adult sexual assault, however, was associated with both sexual dissatisfaction and sexual dysfunction, although the magnitude of these relationships were small. This latter finding is consistent with Browning and Laumann (1997), as well as others (e.g., van Berlo & Ensink, 2000) who have found an association with adult sexual assault and difficulties with sexual functioning and satisfaction. Incidentally, the hypothesized association between CSA,

revictimization, and sexual dysfunction/dissatisfaction was not tested due to the failure to find a relationship between CSA and sexual dysfunction/dissatisfaction.

A precise explanation of the failure to demonstrate the hypothesized association between sexual dysfunction/dissatisfaction and CSA is not readily apparent given the design of the present study. There are, however, a few tenable possibilities. First, it has been discussed elsewhere (e.g., Clarke, 1993) that studies using college student samples are less likely to find an association between sexual dysfunction/dissatisfaction and CSA. This may be due to the often argued sentiment that college students tend to be more adjusted than clinical and community samples. In addition, college samples are relatively young, and thus may not have had enough sexual experience to develop or exhibit difficulties with sexual functioning. Second, the measure of sexual functioning used in the present investigation (the BISF-W) is a relatively brief and imprecise measure and thus may not have been sufficiently sensitive to detect sexual difficulties in the sample of women with a history of CSA. Although, the fact that difficulties with sexual functioning and satisfaction were found in women with a history of adolescent/adult sexual assault would mitigate against this possible explanation. Finally, it is possible that the participants with a history of CSA in the current sample truly do not experience an appreciable level of sexual dissatisfaction or dysfunction. This would be consistent with the findings described in a study by Rind and Tromovitch (1997).

Childhood sexual abuse was uniquely associated with a tendency to engage in more frequent sexual activity (e.g., more frequent sexual fantasies, masturbation, more sexual behavior with a partner, etc.) after controlling for adolescent/adult sexual assault and family environment factors. This is consistent with the sexualizing effects of CSA

that Finkelhor (1988) discussed in his theory of traumatic sexualization. In addition, adolescent/adult sexual assault made an independent contribution, above that of CSA, to the prediction of increased sexual activity. It is noteworthy, however, that both of these relationships were of a very small magnitude, and thus caution is warranted when interpreting them.

The data concerning risky sexual behavior revealed that CSA was predictive of an increased propensity for casual sex even after controlling for the other variables. This finding is consistent with that of Meston, Heiman, and Trapnell (1999) who found that CSA was associated with sexually promiscuous behavior even after controlling for physical abuse, emotional abuse, and neglect. In addition, adolescent/adult sexual assault was also independently associated with a propensity for casual sex. Last, CSA and adolescent/adult sexual assault made relatively equal contributions to the prediction of this outcome.

Sexual Aggression

The data regarding attraction to sexual aggression indicated that CSA history was associated with an interest in sexual aggression. Although, this relationship was of a small magnitude and became nonsignificant after controlling for adolescent/adult sexual assault and family environment factors. Thus, CSA does not appear to be uniquely associated or strongly predictive of attraction to sexual aggression in this sample. Adolescent/adult sexual assault was also associated with attraction to sexual aggression but again, the magnitude of this relationship was quite small. While both of these findings are not particularly impressive, they are consistent with the work of Anderson (1996)

who found that CSA and adult sexual assault were associated with sexually aggressive behaviors in college women.

A significant limitation of these data concerns the scale used to measure attraction to sexual aggression. The ASA-FV has not been adequately tested to determine both its reliability and validity. Data from the SFQ, however, does provide some indirect evidence that supports the validity of the ASA-FV. Specifically, the question assessing the frequency of having a fantasy of forcing someone to have sexual intercourse was significantly correlated with the ASA-FV ($r = .425, p < .001$).

Family Environment Factors

The family environment factors (physical abuse, emotional abuse, neglect and quality of the bond with the mother and father) tended, overall, to not be associated with the sexual behavior outcomes. The quality of the relationship with the mother, however, was associated with sexual satisfaction, attraction to sexual aggression, and the sexual fantasy of being forced to have sexual intercourse. Each of these findings is discussed in greater detail below.

Lower levels of caring behaviors (e.g., affection, empathy) displayed by the mother during childhood were associated with increased sexual dissatisfaction. This finding is consistent with Finkelhor, Hotaling, Lewis, and Smith (1989) who found that a relationship characterized as "not close" with the mother during childhood was predictive of sexual dissatisfaction as an adult. The mechanism of action by which a poor mother-child relationship might contribute to sexual dissatisfaction later in life is not easily explained given the correlational nature of both this study and the one by Finkelhor and his colleagues. It does seem intuitive, however, that a deficient mother-child bond could

produce difficulties with emotional intimacy later in life. This deficiency could then result in difficulties with interpersonal relationships in general, and sexual satisfaction in particular. Unfortunately, this explanation is speculative. Moreover, this finding in the present study should not be overstated given its small statistical magnitude.

Higher levels of overprotective behaviors (e.g., extent of control, overprotection, intrusion, excessive contact, prevention of independent behavior) displayed by the mother during childhood were associated with increased attraction to sexual aggression and a tendency to report having the fantasy of being forced to have sexual intercourse. Again, both of these relationships were of a small statistical magnitude but are nonetheless, worthy of discussion. Maternal overprotection during childhood may result in a learned tendency to behave in a controlling and coercive manner in the context of interpersonal relationships or conversely, to feel secure and content and take pleasure from being controlled. This may then transfer to sexual relationships as an adult wherein the individual is interested in sexual aggression as a way to express this learned tendency toward control. Similarly, this learned tendency to view interpersonal relationships as controlling and coercive may enter an individuals fantasy life as an adult, resulting in sexual fantasies containing elements of force. These explanations, however, are highly speculative given the small magnitude of the relationships and the correlational nature of this study.

It is not readily apparent why the other family environment factors were not associated with the sexual behavior outcomes. This could be a result of inadequacies in the instruments that were used to measure these variables in this study. There is some evidence, however, that suggests this is not the case. Specifically, if the instruments

measuring physical abuse, emotional abuse, neglect, and quality of the parent-child bond measured these constructs adequately, then there would likely be an association between these instruments and history of CSA because these phenomena are often comorbid (Briere, 1992). Pearson correlations among these variables revealed this pattern. The EPAQ ($r = .228, p < .001$), the care scale of the father version of the PBI ($r = -.189, p < .001$), and the care scale of the mother version of the PBI ($r = -.180, p < .001$) were all associated with a history of CSA (albeit, weakly).

It may also be the case that many of these family environment factors are simply not as predictive as CSA is of sexual behavior outcomes. This hypothesis is consistent with the findings of Meston, Heiman, and Trapnell (1999). Moreover, Finkelhor's (1988) theory of traumatic sexualization supports this hypothesis because it posits that the sexual consequences associated with CSA are not the result of other forms of childhood trauma and are uniquely linked to CSA. In summary, the findings discussed in this section suggest that CSA is a more consistent predictor of adult sexual behavior than the assessed family environment factors.

Characteristics of CSA

The analysis of characteristics of the CSA experience revealed only a few statistically significant relationships. More severe levels of coercion used by the perpetrator during the abuse and a greater duration of abuse were associated with a greater tendency to report having the sexual fantasy of being forced to have intercourse. In addition, a greater duration of abuse was associated with higher levels of attraction to sexual aggression. These findings for sexual fantasy seem intuitive if Briere, Smiljanich, and Henschel (1994) are correct in their assertion that CSA victims may be conditioned

to experience forceful sexual fantasies as a consequence of the pairing of sexual stimulation with physical and psychological coercion. Given this hypothesis, it would be predicted that a more coercive CSA experience, taking place over a longer period of time, would increase the likelihood that this conditioning would occur. A similar explanation could be proffered for the association between duration of abuse and attraction to sexual aggression.

One explanation for the small number of statistically significant relationships found between characteristics of CSA and sexual behavior outcomes is the small sample size of the abuse group ($N = 34$). This seemed to result in relatively low power and less variability in responses. Thus, it appears that to adequately examine characteristics of CSA that are associated with long-term consequences, studies need to either use less restrictive definitions of CSA (to increase sample sized) or collect data on a larger sample. Creating severity composite scores based on a host of abuse characteristics is another solution to this problem, that has been used in the literature, but this does not provide useful information because it does not allow the reader to determine what precisely about the abuse was predictive of long-term outcomes.

Limitations of the Present Study

There are a few noteworthy limitations of this investigation. First, the use of a college student sample probably had a significant impact on the results of this study, limiting the generalizability of the data. Specifically, the small relationships found between CSA and most of the sexual behavior outcomes may reflect the tendency of college students to be better psychologically adjusted compared to other samples (e.g., community, clinical). Moreover, college student populations are young, and thus may

not have had enough sexual experience to develop many of the sexual outcomes or difficulties assessed in the present study. Thus, the results of this study are probably not generalizable beyond a college student population. It remains to be seen whether a similar pattern of results would be obtained with a community sample of participants. Future research should examine this issue.

A second limitation involved the extent to which the definition of CSA was altered post hoc during the analysis of the sexual preference task. While the data from these analyses are interesting and the most original aspect of this study, they should be viewed as tenuous because the definition of CSA was modified twice to increase power. This process, however, was not conducted arbitrarily or haphazardly, rather it followed a well-reasoned and logical progression. Furthermore, these analyses are informative for future studies using this methodology by providing a starting point for considering how to define CSA.

Finally, the use of control variables, particularly family environment factors, in the present study is also potentially problematic. The use of such variables in this area of research, as a way to control for the confounding effects of family context, has received fairly widespread acceptance; however, as Briere (1988) pointed out, this procedure may tend to be too conservative and based on unnatural distinctions. Specifically, CSA is not easily separated from an unfavorable family environment. Thus, if researchers control for such factors, and the statistical relationships among CSA and adult sexuality disappear, this does not necessarily indicate that CSA had no effect. Conversely, if CSA still has a relationship with outcome measures after controlling for family context, the relationship may be, in reality, stronger than the statistics indicate. While these issues are

not easily resolved, it is important to consider them when examining the results of the present study.

Conclusion

In general, the present investigation suggests that CSA is uniquely associated with sexuality in adulthood even after accounting for family environment factors and adolescent/adult sexual assault. This pattern of results is supportive of Finkelhor's (1988) theory of traumatic sexualization which posits that the long-term sexual consequences of CSA are not the result of other forms of childhood trauma but are unique to CSA. It is noteworthy, however, that the relationships found between CSA and adult sexuality tended to be small, and thus it appears that it is but one of many potential factors that can impact adult sexuality. In addition, the small relationships found in this study are also consistent with controversial papers of Rind and his colleagues (Rind & Tromovitch, 1997; Rind, Tromovitch, Bauserman, 1998) who presented data suggesting that CSA had a reliable, but relatively small, association with poor sexual adjustment in college students and community samples. It is important to consider, however, that the methodological problems of this study and this body of literature in general may make it quite difficult to ascertain the true magnitude of CSA's impact on adjustment and sexual functioning. Finally, the results from the sexual preference task in this study have not been previously documented in this literature and represent a first step in a potentially interesting area of research.

APPENDIX A

ESEC

Early Sexual Experiences

When you were under the age of sixteen (16), did any of these incidents happen to when you did not want them to?

Please check those that occurred:

- ☐ Another person showed his or her sex organs to you.
- ☐ You showed your sex organs to another person at his or her request.
- ☐ Someone touched or fondled your sexual organs.
- ☐ You touched or fondled another person's sex organs at his or her request.
- ☐ Another person had sexual intercourse with you.
- ☐ Another person performed oral sex on you.
- ☐ You performed oral sex on another person.
- ☐ Someone told you to engage in sexual activity so that he or she could watch.
- ☐ You engaged in anal sex with another person.
- ☐ Other (please specify):
- ☐ None of these events ever occurred.

If any of these incidents ever happened to you, please answer the following questions by *thinking about the one behavior that bothered you the most.*

In addition, please *circle* the behavior above that bothered you the most.

1. How old were you when it happened? ____
2. Approximately how old was the other person involved? ____
3. Who was the other person involved?
____ relative ____ friend or acquaintance ____ stranger
4. If the other person was a relative, how were they related to you? (i.e., cousin, father, sister, etc.) ____
5. How many times did this behavior occur?
____ just once ____ twice ____ 3 or 4 times ____ 5 times or more

6. Over how long a period did this behavior occur?

_____ just once _____ a month or less _____ several months _____ a year or more

7. How much did the experience *bother* you at the time?

1 2 3 4 5 6 7
Not at all Moderately Extremely

8. How much does the experience *bother* you *now*?

1 2 3 4 5 6 7
Not at all Moderately Extremely

9. What kind of psychological pressure or physical force did the person use, if any? *Please check all that apply.*

- _____ The tried to talk you into it.
- _____ They scared you because they were bigger or stronger.
- _____ They said they would hurt you.
- _____ They bribed you.
- _____ They pushed, hit, or physically restrained you.
- _____ You were afraid they wouldn't like or love you.
- _____ They physically harmed or injured you.
- _____ They threatened you with a weapon.
- _____ They drugged you or got you drunk.
- _____ Other (please specify):
- _____ None of these occurred.

APPENDIX B

SES

This survey asks about your experiences with sexual intercourse and coercion *at the age of 16 or older*. Please respond to each question by checking "yes" or "no" where specified under each question if the situation occurred to you *at the age of 16 or older*.

1. Have you given into sex play (fondling, kissing, or petting, but not intercourse) when you didn't want to because you were overwhelmed by a man's continual arguments and pressure?

Yes _____

No _____

2. Have you had sex play (fondling, kissing, or petting, but not intercourse) when you didn't want to because a man used his position of authority (boss, teacher, supervisor, etc.) to make you?

Yes _____

No _____

3. Have you had sex play (fondling, kissing, or petting, but not intercourse) when you didn't want to because a man threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you?

Yes _____

No _____

4. Have you had a man attempt sexual intercourse (get on top of you, attempt to insert his penis) when you didn't want to by threatening or using some degree of force (twisting your arm, holding you down, etc.), but intercourse *did not* occur?

Yes _____

No _____

5. Have you had a man attempt sexual intercourse (get on top of you, attempt to insert his penis) when you didn't want to by giving you alcohol or drugs, but intercourse *did not* occur?

Yes _____

No _____

6. Have you given in to sexual intercourse when you didn't want to because you were overwhelmed by a man's continual arguments and pressure?

Yes _____

No _____

7. Have you had sexual intercourse when you didn't want to because a man used his position of authority (boss, teacher, supervisor, etc.) to make you?

Yes _____

No _____

8. Have you had sexual intercourse when you didn't want to because a man gave you alcohol or drugs?

Yes _____

No _____

9. Have you had sexual intercourse when you didn't want to because a man threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you?

Yes _____

No _____

10. Have you had sex acts (anal or oral intercourse or penetration by objects other than the penis) when you didn't want to because a man threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you?

Yes _____

No _____

APPENDIX C

EPAQ

The statements below refer to experiences some persons have had as children. Please read each item and rate the frequency with which it happened to you based on your experience with a parent or guardian. For example, if you were never spanked you would circle 0; if you were very rarely spanked you would circle 1; if you were rarely spanked you would circle 2; if you were sometimes spanked you would circle 3; if you were frequently spanked you would circle 4; and if you were very frequently spanked you would circle 5.

1. I WAS SPANKED OR HIT.

Never					Very Frequently				
0	1	2	3	4	5	6	7	8	9

2. I HAVE RECEIVED BLACK EYES FROM BEING HIT.

Never						Very Frequently					
0	1	2	3	4	5	6	7	8	9	10	11

3. I WAS INJURED SERIOUSLY ENOUGH BY A PARENT OR GUARDIAN TO REQUIRE MEDICAL CARE.

Never					Very Frequently				
0	1	2	3	4	5	6	7	8	9

4. I HAVE HAD BROKEN BONES FOLLOWING A BEATING.

Never					Very Frequently				
0	1	2	3	4	5	6	7	8	9

5. I WAS PURPOSEFULLY BURNED WITH A CIGARETTE, LIGHTER, IRON, ETC.

Never 0 1 2 3 4 5 Very Frequently

6. I WAS PINCHED AS PUNISHMENT.

Never					Very Frequently				
0	1	2	3	4	5	6	7	8	9

7. I WAS BITTEN SO HARD MARKS WERE LEFT OR MY SKIN WAS BROKEN.

Never					Very Frequently
0	1	2	3	4	5

8. I WAS HIT OR SPANKED WITH A BOARD, STICK, OR WIRE.

Never Very Frequently
0 1 2 3 4 5

9. I WAS TIED-UP AS PUNISHMENT.

Never Very Frequently
0 1 2 3 4 5

10. MY HAIR WAS SNATCHED OR PULLED OUT.

Never Very Frequently
0 1 2 3 4 5

11. I WAS LOCKED OUT OR SENT OUT OF THE HOUSE WITHOUT SUFFICIENT APPROPRIATE CLOTHES OR SHOES IN THE WINTER.

Never Very Frequently
0 1 2 3 4 5

12. I HAVE HAD FOOD OR WATER WITHHELD FROM ME FOR MORE THAN A DAY.

Never Very Frequently
0 1 2 3 4 5

13. I WAS CONFINED TO OR LOCKED IN AN ENCLOSED SPACE FOR SHORT PERIODS OF TIME.

Never Very Frequently
0 1 2 3 4 5

14. I WAS CONFINED TO OR LOCKED IN AN ENCLOSED SPACE FOR LONG PERIODS OF TIME.

Never Very Frequently
0 1 2 3 4 5

15. MY HOUSE WAS FILTHY AND SMELLED BAD.

Never Very Frequently
0 1 2 3 4 5

16. I HAVE HAD TEETH LOOSENEED OR KNOCKED OUT.

Never Very Frequently
0 1 2 3 4 5

17. I WAS DRESSED IN DIRTY, RAGGED, OR INAPPROPRIATE CLOTHES.

Never Very Frequently
0 1 2 3 4 5

18. I HAD ENOUGH TO EAT.

Never Very Frequently
0 1 2 3 4 5

19. I WAS LEFT HOME ALONE FOR LONG PERIODS OF TIME.

Never Very Frequently
0 1 2 3 4 5

20. I WAS THREATENED WITH DESERTION.

Never Very Frequently
0 1 2 3 4 5

21. I WAS MOCKED OR TAUNTED.

Never Very Frequently
0 1 2 3 4 5

22. I WAS RIDICULED IN FRONT OF FRIENDS OR STRANGERS.

Never Very Frequently
0 1 2 3 4 5

23. FRIENDS WERE ALLOWED TO VISIT ME AT HOME.

Never Very Frequently
0 1 2 3 4 5

24. I WAS ALLOWED TO HAVE FRIENDS.

Never Very Frequently
0 1 2 3 4 5

25. AT HOME I WAS CRITICIZED AND MADE TO FEEL WORTHLESS.

Never Very Frequently
0 1 2 3 4 5

26. MY ACHIEVEMENTS OR CONTRIBUTIONS TO THE FAMILY WERE PRAISED AND APPRECIATED.

Never Very Frequently
0 1 2 3 4 5

27. I SAW OTHER FAMILY MEMBERS HIT OR BEATEN.

Never Very Frequently
0 1 2 3 4 5

28. I WAS HIT OR SPANKED WITH A BELT.

Never Very Frequently
0 1 2 3 4 5

29. I SAW OTHER FAMILY MEMBERS HUMILIATED.

Never Very Frequently
0 1 2 3 4 5

30. I WAS STRANGLED OR CHOKED.

Never Very Frequently
0 1 2 3 4 5

31. I WAS SHAKEN

Never Very Frequently
0 1 2 3 4 5

32. I WAS THROWN AGAINST OBJECTS, WALLS, OR DOWN STAIRS.

Never
0 1 2 3 4 5
Very Frequently

APPENDIX D

PBI

This questionnaire lists various attitudes and behaviors of parents. Consider what your Mother/Father was like in your first 16 years of life when reading each question. Circle the most appropriate response next to each question indicating the extent to which it was like your Mother.

	Very like	Moderately like	Moderately unlike	Very unlike
1. Spoke to me with a warm and friendly voice.	1	2	3	4
2. Did not help me as much as I needed.	1	2	3	4
3. Let me do those things I liked doing.	1	2	3	4
4. Seemed emotionally cold to me.	1	2	3	4
5. Appeared to understand my problems and worries.	1	2	3	4
6. Was affectionate to me.	1	2	3	4
7. Liked me to make my own decision.	1	2	3	4
8. Did not want me to grow up.	1	2	3	4
9. Tried to control everything I did.	1	2	3	4
10. Invaded my privacy.	1	2	3	4
11. Enjoyed talking things over with me.	1	2	3	4
12. Frequently smiled at me.	1	2	3	4
13. Tended to baby me.	1	2	3	4
14. Did not seem to understand what I needed or wanted.	1	2	3	4
15. Let me decide things for myself.	1	2	3	4

16. Made me feel I wasn't wanted.	1	2	3	4
17. Could make me feel better when I was upset.	1	2	3	4
18. Did not talk with me very much.	1	2	3	4
19. Tried to make me dependent on him/her.	1	2	3	4
20. Felt that I could not look after myself unless he/she was around.	1	2	3	4
21. Gave me as much freedom as I wanted.	1	2	3	4
22. Let me go out as often as I wanted.	1	2	3	4
23. Was overprotective of me.	1	2	3	4
24. Did not praise.	1	2	3	4
25. Let me dress in any way I pleased.	1	2	3	4

APPENDIX E

ASA Scale (female)

People frequently think about different activities even if they never do them. For each kind of activity listed please indicate whether or not you have ever thought of trying that activity.

	Have thought of it	Have never thought of it
a. Necking (deep kissing)		
b. Petting		
c. Oral sex		
d. Heterosexual intercourse		
e. Anal intercourse		
f. Female homosexual acts		
g. Group sex		
h. Bondage		
i. Whipping, spanking		
j. Raping a male or another female		
k. Forcing a male to do something sexual he didn't want to do		
l. Transvestitism (wearing the clothes of opposite sex)		
m. Pedophilia (sex with a child)		
n. Robbery		
o. Murder		
p. Being forced to do something sexual you didn't want to do		

2. For each activity, whether or not you have ever thought of it, do you find the idea:

0 --- 1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10

very unattractive

very attractive

Put the appropriate number (0 - 10) in the blank following each activity.

- | | |
|---|--|
| a. Necking (deep kissing) _____ | j. Raping a male or another female _____ |
| b. Petting _____ | k. Forcing a male to do something sexual
he didn't want to do _____ |
| c. Oral sex _____ | l. Transvestitism (wearing clothes of the
opposite sex _____) |
| d. Heterosexual intercourse _____ | m. Pedophilia (sex with a child) _____ |
| e. Anal intercourse _____ | n. Being forced to do something sexual
you didn't want to do _____ |
| f. Female homosexual acts _____ | |
| g. Group sex _____ | |
| h. Bondage (tying up self or partner) _____ | |
| i. Whipping, spanking _____ | |

3. What percentage of females do you think would find the following activities sexually arousing?

- | | | |
|----------------|----------------|------------------|
| 0 = 0% | 4 = 31% to 40% | 8 = 71% to 80% |
| 1 = 1% to 10% | 5 = 41% to 50% | 9 = 81% to 90% |
| 2 = 11% to 20% | 6 = 51% to 60% | 10 = 91% to 100% |
| 3 = 21% to 30% | 7 = 61% to 70% | |

Put the appropriate number (0 - 10) in the blank following each activity.

- | | |
|---|--|
| a. Necking (deep kissing) _____ | j. Raping a male or another female _____ |
| b. Petting _____ | k. Forcing a male to do something sexual
he didn't want to do _____ |
| c. Oral sex _____ | l. Transvestitism _____ |
| d. Heterosexual intercourse _____ | m. Pedophilia (sex with a child) _____ |
| e. Anal intercourse _____ | n. Being forced to do something sexual
she didn't want to do _____ |
| f. Female homosexual acts _____ | |
| g. Group sex _____ | |
| h. Bondage (tying up self or partner) _____ | |
| i. Whipping, spanking _____ | |

4. What percentage of males do you think would find the following activities sexually arousing?
(use the same scale as in question #3)

Put the appropriate number (0 - 10) in the box following each activity.

- | | |
|--|---|
| a. Necking (deep kissing) _____ | i. Forcing a female to do something
sexual she didn't want to do _____ |
| b. Petting _____ | j. Rape _____ |
| c. Oral sex _____ | k. Transvestitism (wearing clothes
of opposite sex _____) |
| d. Heterosexual intercourse _____ | l. Pedophilia (sex with a child) _____ |
| e. Anal intercourse _____ | m. Being forced to do something sexual
he didn't want to do _____ |
| f. Male homosexual acts _____ | n. Whipping, spanking _____ |
| g. Group sex _____ | |
| h. Bondage (tying up self or
partner) _____ | |

5. How sexually arousing do you think you would find the following sexual activities if you engaged in them (even if you have never engaged in them)?

0 --- 1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10
not at all very
arousing arousing

Put the appropriate number (0 - 10) in the box following each activity.

- a. Necking (deep kissing) _____
- b. Petting _____
- c. Oral sex _____
- d. Heterosexual intercourse _____
- e. Anal intercourse _____
- f. Female homosexual acts _____
- g. Group sex _____
- h. Bondage (tying up self or partner) _____
- i. Whipping, spanking _____
- j. Persuading a male to do something sexual he didn't want to do _____
- k. Forcing a male to do something sexual he didn't want to do _____
- l. Transvestitism (wearing clothes of opposite sex) _____
- m. Pedophilia (sex with child) _____
- n. Seducing a male into doing something sexual he didn't want to do _____
- o. Being forced to do something sexual you didn't want to do _____

6. If you could be assured that no one would know and that you could in no way be punished for engaging in the following acts, how likely, if at all, would you be to commit such acts?

0 --- 1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10
not at all very likely
likely

Put the appropriate number (0 - 10) in the box following each activity.

- a. Anal intercourse _____
b. Female homosexual acts _____
c. Group sex _____
d. Bondage (tying up self or partner) _____
e. Robbery _____
f. Murder _____
g. Whipping, spanking _____
h. Persuading a male to do something sexual he didn't want to do _____
i. Forcing a male to do something sexual he didn't want to do _____
j. Transvestitism (wearing clothes of opposite sex) _____
k. Pedophilia (sex with child) _____
l. Seducing a male into doing something sexual he didn't want to do _____

APPENDIX F

SOI

Please answer *all* of the following questions honestly. Your responses will be treated as confidential and anonymous. For the questions dealing with behavior, *write* your answers in the blank spaces provided. For the questions dealing with thoughts and attitudes, *circle* the appropriate number on the scales provided.

1. With how many different partners have you had sex (sexual intercourse) within the past year?

2. How many different partners do you foresee yourself having sex with during the next five years?

(Please give a *specific, realistic* estimate) _____.

3. With how many different partners have you had sex on *one and only* one occasion? _____

4. How often do you fantasize about having sex with someone other than your current dating partner?

(Circle one)

- 1) Never
- 2) Once every two or three months
- 3) Once a month
- 4) Once every two weeks
- 5) Once a week
- 6) A few times each week
- 7) Nearly every day
- 8) At least once a day

5. Sex without love is OK.

1	2	3	4	5	6	7	8	9
I strongly disagree							I strongly agree	

6. I can imagine being comfortable and enjoying "casual" sex with different partners.

1	2	3	4	5	6	7	8	9
I strongly disagree							I strongly agree	

7. I would have to be closely attached to someone (both emotionally and psychologically) before I could feel comfortable and fully enjoy having sex with him or her.

1	2	3	4	5	6	7	8	9
I strongly disagree							I strongly agree	

APPENDIX G

SFQ

Please indicate the extent to which you have fantasized about the following five sexual scenarios over the past 12 months. In addition, please answer the two additional questions concerning each scenario if you have fantasized about it.

1. You and someone having mutually consenting intercourse.

1	2	3	4	5
Never Fantasized About				Often Fantasized About

a. Please rate how sexually arousing you found this fantasy.

1	2	3	4	5
Not at all Sexually Arousing				Very Sexually Arousing

b. To what extent did you experience this fantasy as upsetting or distressing?

1	2	3	4	5
Very Distressing				Not at all distressing

2. You forcing someone to have intercourse with you.

1	2	3	4	5
Never Fantasized About				Often Fantasized About

a. Please rate how sexually arousing you found this fantasy.

1	2	3	4	5
Not at all Sexually Arousing				Very Sexually Arousing

b. To what extent did you experience this fantasy as upsetting or distressing?

1	2	3	4	5
Very Distressing				Not at all distressing

3. You being dominated to the point of being physically forced to have intercourse with someone else.

1	2	3	4	5
Never Fantasized About				Often Fantasized About

a. Please rate how sexually arousing you found this fantasy in number.

1	2	3	4	5
Not at all Sexually				Very Sexually
Arousing				Arousing

b. To what extent did you experience this fantasy as upsetting or distressing?

1	2	3	4	5
Very Distressing				Not at all distressing

4. You participating in an orgy.

1	2	3	4	5
Never Fantasized				Often Fantasized
About				About

a. Please rate how sexually arousing you found this fantasy.

1	2	3	4	5
Not at all Sexually				Very Sexually
Arousing				Arousing

b. To what extent did you experience this fantasy as upsetting or distressing?

1	2	3	4	5
Very Distressing				Not at all distressing

5. You having sex with a stranger.

1	2	3	4	5
Never Fantasized				Often Fantasized
About				About

a. Please rate how sexually arousing you found this fantasy.

1	2	3	4	5
Not at all Sexually				Very Sexually
Arousing				Arousing

b. To what extent did you experience this fantasy as upsetting or distressing?

1	2	3	4	5
Very Distressing				Not at all distressing

APPENDIX H

BISFW

This index covers material that is sensitive and personal. Your responses will be kept completely confidential. If you are unable or do not wish to answer any question, you may leave it blank. Answer the following questions by choosing the most accurate response for the past month.

1. Do you currently have a sex partner? ____ Yes ____ No
2. Have you been sexually active during the past month? ____ Yes ____ No
3. During the past month, how frequently have you had sexual thoughts, fantasies, or erotic dreams?

(Please circle the most appropriate response.)

- (0) Not at all
- (1) Once
- (2) 2 or 3 times
- (3) Once a week
- (4) 2 or 3 times per week
- (5) Once a day
- (6) More than once a day

4. Using the scale to the right, indicate how frequently you have felt a desire to engage in the following activities during the past month? *(An answer is required for each, even if it may not apply to you.)*

Kissing	_____	(0) Not at all
Masturbation alone	_____	(1) Once
Mutual masturbation	_____	(2) 2 or 3 times
Petting and foreplay	_____	(3) Once a week
Oral sex	_____	(4) 2 or 3 times per week
Vaginal penetration or intercourse	_____	(5) Once a day
Anal sex	_____	(6) More than once a day

5. Using the scale to the right, indicate how frequently you have become aroused by the following sexual experiences during the past month. *(An answer is required for each, even if it may not apply to you.)*

Kissing	_____	(0) Have not engaged in this activity
Dreams or Fantasy	_____	(1) Not at all
Masturbation alone	_____	(2) Seldom, less than 25% of the time
Mutual masturbation	_____	(3) Sometimes, about 50% of the time
Petting and foreplay	_____	(4) Usually, about 75% of the time
Oral sex	_____	(5) Always became aroused
Vaginal penetration or intercourse	_____	
Anal sex	_____	

6. Overall, during the past month, how frequently have you become anxious or inhibited during sexual activity with a partner? *(Please circle the most appropriate response.)*

- (0) I have not had a partner
- (1) Not at all anxious or inhibited
- (2) Seldom, less than 75% of the time
- (3) Sometimes, about 50% of the time
- (4) Usually, about 75% of the time
- (5) Always became anxious and inhibited

7. Using the scale to the right, indicate how frequently you have engaged in the following sexual experiences during the past month? *(An answer is required for each, even if it may not apply to you.)*

Sexual fantasy	_____	(0) Not at all
Kissing	_____	(1) Once
Masturbation alone	_____	(2) 2 or 3 times
Mutual masturbation	_____	(3) Once a week
Petting and foreplay	_____	(4) 2 or 3 times per week
Oral sex	_____	(5) Once a day
Vaginal penetration or intercourse	_____	(6) More than once a day
Anal sex	_____	

8. During the past month, who has usually initiated sexual activity? *(Please circle the most appropriate response.)*

- (0) I have not had a partner
- (1) I have not had sex with a partner during the past month
- (2) I usually have initiated activity
- (3) My partner and I have equally initiated activity

(4) My partner usually has initiated activity

9. During the past month, how have you usually responded to your partner's sexual advances?
(Please circle the most appropriate response.)

- (0) I have not had a partner
- (1) Has not happened during the past month
- (2) Usually refused
- (3) Sometimes refused
- (4) Accepted reluctantly
- (5) Accepted, but not necessarily with pleasure
- (6) Usually accepted with pleasure
- (7) Always accepted with pleasure

10. During the past month, have you felt pleasure from any forms of sexual experience?
(Please circle the most appropriate response.)

- (0) I have not had a sexual partner
- (1) Have had no sexual experience during the past month
- (2) Have not felt any pleasure
- (3) Seldom, less than 25% of the time
- (4) Sometimes, about 50% of the time
- (5) Usually, about 75% of the time
- (6) Always felt pleasure

11. Using the scale to the right, indicate how often you have reached orgasm during the past month with the following activities. (An answer is required for each, even if it may no apply to you.)

In dreams or fantasy	_____	(0) I have not had a partner
Kissing	_____	(1) Have not engaged in this activity
Masturbation alone	_____	(2) Not at all
Mutual masturbation	_____	(3) Seldom, less than 25% of the time
Petting and foreplay	_____	(4) Sometimes, about 50% of the time
Oral Sex	_____	(5) Usually about 75% of the time
Vaginal Penetration or intercourse	_____	(6) Always reached orgasm
Anal Sex	_____	

12. During the past month, has the frequency of your sexual activity with a partner been:
(Please circle the most appropriate response.)

- (0) I have not had a partner
- (1) Less than you desired

- (2) As much as you desired
(3) More than you desired

13. Using the scale to the right, indicate the level of change, if any, in the following areas during the past month? *(An answer is required for each, even if it may not apply to you.)*

- | | | |
|---------------------|-------|---------------------------|
| Sexual interest | _____ | (0) Not applicable |
| Sexual arousal | _____ | (1) Much lower level |
| Sexual activity | _____ | (2) Somewhat lower level |
| Sexual satisfaction | _____ | (3) No change |
| Sexual anxiety | _____ | (4) Somewhat higher level |
| | | (5) Much higher level |

14. During the past month, how frequently have you experienced the following? *(An answer is required for each, even if it may not apply to you.)*

- | | | |
|--|-------|--|
| Bleeding or irritation after vaginal penetration
or intercourse | _____ | (0) Not at all |
| | | (1) Seldom, less than 25% of
the time |
| Lack of vaginal lubrication | _____ | (2) Sometimes, about 50% of
of the time |
| Painful penetration or intercourse | _____ | (3) Usually, about 75% of the
time |
| Difficulty reaching orgasm | _____ | (4) Always |
| Vaginal tightness | _____ | |
| Involuntary urination | _____ | |
| Headaches after sexual activity | _____ | |
| Vaginal infection | _____ | |

15. Using the scale to right, indicate the frequency with which the following factors have influenced your level of sexual activity during the past month. *(An answer is required for each, even if may not apply to you.)*

- | | | |
|-----------------------------------|-------|--|
| My own health problems | _____ | (0) I have not had a partner |
| (for example, infection, illness) | _____ | (1) Not at all |
| My partner's health problems | _____ | (2) Seldom, less than 25% of
the time |
| Conflict in the relationship | _____ | (3) Sometimes, about 50% of
the time |
| Lack of privacy | _____ | (4) Usually, about 75% of the
time |
| Other (please specify): | _____ | (5) Always |

16. How satisfied are you with the overall appearance of your body?
(Please circle the most appropriate response.)

- (0) Very satisfied
- (1) Somewhat satisfied
- (2) Neither satisfied nor dissatisfied
- (3) Somewhat dissatisfied
- (4) Very dissatisfied

17. During the past month, how frequently have you been able to communicate you sexual desires or preferences to your partner? *(Please circle the most appropriate response.)*

- (0) I have not had a partner
- (1) I have been unable to communicate my desires or preferences
- (2) Seldom, about 25% of the time
- (3) Sometimes, about 50% of the time
- (4) Usually, about 75% of the time
- (5) I was always able to communicate my desires or preferences

18. Overall, how satisfied have you been with your sexual relationship with your partner?
(Please circle the most appropriate response.)

- (0) I have not had a partner
- (1) Very satisfied
- (2) Somewhat satisfied
- (3) Neither satisfied nor dissatisfied
- (4) Somewhat dissatisfied
- (5) Very dissatisfied

19. Overall, how satisfied do you think you partner has been with your sexual relationship?
(Please circle the most appropriate response.)

- (0) I have not had a partner
- (1) Very satisfied
- (2) Somewhat satisfied
- (3) Neither satisfied or dissatisfied
- (4) Somewhat dissatisfied
- (5) Very Dissatisfied

20. Overall, how important a part of your life is your sexual activity?
(Please circle the most appropriate response.)

- (0) Not at all important
- (1) Somewhat unimportant
- (2) Neither important nor unimportant
- (3) Somewhat important
- (4) Very important

21. Circle the number that corresponds to the statement that best describes your sexual experience.

- (1) Entirely heterosexual
- (2) Largely heterosexual, but some homosexual experience
- (3) Largely heterosexual, but considerable homosexual experience
- (4) Equally heterosexual and homosexual
- (5) Largely homosexual, but considerable heterosexual experience
- (6) Largely homosexual, but some heterosexual experience
- (7) Entirely homosexual

22. Circle the number that corresponds to the statement that best describes your sexual desires.

- (1) Entirely heterosexual
- (2) Largely heterosexual, but some homosexual desire
- (3) Largely heterosexual, but considerable homosexual desire
- (4) Equally heterosexual and homosexual
- (5) Largely homosexual, but considerable heterosexual desire
- (6) Largely homosexual, but some heterosexual desire
- (7) Entirely homosexual

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