The Effects of Childhood Emotional Abuse and Maladaptive Family Functioning on Later Sexual Victimization as Influenced by Self-Dysfunction and Tension-Reducing behavior

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by

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ABSTRACT

THE EFFECTS OF CHILDHOOD EMOTIONAL ABUSE AND MALADAPTIVE FAMILY FUNCTIONING ON LATER SEXUAL VICTIMIZATION AS INFLUENCED BY SELF-DYSFUNCTION AND TENSION-REDUCING BEHAVIOR

by Amanda Spector

Objective: Childhood emotional abuse and maladaptive family functioning were examined as predictors of adult rape in a sample of 339 college women.

Method: Information was obtained from self-report questionnaires. Childhood emotional abuse and family functioning was assessed retrospectively, while rape was assessed prospectively during the eight-month academic year.

Results: Childhood emotional abuse and maladaptive family functioning were correlated with increased self-dysfunction in the present sample of college women. Self-dysfunction was a significant predictor of rape. Childhood emotional abuse and maladaptive family functioning did not directly relate to rape during the academic year. However, participants’ level of self-dysfunction affected their risk for sexual victimization during the study. Impaired self-reference and tension-reducing behavior increased the risk for rape in all individuals. The findings of the present study suggest that individuals who have experienced childhood emotional abuse and/or maladaptive family functioning may struggle with issues of identity, affect regulation, and self-esteem. These problems may also make them more vulnerable to sexual victimization as adults. Further research into understanding the role of early negative experiences such as childhood emotional abuse is necessary for those who are at risk for sexual victimization.
The effects of childhood emotional abuse and maladaptive family functioning on later sexual victimization as influenced by self-dysfunction and tension-reducing behavior

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The effects of childhood emotional abuse and maladaptive family functioning on later sexual victimization as influenced by self-dysfunction and tension-reducing behavior

While childhood psychological maltreatment appears to be a pervasive form of child abuse, it still is not as widely researched as childhood sexual and physical abuse. Even though definitions of childhood psychological maltreatment vary among researchers, one common approach is to include both psychological abuse and neglect under the general category of psychological maltreatment. In fact, child neglect is the most prevalent form of childhood maltreatment (Dubowitz, 1994; Harrington, Zuravin, Depanfilis, Ting, & Dubowitz, 2002). While national statistics on the incidence of childhood psychological maltreatment tend to be low, prevalence rates from retrospective self-report surveys generally indicate that such abuse is not uncommon. For instance, a report from the United States Department of Health and Human Services stated that 6% of 984,000 children were abused and/or neglected in 1997 (Glaser, 2002). Further, 27% of individuals surveyed retrospectively recalled a history of child neglect based on the Parent-Child Conflict Tactics Scale (Crittenden & Clausen, 2000). Mullen, Martin, Anderson, Romans, and Herbison (1996) also used retrospective self-report questionnaires in their study and found a lifetime prevalence of 11.5% for emotional abuse among a large community sample of adults. Gross and Keller (1992) found a lifetime prevalence of 28% for psychological maltreatment among university students using self-report responses to the Child Abuse Questionnaire in their study. Clearly, while there is some consistency in rates of childhood psychological maltreatment based
on retrospective reports (between approximately 11% and 30%), official reports claim much lower rates (Glaser, 2002).

**Definitions of Childhood Psychological Maltreatment**

Unlike psychological maltreatment, physical abuse and sexual abuse are easier to define and/or detect, as they involve observable, clearly inappropriate behaviors (e.g., engaging in sexual acts with children) or physical sequelae (e.g., bruises, cuts, broken bones). Psychological maltreatment, however, is more difficult to identify/detect because it includes a wide range of behaviors that are not always easily observable and rarely involves physical evidence. For the past few decades, the definitions of psychological maltreatment (including emotional abuse and neglect) have been open to much debate and there is a need for commonly used operational constructs.

Brassard, Hart, and Hardy (2000) view both forms of childhood psychological maltreatment (i.e., abuse and neglect) as a “…repeated pattern of behavior or extreme incident that expresses to children that they are worthless, unwanted, unloved, or only of value in meeting another’s needs that causes the lasting damage to their selves and their psyches” (p.293). Sustained and repetitive inappropriate emotional responses to children’s emotions and a child’s repeated exposure to parental rejection are just a few examples of psychological maltreatment (O’Hagan, 1995). Brassard, et al. (2000) further expand the definition of emotional neglect to include pervasive psychological unavailability, which places the child at risk for severe developmental disorders.

Bernstein (2002) views emotional maltreatment on a continuum of a child’s acceptance versus rejection by his or her parents. He distinguishes between the two types of
maltreatment, with emotional abuse defined as demeaning behavior or verbal assaults on a child’s worth or well being, whereas emotional neglect is defined as “the failure of caretakers to meet children’s basic emotional and psychological needs, including love, belonging, nurturance, and support” (p. 619). In retrospective studies of undergraduate college students, Bernstein (2002) found that emotionally abused and/or neglected women developed early maladaptive schemas that increased their chances of developing a personality disorder later in life. He found a significant distinction, however, between women who were emotionally abused in childhood and those who were emotionally neglected. Bernstein proposed that a defectiveness/shame schema develops in some emotionally abused women whereby they believe they are inherently flawed and that others will abandon them. Bernstein (2002) also found that undergraduate women who were emotionally-abused as children may believe that other people are “out to get them.” In contrast, he proposed that emotionally neglected women would develop a social isolation schema and would never truly trust other people.

Bernstein’s research has begun to clarify the potential differential impact of different forms of childhood psychological maltreatment. Emotionally neglected children may feel continually alienated from others and believe that other people are never interested in meeting their emotional needs. In a review of the literature, Hart, Germain, and Brassard (1987) found that low self-esteem or negative self-concept, emotional instability, reduced emotional responsiveness, inability to trust others, and inability to become independent all accompanied the experience of psychological maltreatment.
In particular, the definition of psychological maltreatment proposed by Brassard, Hart, and Hardy (2000) and adopted by the American Professional Society on the Abuse of Children (APSAC, 1995) contains five subtypes of psychological maltreatment that may lead to harmful outcomes: spurning, terrorizing, isolating, exploiting/corrupting, and denying emotional responsiveness.

Spurning is a hostile form of verbal and/or nonverbal battering that results in rejection and degradation of the child. In general, the child is repeatedly made to feel useless and inferior through the use of humiliation tactics. Parental behaviors in this category include refusal to help a child in need or even recognize a child’s request for help. Another more specific example of spurning would be a mother making embarrassing comments about her daughter’s body in front of her friends. Overall, spurning may result in blame incorrectly placed on the child, leading to negative self-concept and poor self-esteem (Brassard, Hart, & Hardy, 2000; Glaser, 2002).

Another subtype of childhood psychological maltreatment is terrorizing, which is a threat to physically hurt, kill, or abandon a misbehaving child. Unfortunately, animal abuse also is a common way for caregivers to exert control over children, so terrorizing often involves threats to, or actual harming of, a child’s pet. Another example of terrorizing involves threatening to leave a child at a train station by him/herself without ever returning to pick the child up. Terrorizing may impact the development of expectations of inconsistent interactions with the caregivers that are based on constant danger and potential violence (Brassard, Hart, & Hardy, 2000; Glaser, 2002).
Isolating involves the active removal of a child from his or her normal environment and impeding social and developmental adaptation. The child is isolated from peers and adults and has limited (if any) opportunities for communication and/or interaction with others. Examples of isolation include being locked in a closet for a period of time or cutting off a child’s network of communication outside of the immediate family (Brassard, Hart, & Hardy, 2000; Glaser, 2002).

Exploiting/corrupting is another subtype of psychological maltreatment that encourages children to engage in inappropriate and unlawful behaviors. Perpetrators of psychological maltreatment who use exploiting/corrupting tactics may teach the child criminal behavior, encourage truancy, or model antisocial acts and unrealistic roles. In the case of childhood psychological maltreatment, caregivers might get drunk or “high” with their children as a way of exploiting or corrupting them. Some researchers suggest that exploitation/corruption is used as a form of fulfillment of the parent’s psychological needs within the context of childhood maltreatment (Brassard, Hart, & Hardy, 2000; Glaser, 2002).

Finally, denying emotional responsiveness is a form of emotional unavailability and neglect. Despite a child’s desire and need to interact with a parent or caregiver, he or she remains unresponsive to the child’s affection. Caregivers who display emotional unresponsiveness show no outward emotion towards the child and tend to react in a mechanistic manner (Brassard, Hart, & Hardy, 2000; Glaser, 2002).

Brassard, Hart, and Hardy (2000) argue that psychological maltreatment can directly or indirectly impact the development of low self-esteem, depression, high levels
of negative affect, and hostile interpersonal relationships in victims. Two specific
subtypes, rejection and denied emotional responsiveness, also may lead to an increase in
somatic complaints such as asthma and respiratory illness. One possible explanation for
the development of these ailments is that they arise out of a need to gain more attention
from the caregiver, family members, or significant others. Psychologically maltreated
children may display external signs of illness out of a desire to elicit some type of
emotional response from another person.

While Bernstein (2002) believes that emotional abuse and emotional neglect are
separate constructs, other researchers do not agree. Glaser (2002), for example, defines
emotional abuse/neglect as a caretaker-child relationship marked by harmful interactions
requiring no physical contact with the child, but one in which the child’s development is
impaired in all domains of functioning. Similarly, psychological abuse disrupts the
affected child’s moral and mental faculties (Glaser, 2002).

Based on the results of numerous studies (e.g. Claussen & Crittenden, 1991;
contend that psychological maltreatment is the most frequent form of child maltreatment
and often occurs in homes where other forms of child maltreatment are present. Most
research suggests that psychological maltreatment frequently occurs in conjunction with
other forms of abuse and neglect and has a more destructive long-term impact on a
child’s well-being (Hart, et al., 1987).
Impact of Family Functioning

Based on the above definitions of childhood psychological maltreatment, it is clear that emotional abuse and emotional neglect are interrelated and have similar effects on children. On the same note, while family functioning is entwined with psychological maltreatment, the constructs should be examined separately to uncover potential unique effects. Researchers have found that family characteristics, such as low levels of cohesion and adaptability, parental alcohol abuse, and/or family violence may impact a person’s self-concept and adjustment later in life (Harter & Taylor, 2000; Harter & Vanacek, 2000; Higgins & McCabe, 2003; Wark, Kruczek, & Boley, 2003). They stress the importance of assessing both family functioning and various forms of child maltreatment when determining the impact of childhood maltreatment. In one of their investigations, Higgins and McCabe (2003) examined the link between family functioning and psychological maltreatment in a series of three studies. One of their studies involved a community sample of 48 middle-class families with children under the age of 12. Twenty-two percent of the children had experienced parental divorce or separation, and twelve percent had a history of abuse or neglect. The Comprehensive Child Maltreatment Scale (CCMS) was used as a measure of parental perception of their children’s abuse/neglect experiences, while the FACES-II was used as a measure of family functioning. The results of this study confirm that negative family functioning variables, such as divorce and low cohesion, may be strong predictors of psychological maltreatment (Higgins & McCabe, 2003).
In another related study, Higgins and McCabe (2003) used a community sample of 138 adults to assess the impact of family functioning in childhood on current psychological adjustment in adulthood. Similar to their first study, adult modifications of the CCMS and FACES II were used to retrospectively measure childhood experiences of abuse and/or neglect and family functioning. Current psychological adjustment was assessed using the Trauma Symptom Checklist and Rosenberg’s Self-Esteem scale. Results from this study indicated that low levels of family adaptability and high levels of sexual punitiveness were correlated with some forms of childhood maltreatment, including psychological maltreatment. Quality of relationships (e.g., between mother and daughter) was also an important contributing factor relating to adjustment in adulthood. Overall, Higgins and McCabe (2003) found that family dynamics, combined with the degree of child resilience, are most successful in predicting adult functioning.

Wark, Kruczeck, and Boley (2003) also examined emotional neglect and family functioning among undergraduate students. Using the FACES-II scale, they assessed and compared level of psychological functioning, family adaptability, and family cohesiveness. They found that maternal emotional neglect, measured by the Caring subscale of the Parental Bonding Instrument, was positively correlated with adult psychological distress, as measured by the global distress index on the SCL-90-R. As expected, families in which emotional neglect was present during childhood were rated lower in cohesion and adaptability (Wark, Kruczeck, & Boley, 2003).

Harter and Taylor (2000) have examined the relationship between the family environment of Adult Children of Alcoholics (ACOAs) and later adjustment in life. They
used a variety of measures, including the Personal Experiences Survey, the SCL-90-R, and the Social Adjustment Scale to assess abuse/neglect history, family characteristics, and psychological functioning in undergraduates. Results of the study indicate that a combination of parental alcoholism and emotional abuse in childhood may hinder the development of constructive social and achievement. Further, family dysfunction may also play a role in maladjustment in adulthood.

Harter and Vanacek (2000) later extended the previous study on the role of family environment and childhood maltreatment in undergraduate students using measures such as the Personal Experiences Survey, the Family Function Scales, and the SCL-90-R. They found that participants with a history of child abuse and parental alcoholism described their families as more conflictual, less emotionally expressive, less democratic, and less social than participants from non-abusive and non-alcoholic families. They also found that a dysfunctional family environment is related to feelings of negative self-worth and negative assumptions about the world. Similarly, Hart, Brassard, and Karlson (1996) found that the family environment of maltreated children tends to be emotionally and physically rejecting, thus encouraging negative self-views later in life.

**Impact of Psychological Maltreatment**

According to Hart, Brassard, and Karlson (1996), psychological maltreatment can impact children in five core areas: attachment, social competence and social adjustment, behavior, cognitive ability and problem solving, and educational achievement. Not only do maltreated children tend to form insecure attachments with immediate family members, but they also may have trouble forming meaningful relationships later in life.
In addition, the family environment of maltreated children tends to be emotionally and physically rejecting, encouraging negative self-views. According to teacher and parent ratings, psychologically maltreated children have lower levels of social competence and more behavior problems than children who have not been maltreated. Researchers have conducted a number of empirical studies investigating the impact of childhood psychological maltreatment, several of which will be reviewed below.

*Empirical Studies*

In their retrospective study of 251 university women, Briere and Runtz (1988) examined the relationship between maternal and paternal physical and psychological maltreatment and low self-esteem, tension-reducing behaviors, and other symptom variables. Psychological abuse was positively correlated with low self-esteem, scholastic underachievement, depression, and dependency, especially when combined with physical abuse in childhood. Although Briere and Runtz (1988) found many generalized responses and similarities among the different forms of childhood maltreatment, their findings suggest two distinct relationships. Exposure to psychological maltreatment by one’s father was related to internalizing symptoms later in life, such as anxiety and depression. Physical maltreatment by the mother, however, was related to more tension-reducing behaviors such as suicide attempts and dissociation. Although childhood psychological maltreatment by the father and childhood physical maltreatment by the mother appeared to have more far-reaching effects, these results do not imply that other forms of abuse are unimportant. In fact, childhood maternal psychological abuse also
was associated with long-term symptoms of anxiety, depression, and interpersonal sensitivity (Briere & Runtz, 1988).

In a later study, Briere and Runtz (1990) examined the impact of three forms of child abuse among 277 female college students and found some differential effects according to type of abuse. Overall, physical and emotional abuse often occurred together, and women who experienced any form of childhood maltreatment (e.g., physical, sexual, and/or psychological maltreatment) frequently reported feelings of guilt, perceived undeservingness, and self-criticism. Furthermore, women reporting childhood psychological abuse presented with lower self-esteem in adulthood compared to women with a history of physical abuse and/or sexual abuse.

In another study, Mullen, Martin, Anderson, Roman, and Herbison (1996) examined the long-term sequelae of different forms of childhood maltreatment among 497 community women. Mullen and colleagues used a series of questionnaires and interviews to explore the relationship between family background and type of childhood maltreatment experienced. The Parental Bonding Instrument (PBI) scale was used to measure emotional abuse and deprivation, while a series of direct questions were used to determine the presence or absence of childhood sexual or physical abuse. In order to assess current psychological functioning, interviewers also administered the Present State Examination (PSE) and Robson’s self-esteem questionnaire. The PSE assesses functioning as a psychiatric symptom inventory and diagnostic tool, while the self-esteem questionnaire served as a measure of self-acceptance and sense of contentment. Mullen et al. (1996) concluded that many forms of child abuse and neglect occur in combination
with each other. In general, the emotionally abused group demonstrated lower self-esteem than the groups who had been physically and/or sexually abused in childhood, as 37% of participants with histories of emotional abuse reported low self-esteem. Although degree of family functioning is not a guaranteed predictor of abuse/neglect, the authors found that abuse occurred more often in disturbed and disrupted homes.

Gross and Keller (1992) tested their learned helplessness model of child abuse with a sample of 260 college undergraduates. They grouped participants into three abuse groups (exposure to psychological abuse only, physical abuse only, or psychological abuse and physical abuse in childhood) and one control group (no abuse in childhood) based on their responses on the Child Abuse Questionnaire, which included measures for assessing depression, self-esteem, and attributional style. Gross and Keller found that individuals with a history of both physical and psychological abuse had a greater tendency toward developing depression compared to participants in the nonabused control group and participants in either the physical abuse or psychological abuse only categories. In addition, the psychologically abused group exhibited lower self-esteem than other groups, and psychological maltreatment was a more powerful predictor of depression, self-esteem, and attributional style than physical abuse. While the results of this study suggest a relationship between self-esteem and type of abuse, it also indicates the importance of looking at psychological maltreatment in the context of other situational factors, such as in combination with physical abuse.
Self-Functioning

One of the most profound impacts of psychological maltreatment is its effect on a child’s sense of self and personal identity. John Briere (1995) coined the term “impaired self-reference” to describe the impact of maltreatment on a person’s identity and behavior. Although related to self-esteem, impaired self-reference is a broader construct that reflects an instability of affect regulation, sense of self, and coping responses across contexts, experiences, and affects (Briere & Runtz, 1993). This instability of an individual’s sense of self creates identity confusion, feelings of “emptiness” and isolation from others, boundary issues, dependency on others, indecisiveness, and overreactions to stress. Those with high levels of impaired self-reference may be confused regarding their own thoughts or beliefs and sometimes may allow other people to tell them what to do. For instance, people with impaired self-reference may report that their beliefs/values shift shifting when in the presence of others (Briere, 1995). Furthermore, they may be insecure of their identity and hesitant about short/long-term goals, as they may be unsure of their overall purpose in life. As a function of their lack of a clear sense of self, people with impaired self-reference also may engage in impulsive behavior with little insight into the purpose of their behavior (Briere, 1995).

Another aspect of self-functioning involves the degree to which an individual engages in certain behaviors to modify/change negative affect. Tension-reducing behaviors serve as temporary soothing mechanisms that emotionally and/or physically numb the survivor to the effects of maltreatment. Examples of tension-reducing behavior include substance use, compulsive sexual behavior and/or flirting to gain attention,
suicide attempts or parasuicidal behavior, and anger outbursts. These behaviors may be viewed as coping mechanisms used to regulate one’s affect. Unfortunately, tension-reducing behaviors become maladaptive as the victim of maltreatment continues this cycle of avoidance and numbing in order to avoid facing the reality of his or her past.

Self-criticism and self-worth also fall under the category of self-functioning, as they involve an individual’s sense of self-esteem (Briere & Runtz, 1993). Individuals who have high levels of self-criticism and low levels of self-worth tend to have low opinions of themselves and often devalue their personal character. In addition, they are unsatisfied with the kind of people they have become and associate goodness in their lives with pure chance (Janoff-Bulman, 1992).

Self-dysfunction, particularly low self-worth, high self-criticism, impaired self-reference, and the inability to regulate one’s affect, may arise out of early transactions between a child and his or her primary caregivers. Children exposed to early negative experiences, such as emotional maltreatment or incest, often face threats to their basic sense of self, trust in others, and establishment of autonomy and control (Cole & Putnam, 1992). During the early stages of life, infants also rely completely on their caregivers for emotion regulation. In a healthy, secure attachment relationship between infant and caregiver, the infant eventually learns to modulate his or her own internal state based on the active relationship with the caregiver. However, in infants with insecure attachments (e.g. children who have been abused), self-regulatory skills may be dysfunctional and limited due to the lack of emotional attunement by the caregiver in infancy (Karr-Morse & Wiley, 1997).
Overall, Briere (1995) has found that high levels of impaired self-reference may be associated with early childhood trauma and may increase a person’s chance of developing a personality disorder and/or experiencing victimization in adulthood. Further, Cloitre and colleagues (1997) argue that self-dysfunction (i.e., dissociation, suicide attempts, alexithymia) may increase an individual’s likelihood of sexual victimization. Impaired insight, lack of self-respect, and increased impulsiveness also increases the likelihood of sexual victimization in individuals with impaired self-reference (Cole & Putnam, 1992).

**Victimization in Adulthood**

Researchers have established a link between a history of childhood sexual abuse and a greater likelihood of sexual revictimization in adulthood (Arata, 2002; Messman-Moore & Brown, 2004; Messman-Moore & Long, 2000). According to Fergusson, Horwood, and Lynskey (1997), childhood sexual abuse survivors are up to 11 times more likely to experience sexual victimization as adults compared to nonvictims. In addition, between 15% and 79% of CSA survivors are raped as adults (Messman & Long, 1996). Cloitre, Tardiff, Marzuk, Leon, and Portera (1996) and Wind and Silvern (1999) found that individuals who experienced a combination of childhood physical abuse (CPA) and CSA were more likely to experience sexual revictimization than those who had a history of CSA alone. However, according to Merrill, et al. (1999), CPA was not predictive of revictimization when present without any other form of childhood maltreatment, such as CSA or childhood emotional abuse. One study suggests that psychological maltreatment, as opposed to other forms of childhood maltreatment (such as sexual abuse and physical
abuse), impairs college-aged women’s self-reference to such a degree that the rate of revictimization is higher than average (Briere & Runtz, 1990). Stermac, Reist, Addison, and Millar (2002) also argue that parental emotional maltreatment in childhood and an unstable early home environment plays a role in the development of psychological problems and increased vulnerability to sexual revictimization later in life.

Childhood psychological maltreatment may impact the development of certain factors such as impaired self-reference, self-criticism, and self-worth, which may lead victims of childhood psychological maltreatment to become vulnerable to later sexual victimization. The enhanced vulnerability might be due to a woman’s feelings of powerlessness, lack of autonomy over her own body, and/or low sexual or general self-esteem (Stermac, Reist, Addison, & Millar, 2002). Briere (1992) suggests that an individual with a history of childhood psychological maltreatment who has an impaired self-reference may not be able to critically evaluate the actions or demands of others. Thus, she may be more likely to be sexually victimized. In effect, different factors of self-functioning, such as low self-esteem, affect dysregulation, and role confusion may act together to increase vulnerability to sexual victimization in adulthood.

**Statement of Purpose**

Childhood psychological maltreatment and maladaptive family environments are not uncommon and may increase an individual’s risk of sexual victimization in adulthood. As stated earlier, researchers have developed a few theories to explain this connection. The present study examines the effect of childhood family functioning and psychological maltreatment on college women’s self-functioning and rates of later sexual
victimization as adults. Two studies have been conducted to date which looked at the connection between childhood psychological maltreatment and adult rape (Stermac, Reist, Addison, & Millar, 2002; Messman-Moore & Brown, 2004), the latter focusing on emotional abuse in the context of family functioning. The current study differs from these two studies in that it addresses rape in a prospective sample of college women.

Researchers are unclear as to whether psychological maltreatment and decreased family functioning (i.e. decreased amounts of cohesion and expressiveness and higher levels of conflict) in childhood act together to increase a child’s risk of sexual victimization later in life. Furthermore, researchers have yet to pinpoint the mechanisms underlying an individual’s increased risk for sexual victimization. In the proposed present study, I seek to understand whether self-functioning, particularly impaired self-reference, self-criticism, negative self-worth, and tension-reducing behavior, is one mechanism linking psychological maltreatment and poor family functioning with sexual victimization in adulthood (see the proposed model on page 38).

Method

Participants

Participants were 339 college women attending a midsized public university in the Midwest. Participants ranged in age from 18 to 22 years ($M = 19.18, SD = 1.07$). Women were recruited through newspaper advertisements, flyers and class announcements to take part in a 4-part prospective study on “College Women’s Life Experiences.” Of these, approximately two-thirds ($n = 217$) received monetary payment up to $75 for their participation (i.e., $30$ for the initial testing session, and $15$ for each
of three subsequent testing sessions). The remaining participants were recruited from the Introduction to Psychology research pool and received research participation credit for the first two sessions. Over 90% of the sample was Caucasian, with the following racial groups represented: African-American, 1.8%; Hispanic, 0.6%; Native American, 1.2%; Asian/Asian-American, 2.1%, “biracial” 2.4%, and “other” 0.9%. Most participants came from middle- to upper-class, well-educated backgrounds. Of those who knew their family income, 58.7% reported an annual family income of over $70,000. These demographics are representative of students from the campus on which this study was conducted. The sample was almost entirely (99.4%) single and never married. Most participants were in their first two years of college (29.8% freshmen, 36.6% sophomores, 18.6% juniors, and 14.7% seniors).

Measures

*Childhood Trauma Questionnaire (CTQ).* Research participants’ history of abuse and neglect was assessed using the Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1997), a 28-item inventory. The CTQ measures the presence and severity of five types of maltreatment—emotional, physical, and sexual abuse, and emotional and physical neglect. For the purpose of the present study, only the emotional abuse subscale of the CTQ was used, which has an internal consistency coefficient of alpha = .88. Questions on the CTQ ranged from the fulfillment of basic needs to psychological and/or physical threats by a family member. Respondents’ scores were classified into one of four categories of abuse severity based on published recommendations. These categories
were then collapsed and only those women reporting moderate to extreme abuse were considered abused. The CTQ was administered at Time 1 during the present study.

**Family Experiences Scale (FES).** Individuals’ subjective perceptions of their family’s characteristics and functioning in childhood were measured using the Family Environment Scale (FES; Moos & Moos, 1986). The FES assesses personal growth, family relationships, and family organization using a series of 90 true-false questions. Three subscales related to family functioning—conflict, cohesion, and expressiveness—were examined in the present study. While the family conflict subscale is intended to measure the amount of open aggression and anger that was characteristic of an individual’s family in childhood, the family cohesion subscale assesses the degree of concern and support between family members. The family expressiveness subscale measures the ability for family members to act openly and express their emotions and was administered at Time 1 during the present study. The FES has demonstrated internal consistency, with coefficients ranging from .61 to .78 (Moos & Moos, 1986). For the current study, internal consistency for the three subscales of interest were as follows: cohesion, $\alpha = .61$, expressiveness, $\alpha = .62$, and conflict, $\alpha = .79$.

**World Assumptions Scale (WAS).** The World Assumptions Scale (WAS, Janoff-Bulman, 1992) was used to measure participants’ views of themselves and the nature of the world. The WAS assesses the degree to which participants believe in three fundamental assumptions identified by Janoff-Bulman (1992): that the world is good, that the world is meaningful, and that the self is worthy. The present study only utilized the self-worth scale (which contains 12 items), as it is a functional measure of a person’s
internal sense of confidence and respect. Overall, the WAS maintains a reliability of .80 for self-worth and an internal consistency coefficient of alpha = .80 (Janoff-Bulman, 1992). The WAS was administered at Time 1 during the present study.

*Cognitive Distortion Scale (CDS).* The Cognitive Distortion Scale (CDS; Briere, 2000) is a 40-item test used to measure participants’ dysfunctional thinking patterns. While the CDS contains five clinical scales, the present study used only the Self-Criticism (SC) scale, which assesses low self-esteem and the tendency to devalue oneself. Individuals who score high on the Self-Criticism scale often have been exposed to some form of maltreatment (e.g. psychological abuse or neglect) as a child or experienced an unusual degree of criticism early in life. The internal reliability of the Self-Criticism scale of the CDS among a normative sample is alpha = .93 (Briere, 2000). The CDS was administered at Time 1 during the present study.

*Trauma Symptom Inventory (TSI).* John Briere (1995) created the 100-item Trauma Symptom Inventory to assess the effect of traumatic events on an individual’s well-being. Although the TSI includes ten clinical scales that measure trauma-related symptoms, the present study used only the Impaired Self-Reference (ISR) scale and the Tension Reduction Behavior (TRB) scale. The ISR scale contains 9 items while the TRB scale contains 8 items, and both measure symptoms on a four-point scale. For this study, the ISR and TRB scales were of particular interest in determining the relationship between childhood psychological maltreatment and later revictimization in adulthood. In particular, the ISR scale was used to measure individuals’ sense of identity and level of dependency on others in making decisions. Questions on the ISR addressed issues of
emotional uncertainty, feelings of emptiness, and fundamental beliefs about one’s identity. The TRB scale of the Trauma Symptom Inventory was used to measure individuals’ ability to regulate their affect, as well as any coping mechanisms they may be using. These coping strategies include, but are not limited to, suicide attempts, indiscriminate sexual behavior, and expressing anger at others to feel powerful. The TSI was administered at Time 1 of the present study and has an internal consistency coefficient of alpha = .93 for the Self Scale (which includes TRB and ISR).

Sexual Experiences Survey (SES). A modified version of the 10-item Sexual Experiences Survey (SES; Koss & Gidycz, 1985) was used to assess adult sexual assault and rape after the age of 17. The SES poses a series of yes/no questions assessing whether specific types of sexual activities have been completed. The SES was modified for the present study to obtain more specific information regarding the types of coercion experienced and the identity of the perpetrator (Messman-Moore & Long, 2000). The modified version contains 18 questions, with an increasing focus on kissing and fondling, oral-genital contact, and unwanted sexual intercourse. Four methods of coercion were evaluated: arguments and pressure, misuse of authority, alcohol or drug use by the respondent, and threat or use of physical force. Phrasing of questions regarding alcohol and drug use were modified and modeled after those used by Muehlenhard, Powch, Phelps, and Guisti (1992). The set of 18 questions were asked twice, first to assess victimization by acquaintances or dating partners, and second to assess victimization by strangers. The internal consistency coefficient of the modified SES for this sample was alpha = .80 for sexual victimization by acquaintances and alpha = .78 for sexual
victimization by strangers. Rape was defined specifically as unwanted oral, anal, or vaginal penetration obtained through threats or the use of force, or because the victim was unable to resist or consent due to alcohol or drug use. Rape was assessed at every follow-up period. Participants were considered to have experienced rape if they reported rape during any of the follow-up periods.

Procedure

Data were collected on four occasions during the academic year. Time 1 data were collected early in the fall semester, with follow-up sessions (Times 2-4) at approximate 10-week intervals. All data were collected in large group sessions and were anonymous. A unique ID code linked participant responses across sessions. Upon completing each session, participants were given either payment or research credit, and were provided with contact information for the researchers and local counseling/rape crisis services. Retention rates for the 8-month study were good: 327 participants (96%) returned for Time 2, 301 (89%) women participated at Time 3, 289 (85%) women completed Time 4, and 276 women (81%) completed all four sessions of the study. Participants with missing data or invalid profiles were not included in analyses.

Results

General Relationships

Approximately 11.6% (n = 32) of the sample reported a history of childhood emotional abuse (CEA) and 9.4% (n = 26) of the sample that completed all four sessions reported rape at least once during the course of the present study. Pearson correlations
and Kendall-tau b tests were used to examine the relationships among CEA, prospective rape, family functioning, and self-functioning (see Table 1).

**Childhood Predictors of Rape**

While the data suggest that individuals exposed to CEA were more likely to experience sexual victimization later in life than nonvictims of CEA (18.8% vs. 8.2%, respectively), the results were only marginally significant, $\chi^2(1, n = 275) = 3.66, p < .06$.

In addition, it was hypothesized that lower levels of family functioning early in life would lead to a greater risk of sexual victimization in adulthood. Multivariate analysis of variance (MANOVA) was used to examine the relationship between family cohesiveness, expressiveness, and conflict and rape during the study. Results of the MANOVA were not significant, Wilks’ $\Lambda = .99$, $F (3, 269) = 1.27, p = .29$, (see Table 2 for means and standard deviations for family functioning variables by rape status).

**Self-Functioning**

A MANOVA was conducted to examine the relationship between CEA and self-functioning. Results of the MANOVA were significant, Wilks’ $\Lambda = .87$, $F (4, 259) = 9.98, p < .001$. Univariate tests indicated significant main effects for impaired self-reference ($F = 9.85, p < .002$), tension-reducing behavior ($F = 19.98, p < .001$), self-criticism ($F = 23.91, p < .001$), and self-worth ($F = 25.34, p < .001$), in all cases CEA victims reported higher levels of distress compared to nonvictims. See Table 3 for means and standard errors of self-functioning variables by emotional abuse.

Another MANOVA was conducted to examine the relationship between family functioning and self-functioning. Results of the MANOVA were significant, Wilks’ $\Lambda =$
.87, F (4, 259) = 9.98, p < .001. Univariate tests indicated significant main effects for all self-dysfunction variables (impaired self-reference, tension-reducing behavior, self-criticism, and self-worth) and all family functioning variables (cohesiveness, expressiveness, and conflict). See Table 1 for correlations of family functioning and self-functioning.

Another MANOVA was conducted to examine the relationship between self-functioning and rape during the study. Results of the MANOVA were significant, Wilks’ Λ = .94, F (4, 260) = 4.37, p < .01. Univariate tests indicated significant main effects for impaired self-reference (F = 12.59, p < .001), tension-reducing behavior (F = 6.95, p < .01), and self-worth (F = 8.52, p < .01), however self-criticism, (F = 1.91, p < .17), was not a significant predictor of rape. See Table 3 for means and standard error of self-functioning variables as predictors of rape.

Logistic Regression Analyses

Logistic regression analyses were used to examine CEA, family functioning, and self-functioning as predictors of rape during the study. Because ISR and TRB were highly correlated, two logistic regression analyses were conducted examining these variables separately. In the first logistic regression analysis, the interaction of CEA and the three family functioning variables were entered on the first step, forward step-wise, and the two self-functioning variables, TRB and self-worth, were entered forward step-wise on the second step. Results of the analysis identified one significant predictor, tension-reducing behavior, β = 1.3 (S.E. = .05), Wald’s χ² (1) = 7.59, p < .01, Odds Ratio = 1.14, 95% C.I.: 1.04 – 1.25. In the second logistic regression analysis, the interaction
of CEA and the three family functioning variables were entered on the first step, forward step-wise, and the two self-functioning variables, ISR and self worth, were entered forward step-wise on the second step. Results of the analysis identified one significant predictor, impaired self-reference, $\beta = .12$ (S.E. = .04), Wald's $\chi^2$ (1) = 11.21, $p < .01$, Odds Ratio = 1.13, 95% C.I.: 1.05 – 1.21. Results of these two logistic regression analyses indicate that both impaired self-reference and tension-reducing behavior are significant predictors of rape and that the other self-functioning variables, self-criticism and self-worth, were not significant predictors when considered in the context of all self-functioning variables.

**Discussion**

It was hypothesized that two variables, childhood emotional abuse and dysfunctional family dynamics early in life, would predict sexual victimization in adulthood. In addition, it was theorized that less adaptive self-functioning (i.e., presence of impaired self-reference, tension-reducing behavior, self-criticism, and negative self-worth) would serve as an influential factor between negative experiences in childhood and adult victimization. Based on the results, multiple pathways to rape were discovered via self-functioning—through impaired self-reference and tension-reducing behavior. While impaired self-reference and tension-reducing behavior both were significant influential factors linking childhood emotional abuse/maladaptive childhood family functioning and rape, other variables tested were not significant with this particular sample.
Overall, the present study did not reveal a direct link between maladaptive family functioning and rape or childhood emotional abuse and rape during the academic year. However, childhood emotional abuse was a marginally significant (p < .06) predictor of rape during the academic year. Since the present study measured rape only during a strict eight-month period, participants who had been sexually victimized before that period were not counted as victimized in the current study. Childhood emotional abuse may predict rape using retrospective reports which allow participants to reflect on a longer time period during which sexual victimization may have occurred (e.g. Stermac, et.al., 2002). In fact, childhood emotional abuse was related to rape when assessed retrospectively in the current sample (Messman-Moore & Brown, 2004).

Symptoms of self-dysfunction include low self-esteem, identity confusion, feelings of “emptiness”, and dependency on others (Briere & Runtz, 1993). Based on the proposed model, it was hypothesized that self-dysfunction (i.e., impaired self-reference, tension-reducing behavior, self-criticism, and self-worth) would increase the risk for sexual victimization in college women. While the findings were not significant for two of the four self-dysfunction variables, self-criticism and self-worth, self-dysfunction increased the risk of rape in the present study. Individuals with impaired sense of self may be confused about their thoughts and allow others to tell them what to do, thus increasing their vulnerability to sexual victimization. In addition, individuals who engage in tension-reducing behavior such as drug and alcohol use and impulsive sexual activity may have lowered inhibitions and executive functioning capabilities, resulting in an increased vulnerability to sexual victimization (Briere & Runtz, 1993).
Because childhood emotional abuse did not predict rape and maladaptive family functioning did not predict rape, the results of the present study do not represent a true mediation model in which self-dysfunction is a mediator between childhood emotional abuse and rape, or between family functioning and rape. Instead, an indirect relationship exists between childhood emotional abuse and rape in college women. Similarly, the findings suggest an indirect relationship between maladaptive family functioning and rape. Emotional abuse and poor family functioning in childhood also impact impaired self-reference and tension-reducing behavior. As described earlier, impaired self-reference involves an individual’s lack of clear boundaries and sense of self, as well as low self-esteem. Tension-reducing behavior is an all-encompassing term for a variety of behaviors which regulate affect, including drinking to escape reality, binge-eating, and indiscriminate sexual behavior (Briere & Runtz, 1993). These behaviors, in turn, may lead to a decrease in the ability to recognize potentially dangerous situations where rape is a likely outcome or there is an increased likelihood of being targeted.

Based on the present findings, aversive/negative childhood experiences (i.e., emotional abuse and/or poor family functioning) do not have a direct link with sexual victimization in adulthood. Instead, current functioning serves as an influential link between past and present experiences. Findings suggest that a poor sense of self, inability to discern one’s thoughts from another’s, and indiscriminate sexual behavior that accompany impaired self-reference and tension-reducing behavior increase an individual’s risk of sexual victimization in adulthood. The proposed model is thus partially supported given that impaired self-reference and tension-reducing behavior
significantly contributed to an increased risk of sexual victimization in adulthood, and that childhood emotional abuse and poor family functioning impacted college women’s self-functioning.

This study includes some limitations to be taken into account. As mentioned before, one factor that may have affected the results is the use of a prospective design, as opposed to a retrospective design, in this study. If a retrospective design had been used in the present study, participants may have been more likely to report rape because of a greater time span for assessment. Due to the time-limited nature of the present study, participants had a narrow time period in which to experience their sexual victimization. Also, since childhood emotional abuse was assessed with a screening measure (the Childhood Trauma Questionnaire), it is possible that participants’ experiences were incorrectly labeled as emotional abuse (i.e., the introduction of false positives into the study) or that their early emotional abuse experiences were not identified (i.e., the introduction of false negatives into the study). Accordingly, this study may have benefited from improved methods in determining exposure to childhood emotional abuse.

In addition, current psychological functioning may have affected participants’ views of their past family functioning and childhood emotional abuse experiences. Because the study was based on college women’s perceptions of their family functioning and abuse occurrences, there may have been biased reporting. Some women may have incorrectly remembered their childhood experiences in a negative light due to current psychological dysfunction, or vice versa.
Furthermore, we did not directly investigate the role of drinking and drug use/abuse in relation to risk for sexual victimization in adulthood. Because drinking and drug use are tension-reducing behaviors, we would expect these behaviors to serve as coping mechanisms for negative childhood experiences. Use of alcohol and drugs, however, most likely would lower these individuals’ inhibitions and increase their vulnerability to experience sexual victimization in the future (Polusny & Follette, 1995). Since these are only preliminary hypotheses, additional studies are necessary to determine the effects of drug and alcohol use on individuals with a history of emotional abuse and/or maladaptive family functioning.

Finally, the possibility exists that tension-reducing behavior and impaired self-reference are not mutually exclusive, but instead are actually two subcomponents of one construct. While they were separated into two constructs for the purpose of this study, the results of the study suggest that beliefs about the self and behaviors centered on the self may not be so different from each other. Both impaired self-reference and tension-reducing behaviors act as coping mechanisms that influence the link between childhood emotional abuse/family functioning and rape.

The present study has implications for clinicians concerning prevention and treatment for individuals who have been exposed to childhood emotional abuse and/or poor family functioning. While prevention programs targeting the perpetrators of rape and sexual assault would be ideal, treatment programs focusing on symptom-reduction are a more realistic option to help women reduce their risk of sexual victimization. Treatment for victims should focus on issues of identity, self-esteem, and the alleviation
of symptoms associated with childhood emotional abuse and poor family functioning. It would be worthwhile to investigate the purpose of tension-reducing behaviors, especially the role of affect regulation, and more positive ways of coping with childhood emotional abuse and/or maladaptive family functioning (Linehan, 1993). If the present model holds true, treating individuals’ self-dysfunction symptoms should reduce the risk of later victimization. In addition, it is important for clinicians to understand the impact of early family experiences on future intrapersonal functioning and interpersonal relationships.

Clearly, the present study reveals the importance of emotional abuse as a subject matter that deserves more attention. It also stresses the need to assess childhood emotional abuse because it may function similarly to childhood physical abuse and childhood sexual abuse. While childhood emotional abuse may result in different degrees of vulnerability to sexual victimization later in life, it could be just as damaging to an individual’s sense of self-worth. Overall, emotional abuse simply has not been studied enough to understand all of its effects. Although researchers are beginning to form an awareness of the roles that self-dysfunction, family history, and abuse play in later sexual victimization, we have a long way to go before we fully understand this phenomenon.
References


Violence, 9, 556-560.


Table 1. Correlations of Rape, Emotional Abuse, and Family Functioning (based on Kendall’s tau-b test)

<table>
<thead>
<tr>
<th></th>
<th>CEA</th>
<th>Rape</th>
<th>COH</th>
<th>EXP</th>
<th>CON</th>
<th>ISR</th>
<th>TRB</th>
<th>SC</th>
<th>SW</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEA</td>
<td>1.00</td>
<td>0.12*</td>
<td>-0.32**</td>
<td>0.26**</td>
<td>0.34**</td>
<td>0.15**</td>
<td>0.20**</td>
<td>0.19**</td>
<td>-0.19**</td>
</tr>
<tr>
<td>Rape</td>
<td>1.00</td>
<td>-0.08</td>
<td>-0.09*</td>
<td>0.01</td>
<td>0.18**</td>
<td>0.14**</td>
<td>0.07</td>
<td></td>
<td>-0.16**</td>
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<tr>
<td>COH</td>
<td>1.00</td>
<td>0.46**</td>
<td>-0.53**</td>
<td>-0.25**</td>
<td>-0.27**</td>
<td>-0.29**</td>
<td>0.35**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXP</td>
<td>1.00</td>
<td>-0.45**</td>
<td>-0.31**</td>
<td>-0.22**</td>
<td>-0.23**</td>
<td>0.30**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CON</td>
<td>1.00</td>
<td>0.30**</td>
<td>0.34**</td>
<td>0.30**</td>
<td>-0.26**</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>ISR</td>
<td>1.00</td>
<td>0.68**</td>
<td>0.63**</td>
<td>-0.49**</td>
<td></td>
<td></td>
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<td>TRB</td>
<td>1.00</td>
<td>0.55**</td>
<td>-0.37**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SC</td>
<td>1.00</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>-0.50**</td>
</tr>
<tr>
<td>SW</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes: ** denotes a significance level of less than .001
* denotes a significance level of less than .01
Correlations with dichotomous variables (emotional abuse, rape) are Kendall’s tau b. All other correlations are Pearson’s correlations.

Explanation of Abbreviations in Table 1:
CEA = childhood emotional abuse
COH = family cohesiveness
EXP = family expressiveness
CON = family conflict
ISR = impaired self-reference
TRB = tension-reducing behavior
SC = self-criticism
SW = self-worth
Table 2. Means and Standard Error of Family Functioning by Rape Status

<table>
<thead>
<tr>
<th></th>
<th>Family Cohesiveness</th>
<th>Family Expressiveness</th>
<th>Family Conflict</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape Victims</td>
<td>5.81 (.37)</td>
<td>4.54 (.42)</td>
<td>3.65 (.48)</td>
</tr>
<tr>
<td>Non-Rape Victims</td>
<td>6.36 (.12)</td>
<td>5.24 (.14)</td>
<td>3.51 (.16)</td>
</tr>
</tbody>
</table>

*Note: Higher levels of family cohesiveness and family expressiveness are expected in families with high levels of functioning, while low levels of family conflict are expected in families with high levels of functioning.*
Table 3. Means and Standard Error of Self-Functioning by Emotional Abuse and Prospective Rape

<table>
<thead>
<tr>
<th></th>
<th>Impaired Self-Reference</th>
<th>Tension-Reducing Behavior</th>
<th>Self-Criticism</th>
<th>Self-Worth</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emotional Abuse Victims</strong></td>
<td>12.74 (1.04)</td>
<td>7.42 (.67)</td>
<td>25.52 (1.30)</td>
<td>48.45 (1.44)</td>
</tr>
<tr>
<td><strong>Non-Emotional Abuse Victims</strong></td>
<td>9.27 (.38)</td>
<td>4.23 (.24)</td>
<td>18.75 (.47)</td>
<td>56.16 (.52)</td>
</tr>
<tr>
<td><strong>Prospective Rape Victims</strong></td>
<td>13.56 (1.15)</td>
<td>6.52 (.76)</td>
<td>21.56 (1.51)</td>
<td>50.68 (1.65)</td>
</tr>
<tr>
<td><strong>Non-Rape Victims</strong></td>
<td>9.28 (.37)</td>
<td>4.41 (.25)</td>
<td>19.37 (.49)</td>
<td>55.73 (.53)</td>
</tr>
</tbody>
</table>
**Figure 1. Proposed Model**

- Family Functioning (FES)
- Emotional Abuse (CTQ)
- Self-Worth
  - ISR
  - TRB
  - Self-Criticism
- Rape
Figure 2. Final Model

- Family Functioning (FES)
- Emotional Abuse (CTQ)
- ISR TRB
- Rape