The Relationship between Childhood Sexual Abuse and College Adjustment in Women

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Abstract

The purpose of this study was to link the literature between childhood sexual abuse and college adjustment. Sexual abuse and its effects on the developing person have been researched extensively. Research supports that this particular type of abuse often has negative effects on many aspects of a person’s life. Research has also focused on adjustment to college and the particular factors that aid or hinder that adjustment. This investigation examined the relationship between childhood sexual abuse and college adjustment. College freshmen and sophomore women were recruited for this study, each of whom was asked to complete a college adaptation measure, an attachment measure, and a sexual abuse measure. The prediction was that a history of childhood sexual abuse would be related to poorer adjustment to college life. Results showed a relationship between abuse history and attachment style. Results supported the hypothesis, showing that individuals with a history of abuse scored lower than those not reporting abuse on the adjustment questionnaire. Attachment style was found to be a mediator between childhood sexual abuse (CSA) and adjustment scores, with those reporting CSA being more likely to indicate an insecure attachment and lower adjustment scores than those not reporting abuse.
The Effect of Childhood Sexual Abuse on College Adjustment

Sexual abuse and college adjustment are often researched as two separate entities. Much of the research on childhood sexual abuse focuses on the long term outcomes of the experience, such as low self-esteem (Crocker, Luhtanen, Blaine, & Broadnax, 1994), attachment problems (Roche, Runtz, & Hunter, 1999), and psychological symptoms, to name a few. Many of these same factors are also found in research on college adjustment (Bettencourt, Charlton, Eubanks, Kernahan, & Fuller, 1999). This study seeks to integrate the literature on outcomes of childhood sexual abuse with the factors that aid or hinder adjustment to college life.

**Childhood Sexual Abuse**

*Definition and Statistics*

Sexual abuse was initially defined as “sexual bodily contact prior to age 18 by someone of any age or relationship to the subject;” however, this definition does not allow for normal childhood experimentation (Wyatt & Newcomb, 1990). Wyatt and Newcomb (1990) added two exclusion criteria, the age difference must have been greater than 5 years between the victim and the perpetrator, or if the age difference was not 5 years, the sexual contact must have been unwanted. This definition of sexual abuse is not universal, however; many researchers define sexual abuse in different ways. Sexual abuse can be defined differently depending on the age of the child and which acts are defined by the researcher as sexual abuse (Russell, 1983). Russell (1983) conducted a study on 930 women in 1978, in which she separated sexual abuse into extrafamilial, abuse by an unrelated person, and intrafamilial, abuse by a family member. In her study of the 930
women, 16 percent reported intrafamilial abuse, and 31 percent reported extrafamilial abuse (Russell, 1983).

Sexual abuse is not a new concept; the topic has been studied since the early 1900's. When Kinsey surveyed 14,000 women in the 1950's, he found that at least a quarter of his sample had reported a sexual incident before the age of 13 (Kinsey, Pomeroy, Martin, & Gebhard, 1953). Kinsey’s definition of abuse, occurring before the age of 13, is much lower than the current definition of abuse occurring before the age of 18. Wyatt and Newcomb’s (1990) current definition also takes into account the age difference between victim and perpetrator. Finkelhor, a major researcher in the field of sexual abuse, conducted a study in 1981 of 700 households and found that 47 percent of the subjects had either experienced abuse or were knowledgeable of abuse occurring within the household (Crosson-Tower, 2002). Although these studies date back some years, it is important to show that sexual abuse is not a newly-emerging problem.

On a significantly larger scale, Siegel, Sorenson, Golding, Burnam, and Stein (1987), conducted face to face interviews with 3,000 adults regarding incidences of childhood sexual abuse. In this particular study, sexual abuse was defined as incidents which occurred before the age of 16 involving force and/or pressure for sexual contact. The individuals in this sample were asked about the most recent event of sexual abuse. The sexual abuse instrument, which was developed by the researchers for this particular study, questioned how long it had been since the abuse, the duration of the abuse, the relationship to the perpetrator, type of pressure or force used, and any strategies the victim used to resist the abuse. This particular study found some very interesting statistics regarding both the prevalence of sexual abuse and demographics of the victims. The
prevalence of sexual abuse for this sample was 5.3%, and sexual abuse was more prevalent in women (6.8%) as compared to men (3.8%). Results also showed that the individuals in the study who had some college education or had completed college were more likely to report incidences of sexual assault than those who had a high school diploma or less. Also, when examining the perpetrator’s relationship, if one existed, to the victim, results showed that females were more likely than males to be assaulted by relatives. Almost half of the sample (46%) of this study who reported an incident of sexual abuse, reported more than one specific incidence of abuse during childhood. Also, of those who had reported abuse, 23% indicated that they had been abused continually. This study also reported that predominately men were the perpetrators (93%) (Seigel et al., 1987). Although dated, this research gives some idea of the prevalence rates of sexual abuse in childhood.

Finkelhor, Hotaling, Lewis, and Smith (1990) conducted a national phone survey regarding childhood sexual abuse. This study included a sample of 2,626 American males and females. Unlike the previous study, these phone interview questions left the idea of sexual abuse partially undefined, perhaps misleading the subjects. Also, this study did not use an extensive list of questions regarding sexual abuse, but instead asked only four comprehensive questions. These questions inquired about any incidences the subjects experienced before the age of 18 that they would consider childhood sexual abuse, listing anything from intercourse, touching, rubbing, kissing, having nude pictures taken of them, or someone performing a sex act in front of them. Of this sample, 27% of the women and 16% of the men reported an incidence of abuse. These results also supported
the previous findings that girls were more likely to have been abused by family members, while boys were more likely to have been abused by strangers.

This study stands out from the previous study because of the discussion of risk factors for sexual abuse. In addition to asking subjects about incidences of sexual abuse, the subjects were also asked about demographics, childhood, and family background. Unhappy family life seemed to be the biggest risk factor for abuse. Both men and women who described their family life as “unhappy” were more likely to be abused. However, one cannot assume that an unhappy family life causes sexual abuse; one who has suffered abuse may describe his or her family life as unhappy. Another risk factor that was identified was the loss of a natural parent, especially for girls. Girls were shown to be at a higher risk for abuse if they were not living with their two natural parents. Also worth mentioning is the risk factor of inadequate sex education describing what behaviors were normal experimentation versus abusive. Results showed that women who felt their sex education was inadequate were at a higher risk for abuse (Finkelhor et al., 1990). Also, adding the aspect of risk factors is important to identifying those who may be at a significant higher risk for abuse.

Gender differences typically emerge in prevalence rates of sexual abuse. Most often, a higher prevalence of sexual abuse is found for females. In another study conducted by Finkelhor, results showed that of 530 females, 19.2% reported abuse, as compared to 8.6% of the 266 males in the study (Crosson-Tower, 2002). Males who do experience sexual abuse tend to be victimized at a younger age than female victims. Males tend to show the highest incidence rate between the ages of 4 and 6, while for females the highest incidence rate falls between the ages of 11 and 14 (Crosson-Tower,
2002). Many researchers conclude that although the statistics for males’ reporting an experience of sexual abuse is lower than female incidence of abuse, these data do not necessarily mean that males experience less abuse than females. Males may tend to report less incidents of abuse than females because of the social pressures of the male stereotype. Stereotypically men are not supposed to show emotion or weakness, and some see reporting abuse as a sign of weakness (Crosson-Tower, 2002).

Researching the prevalence of sexual abuse is a difficult task. There is no way to know just how many individuals experience sexual abuse. Much abuse that occurs goes unreported to authorities. As mentioned before, one of the reasons that males typically report less abuse is because of the male stereotype; males are not thought to be victims of sexual abuse because they’re supposed to be tough, etc. Females, although more likely to report abuse, may not report some experiences out of fear, shame, guilt, or lack of resources to enable reporting (Crosson-Tower, 2002). Because of these difficulties, researchers must be very cautious in choosing measures and interpreting results.

In gathering statistics about this delicate topic, researchers run into criticism about the reliability and validity of the measures they use. As mentioned above, one study used face to face interviews, while the other used phone interviews (Siegel et al., 1987; Finkelhor et al., 1990). Many researchers opt to use self-report questionnaires. One question often asked is which method of obtaining abuse history is the most reliable and valid.

Reliability and Validity of Measurement

Recently, a number of psychologists have argued against the validity of retrospective reports of abuse among depressed patients. Many times when depressive
symptoms appear in patients and they report abuse, retrospective reports are used to
determine a history of sexual abuse (Brewin, Andrews, Gotlib, 1993). Research has
shown that depression can distort one’s memory. It is also possible that some memories
of abuse may have never occurred and were created through a therapist’s strong
suggestion (Anderson, 2004). It is important to mention that the debate surrounding much
of the research conducted on sexual abuse is due to retrospective reporting. Many critics
of retrospective reports feel that research done on sexual abuse retrospectively may not
be accurate. There are many variables that make retrospective reports questionable in
validity. The victim may have an inaccurate memory of the events or even feel pressure
from an outside source, such as family, to minimize or maximize the abuse (Brewin et al.,
1993). It can only be assumed that the patient’s memory is an accurate account of the past
abuse.

When assessing retrospective reports, researchers have examined the way the
retrospective reports are elicited. Research has shown that there is a difference between
self-defined abuse and researcher-defined abuse (Silvern, Waelde, McClintic Baughan,
Karyl, & Kaersvang, 2000). Self-defined abuse is when a participant is asked whether or
not he or she has experienced abuse. Researcher-defined abuse involves asking a
participant about several specific abusive behaviors or events. These two types of
methods for eliciting reports of abuse must be taken into consideration when researching
a past history of abuse. When comparing the rates of abuse that are elicited, research
shows that using the self-defined method results in lower rates of reported abuse. There is
currently no consensus as to which method, the self-defined or the researcher-defined, is
a better indicator of abuse or adjustment. Researcher-defined methods appear to be a
better predictor of depression and other psychological problems (Silvern et al., 2000). Researchers must be aware of the differences between the methods when assessing the prevalence of child sexual abuse and its relation to adjustment.

Elizabeth Loftus (1993) continues the speculation of whether the method of investigating sexual abuse determines what an individual remembers from his or her past. Loftus claims that many measures or even interviews conducted by clinicians or therapists can be very misleading and perhaps influence the memories of abuse that the individual is reporting. She also feels that clinicians, in attempt to extract any repressed memories of abuse, can actually suggest memories not originally brought up by the client. Much care must be taken when assessing history of sexual abuse in an attempt to get information that is as accurate as possible.

It is also very important to take into consideration the emotional state of the individual at the time the reports of past abuse are being given. Depression does tend to have an effect on the nature of the memories that one has. Studies show that when subjects are in an induced depressed state, they tend to recall fewer positive memories than a control group does. However, they recall similar amounts of negative memories as the control group, whereas those in an induced state of happiness recalled significantly more positive memories than negative memories (Brewin et al., 1993). This research shows that depending on the emotional state of the person at the time of the retrospective memory recall, the number of positive or negative memories recalled may differ. For example, more negative memories may be recalled if the participant is in a negative mood, and vice versa. Depression can interfere with one’s memory, however, a depressed state does not discredit the memory. It is important to take into consideration the
emotional state of the abuse victim when he or she is giving his or her report of the experience because this brings up another issue of validity of the retrospective reports.

**Outcomes Associated with Sexual Abuse**

*General psychological health*

There is a plethora of research on childhood sexual abuse and its outcomes. Sexual abuse in childhood can have enormous implications for the developing personality. Sexual abuse is thought of as one causal factor for adult pathologies such as anxiety and depression (Brewin et al., 1993). Attachment is also affected by childhood sexual abuse. The development of the adult personality relies heavily on the nature of early social interactions and the view children have of their loveableness and acceptance (Brewin et al., 1993). Early abuse is a confirmed contributor to self-blame and self-criticism as well, due to the impact of abuse on the developing person and self-perception (Brewin et al., 1993). Outcomes often depend on the severity of the abuse. More severe abuse is more strongly linked to later psychopathologies and poorer mental health (Mullen, 1993). Often, childhood sexual abuse strongly affects the ability to form intimate relationships later in life, which includes interfering with one’s sexual identity and sexual functioning (Mullen, 1993). However, Fromuth (1986) found that family background and parental support are much better predictors of psychological adjustment than a history of sexual abuse.

Much research has also examined the effect sexual abuse has on emotional functioning. Research widely supports that emotional functioning is greatly disturbed by early abuse. Longitudinally, researchers have found that many emotional disorders can be
linked to an abusive past. As stated above, these emotional disorders can be anything from anxiety disorders to personality disorders (Brewin et al., 1993).

Women especially have been found to suffer from psychopathologies following childhood sexual abuse. Women who have experienced this type of abuse often report more depression, anxiety, self-destructive behavior, lower self-esteem, substance abuse, and difficulties with interpersonal relationships (Murphy, Kilpatrick, Amick-McMullan, Veronen, Paduhovich, Best, Villeponteaux, & Saunders, 1988). In Murphy et al.’s (1998) study assessing psychological functioning of sexual assault victims, 391 women were interviewed face to face and given self-report questionnaires inquiring about psychological symptoms, reactions to fear, and how stressful events impacted them personally. In addition, they were given very thorough screening questions for sexual assault to gather any information about sexual situations that may not have been elicited in the previous interview questions. These questions inquired about three events concerning when the specific event happened, the types of sexual behavior that occurred, and the sexual behaviors the victim thought she was being forced to perform. The incidents that were reported through these questions were then categorized into completed rape, attempted rape, completed molestation, attempted molestation, or other sexual assault.

Of the 309 women that participated in the study, 207 reported one event of sexual abuse in their lifetime, 126 reported abuse before the age of 18, and of those 126, 59 women reported being abused between the ages of 12 and 17. Victims, overall, showed more elevated obsessive-compulsive symptoms, anxiety symptoms, psychoticism, and depression than nonvictims. Research suggests that the victim’s perception of the event,
and the stress that he or she perceives from it, greatly affects the severity of these later pathologies. Along those same lines, victims who were abused in childhood and who were revictimized in adulthood display greater levels of these psychological problems (Murphy et al., 1988).

**Mediating factors**

Sexual abuse as a child can be a major stressor on the developing individual. Wyatt and Newcomb (1990) felt it was important to study internal and external mediators, in other words, circumstances and strategies that intervened in determining the lasting effects of sexual abuse. These mediators can be used to explain how an external event, such as sexual abuse, can cause internal psychological distress (Wyatt & Newcomb, 1990). How a victim attributes the victimization, self-blame or putting the blame on the perpetrator, and the immediate reaction to the abuse are considered internal mediators. When examining the mediators, it is important to look at factors such as age when abuse occurred, the severity of the abuse, duration of the abuse, and the proximity of the incident to the victim’s family or home. These mediator variables play a large role in later development of the victim (Wyatt & Newcomb, 1990). However, when assessing adult adjustment, some mediators affect adjustment more than others. Some of the mediators, such as self-attribution, or self blame for the abuse, may cause more problems with adjustment than other mediators, according to the individual (Wyatt & Newcomb, 1990).

Wyatt and Newcomb (1990) recruited a sample of 248 women to examine incidences of sexual abuse and which mediator variables affected later outcomes. They were given the Wyatt Sexual History Questionnaire, which inquired about a history of
sexual abuse in chronological order of incidences. The authors identified internal mediators as internal attribution and immediate negative response to the abuse. The external mediators were the extent of the subject’s disclosing the incident to anyone and the involvement of authorities. Abuse variables consisted of duration of abuse, relationship of perpetrator to victim, age at most recent incident, severity of abuse, psychological coercion, and age of perpetrator. Two of the abuse variables had direct negative effects on outcomes, severity and proximity of abuse. All of the mediators explained how the abuse manifested in outcomes. Negative responses and outcomes were more often triggered when the victim was at an older age during the incident, if the duration of abuse was short, and if the perpetrator was close in relation to the victim. Also, immediate negative responses to the incident and an internal attribution of the abuse were also linked to negative outcomes.

Self-esteem

Self-esteem can be defined as feelings of self-worth and self-respect and can be seen as an important aspect of psychological well-being (Crocker, Luhtanen, Blaine, & Broadnax, 1994). This aspect of psychological well being is also often related to measures of adjustment. Higher self-esteem is associated with lower risks for depression, less feelings of hopelessness, and a more positive affect towards life. Often, self-esteem is broken down into categories, such as private collective self-esteem (CSE), public CSE, importance to identity, and membership CSE. All of these parts contribute to one’s overall self-esteem, and deficits in any of these areas can interfere with psychological well-being (Crocker et al., 1994).
Sexual abuse in childhood strongly affects later self-esteem. A study by Mullen, Martin, Anderson, Romans, and Herbison (1996) assessed the outcomes of childhood sexual abuse, physical abuse, and emotional abuse. In this study there were two stages. The first stage was a postal questionnaire sent to 2,500 women, assessing a history of childhood sexual abuse. The second stage consisted of interviews with the women under 65 who had reported some form of unwanted sexual contact prior to the age of 16. A second group was also invited back for interviews, and this group consisted of those who had not reported any sexual abuse. Childhood sexual abuse was assessed by asking questions directly about unwanted sexual experiences before the age of 16 (Mullen et al., 1996). A mental health interview was also conducted to assess the mental status of the participants, and a self-esteem questionnaire was given to measure their self-esteem. In their analysis, the researchers found that those subjects reporting childhood sexual abuse reported lower levels of self-esteem and that a history of childhood sexual abuse was linked to poorer mental health in adulthood. They also found a significant correlation between sexual abuse and lower self-esteem in later adult life (Mullen et al., 1996). This study adds further support for the linkage of sexual abuse to self-esteem.

*Attachment*

Attachment is described as a bond that promotes autonomy rather than dependency, and attachment figures provide the child with a secure support base that allows him or her to freely explore the environment and develop intellectual and social competence (Bowlby, 1969). Attachment Theory states that childhood experiences of nurturance, responsiveness, and parental support lead to one being securely attached. Internal working models are representative of a child’s perception of an attachment
Insecure attachments are frequently seen in children who have experienced childhood sexual abuse (Roche, Runtz, & Hunter, 1999). These children are also more likely to have a distorted sense of self, which tends to negatively affect later development. As children are forming their internal working model, sexual abuse can skew their idea of how relationships are supposed to work (Roche et al., 1999). In the study by Roche et al. (1999), correlations were made between childhood sexual abuse and adult attachment styles. Research showed that a history of sexual abuse was significantly correlated with a negative view of self and difficulty with later attachments. The study also showed that attachment was a mediator between childhood sexual abuse and later psychological adjustment. Having a secure attachment to one’s parents can aide in better psychological adjustment after trauma such as sexual abuse. Knowing that one has a support base, such as a parent, or even close friend, seems to help the healing process after sexual abuse (Roche et al., 1999). Long-term effects of an insecure attachment include maladjustment, insecurity, and difficulty in forming and sustaining relationships. Those exhibiting an insecure attachment also tend to have poor coping skills and distress.

*Predictors of College Adjustment*

There is also evidence to believe that attachment security influences transitional periods in life (Lopez & Gormley, 2002). Adjustment or adaptation to new and different
situations is an integral and important part of human development. One must adjust to many changes in life, and early experiences, especially of an abusive nature, can hinder the natural process of adjustment (Hannum & Dvorak, 2004). College adjustment is difficult for many people. Many factors contribute to adjustment or lack thereof in college. Two major tasks involved in adjusting to college are adapting to the adult world and separating effectively from one’s parents’ (Hannum & Dvorak, 2004).

The family is a major part of adjustment to college. Therefore, it is only logical to assume that if there is trouble in the family, such as abuse or conflict, those issues will also affect an individual’s adjustment to college. Research has shown that family conflict can lead to one’s expression of aggression, control, self-esteem, ego identity formation, and sociability, therefore hindering adjustment (Hannum & Dvorak, 2004). A household where conflict is prevalent may contribute to a child’s becoming aggressive, impulsive, suicidal, and antisocial. Family conflict may also disrupt one’s attachment to the parents, which in turn can create problems with social and psychological adjustment, which hinders adjustment to college as well.

One area in particular that can affect adjustment to college is the independence that is required in college life. The student is now in charge of his or her own self-esteem regulation and self-definition (Lapsley, Rice, & Shadid, 1989). The individual is now also in charge of his or her own beliefs and values, emotions, conflicts, and personal life. He or she no longer has a parent right there to guide him or her. This separation from the family unit often causes difficulty with adjustment. Most individuals have a psychological attachment to his or her parents, which can be strained when the individual
goes to college. Research has shown that psychological separation in college affects adjustment, especially in freshman (Lapsley et al., 1989)

The study conducted by Lapsley et al. (1989), examined 130 freshman (78 male and 52 female) and 123 upperclassmen (70 male and 54 female). The subjects were given the Psychological Separation Index developed by Hoffman (1984) and the College Adjustment Inventory developed by Baker and Siryk (1986). These scales examined the different layers of independence one finds in college life, and how the subject is adjusting to college life in the areas of academics, social affairs, and personal-emotional issues. Separation from parents seems to have the largest effect on women and in the areas of personal and emotional adjustment (Lapsley et al., 1989). Males tend to have a harder time maintaining a positive relationship with their parents than females do, which leads researchers to believe that gender may be a mediator between separation and adjustment. Research also shows that secure attachment to a father figure is a stronger predictor of social adjustment as opposed to an insecure attachment to a father figure (Hannum & Dvorak, 2004). Although important in adjustment, the psychological separation that individuals go through after leaving home for college is not a sole predictor of adjustment.

*Self-esteem*

Self-esteem is another factor examined in relation to adjustment to college (Bettencourt, Charlton, Eubanks, Kernahan, & Fuller, 1999). Self-esteem in college is affected by a sense of belonging in the first year, grades, and self-concept, the way one defines his or her self. Researchers have identified three levels of self-esteem that are important for overall adjustment, private self-esteem, public self-esteem, and membership
esteem. These three categories encircle self-esteem, from within oneself to social groups (Bettencourt et al., 1999).

Bettencourt et al.’s 1999 study enlisted participants who were first-year college students. The study had two phases; phase one measurements were conducted in the first month and a half of the school year, while phase two measurements were taken within the last month and a half of the school year. The subjects were given a modified self-esteem scale and the academic and social adjustment portions of the Student Adaptation to College Questionnaire (Bettencourt et al., 1999). Multiple regression analyses showed that self-esteem was a factor that significantly contributed to adjustment in college. Research also showed that a change in self-esteem was a predictor of social and academic adjustment, with an increase in self-esteem predicting better social and academic adjustment and a decrease in self-esteem predicting worse social and academic adjustment (Bettencourt et al., 1999).

Attachment

Attachment style is also important when assessing adjustment because secure attachments provide better emotional regulation while an insecure attachment may foster an inability to adjust to stressors (Lopez & Gormley, 2002). Much research has shown that attachment is a good predictor of college adjustment (Hannum & Dvorak, 2004). As mentioned previously, attachment style tends to be relatively stable over time. Lopez & Gormley’s (2002) study examined patterns of stability or change in adult attachment styles of 245 freshman, 102 males and 143 females. Results showed that there was relative stability in attachment style over time that was unrelated to gender. When controlling for gender in their analysis, they found that those determined to be securely
attached scored higher on measures of self-confidence, especially the confidence to attract relationship partners. Those who were securely attached also showed more adaptive problem solving. High self-confidence and adaptive problem solving skills are very beneficial in the transition to and adaptation to college.

Although attachment to family is very important in aiding adjustment to college life, there must be an appropriate balance between family interaction and individuation (Kenny & Donaldson, 1991). Families who are extremely close often do not foster individuation of the members, which can be considered dysfunctional. In order to adapt functionally in adult life, both a connection to family and individuation are equally important. The structural family theory states that healthy families provide their members with feelings of differentiation and feelings of belonging (Kenny & Donaldson, 1991). Boundaries between members of a family should not be too lax, and lead to over-involvement in each other’s business. However, if the boundaries are too rigid, a lack of connection between the members occurs. Depression among college students is often related to over-involvement between parents and child, fear of separation, role reversals occurring between parent and child, or family conflict. For women who are classified as securely attached, anxiety of adjusting to college tends to activate their need to seek out and feel closer to their parents. Therefore, women who do seek out their parents in time of stress show higher levels of social competence and lower instances of psychological symptoms (Kenny & Donaldson, 1991).

Conflict

Conflict within the family can severely affect functioning in children, which later may have an effect on their adjustment. Family conflict has been found to have a negative
impact on adjustment. In the study by Hannum and Dvorak (2004) conflict within the family was significantly correlated with psychological distress. Psychological distress was assessed with the Brief Symptom Inventory, to identify any symptoms of pathologies (Hannum & Dvorak, 2004). This study also used the Student Adaptation to College Questionnaire (SACQ) to assess social adjustment. Although family conflict was a predictor of psychological stress, researchers did not find it to be significantly correlated with social adjustment (Hannum & Dvorak, 2004). However, conflict within the family is a variable that does affect overall adjustment.

**Summary and Hypothesis**

Sexual abuse and college adjustment have been thoroughly researched as separate entities. However, it is clear that many of the outcomes of sexual abuse, such as low self-esteem, low self-confidence, psychological symptoms, and disruption in attachment styles can often be found in the literature reviewing maladaptive adjustment to college.

Entering college is a major stressor. A history of sexual abuse that has manifested in psychological symptoms, low self-esteem, low self-confidence, and/or difficulty with attachment can add to the stress of adjusting to the new college environment.

I sought to integrate the literature on childhood sexual abuse and college adjustment. My hypothesis was that early sexual abuse, as measured by retrospective reports, is one of many factors that has a negative effect on college adjustment, and that those without a history of childhood sexual abuse will adjust better to college life. Also, I predicted that attachment style, a mediator variable, would link CSA and adjustment scores on the SACQ.

**Method**
Participants

Forty college freshmen and sophomore women were recruited for this study. The study was limited to freshmen and sophomores due to the duration of their time in college with regards to measuring adjustment to college life. Only women were recruited due to the gender differences in the literature between childhood sexual abuse in males and females. The majority of participants were recruited through Psychology 101 and 102 classes, while others were recruited through other classes on campus. Some participants received class credit or extra credit for participation.

Materials

*Student Adaptation to College Questionnaire.* The Student Adaptation to College Questionnaire (SACQ) developed by Baker and Siryk (1986) was administered. The measure contains 67 items examining the quality of adjustment in her first years of college. The measure is divided into subscales measuring social adjustment, personal-emotional adjustment, attachment, and academic adjustment. The questionnaire uses a nine-point Likert scale in which the student can respond 1 for “applies very closely to me” to 9 for “doesn’t apply at all” (See Appendix A).

This questionnaire produces five scores, one for each of the subscales and one total score. The higher the score on the SACQ, the better the adjustment to college. The scores are reported in percentiles and in T-scores. Dahmus and Bernadin (1992) conducted reliability and validity tests to determine whether or not the SACQ was a useful measure of assessing college adjustment. The coefficient alpha values for each subscale are as follows: the Academic Adjustment subscale ranged from .81 to .90, the Social Adjustment subscale ranged from .83 to .91, from .77 to .86 for the Personal-
Emotional subscale, and .85 to .91 for the attachment subscale. The coefficient alpha for the entire scale ranged from .92 to .95. The SACQ was found to have good construct validity, with the Academic Adjustment subscale having a significantly positive correlation with grade point average (.17 to .53, p < .01), the Personal-Emotional Adjustment subscale having a significantly negative correlation with students having contact with the campus counseling center during their freshman year (-.23 to -.34, p < .01), and the Attachment subscale having a negative correlation with attrition (-.27 to -.41, p < .01). The SACQ was found to have significant relationships between personality variables, such as self-esteem, self-efficacy, emotional independence, and loneliness. It has also been found to have significant relationships with mental health characteristics and environment-related experience. Their research showed that the SACQ was in fact a reliable and valid measure to assess college adjustment for researching college life (Dahmus & Bernadin, 1992).

Attachment Scale (Hazaan & Shaver, 1987). This measure consists of one question with three response choices. The question asks which of the three response statements best describes the participant’s feelings regarding close relationships. Each of the three responses represents an attachment style: secure, avoidant, and anxious resistant. When the participant chooses the response that best represents their feelings, they are classifying their attachment style (See Appendix B).

Hazan and Shaver developed this measure as a translation of Ainsworth’s original attachment classification with regards to adult love. In their first study using this adaptation, they found similar proportions of attachment style classifications in adults as in infant-mother relationships. Hazan and Shaver (1987) describe the secure adult
attachment as being happy, friendly, and trusting. They also mention that individuals with a secure attachment tend to have longer lasting relationships. They describe insecure adult attachments as jealous, emotionally unstable, and shorter-lived.

Many studies have used this measure to classify adult attachment styles and then predict outcomes for later relationships. Although sometimes criticized for the forced choice format, indicating that the three attachment styles were mutually exclusive, this measure continues to be widely used (Cassidy & Shaver, 1999). In an attempt to ease the forced choice of attachment style, participants are urged to choose the one that best describes their overall feelings. Some researchers added a Likert scale to allow participants to rate each of the three statements with regards to themselves (Cassidy & Shaver, 1999). Many current adult attachment measures are modifications of the original Hazan and Shaver scale.

**Sexual Experience Questionnaire** (Finkelhor et al., 1990). Finkelhor created the original Sexual Experience Survey which was found to be lengthy and confusing. In his 1990 study, he used his adaptation of the original measure condensed into four questions regarding specific incidences of sexual abuse. This adaptation, with two additional questions that I added, was used in this study. The participant was asked whether or not she experienced any of four specified intrusive sexual events before the age of 18. Questions were added to the end of the questionnaire for the participants who had responded yes to any types of abuse. The added questions inquired about the participants age at occurrence, her relationship to the perpetrator, and if the abuse was a recurring event. This questionnaire is comprehensive in nature but still leaves sexual abuse partially undefined. However, giving participants multiple opportunities to describe a
sexually abusive event often elicits more information than providing the participants with only one broad question (Finkelhor et al., 1990). Participants were given the opportunity to describe anything they considered sexually abusive that was not covered in the four questions (See Appendix C).

Procedure

Students were informed of the personal and potentially upsetting nature of the study and were made aware that it dealt with a delicate topic. Participants completed the questionnaires in a research lab where 2 to 3 individuals could come in at a time, with each having a private space to fill out the questionnaires to ensure confidentiality. The questionnaires were coded so that no participant was identified by her answers.

First, participants read and signed an informed consent form showing that they understood what the study involved and whom they could speak to if they have any questions following the completion of the questionnaires. The informed consent form included the extension for and location of the campus counseling center because of the nature of this study. Then the participants were asked to fill out the SACQ, followed by the Attachment Scale, then finally the Sexual Experiences Questionnaire. The Sexual Experiences Questionnaire was always given last so that the potentially upsetting nature of the questionnaire did not interfere with the participants’ responses regarding college adjustment. Following their participation, participants were debriefed and again informed of who they could contact if they had any questions.

Results

Rates of Abuse
Of the 40 total participants in my study, 18 participants were freshmen, 19 were sophomores, and 3 did not indicate a class. Thirty seven and a half percent ($n = 15$) of the participants in this study reported some incident of childhood sexual abuse. Because of the small sample size, abuse history was not separated by type, duration, or perpetrator for data analysis. However, of the 15 participants who reported an incidence of childhood sexual abuse, 11 participants reported that the incident occurred more than once. Perpetrators ranged from grandfathers, to stepfathers, to friends of the family, and all of the perpetrators mentioned were males. Eight of the participants reporting abuse reported that the perpetrator attempted or succeeded in having intercourse with them, while all 15 participants reported the perpetrator touched, grabbed, kissed, or rubbed against their body in a private place or public. Two participants reported the perpetrator either took nude photos of them, exhibited parts of their body to them, or performed a sex act in front of them. Finally, 5 of the 15 participants reported incidences of oral or anal sex as children.

Normative rates of abuse have typically been found using larger sample sizes. However, the percentages of abuse found in this study follow closely with previous studies. Russell’s (1983) study found a comparable rate of 31% of respondents reporting extrafamilial abuse. Kinsey et al. (1953) reported a quarter of his sample reported an incidence. Also Finkelhor’s 1981 study showed 47% of the subjects experienced abuse or were aware of it occurring in the household (Crosson-Tower, 2002). The rates of sexual abuse vary slightly from study to study; however, the present results remain close to reported percentages.

Abuse and Attachment Style
Overall, when asked to identify which attachment style was closest to their own, 62.5% \((n = 25)\) reported a secure attachment and 37.5% \((n = 15)\) reported an insecure attachment. The participants were able to choose one of three attachment descriptions, secure, avoidant, and anxious. However, the avoidant and anxious classifications were collapsed to one insecure category due to only one participant’s identifying herself as anxious. Of the participants reporting childhood sexual abuse, 40% \((n = 6)\) reported a secure attachment and 60% \((n = 9)\) reported an insecure attachment. Of the participants not reporting a history of childhood sexual abuse, 76% \((n = 19)\) reported a secure attachment and 24% \((n = 6)\) reported an insecure attachment. A Chi-Square analysis was conducted to examine the relationship between attachment style and abuse history. A significant relationship was found, \(\Pi^2 (38) = 5.18, p = .02\), indicating that individuals reporting abuse were more likely to classify as insecurely attached than those who did not indicate abuse.

*Abuse History and Attachment Style as Predictors of College Adjustment*

Analyses of variance \((2 \text{ (presence of abuse: yes, no)} \times 2 \text{ (Attachment style: secure, insecure)})\) were conducted to examine significant differences on the full scale score of the SACQ and each of its subscales. Significant results were found for attachment style on the full scale, \(F (1, 36) = 5.96, p = .02\), the social subscale, \(F (1, 36) = 6.95, p = .01\), and the personal emotional subscale \(F (1, 36) = 9.45, p = .004\), indicating a main effect of attachment style with regards to adjustment scores on these subscales, and participants classified as secure reporting better adjustment. Abuse history and the interaction between abuse history and attachment style was not found to be significant on
any of the subscales or full scale. Figures 1-5 show abuse history and attachment style mean scores on the full scale and subscales of the SACQ.

To determine the contributions of abuse history and attachment style on college adjustment scores, hierarchical regression analyses were conducted. For the criterion variable of adjustment scores (full scale, social subscale, academic subscale, personal/emotional subscale, and attachment subscale), abuse history and attachment styles were entered as predictor variables. The analyses were each run entering attachment style at step one and abuse history at step two, and then again entering abuse history at step one and attachment style at step two. The stronger predictor variable would be the factor that accounted for a significant amount of the variance when entered second. Table 1 shows the hierarchical regression results for each scale on the SACQ, with each variable (abuse history and attachment style) entered at both the first and second step.

First, a regression model was used to determine the predictive value of abuse history on attachment style. Results showed that abuse history accounted for 11% of the variance in attachment style ($R^2 = .11, p = .020$). Hierarchical regressions of college adjustment using the SACQ measure found that when entered at step one, abuse history accounted for 10% of the variance on the academic subscale ($R^2 = .10, p = .043$) while entering attachment style second for the academic subscale did not significantly increase the amount of variance accounted for ($R^2 = .14, p = .198$). This was the only subscale for which abuse history was a significant predictor. On the academic subscale, when attachment style was entered first it accounted for a non-significant 9% of the variance ($R^2 = .09, p = .058$). Entering abuse history at step two did not significantly increase the
variance accounted for on this subscale ($R^2 = .14, p = .141$). When attachment style was entered at step one, it was associated with 20% of the variance in the full scale SACQ ($R^2 = .20, p = .004$), 16% of the variance in the social subscale ($R^2 = .16, p = .011$), and 22% of the variance in the personal/emotional subscale ($R^2 = .22, p = .003$). On the full scale, entering abuse history at step two did not significantly increase the variance accounted for ($R^2 = .21, p = .457$). Similar results were found on the social subscale score and the personal/emotional subscale score when abuse history was entered second ($R^2 = .17, p = .412$), ($R^2 = .22, p = .904$). (See Table 1.)

In entering abuse history at step one and attachment style at step two, 7% of the full scale variance was accounted for by abuse history, whereas when attachment style was entered second $R^2$ increased to 21%, a significant increment ($R^2 = .21, p = .014$). For the social subscale, the amount of variance accounted for by abuse history in step one was non-significant (.1%), but attachment style accounted for 17% of the variance when entered at step two ($R^2 = .17, p = .009$). Finally, on the personal/emotional subscale, entering abuse history at step one again accounted for a non-significant 3% of the variance, however when attachment style was entered at step two, $R^2$ increased to 22%, a significant increment ($R^2 = .22, p = .006$).

The attachment subscale showed non-significance overall. When abuse history was entered at step one, 1% of the variance was accounted for ($R^2 = .01, p = .471$), while entering attachment style at step two did not increase the variance accounted for on this subscale ($R^2 = .10, p = .077$). In entering attachment style at step one, 10% of the variance was accounted for ($R^2 = .10, p = .053$), while entering abuse history at step two did not significantly increase the variance accounted for ($R^2 = .10, p = .965$).
Hierarchical regression analyses concluded that abuse history was a strong predictor of attachment style. Abuse history was also found to be a strong predictor of academic adjustment. Attachment style was found to be a strong predictor of college adjustment on the full scale, the social subscale, and the personal/emotional subscale, by accounting for significant amounts of variance for each of these three scales. With abuse history predicting attachment style, and attachment style predicting overall college adjustment, indirectly abuse history does predict college adjustment.

Discussion

The overall frequency of reported childhood sexual abuse in this small sample was substantial. Thirty seven percent of this sample reported some incident of sexual abuse. These early abusive incidences can lead to detrimental development of the self, personality, and mental health. Abuse affects the developing personality in ways that impact self-perception, self-esteem, and one’s deservingness of love and acceptance (Brewin et al., 1993). Adult relationships have also been found to be affected by early abusive interactions (Mullen, 1993). Conflict or abuse early in life also affects adjustment to new life situations such as the transition to college (Hannum & Dvorak, 2004).

This investigation confirmed previous research with 60% of the abused participants in this study reporting an insecure attachment. As expected, more of the respondents reporting a history of sexual abuse classified themselves as insecurely attached compared to the number of individuals indicating a secure attachment. Rates of secure attachment and insecure attachment of non-abused participants in this study were expected and similar to normative rates.
In addition to the attachment style frequencies in this sample, like Roche et al. (1999), results showed that attachment styles seemed to mediate between childhood sexual abuse and later adjustment, and, in the case of this study, college adjustment. With the long term effects of insecure attachments on relationships and self-esteem, it is easy to see why the social subscale and the personal/emotional subscale scores on the SACQ were significantly predicted by attachment styles.

As predicted, the individuals with secure attachments, and least likely to have been abused, scored higher overall on the adjustment subscales of the college adjustment measure. However, the analyses also showed that in some cases, individuals reporting abuse scored higher than those not reporting abuse. On the full scale, the social subscale, and the attachment subscale participants who reported abuse and an insecure attachment scored higher than those indicating an insecure attachment with no history of abuse. Yet also, on the personal/emotional subscale, individuals reporting a history of abuse and a secure attachment scored higher than the other participants on that subscale.

Here, one could speculate that for these individuals, abuse history was not the main factor influencing how they scored. Perhaps with the small sample size used for this study, the results were not representative of an entire group of individuals who had been abused. These interesting findings could be due to the coping mechanisms the abused individuals possessed beyond the abuse, such as a strong social support network or access to counseling. Much research has shown positive outcomes in abused individuals who have coping skills to deal with the traumatic event. Perhaps the 15 participants in this study reporting abuse had a strong social support system and/or had access to counseling. These findings could also just be due to type and severity of the abuse or
overcompensating on responses on the questionnaire to appear more adjusted than the individual truly is. Although the majority of the abused participants in this study indicated that the abuse occurred more than once, none of the descriptions detailed severe ongoing abuse. Perhaps since none of these participants faced severe cases of abuse that lasted for years, the abuse did not strongly affect most of their adjustment to college. As for overcompensation, many individuals when completing a self-report measure will not report negative items to appear more positive, which could have been part of the case for this study. The age of the participant at the time of the abuse is also another important factor to take into consideration when examining these outcomes, as the age of the individual at the time of the abuse may contribute to the memory of the abuse and the availability of attaining support from others during the healing period. It is up to speculation as to why these interesting findings emerged.

Interesting findings also emerged within the attachment subscale of the college adjustment measure, where no significant findings were found between the abused and non-abused groups. However, with regards to these findings, the results could be due to measurement differences. Hazan and Shaver’s (1987) attachment classification scale inquires about attachment in adult relationships, while the attachment portion of the SACQ focuses more on one’s attachment to his or her particular institution or college rather than personal relationships. The insignificant finding on the attachment scale of the SACQ mentioned above is most likely due to the nature of the questions being asked; The Hazan and Shaver measure is inquiring specifically about personal relationships, while the SACQ measure is transpiring that relationship over to the bond between the student and his or her institution.
Limitations and Future Directions

One weakness in this study is the small sample size. With only 40 participants, exploratory analysis was limited. A larger sample size may provide more support for this hypothesis and may provide the opportunity to examine more factors, such as differences in freshmen versus sophomores, GPA, duration of abuse, and identity of the perpetrator. Also, as mentioned previously, self-report and especially retrospective self-report of a sensitive issue like childhood sexual abuse poses problems; it is difficult to know the accuracy of the information reported. In leaving an open question inquiring about any event that occurred that they considered sexual abuse, I attempted to make the participant feel free to explain any issue that came to her mind without leading her directly into a specific scenario.

Future directions for this study would be to obtain a larger sample, as stated above. Importantly, with a larger sample size, it would be beneficial to examine first semester freshman women only. In this study some of the participants were sophomore women in their second semester, which could have had implications for their adjustment scores. Also, future research could examine male responses to childhood sexual abuse and the relationship to college adjustment as that would require an entirely different look at the literature on the two factors.
References


Appendix A

Student Adaptation to College Questionnaire

See Attached
Appendix B
Attachment Scale

Which of the following best describes your feelings?

1. I find it relatively easy to get close to others and am comfortable depending on them and having them depend on me. I don’t often worry about being abandoned or about someone getting too close to me.

2. I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, love partners want me to be more intimate than I feel comfortable being.

3. I find that others are reluctant to get as close as I would like. I often worry that my partner doesn’t really love me or won’t want to stay with me. I want to merge completely with another person, and this desire sometimes scares people away.
Appendix C

Sexual Experience Questionnaire

Please answer yes or no to these questions regarding experiences that occurred before the age of 18. Please feel free to elaborate on your experience in the space provided under the question or on the next page.

1. When you were a child or adolescent, can you remember having any experience you would now consider sexual abuse—like someone trying or succeeding in having any kind of sexual intercourse with you, or anything like that?

2. When you were a child or adolescent, can you remember any kind of experience that you would now consider sexual abuse involving someone touching you, or grabbing you, or kissing you, or rubbing up against your body either in a public place or private—anything like that?

3. When you were a child or adolescent, can you remember any kind of experience that you would now consider sexual abuse involving someone taking nude photographs of
you, or someone exhibiting parts of their body to you, or someone performing some sex act in your presence— or anything like that?

4. When you were a child or adolescent, can you remember any kind of experience that you would now consider sexual abuse involving oral sex or anal sex— or anything like that?

If you answered yes to any of these questions, please give the age at the time of the experience, what relationship the other individual was to you, and how many times an incident of this nature occurred to you.

In the space below, feel free to write about any other event that you considered sexually abusive that occurred before the age of 18.
Figure 1. Abuse History and Attachment Style Mean Scores on the Full Scale of the Student Adaptation to College Questionnaire.
Figure 2. Abuse History and Attachment Style Mean Scores on the Social Subscale of the Student Adaptation to College Questionnaire.
Figure 3. Abuse History and Attachment Style Mean Scores on the Academic Subscale of the Student Adaptation to College Questionnaire.
Figure 4. Abuse History and Attachment Style Mean Scores on the Personal/Emotional Subscale of the Student Adaptation to College Questionnaire.
Figure 5. Abuse History and Attachment Style Mean Scores on the Attachment Subscale of the Student Adaptation to College Adjustment Questionnaire.
Table 1

*Hierarchical Regression Results*

<p>| Criterion          | Predictor         | $R^2$ | $|R^2|$  | $p$  |
|--------------------|-------------------|-------|---------|-----|
| Full Scale Score   | Attachment style  | .199  | .199**  | .004|
|                    | Abuse             | .211  | .012    | .457|
|                    | Abuse             | .069  | .069    | .101|
|                    | Attachment Style  | .211  | .142**  | .014|
| Academic Score     | Attachment Style  | .091  | .091    | .058|
|                    | Abuse             | .144  | .052    | .141|
|                    | Abuse             | .104  | .104*   | .043|
|                    | Attachment Style  | .144  | .040    | .198|
| Social Score       | Attachment Style  | .158  | .158*   | .011|
|                    | Abuse             | .173  | .015    | .612|
|                    | Abuse             | .001  | .001    | .868|
|                    | Attachment Style  | .173  | .172**  | .009|
| Personal Emotional Score | Attachment Style  | .216  | .216**  | .005|
|                    | Abuse             | .216  | .000    | .904|
|                    | Abuse             | .034  | .034    | .257|
|                    | Attachment Style  | .216  | .182**  | .006|
| Attachment Score   | Attachment Style  | .095  | .095    | .053|</p>
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<th>0.95</th>
<th>0.00</th>
<th>0.965</th>
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<td>0.471</td>
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<td>Attachment Style</td>
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<td>0.81</td>
<td>0.077</td>
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**p < .01, *p < .05**