This thesis titled
An Exploration of the Effects of Interpersonal Violence History on Physical Health Symptomatology in College Women: A Longitudinal Study

by

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Interpersonal violence is notably prevalent on college campuses. Women are also frequently victims of early abuse as well (i.e., childhood physical, verbal, or sexual abuse). Prior research suggests that compounding abuse, or multiple abuse histories increase the severity and amount of physical health symptoms a survivor may experience after (an) assaultive incident(s). Prior research, however, has neglected to assess the health status of an individual prior to an assaultive incident to assess if prior health status impacts health symptomatology after an assault. The purpose of this research study was to assess physical health status prior to an assault and again after an assault occurs while also taking into account prior histories of various forms of childhood, adolescent, and adulthood abuse (i.e., sexual, physical, and verbal abuse). Along with these aims, this research study also assessed posttraumatic stress symptomatology as a possible mediator in the relationship between sexual assault and physical health symptomatology. The data from the current study suggests an additive relationship between abuse histories and physical health concerns. Posttraumatic stress symptomatology did not mediate the relationship between abuse experiences and physical health concerns. Further findings and implications will be discussed.
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DEDICATION

This project is dedicated to my husband, Mathew Tansill. Thank you for the countless ways you have shown your support. You made me laugh when I wanted to give up and made me tea when I had to work through the weekend, again. You were endlessly patient and taught me a thing or two about priorities. You will always be my number one in life. Thank you for supporting me in the pursuit of my dreams. I will always feel powerful with such a strong man by my side.

This project is also dedicated to survivors of interpersonal violence. I feel blessed to have been influenced by some of these amazing women. I continue to feel empowered by their stories and triumphs. They fuel my passion and encourage my voice. Thank you for sharing your remarkable stories.
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CHAPTER 1: INTRODUCTION

Interpersonal violence occurs at alarming rates in college populations. Women of all ages are more often victims of interpersonal violence than men and thus have been the main focus of the literature in this area. Incidence rates of different forms of interpersonal violence range depending on the population researched and the abuse definition used. Specifically, previous research has shown that between 16% and 29% of college women experience some form of sexual victimization over a three to six month time period (Gidycz, Hanson, & Layman; 1995; Gidycz, Rich, King, Orchowski, & Miller, 2006; Turchik, Probst, Chau, Nigoff, & Gidycz, 2007). Furthermore, in a sample of college women, Banyard et al. (2000) found that 70.8% reported experiencing some form of psychological/verbal aggression and 24.2% reported experiencing some form of dating physical aggression during adolescence or adulthood. These college populations are also often victims of childhood abuse as well as adolescent and adulthood violence. Childhood sexual abuse is said to occur in some form with approximately 15% to 25% of North American girls (Banyard et al., 2000; Finkelhor, 1994; Turchick et al., 2007). Messman-Moore and Brown (2004) found that 8.6% and 4% of the 925 college women had experienced verbal and physical abuse, respectively. These rates of interpersonal violence are shocking when seen together. These forms of violence need to be assessed in a comprehensive manner to fully understand the intricacies and consequences of being a victim of a range of lifetime experiences of interpersonal violence.

The consequences of interpersonal violence can be far reaching. Documented sequelae include depression, posttraumatic stress disorder (PTSD), anxiety, physical
health and somatic concerns, increased suicidal ideation/suicide attempts, substance abuse, low self-esteem, increased dissociation and avoidance tendencies and an increase in general distress (Arnow et al., 1999; Briere & Elliot, 1994; Gold, 1986). Specifically, PTSD prevalence rates among victims of sexual violence have been reported to be as high as 53% with 80% of survivors reporting at least some posttraumatic stress symptomatology (Briere & Elliot, 1994; Famularo, Kinscherff, & Fenton, 1992; McLeer et al., 1992; Ullman & Brecklin, 2002). Among domestic violence survivors, victims of physical, sexual and/or verbal partner abuse, PTSD rates range from 31% to 84% (Jones et al., 2001). Thus, it is clear that interpersonal violence survivors have high rates of PTSD according to many past research studies. Gilboa-Shechtman and Foa (2001) found that recovery from a violent assault differed in women who experienced a sexually violent assault when compared to those who experienced a violent assault that was not sexual in nature (i.e., physical assault or robbery). Women with sexually violent assaults experienced more severe initial and peak reactions (e.g., more severe PTSD, depression, and state anxiety scores) to their assault than those without sexually violent assault experiences. Results also indicated a slower recovery rate from symptoms of depression and PTSD for those with sexually violent assaults compared to those with non-sexually violent assaults.

Furthermore, PTSD has been related to the experience of other detrimental health effects. In a study assessing veterans of the Vietnam War with chronic PTSD (since 1965-1971), Boscarino (2004) found many autoimmune diagnoses (i.e., rheumatoid arthritis, psoriasis, insulin-dependent diabetes and thyroid disease) that were common for
these participants. These veterans were also more likely to have clinically higher T-cell counts, hyperreactive immune responses, higher immunoglobulin-M levels, and clinically lower dehydroepiandrosterone levels. These differences in chronic PTSD sufferers increase the likelihood of a range of inflammatory disorders including cardiovascular and autoimmune diseases (Boscarino, 2004).

Physical health and somatic concerns in interpersonal violence survivors are particularly interesting as they do not only include cuts and bruises directly after an abusive incident as one might think, but have been found to include more chronic concerns (e.g., chronic pain, gynecological concerns; Walker et al. 1992). Somatoform disorders and somatic symptoms have been shown to be more common in severely abused populations than non-abused or less severely abused individuals (Walker et al., 1992). Moreover, victims of interpersonal violence have been shown to have an increased number of health complaints, poorer health perceptions, and an increased number of medically unexplained symptoms (i.e., gynecological, pain, and gastrointestinal complaints; Cloutier, Martin, & Poole, 2002; Demaris & Kaukinen, 2005; Diaz, Simantov, & Rickert, 2002; Felitti et al., 1998; Golding, 1994; Golding, 1996; Golding, 1999; Golding, Cooper, & George, 1997; Hilden et al., 2004; Kimerling & Calhoun, 1994; Lown & Vega, 2001; Moeller, 1993; Walker et al. 1992).

However, most, if not all, of the past research on physical health and interpersonal violence has focused on post-assault physical conditions and has not assessed health functioning and status prior to an assault. Much of this research has been conducted by comparing control groups of women without prior interpersonal violence histories to
interpersonal violence survivors with or without various types of abuse (sexual, physical and verbal abuse in childhood, adolescence, and/or adulthood) in college, medical, and community samples (i.e., Banyard, Arnold & Smith, 2000; Campbell, Lichty, Sturza, & Raja, 2006; Ullman & Brecklin, 2002). These types of research designs cannot control for pre-violence health status, and thus might not fully be able to suggest that the experience of a violent event causes a decline in health. Also, these studies have missed the more complex types of violence histories that are prevalent in our society and the differences between women who have experienced different types of violence during different points in their lifetimes. Different violence history combinations (i.e., developmental time period, type of abuse/assault experienced) may have specific impacts on women’s health functioning. Furthermore, past research has not identified the extent or manner in which a specific assaultive incident may impact a specific individual’s health status when compared to their pre-interpersonal violence health functioning. A better understanding of the impact of violence on victims may highlight where treatment efforts are needed after a violent event occurs.

The purpose of this study was to assess interpersonal victims pre- and post-assault (including sexual, physical, and verbal violence during a 9-week interim) to evaluate survivors overall change in physical health status. Researchers also assessed current somatization and current health problems (e.g., gynecological concerns, general physical health problems) that may be related to the experience of past interpersonally violent events (i.e., childhood, adolescent, and adulthood sexual, physical and verbal violence).
Concurrently, PTSD symptoms were examined in the current study in a mediation model attempting to explain the relationship between abuse history and physical health status. PTSD is an important mediator to consider given so many interpersonal violence survivors suffer from PTSD (Briere & Elliot, 1994; Famularo, Kinscherff, & Fenton, 1992; McLeer et al., 1992; Ullman & Brecklin, 2002). Woods and colleagues (2005), along with Clum, Nishith and Resick (2001), have hypothesized that PTSD symptoms may account for the negative health effects observed in survivors of abuse and violence after the assault/abuse has occurred. The constant state of arousal as well as negative health behaviors associated with posttraumatic symptomatology are hypothesized to lead to an increase in physical health symptomatology due to a decrease in individual’s immunological functioning (Clum et al., 2001). Additionally, it has been shown that an increase in somatic complaints in trauma populations is correlated with a decrease in immunological functioning (Ironson et al., 1997). Schnurr and Green (2004) also developed a model in which PTSD is proposed as the primary pathway in which exposure to trauma leads to negative health outcomes. This model also suggests that one’s unique psychological response to trauma most negatively impacts health rather than the traumatic event itself. Survivors appear to have a dose-response mechanism that increases negative physical health symptomatology with an increase in number of assaults or, possibly, with number of assault related flashbacks or panic attacks the individual experiences. During an assault the fight or flight response is triggered by the sympathetic nervous system, followed by a release of cortisol from the adrenal gland. Initially this is an adaptive response, but when a person experiences chronic stress or posttraumatic
symptomatology, the system reacts differently with increased sensitivity to negative stimuli and decreased cortisol levels, likely increasing the risk of autoimmune disorders and chronic pain symptomatology (Woods et al., 2005).

Posttraumatic stress symptomatology as a mediator of the relationship between all types of interpersonal violence and subsequent physical health and somatic problems has only begun to be tested. Tansill, Edwards, Kearns, Gidycz and Calhoun (n.d.) and Eadie, Runtz, and Spencer-Rodgers (2008) conducted the first studies to begin investigating this relationship. These studies found that posttraumatic stress symptomatology either fully or partially mediated the relationship between the experience of a sexual assault in adolescence/adulthood and physical health status. Findings from the current study will further inform the nature of the impact of all forms of interpersonal violence on individual’s health status and health functioning.

**Hypotheses**

1) There will be associations between the different types of abuse experienced during differing and similar developmental time periods (e.g., childhood, adolescence, and adulthood physical, verbal, and sexual abuse).

2) Posttraumatic stress symptomatology at time 1 will be predicted by abuse history in childhood, adolescence, and adulthood reported at time 1.

3) Posttraumatic stress symptomatology at time 1 will predict physical health status at time 1.
4) The relationship between childhood, adolescent, and adulthood abuse history reported at time 1 and physical health status at time 1 will be mediated by posttraumatic stress symptomatology at time 1.

5) Posttraumatic stress symptomatology at time 1 will predict posttraumatic stress symptomatology at time 2.

6) Physical health status at time 1 will predict physical health status at time 2.

7) Abuse experienced in the interim between time 1 and time 2 and reported at time 2 will predict posttraumatic stress symptomatology at time 2.

8) Posttraumatic stress symptomatology at time 2 will predict physical health status at time 2.
CHAPTER 2: METHOD

Participants

Participants included 496 women from a medium-size Midwestern University. Of which, 429 participated in both data collection points (86% return rate), which were approximately 9-weeks apart, over a 10-week academic quarter. However, 14 participants did not complete all of the surveys sufficiently (80% of questions answered) and thus were removed from the dataset. The final sample (N = 415) was used in all analyses. The sample was predominantly young (mean age = 18.94, SD = 2.09), 90% had exclusively heterosexual experiences, 78% were sexually active by choice, 42% were in a dating relationship, 47% endorsed dating casually, 69% were freshmen and 20% were sophomores in college. The racial classification of the sample is as follows, 90% Caucasian, 4.6% Black or African American, 2.2% Asian, 1.0% Multiracial, 0.5% Middle Eastern, 0.2% Native American or Pacific Islander, and 1.4% other. The majority of the sample (58%) came from families with annual incomes equal to or above $51,000 and 78% of the sample grew up in two-parent homes. Only 17% (N = 70) of the sample of college women did not endorse a history of some form of interpersonal violence in their lifetime (see Table 1).

Measures (See Tables 3 & 4)

Demographics Questionnaire (Appendix A-1 and A-2). This brief questionnaire was used to collect relevant personal information regarding basic participant
characteristics such as age, race, religious background, sexual orientation, marital status, and dating status at both time points.

*Child Sexual Victimization Questionnaire* (Finkelhor, 1979; Appendix A-3). This self-report measure consists of eight behaviorally-specific items and was used to assess childhood sexual victimization experiences at the Time 1 assessment. Participants were asked to answer “yes” or “no” to indicate whether they had had certain sexual experiences. An experience was classified as childhood sexual abuse if: (1) there was an age discrepancy of more than 5 years between the child and the other person; and/or (2) some form of coercion was used to gain the child’s participation (e.g., use of power or authority, physical force, gifts, threats); and/or (3) the other person was a caregiver or authority figure (e.g., parent, uncle, grandparent). Participants who indicated that they had any of these sexual experiences were asked a series of follow-up questions including the age of the other person involved and the main reason why the woman was forced to participate in the experience. Risin and Koss (1987) conducted a study to assess the concurrent validity of the instrument. Fifteen males completed the CSVQ and then were interviewed regarding their victimization experiences. Results indicated that 93% of the participants provided the same description of childhood sexual experiences during the interview as was described in their self-report. In the current study, the Cronbach’s Alpha for this scale was .93. Four-percent of the current sample endorsed non-contact sexual abuse, 4% endorsed contact and 1% endorsed attempted or completed rape during childhood.
Sexual Experiences Survey (Koss & Oros, 1982; Appendix A-4 and A-5). This widely used self-report instrument assessed participants’ sexual victimization experiences. Two versions of this measure were used. One version assessed adolescence/adulthood (after age 14) sexual victimization that occurred prior to the Time 1 (T1) assessment. A second version, given at Time 2 (T2), assessed participants’ experiences of sexual victimization over the 9-week follow-up period. The SES assesses five levels of sexual assault ranging from least to most severe. These include: (1) no history of sexual victimization, (2) unwanted sexual contact, (3) sexual coercion, (4) attempted rape, and (5) completed rape. Koss and Gidycz (1985) found the SES to demonstrate both good reliability and validity in a college student sample (n=305). The SES also exhibited good internal consistency ($\alpha = .74$) and excellent two-week test-retest reliability ($r = .93$) in the same college sample. Gylys and McNamara (1996) also examined the validity of the SES’ definition of attempted rape and rape by examining corroboration of the legal definition of rape and attempted rape in Ohio and the definition used in the SES. Results indicated that the SES adequately captures the legal definitions of attempted and completed rape. In the current study, the Cronbach’s Alpha for T1 and T2 were .91 and .92, respectively. In adolescence and adulthood up to the time 1 survey session, participants from the current study endorsed unwanted sexual contact (13%), sexual coercion (13%), attempted rape (7%), and completed rape (10%). Over the interim, a 9-week time period, 4% endorsed experiencing unwanted sexual contact, 6% sexual coercion, 0% attempted rape, and 2% endorsed experiencing completed rape.
Parent Child Conflict Tactics Scale (PCCTS; Straus, 1979; Appendix A-6). This widely used measure of familial conflict was used to assess childhood physical and verbal abuse during the Time 1 session. The PCCTS is composed of 3 subscales including: (1) Reasoning (use of rational discussion, argument and reasoning), (2) Verbal Aggression (verbally harming or threatening to harm), and (3) Violence (use of physical force against another person) (Straus, 1979). Each item response ranges from experiencing the event “Never” to “More than 20 times” before the age of 18 (Straus, 1979). Each participant is categorized into one of three categories for both verbal and physical childhood abuse based on endorsed items. Categories included no abuse, mild abuse (i.e., physical: “pushed, grabbed, or shoved”), and severe abuse (i.e., verbal: “threatened with a knife or gun” or physical: “used a knife or gun”). However, in the current study only no abuse and severe abuse categories were utilized for childhood verbal abuse due to high endorsement rates of mild verbal abuse in this sample. Physical abuse was described using all three categories. Reliability coefficients for the subscales have been reported to be .56 for Reasoning, .79 for Verbal Aggression and .82 for Violence (Straus, 1979). Construct, concurrent, and discriminant validity have been illustrated by Straus (1979) and Straus and Hamby (1997). Specifically, the PCCTS scale has obtained incident rates of verbal and physical abuse that are consistent with previous in-depth interview studies (Straus, 1979). In the current study, the Cronbach’s Alpha was .91 for Verbal Aggression and .90 for Violence; the Reasoning subscale was not utilized. Mild childhood physical abuse (e.g., “My parent/step parent slapped me”) was endorsed
by 28% of the current sample, whereas severe physical abuse (e.g., “My parent/step
parent choked me”) was endorsed by 17% of the sample. Severe childhood verbal abuse
was endorsed by 55% of the sample (e.g., “My parent/step-parent threatened to hit or
throw something at me”).

Revised Conflict Tactics Scale-2 (CTS-2; Straus, 1979; Straus et al., 1996;
Appendix A-7 and A-8). This widely used measure of familial and intimate partner
conflict was used to measure verbal, physical, and sexual dating violence victimization in
adolescence and adulthood experienced before the Time 1 assessment and over the
interim (Time 2). The measure consists of 28 questions assessing how often an event has
occurred (between 0 and 20 or more times) since age 14 (Time 1) or within the last 9
weeks (Time 2). The measure consists of 5 subscales: Negotiation, Psychological
Aggression, Physical Assault, Sexual Coercion, and Injury. For the current study, the
Injury subscale was excluded due to relatively low base rates in past research studies
(Straus et al., 1996). Furthermore, the perpetration items for each subscale were also
excluded due to the focus of the current study on victimization, not perpetration. Lastly,
we did not use the Sexual Coercion subscale due to the use of other more complete
measures of sexual victimization (i.e., CSVQ and SES). Each of the CTS-2 subscales
contain “mild” (i.e., verbal: “My partner called me fat or ugly”) and “severe” (i.e.,
physical: “My partner used a knife or gun on me”) items that are weighted appropriately
during scoring which is consistent with past research using this measure (Loh & Gidycz,
2006; Rich et al., 2005; Straus et al., 1996). However, in the current study the mild items
were not utilized to indicate verbal violence due to the high endorsement rates in this sample. Physical violence was described using both mild and severe items. Participants were then appropriately classified as experiencing none, mild, or severe physical violence or none or severe verbal violence based on endorsed items. The internal consistency alphas for the four included scales were .86, .79, .86, and .87 for Negotiation, Psychological Aggression, Physical Assault, and Sexual Coercion, respectively, in a college student population (n = 317) and have shown to range from .79 to .95 in other samples (Straus et al., 1996). Discriminant validity between scales that theoretically should be uncorrelated (i.e., Negotiation and Sexual Coercion scales) was demonstrated (Straus et al., 1996). The Cronbach’s Alpha for the two survey sessions in the current study were .84 and .87 for T1 Psychological Aggression and Physical Assault subscales and .72 and .78 for T2 Psychological Aggression and Physical Assault subscales, respectively.

Mild adolescent or adulthood physical violence that occurred prior to the time 1 survey session was endorsed by 23% of the current sample (e.g., “My partner pushed or shoved me”), whereas 13% endorsed severe physical violence (e.g., “My partner used a knife or gun on me”) during this same time period. Mild adulthood physical violence that occurred between the time 1 and time 2 survey session (9-weeks) was endorsed by 5% of the sample, whereas 2% endorsed severe physical violence during this same time period.

Thirty-percent of the current sample endorsed experiencing severe verbal abuse (e.g., “My partner called me fat or ugly”) by a dating partner prior to T1. Experiences of severe verbal violence during the 9-weeks between the first and second survey sessions
were endorsed by 7% of the sample. See Table 1 for an illustration of the interpersonal violence histories endorsed by the current sample.

*Impact of Events Scale—Revised* (IES-R; Weiss & Marmar, 1997; Appendix A-9 and A-10). This 22-item scale assessed participant symptoms which were congruent with Posttraumatic Stress Disorder (PTSD). The IES-R includes three subscales (intrusion, avoidance, and hyperarousal) that are consistent with the diagnostic criteria of PTSD. Participants completed this questionnaire at both study sessions. Briere (1997) concluded that the IES-R demonstrates adequate reliability with alphas ranging from .79 to .92, with a mean of .87. Two-week test-retest reliabilities have been illustrated to be .57, .51, and .59 for the intrusion, avoidance, and hyperarousal subscales, respectively (Weiss & Marmar, 1997). Scores on the IES-R subscales correlated significantly with a diagnosis of PTSD with values ranging from \( r = .49 \) to \( .79 \) for the intrusion subscale and \( r = .29 \) to \( .80 \) for the avoidance sub-scale. These were not calculated for the hyperarousal sub-scale. The IES-R has shown the ability to validly assess PTSD symptomatology in a wide range of populations, including violence survivors (Sundin & Horowitz, 2002). A cut-off score of 50 is recommended as a good predictor of PTSD (Creamer, Bell & Failla, 2003). For the current study, the Cronbach’s Alpha for each survey session was .86, .92, and .87 for the Avoidance, Intrusion, and Hyperarousal subscales at T1 and .89, .93, and .84 for T2 respectively. At the first time point, 18% of the current sample \( (N = 73) \) scored a 50 or higher on the IES-R indicating a score consistent with a diagnosis of Posttraumatic Stress Disorder. At time 2, only 9% \( (N = 36) \) scored a 50 or higher on the IES-R.
Brief Symptom Inventory (BSI; Derogatis & Melisaratos, 1983; Appendix A-11). This 53-item self-report measure assessed participant psychological distress at both time points. Symptom subscales include Somatization, Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism, in addition to three global indices. The BSI demonstrated adequate two week test-retest reliability for the 9 subscales ranging from .68 to .91 and adequate internal consistency reliabilities ranging from .71 to .85 in a sample of 719 psychiatric outpatients (Derogatis, 1993; Kellett, Beail, Newman, & Frankish, 2003). Derogatis (1993) also reports that the BSI demonstrated excellent convergent validity in a study conducted assessing the 9 scales of the BSI and corresponding scales of the MMPI. Construct validity of the BSI was also demonstrated with several studies assessing the factor structure of the measure (see Derogatis, 1993 for a review). Specifically, the somatization subscale was used in the current study to assess for somatization among participants. For the current studies two survey sessions, the Cronbach’s Alpha was .75 and .76, respectively, for the somatization subscale. For the measure in its entirety, the Cronbach’s Alpha was .96 and .96, respectively.

Cohen and Hoberman Inventory of Physical Symptoms (CHIPS; Cohen & Hoberman, 1983; Appendix A-12). This 33-item measure was used to assess physical symptoms of participants at both data collection time points. The CHIPS contains items that were selected to exclude psychosomatic symptoms but include common physical symptoms. Each item is rated on a scale ranging from (0) “Not at all” to (4) “Extreme bother.” CHIPS’ scores were found to be correlated (.22 and .29) with the use of the
student health facilities in a 5-week follow-up of scale completion, and internal consistency reliability has been reported to range between .88 and .95 (Cohen & Hoberman, 1983; Eby et al., 1995). In the current study, the Cronbach’s alpha for this scale was .90 and .91, for survey sessions 1 and 2, respectively.

**Modified Health Checklist** (Sachs-Ericsson, Blazer, Plant, & Arnow, 2005; Appendix A-13 and A-14). This 23-item measure assessed participant medical diagnoses at both testing sessions. Five items were added to assess gynecological diagnoses based on recommendations of Campbell and colleagues (2006) who suggest assessing gynecological issues as well as general health problems for abuse survivors, especially sexual violence survivors. In-person self-reported participant health problems within the past 12 months were strongly correlated to this measure of possible health problems (Sachs-Ericsson et al., 2005). However, it is important to note that these single-item self-report assessments have limitations, but according to a review of past research by Sachs-Ericsson et al. (2005) perceived health has been able to accurately assess physical health outcomes with good reliability, predictive validity, and agreement with physician opinion.

**Gynecological Health Impact Scale** (Campbell et al., 2006; Appendix A-15 and A-16). This 14-item measure was used to assess gynecological health symptoms experienced by participants prior to their participation (Time 1) and over the interim (Time 2). Six of the items were taken from Campbell and colleagues (2006) whereas another six were from the Cohen and Hoberman Inventory of Physical Symptoms (CHIPS) gynecological health symptom measure (Eby et al., 1995). Furthermore, two-
items were added to assess participant pregnancy status. These items obtained information as to whether the participant had ever been pregnant and the outcome of the pregnancy (miscarriage, full term, abortion, still pregnant). Campbell and colleagues’ (2006) questions assessed female specific problems such as yeast infections and excessive bleeding during menstruation, whereas the gynecological CHIPS items assessed similar concerns such as non-menstrual pelvic pain and painful intercourse. Seven of the questions assessed how much participants had been bothered by a specific symptom (0 = “Never” to 5 = “more than 4 times per week”) over the 6 months prior to Time 1 or over the interim whereas the other six questions assessed whether the item had bothered the participant during the allotted time period (yes or no) for more severe problems. Because of the recency of this scale’s development, psychometric information is not available; however, according to Sach-Ericsson et al.’s (2005) review, perceived health has been able to accurately assess physical health outcomes with good reliability, predictive validity, and agreement with physician opinion.

**Procedure**

Women were recruited through introductory psychology courses and received course credit for their participation at each survey session. Both survey sessions included obtaining informed consent, administering surveys, and giving participants debriefing and referral information. Due to the sensitive nature of the study material, a clinical psychology graduate student conducted and was available during all study sessions in case of participants experiencing distress; however, no participants exhibited or reported
any problems or distress related to taking part in the study. Prior approval was obtained from the university’s institutional review board.
CHAPTER 3: RESULTS

Correlations among Interpersonal Violence Experiences

Correlations among interpersonal violence experiences showed that abuse experiences in each time frame were significantly correlated (sexual, physical and verbal) with one another. However, abuse experiences from one time period were not always correlated with abuse experienced at either an earlier or later time. It appeared that the more chronologically distant experiences of violence were, the less likely they were to be correlated to one another. Table 2 summarizes the correlational analyses.

Posttraumatic Stress Symptomatology and Violence Histories: Testing

Accumulative Effects

When considering posttraumatic stress symptomatology and victimization histories, accumulative victimization variables were created to account for victimization histories of each participant. The first variable ranged from 0 to 6 to account for the 6 possible T1 victimization histories (childhood sexual, physical, and verbal abuse and adolescent/adulthood sexual, physical, and verbal assault), whereas the second variable accounted for all 9 possible victimization histories assessed at both T1 and T2 (also including sexual, physical and verbal violence experienced over the 9-week interim) and ranged from 0 to 9. Each type of victimization accounted for 1 point, with no form of victimization accounting for more or less than another. However, for all analyses utilizing the verbal victimization variables (i.e., childhood verbal abuse, adolescent/adulthood verbal victimization, and adulthood verbal victimization), only severe abuse histories were considered to be indicative of an abuse history due to the high endorsement rates of
mild verbal abuse. One linear regression for each survey session was conducted to test the hypothesis that experiencing more abuse histories at either T1 or both T1 and T2 would correlate to higher posttraumatic stress symptomatology at T1 or T2, respectively.

The number of T1 endorsed victimization histories accounted for a significant amount of variance in posttraumatic stress symptomatology at T1, $F(1, 413) = 28.90, p < .05, R^2 = .07$.

The T2 accumulative violence variable which includes all T1 and T2 violence experiences, did not account for a significant amount of variance in posttraumatic stress symptomatology measured at T2, $F(1, 413) = 1.37, p = .24, R^2 < .01$.

**Victimization Histories as Predictors of Posttraumatic Stress Symptomatology**

A linear regression was conducted (see Table 5) to determine the most salient victimization histories at T1 when predicting posttraumatic stress symptomatology at T1. All T1 victimization histories were simultaneously regressed onto posttraumatic stress symptomatology at T1. The model was significant, $F(6, 408) = 5.86, p < .05, R^2 = .08$, and the predictive variable was sexual victimization in adolescence/adulthood, $t = 2.71, \beta = .14, p < .05$.

Second, a hierarchical linear regression was conducted using the longitudinal data (see Table 6). Block 1 included all victimization histories assessed at T1 and block 2 included all victimization histories assessed at T2 while controlling for the T1 predictors. The models were not significant. The block 1 predictors did not significantly predict posttraumatic stress symptomatology endorsed at T2, $F(6, 408) = 0.85, p = .53, R^2 = .01$, and after controlling for T1 predictors, block 2, which included T2 predictors, was also
not significantly predictive of posttraumatic stress symptomatology at T2, \( F(9, 405) = 0.85, p = .57, \Delta R^2 = .01. \)

**Physical Health Concerns and Violence Histories: Testing Accumulative Effects**

When considering physical health status in relation to victimization histories, the accumulative victimization variables were again utilized. Again, for all analyses utilizing the verbal victimization variables (i.e., childhood verbal abuse, adolescent/adulthood verbal victimization, and adulthood verbal victimization), only severe abuse histories were considered evident of an abuse history due to the high endorsement rates of mild verbal abuse. Six linear regressions, three for each survey session (T1 and T2), were conducted to determine whether the number of victimizations accounted for a significant amount of variance in three of the measured domains of physical health (i.e., general physical health, somatization, and gynecological concerns). The Modified Health Checklist which assessed participant medical diagnoses was left out of all analyses due to a lack of variance on this measure. Only 22\% (\( N = 91 \)) of the sample endorsed a history of any of the 23 items on this measure.

The number of T1 endorsed victimization histories accounted for a significant amount of variance in somatization at T1, \( F(1, 413) = 22.36, p < .05, R^2 = .05, \) in gynecological concerns at T1, \( F(1, 413) = 27.52, p < .05, R^2 = .06, \) and general physical health concerns at T1, \( F(1, 413) = 53.84, p < .05, R^2 = .12. \)

The T2 accumulative violence variable which includes all T1 and T2 violence experiences, accounted for a significant amount of variance in somatization measured at T2, \( F(1, 413) = 48.05, p < .05, R^2 = .10, \) in gynecological concerns measured at T2, \( F(1,
Victimization Histories as Predictors of Physical Health Concerns

Four linear regressions were conducted to determine the most salient victimization histories assessed at T1 when analyzing the four domains of physical health functioning assessed at T1 (see Tables 7, 9, and 11). All T1 victimization histories were simultaneously regressed onto each T1 domain of physical health functioning. All models were significant. For somatization measured at T1, the model was significant, $F(6, 408) = 5.90, p < .05, R^2 = .08$, and the predictive variable was sexual victimization in adolescence/adulthood, $t = 3.71, \beta = .19, p < .05$. Gynecological concerns assessed at T1 also resulted in a significant model, $F(6, 408) = 7.55, p < .05, R^2 = .10$, and was predicted by sexual victimization in adolescence/adulthood, $t = 16.37, \beta = .21, p < .05$, and childhood verbal abuse, $t = 2.90, \beta = .16, p < .05$. For general physical health concerns, the model was significant, $F(6, 408) = 10.54, p < .05, R^2 = .13$. The predictive violence histories were sexual victimization in adolescence/adulthood, $t = 3.41, \beta = .17, p < .05$, and childhood verbal abuse, $t = 2.59, \beta = .14, p < .05$.

Finally, four hierarchical linear regressions were conducted using the longitudinal data (see Tables 8, 10, and 12). For each hierarchical linear regression, block 1 included all victimization histories assessed at T1 and block 2 included all victimization histories assessed at T2 while controlling for the T1 predictors. Again, all models were significant. For the hierarchical linear regression assessing somatization with the longitudinal data, both models were significant. Block 1 included all T1 predictors and was significant, $F$
(6, 408) = 8.93, \(p < .05\), \(R^2 = .12\), and after controlling for T1 predictors, block 2, which included T2 predictors, was also significant, \(F(9, 405) = 8.49, \ p < .05\), \(\Delta R^2 = .04\). For block 1, the significant predictors were sexual victimization in adolescence/adulthood measured at T1, \(t = 3.64, \beta = .18, \ p < .05\), childhood sexual abuse, \(t = 1.99, \beta = .10, \ p < .05\), and childhood physical abuse, \(t = 3.05, \beta = .16, \ p < .05\). For block 2, the significant predictors were sexual victimization in adolescence/adulthood measured at T1, \(t = 3.06, \beta = .16, \ p < .05\), childhood sexual abuse, \(t = 2.07, \beta = .10, \ p < .05\), childhood physical abuse, \(t = 2.80, \beta = .15, \ p < .05\), sexual victimization in adulthood measured at T2, \(t = 2.33, \beta = .12, \ p < .05\), and verbal victimization by a dating partner in adulthood measured at T2, \(t = 1.97, \beta = .10, \ p < .05\).

When assessing gynecological concerns, block 1 including all T1 predictors was significant, \(F(6, 408) = 8.58, \ p < .05\), \(R^2 = .11\), and after controlling for T1 predictors, block 2, which included T2 predictors, was also significant, \(F(9, 405) = 8.75, \ p < .05\), \(\Delta R^2 = .05\). Significant predictors for block 1 included sexual victimization in adolescence/adulthood measured at T1, \(t = 3.65, \beta = .19, \ p < .05\), physical victimization in adolescence/adulthood measured at T1, \(t = 2.99, \beta = .17, \ p < .05\), and childhood verbal abuse, \(t = 2.81, \beta = .15, \ p < .05\). For block 2, significant predictors were sexual victimization in adolescence/adulthood measured at T1, \(t = 2.89, \beta = .15, \ p < .05\), physical victimization in adolescence/adulthood measured at T1, \(t = 2.48, \beta = .14, \ p < .05\), childhood verbal abuse, \(t = 2.76, \beta = .15, \ p < .05\), and sexual victimization in adulthood measured at T2, \(t = 3.22, \beta = .16, \ p < .05\).
Lastly, for general physical health concerns, both models of the final hierarchical linear regression were significant. Block 1, including the T1 predictors, was significant, $F(6, 408) = 10.69, p < .05, R^2 = .14$, and after controlling for T1 predictors, block 2 was also significant, $F(9, 405) = 9.74, p < .05, \Delta R^2 = .04$. For block 1, the significant predictors were sexual victimization in adolescence/adulthood, $t = 3.57, \beta = .18, p < .05$, and childhood verbal abuse, $t = 2.81, \beta = .15, p < .05$. Significant predictors for block 2 included sexual victimization in adolescence/adulthood measured at T1, $t = 2.94, \beta = .15, p < .05$, childhood verbal abuse, $t = 2.77, \beta = .15, p < .05$, sexual victimization in adulthood measured at T2, $t = 2.79, \beta = .14, p < .05$, and physical victimization by a dating partner in adulthood measured at T2, $t = 2.23, \beta = .11, p < .05$.

**Mediational Path Analysis**

A path analysis was conducted to assess posttraumatic stress as a possible mediator between the experience of interpersonal violence measured at time 1 and physical health functioning at Time 1. Each of the 10 variables in the model was composed of a single score from a single measure or subscale of a measure. Again, for verbal violence variables, only the severe forms of abuse were considered indicative of an abuse history.

Analyses were conducted using Amos 16.0 (Arbuckle, 2007) to test the fit of the data to the hypothesized model (see Figure 1). The goodness-of-fit chi-square statistic is often used to provide a test of the hypothesized model; a non-significant result is desired because it indicates that there is no significant difference between the model and the data. For this dataset, however, the Bollen-Stine Bootstrap test statistic was used. This is an
often utilized replacement statistic for the chi-square when analyzing non-normal data. Non-normal data is somewhat common when assessing clinical variables. Again, a non-significant p-value denotes an appropriate model fit (Byrne, 2001). Bootstrapping is used to create a large set of sub-samples from the original dataset to serve as a sampling distribution which allows for comparisons to the original sample. By using Bootstrapping, the dataset is no longer required to meet normality assumptions as when using Maximum Likelihood estimates (Byrne, 2001). Several goodness of fit indices were also utilized in order to assess the fit of the model to the data. These include the Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), and Root Mean Square Error Approximation (RMSEA). For the CFI and TLI, values close to 0.95 and higher are indicative of a fitting model; for the RMSEA, values near 0.06 and lower indicate an appropriate fit (Hu & Bentler, 1996; Loehlin, 2004). However, these fit indices are not correctable with the Bootstrapping procedure, thus more emphasis will be placed on the Bollen-Stine Bootstrap statistic.

The initial model resulted in unsatisfactory goodness-of-fit indices, $X^2 (27, N = 415) = 521.887, p < .01; \text{CFI} = 0.37; \text{TLI} = -0.05; \text{RMSEA} = 0.21; \text{Bollen-Stine Bootstrap statistic was significant, } p < .01$. Modification indices were then used to revise the model to include additional paths and to delete paths and correlations that were non-significant according to the generated 2000 bootstrap sample distribution output and modification indices. The added paths included childhood verbal abuse to somatization, general physical health symptomatology, and gynecological symptomatology as well as sexual violence during adolescence/adulthood to somatization, general physical health
symptomatology, and gynecological symptomatology. The deleted paths included childhood sexual abuse to posttraumatic stress symptomatology, childhood physical abuse to posttraumatic stress symptomatology, verbal violence during adolescence/adulthood to posttraumatic stress symptomatology, and physical violence during adolescence/adulthood to posttraumatic stress symptomatology. Subsequently, the four variables childhood sexual abuse, childhood physical abuse, adolescent/adulthood verbal violence, and adolescent/adulthood physical violence were deleted entirely from the model as they were no longer connected to the predicted variables by any significant predictive paths. As demonstrated by the indices, the revised model (see Figure 2) was a poor fit to the data, $\chi^2 (3, N = 415) = 259.290, p < .05; \text{CFI} = 0.44; \text{TLI} = -1.79; \text{RMSEA} = 0.45, 90\% \text{CI (.41 - .50)}. Furthermore, the Bollen-Stine Bootstrap statistic was significant, $p < .05$, thus indicating a poor fit between the model and the data. In conclusion, all mediational hypotheses were not confirmed in this path analysis as it was not a good fit to the data.

**Additional Analyses**

After obtaining the final model, three additional hierarchical linear regression analyses were conducted to further understand whether abuse experienced over the interim, when controlling for previous abuse and time 1 health status, resulted in a decline in physical health status at time 2. For each hierarchical linear regression, block 1 included all time 1 victimization histories, block 2 included all time 1 health variables (with the exception of the Modified Health Checklist as stated earlier), and block 3 included all time 2 victimization histories. All models were significant. Specifically, for
the hierarchical linear regression assessing somatization with the longitudinal data, all
three models were significant (see Table 13). Block 1 included all T1 victimization
histories and was significant, $F(6, 408) = 8.93, p < .05, R^2 = .12$, and after controlling for
T1 victimization histories, block 2, which included T1 physical health variables, was also
significant, $F(9, 405) = 24.57, p < .05, \Delta R^2 = .24$. Finally, after controlling for T1
victimization histories and T1 physical health status, block 3, which included T2
victimization histories was also significant, $F(12, 402) = 21.09, p < .05, \Delta R^2 = .03$. For
block 1, the significant predictors were sexual victimization in adolescence/adulthood
measured at T1, $t = 3.64, \beta = .18, p < .05$, childhood sexual abuse, $t = 1.99, \beta = .10, p < .05$, and childhood physical abuse, $t = 3.05, \beta = .16, p < .05$. For block 2, the significant
predictors were childhood physical abuse, $t = 2.94, \beta = .14, p < .05$, gynecological
symptomatology reported at T1, $t = 3.63, \beta = .16, p < .05$, and somatic symptomatology
reported at T1, $t = 6.79, \beta = .38, p < .05$. For block 3, the significant predictors were
childhood physical abuse, $t = 2.61, \beta = .12, p < .05$, gynecological symptomatology
reported at T1, $t = 3.30, \beta = .14, p < .05$, somatic symptomatology reported at T1, $t = 6.89, \beta = .38, p < .05$, adulthood physical violence experienced over the interim and
reported at T2, $t = 2.22, \beta = .10, p < .05$, adulthood verbal violence experienced over the
interim and reported at T2, $t = 2.34, \beta = .10, p < .05$.

For the hierarchical linear regression assessing gynecological symptomatology
with the longitudinal data, all three models were significant (see Table 14). Block 1
included all T1 victimization histories and was significant, $F(6, 408) = 8.58, p < .05, R^2 = .11$, and after controlling for T1 victimization histories, block 2, which included T1
physical health variables, was also significant, $F(9, 405) = 25.28, p < .05, \Delta R^2 = .25$. Finally, after controlling for T1 victimization histories and T1 physical health status, block 3, which included T2 victimization histories was also significant, $F(12, 402) = 21.47, p < .05, \Delta R^2 = .03$. For block 1, the significant predictors were sexual victimization in adolescence/adulthood measured at T1, $t = 3.65, \beta = .19, p < .05$, physical victimization in adolescence/adulthood measured at T1, $t = 2.99, \beta = .17, p < .05$, and childhood verbal abuse, $t = 2.81, \beta = .15, p < .05$. For block 2, the significant predictors were physical victimization in adolescence/adulthood measured at T1, $t = 2.73, \beta = .13, p < .05$, gynecological symptomatology measured at T1, $t = 10.84, \beta = .48, p < .05$ and general physical health symptomatology at T1, $t = 2.57, \beta = .15, p < .05$. For block 3, the significant predictors were physical victimization in adolescence/adulthood measured at T1, $t = 2.24, \beta = .11, p < .05$, gynecological symptomatology at T1, $t = 10.58, \beta = .46, p < .05$, general physical health symptomatology at T1, $t = 2.69, \beta = .16, p < .05$, sexual violence in adulthood experienced over the interim and reported at T2, $t = 2.39, \beta = .10, p < .05$, and verbal violence in adulthood experienced over the interim and reported at T2, $t = 2.34, \beta = .10, p < .05$.

For the hierarchical linear regression assessing general physical health with the longitudinal data, all three models were significant (see Table 15). Block 1 included all T1 victimization histories and was significant, $F(6, 408) = 10.69, p < .05, R^2 = .14$, and after controlling for T1 victimization histories, block 2, which included T1 physical health variables, was also significant, $F(9, 405) = 34.92, p < .05, \Delta R^2 = .30$. Finally, after controlling for T1 victimization histories and T1 physical health status, block 3, which
included T2 victimization histories was also significant, $F(12, 402) = 29.32, p < .05, \Delta R^2 = .03$. For block 1, the significant predictors were sexual victimization in adolescence/adulthood measured at T1, $t = 3.57, \beta = .18, p < .05$ and childhood verbal abuse, $t = 2.81, \beta = .15, p < .05$. For block 2, the significant predictors were gynecological symptomatology measured at T1, $t = 4.24, \beta = .17, p < .05$ and general physical health symptomatology at T1, $t = 8.41, \beta = .47, p < .05$. For block 3, the significant predictors were gynecological symptomatology at T1, $t = 3.90, \beta = .16, p < .05$, general physical health symptomatology at T1, $t = 8.60, \beta = .47, p < .05$, sexual violence in adulthood experienced over the interim and reported at T2, $t = 2.01, \beta = .08, p < .05$, and physical violence in adulthood experienced over the interim and reported at T2, $t = 2.74, \beta = .11, p < .05$. 
CHAPTER 4: DISCUSSION

Rates of interpersonal violence were somewhat higher than those in previous research, especially the rates of childhood verbal and physical abuse (See Table 1; Banyard et al., 2000; Finkelhor, 1994; Gidycz, Hanson, & Layman; 1995; Gidycz, Rich, Kind, Orchowski, & Miller, 2006; Messman-Moore & Brown, 2004; Sappington, Pharr, Tunstall, and Rickert, 1997; Turchik, Probst, Chau, Nigoff, & Gidycz, 2007). The elevated rates of childhood verbal and physical abuse may be due to the measures used to assess verbal and physical abuse in childhood, as discussed in the limitations section, or due to generally higher rates of these forms of abuse in this population. As this is a high functioning college sample, it may be the former.

Previous literature has suggested that experiences of interpersonal violence are highly correlated (Dutton, Kaltman, Goodman, Weinfurt, & Vankos, 2005; Ponce, Williams, & Allen, 2004; Simonelli, Mullis, Elliott, & Pierce, 2002). However, in the current study, correlations between abusive experiences were not as high as might have been expected, and in some cases correlations were not found. Experiences of verbal, sexual, and physical violence during childhood, adolescence/adulthood, and adulthood were correlated within the respective time period (see Table 2). As experiences became more distant chronologically, the correlations appeared to decrease in significance and strength. This was a fairly healthy population, however, with relatively few experiencing severe violence in most of the nine categories of interpersonal violence assessed and thus correlations in this relatively healthy population may be less apparent than in other clinical samples.
The vast majority of participants did not score above the cutoff score that would be suggestive of a diagnosis of PTSD. The overall prevalence rate of potential PTSD in this sample (18% at T1, 9% at T2) is somewhat higher than studies of the general population. Specifically, Resnick and colleagues (1993), found that in the general population, 12% had a lifetime diagnosis of PTSD and 5% had symptoms congruent with PTSD over a 6-month time period. However, in Resnick’s study, participants were both male and female. It has been shown that once women are exposed to a traumatic event, they are more likely to be diagnosed with PTSD than men, thus this may explain the higher rates of potential PTSD in the current study as all participants were women (Breslau, Davis, Andreski, & Peterson, 1991; Norris, 1992; Vrana & Lauterbach, 1994). It is also notable that a score of 50 on the IES-R may be an arbitrary cut-off point. It is very difficult to ascertain a clinical diagnosis of PTSD with a self-report measure without assessing individuals with a follow-up clinical interview (Shalev, Freedman, Peri, Brandes, & Sahar, 1997).

Moreover, it is important to note that the decreased rate of PTSD at T2 may be a function of how the IES-R was administered to participants. At the T2 session, participants were asked to answer the IES-R based only on distressing occurrences over the past two months instead of over their lifetime (as in T1). Future studies should also assess PTSD symptomatology at T2 pertaining to the most distressing lifetime event as it is important to understand the larger lifetime picture and not only what has occurred over the past two months in order to decipher at what rate PTSD symptomatology endorsement improves overtime for a fairly healthy college sample.
Overall, the experience of more forms of interpersonal violence prior to T1 was related to higher endorsement of posttraumatic stress symptomatology at T1. Complex abuse histories may be more difficult to heal from psychologically. More specifically, sexual victimization in adolescence/adulthood was the most predictive of posttraumatic stress symptomatology at T1. PTSD is very frequently diagnosed in survivors of sexual violence. Specifically, in a large (n=8,098) nationwide study, 46% of adult sexual assault survivors had symptoms concurrent with a diagnosis of PTSD (Ullman & Brecklin, 2002). Furthermore, Gilboa-Shechtman and Foa (2001) found that recovery from a violent assault differed in women who experienced a sexually violent assault when compared to those who experienced a violent assault that was not sexual in nature (i.e., physical assault or robbery). Women with sexually violent assaults have been shown to experience more severe initial and peak reactions (e.g., more severe PTSD, depression, and state anxiety scores) to their assault than those without sexually violent assault experiences. Results also indicated a slower recovery rate from symptoms of PTSD for those with sexually violent assaults compared to those with non-sexually violent assaults.

Thus, posttraumatic stress symptoms related to experiences of childhood sexual, verbal and physical abuse as well as adolescent verbal and physical abuse may have been resolved by the time of participants’ participation in the current study whereas experiences of sexual violence in adolescence may still be salient.

Posttraumatic stress symptomatology at T2 was not related to the amount of abusive incidences experienced during T1 and T2 nor was it predicted by any specific abuse experience. This is not surprising that rates of PTSD at T2 are not related to T1
abusive incidents as the IES-R administration at T2 asked participants to only consider events which had occurred over the past 2 months. The lack of prediction by T2 abusive experiences, however, may be due to the fact that abuse experiences during the interim are so recent that some symptoms of posttraumatic stress symptomatology may not have developed yet. Past studies have shown that symptoms of PTSD are often still developing weeks after the traumatic event (Yehuda, McFarlane, & Shalev, 1998). Moreover, it may be that as the amount of variance accounted for in posttraumatic symptomatology at T1 with T1 abuse histories was rather low (7.94%), the variance accounted for in posttraumatic symptomatology at T2 by abuse histories at T2 may be similarly minimal. Furthermore, college populations may have other more salient experiences contributing to their endorsement of posttraumatic stress symptomatology. Zarrett and Eccles (2006) suggest that the college years are often plagued by role and identity shifts and struggles as well as other changes and pressures, which may add to college women’s levels of distress. Symptoms of posttraumatic stress symptomatology may overlap with symptoms of experiencing other salient life stressors besides abuse histories. Additionally, this sample was overall a fairly healthy sample as severe abuse experiences as well as severe posttraumatic stress symptomatology were endorsed by a fairly small number of women.

Consistent with previous literature (e.g., Felitti et al., 1998), results showed that experiencing more types of interpersonal violence over both T1 and T2 was associated with greater levels of somatization, gynecological concerns and physical health complaints at T1 and T2. Again, sexual victimization during adolescence/adulthood was the most salient predictor of all forms of physical health concerns at T1 and T2, even
when controlling for T1 interpersonal violence. College populations are at high risk of experiencing sexual violence or having a recent experience of sexual violence due to the majority of sexual violence experiences occurring during the high school and/or college years, thus this form of abuse may be especially salient for this specific population (Maxwell, Robinson, & Post, 2003). All of the other abuse variables predicted at least one form of physical health concern at T1 and/or T2 (See Tables 7 through 12). Verbal abuse histories, specifically in childhood and adulthood, were also noticeably salient predictors of the three forms of physical health concerns. Past research has identified verbal abuse as particularly important as women often consider verbal abuse to be more upsetting than physical abuse (Follingstad, Rutledge, Berg, Hause, & Polek, 1990; Harned, 2005). Follingstad and colleagues (1990) suggested that this might be because abused women often view physical abuse as resulting from problems that reside within the abuser, but view verbal abuse as more personal and emotionally meaningful. Verbal abuse is also often endorsed in young female populations in addition to, or in place of identifying the experience as sexually violent as women often label unwanted sexual experiences as experiences of verbal coercion (Harned, 2005). Physical abuse in adolescence/adulthood and in adulthood were the least likely forms of abuse to be related to physical health complaints, but were nonetheless still significantly predictive of gynecological and general physical health functioning. Physical abuse may not be salient for this population as it often progresses from less to more severe physical abuse throughout time spent in an abusive relationship (Ganley, 1995). As college women are often in newly developing relationships, it may be less likely that this population will
experience the severe forms of physical abuse experienced in more developed abusive relationships which may be more likely to predict poorer physical health functioning.

The path analysis (See Figure 2) resulted in a poorly fitting model, and thus cannot be interpreted as a useful understanding of the interplay between these variables for this specific sample. This may be due to differences in this sample when compared to other samples in which mediation or partial mediation was found (e.g., Tansill et al., n.d. and Eadie et al., 2008). The lack of mediational findings may also suggest that posttraumatic stress disorder is not a main pathway by which survivors of interpersonal violence develop physical health concerns. Other possible mediator variables, such as depression, have been hypothesized but have yet to be tested in multiple abuse history populations (Eadie et al., 2008). Furthermore, the current study failed to assess posttraumatic stress symptomatology promptly after experiences of childhood and adolescent interpersonal violence experiences. Thus, the distal experiences of interpersonal violence reported at T1 may not be as salient and thus may not have solely contributed to participants’ posttraumatic stress symptomatology endorsement at T1. It may also be possible that physical health problems develop via depression experienced subsequent to untreated posttraumatic stress symptomatology. Further assessment of the chronological order in which survivors develop posttraumatic stress symptomatology and physical health concerns as well as other possible variables of interest (e.g., depression) is necessary to fully understand the interplay between these variables.

Finally, the additional analyses illustrate that above and beyond participants’ victimization history at time 1 and physical health symptomatology at time 1, the
experience of an interpersonal victimization over the interim increased participants’ endorsement of physical health symptomatology. This is significant in that women who are recently victimized may be more likely to report to physicians prior to utilizing mental health resources due to the increase in various physical health symptoms. Physicians need to be aware of the increased likelihood of interpersonal violence survivors utilizing health care relatively soon after a victimization in order to distribute appropriate mental health referral information and to provide optimal care.

The current study is limited in the strength of conclusions that can be made as self-report measures of physical health functioning were the only measures used to assess physical health functioning. Furthermore, the fourth assessed domain of physical health functioning, medical diagnoses, was left out of the current study’s analyses due to the lack of variance observed in this sample. As this was a young college sample it is possible that participants had not visited their doctors to diagnose their physical health concerns. It is also quite possible that this young sample had milder forms of physical health problems due to their age. Future studies should assess medical records prior to and after an interpersonally violent event to ascertain the prevalence of medical diagnoses in college aged populations and/or utilize measures which include more age appropriate diagnoses. Future studies should also assess other objective physiological measures of health such as Natural Killer Cell levels, White Blood Cell counts, and cortisol levels.

More diverse populations should be assessed in future studies to fully understand the relationships between experiencing certain interpersonal violence histories, posttraumatic stress symptomatology and one’s physical health functioning throughout
the life span. The current study was largely Caucasian, young, and wealthy. It also was limited in that the number of women experiencing each different form of abuse history was lacking in some cases (i.e., few childhood sexual violence survivors, adulthood sexual violence survivors, and adulthood physical violence survivors) which affects the strength of conclusions that can be made. It would be informative to collect data from a larger more diverse sample and allow for a longer interim period. A longer interim period would also likely be helpful to better assess posttraumatic stress symptomatology after a recent victimization, as posttraumatic stress symptomatology requires time to fully develop (Yehuda, McFarlane, & Shalev, 1998). Moreover, it is important to understand when and which physical health concerns may develop in different populations (e.g., age, race, socioeconomic status) and how these physical health concerns may differ based on experienced interpersonal victimizations and demographic characteristics. For example, it may be that physical health improves with age for those who are able to overcome their symptoms of posttraumatic stress symptomatology but worsens for those who continue to struggle with posttraumatic stress symptomatology. To fully understand these relationships, it is important to conduct more extensive longitudinal and prospective studies. However, it does remain important to assess college populations as they are one of the most frequently sexually victimized populations (Maxwell, Robinson, & Post, 2003).

Lastly, a final limitation of the current study is that the PCCTS was used to assess histories of verbal and physical violence in childhood. This measure has received some criticism in the literature as it is difficult to empirically discern the precise rates of abuse
that do occur in the general population (Dekeseredy, 1995; Vega & O’Leary, 2007). Self-report behavioral measures of abuse have been criticized for not being able to discern the amount of harm or injury the behavioral items have caused the victim (Dekeseredy, 1995). Thus, the high rates of verbally and physically abusive behaviors in the current sample may not fully relate to the harm or abuse experienced by the participant. However, even with these concerns, the PCCTS is the most frequently utilized measures of family abuse (Straus & Gelles, 1990). Past studies have found that behavioral measures often obtain higher incident rates, and likely more accurate rates, of abuse than measures which require the woman to label her experience as abusive (Layman et al., 1996). The CTS scales were normed using a college population, which would indicate that the use of this measure for the current study is highly appropriate. It is understandable why the current study obtained higher incidence rates of abusive experiences than in prior studies which did not utilize the PCCTS or other behavioral measures of verbal and physical abuse. With these concerns in mind, however, the researchers only considered severe verbal abuse endorsements, and not mild abuse, as indicative of verbal abuse in any of the three time periods in which verbal abuse was measured due to the notably high endorsement rates in this sample. The physical victimization categorization was left as is due to a lesser discrepancy between previous and current research findings.

In light of the limitations of the current study, implications of the current findings still have notable implications for the treatment of college students with a history of interpersonal violence. It is important to consider the benefits of treating the whole
person by integrating psychological and medical treatments. Medical treatment centers need to be aware of the psychological and related medical impacts of experiencing interpersonal violence to understand the necessity of providing mental health referral information to certain patients. It is also important for medical treatment centers to be aware that survivors of interpersonal violence more often go to their physician rather than a psychologist or other mental health provider after experiencing interpersonal violence (Koss, Koss, & Woodruff, 1991). Therefore, medical treatment centers are often the first care givers who have the opportunity to educate patients about the connection between psychological and medical sequelae of interpersonal violence.
REFERENCES


of Intimate Partner Violence and IFN-γ Levels. *American Journal of Community Psychology, 36*, 159-175.


Table 1. Rates of Interpersonal Violence for the Final Sample (N = 415)

**Sexual Violence**

Childhood Sexual Abuse (T1)
- None: 91%
- Non-contact: 4%
- Contact: 4%
- Attempted or Completed Rape: 1%

Adolescent/Adulthood Sexual Violence (T1)
- None: 57%
- Contact: 13%
- Sexual Coercion: 13%
- Attempted Rape: 7%
- Completed Rape: 10%

Adulthood Sexual Violence (T2)
- None: 88%
- Contact: 4%
- Sexual Coercion: 6%
- Attempted Rape: 0%
- Completed Rape: 2%

**Physical Violence**

Childhood Physical Abuse (T1)
- None: 55%
- Mild: 28%
- Severe: 17%

Adolescent/Adulthood Physical Violence (T1)
- None: 64%
- Mild: 23%
- Severe: 13%

Adulthood Physical Violence (T2)
- None: 93%
- Mild: 5%
- Severe: 2%

**Verbal Violence**

Childhood Verbal Abuse (T1)
- None: 45%
- Severe: 55%

Adolescent/Adulthood Verbal Violence (T1)
- None: 70%
- Severe: 30%

Adulthood Verbal Violence (T2)
- None: 93%
- Severe: 7%
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<td>12. Brief Symptom Inventory: Somatization Subscale (T1)</td>
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*Table 2. Correlations Among Variables*
Table 2: continued

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<td>13. Cohen and Hoberman Inventory of Physical Symptoms (T1)</td>
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<td>.37**</td>
<td>.18**</td>
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<td>16. Brief Symptom Inventory: Somatization Subscale (T2)</td>
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<td>.45**</td>
<td>.28**</td>
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* * * p < .05 ** p < .01
Table 3. Measure Score Calculation and Construct Assessed

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<th>Measures</th>
<th>Subscales</th>
<th>Scoring</th>
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<td>Physical Health</td>
<td>Cohen and Hoberman Inventory of Physical Symptoms</td>
<td>None</td>
<td>Higher total scores are indicative of the experience of more common physical symptoms. More endorsed items indicate more medically diagnosed health problems. Higher total scores are indicative of more gynecological health problems. Higher total scores are indicative of more somatization.</td>
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<tr>
<td></td>
<td>Modified Health Checklist</td>
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<td>Gynecological Health Impact Scale</td>
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<td></td>
<td>Brief Symptom Inventory</td>
<td>Somatization</td>
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<tr>
<td>PTSD</td>
<td>Impact of Events Scale – Revised</td>
<td>Intrusion,</td>
<td>A total score of 33 or above is indicative of a probable diagnosis of PTSD and a score of 19 or above is indicative of heightened PTSD symptomatology (Fullerton et al., 2000; Creamer, Bell &amp; Failla, 2003).</td>
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<tr>
<td></td>
<td></td>
<td>Avoidance,</td>
<td></td>
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<td></td>
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<td>Hyperarousal</td>
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<tr>
<td>Adult/Adolescent SA</td>
<td>Sexual Experiences Survey</td>
<td>None</td>
<td>Each participant will be categorized into one of five categories, ranging from least to most severe: (1) No history of sexual victimization (2) Unwanted sexual contact (3) Sexual coercion (4) Attempted rape (5) Completed rape.</td>
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<tr>
<td>Adult/Adolescent PA</td>
<td>Revised Conflict Tactics Scale – 2 (Adolescence/Adulthood)</td>
<td>None</td>
<td>Participants will be categorized into physical abuse categories of none, mild, or severe based on participant report.</td>
</tr>
<tr>
<td>Adult/Adolescent VA</td>
<td>Revised Conflict Tactics Scale – 2 (Adolescence/Adulthood)</td>
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<td>Participants will be categorized into verbal abuse categories of none or severe based on participant report.</td>
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<tr>
<td>Childhood SA</td>
<td>Child Sexual Victimization Questionnaire</td>
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<td>Participants will be categorized as victims or non-victims of childhood sexual abuse based on participant report.</td>
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Table 3: continued

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<th>Severity</th>
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<td>Parent Child Conflict Tactics Scale</td>
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<tr>
<td>Childhood VA</td>
<td>Parent Child Conflict Tactics Scale</td>
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<td>Participants will be categorized into childhood verbal abuse categories of none or severe based on participant report</td>
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Table 4. Descriptives of Continuous Measures

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<td><strong>Time 2 Measures:</strong></td>
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<td>Impact of Events Scale</td>
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Table 5. Time 1 Simultaneous Regression Analysis for Interpersonal Violence Predictors of Posttraumatic Stress Disorder

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<th>SE B</th>
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<tr>
<td></td>
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<td>7.94%</td>
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*p < .05   **p < .01
Table 6. Time 2 Simultaneous Hierarchical Regression Analysis for Interpersonal Violence Predictors of Posttraumatic Stress Disorder

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* p < .05  ** p < .01
Table 7. Summary of Time 1 Simultaneous Regression Analysis for Somatic Health Concerns

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<tr>
<td>Sexual Victimization in Childhood</td>
<td>.08</td>
<td>.08</td>
<td></td>
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<tr>
<td>Verbal Victimization in Adolescence/Adulthood</td>
<td>-.00</td>
<td>.05</td>
<td></td>
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<tr>
<td>Physical Victimization in Adolescence/Adulthood</td>
<td>.04</td>
<td>.04</td>
<td></td>
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<tr>
<td>Sexual Victimization in Adolescence/Adulthood</td>
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* p < .05   **p < .01
Table 8. Summary of Time 2 Simultaneous Hierarchical Regression Analysis for Somatic Health Concerns

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<td></td>
<td>Physical Victimization in Childhood</td>
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<td></td>
<td>Sexual Victimization in Childhood</td>
<td>.15*</td>
<td>.07</td>
</tr>
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<td></td>
<td>Verbal Victimization in Adolescence/Adulthood</td>
<td>-.03</td>
<td>.05</td>
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<td></td>
<td>Physical Victimization in Adolescence/Adulthood</td>
<td>.04</td>
<td>.03</td>
</tr>
<tr>
<td></td>
<td>Sexual Victimization in Adolescence/Adulthood</td>
<td>.06**</td>
<td>.02</td>
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<td>.05</td>
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<td></td>
<td>Physical Victimization in Childhood</td>
<td>.09**</td>
<td>.03</td>
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<tr>
<td></td>
<td>Sexual Victimization in Childhood</td>
<td>.15*</td>
<td>.07</td>
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<td></td>
<td>Verbal Victimization in Adolescence/Adulthood</td>
<td>-.03</td>
<td>.05</td>
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<td></td>
<td>Physical Victimization in Adolescence/Adulthood</td>
<td>.02</td>
<td>.03</td>
</tr>
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<td></td>
<td>Sexual Victimization in Adolescence/Adulthood</td>
<td>.05**</td>
<td>.02</td>
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<tr>
<td></td>
<td>Verbal Victimization in Adulthood</td>
<td>.17*</td>
<td>.09</td>
</tr>
<tr>
<td></td>
<td>Physical Victimization in Adulthood</td>
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<td>.06</td>
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<tr>
<td></td>
<td>Sexual Victimization in Adulthood</td>
<td>.07*</td>
<td>.03</td>
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* $p < .05$  ** $p < .01$
Table 9. Summary of Time 1 Simultaneous Regression Analysis for Gynecological Health Concerns

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<td>.21</td>
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<td>.49</td>
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<td>.35</td>
<td></td>
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<tr>
<td>Physical Victimization in Adolescence/Adulthood</td>
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<td>.23</td>
<td></td>
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<tr>
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<td>.11</td>
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*p < .05 **p < .01
Table 10. Summary of Time 2 Simultaneous Hierarchical Regression Analysis for Gynecological Health Concerns

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<td>Physical Victimization in Childhood</td>
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<td>.18</td>
<td></td>
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<tr>
<td>Sexual Victimization in Childhood</td>
<td>-.22</td>
<td>.42</td>
<td></td>
</tr>
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<td>Verbal Victimization in Adolescence/Adulthood</td>
<td>-.28</td>
<td>.30</td>
<td></td>
</tr>
<tr>
<td>Physical Victimization in Adolescence/Adulthood</td>
<td>.59**</td>
<td>.20</td>
<td></td>
</tr>
<tr>
<td>Sexual Victimization in Adolescence/Adulthood</td>
<td>.34**</td>
<td>.09</td>
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<table>
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<td>.30</td>
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<tr>
<td>Physical Victimization in Adolescence/Adulthood</td>
<td>.49*</td>
<td>.20</td>
<td></td>
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<tr>
<td>Sexual Victimization in Adolescence/Adulthood</td>
<td>.27**</td>
<td>.09</td>
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<td>Verbal Victimization in Adulthood</td>
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*p < .05  **p < .01
Table 11. Summary of Time 1 Simultaneous Regression Analysis for General Physical Health Concerns

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13.42%

*p < .05 **p < .01
Table 12. Summary of Time 2 Simultaneous Hierarchical Regression Analysis for General Physical Health Concerns

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<td>2.49</td>
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Block 2 |          |          | 17.79% |
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<td>1.09</td>
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*p < .05  **p < .01
Table 13. Summary of Additional Hierarchical Regression Analysis Predicting Somatic Symptomatology Reported at T2

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<td>.09**</td>
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<tr>
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<td>.15*</td>
<td>.07</td>
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<tr>
<td>Somatic Symptomatology at T1</td>
<td>.38**</td>
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<td>.04</td>
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<td>.01</td>
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<tr>
<td>Gynecological Symptomatology at T1</td>
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*p < .05 **p < .01
Table 14. Summary of Additional Hierarchical Regression Analysis Predicting Gynecological Symptomatology Reported at T2

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<td>.20</td>
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<td>.09</td>
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<tr>
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<td>.04</td>
<td></td>
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<td>.01</td>
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*p < .05 **p < .01
Table 15. Summary of Additional Hierarchical Regression Analysis Predicting General Physical Health Symptomatology Reported at T2

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*p < .05  **p < .01
Figure 1. Hypothesized Mediational Path Analysis Model

Figure 2. Final Path Analysis Model
APPENDICES

Appendix A-1

DQ—Time 1

1. What is your age?
   A. 18     D. 21     G. 24
   B. 19     E. 22     H. 25
   C. 20     F. 23     I. 26
   J. Other (Please Write in) _______

2. What is your current year in school?
   A. Freshman  D. Senior
   B. Sophomore  E. Graduate
   C. Junior     F. Other

3. What is your racial identity?
   A. American Indian or Alaska Native               E. White/Caucasian
   B. Asian                   F. Multiracial
   C. Black or African American                          G. Middle Eastern
   D. Native Hawaiian or Other Pacific Islander
   H. Other (Please Write in) _____________

4. What is your ethnicity?
   A. Hispanic or Latino
   B. Not Hispanic or Latino

5. In what religion were you raised?
   A. Catholic (Christian) E. None/Atheist
   B. Protestant (Christian) F. Muslim
   C. Jewish     G. Other
   D. Nondenominational

6. Which one best describes your intimate relationships/sexual orientation?
   A. Exclusively heterosexual experiences
   B. Mostly heterosexual experiences
   C. More heterosexual than homosexual experiences
   D. Equal heterosexual and homosexual experiences
   E. More homosexual than heterosexual experiences
   F. Mostly homosexual experiences
   G. Exclusively homosexual experiences
7. What is your current marital status?
   A. Never married     D. Divorced
   B. Cohabitating      E. Widowed
   C. Married

8. What is your current dating status?
   A. I do not date.
   B. I date casually.
   C. I am involved in a long-term monogamous relationship (more than 6-months).
   D. I am engaged.
   E. I am married.

9. Have you ever been to a therapist or a counselor?
   A. No
   B. Yes Reasons for seeking therapy?
      _______________________________________________________________
      _______________________________________________________________
      _______________________________________________________________

The next four questions ask about sexual history. The questions about sexual intercourse mean penetration of the vagina or anus, no matter how slight, by a man’s penis. Ejaculation is not required.

10. Have you ever willingly had sexual intercourse?
    A. Yes
    B. No

11. How old were you when you first willingly had sexual intercourse?
    A. I have never willingly had sexual intercourse
    B. 13 years or younger
    C. 14
    D. 15
    E. 16
    F. 17
    G. 18
    H. 19 years or older
12. How many consensual (not forced) sex partners have you had?
   A. 0
   B. 1 or 2
   C. 3 or 4
   D. 5 or 6
   E. 7 or 8
   F. 9 or 10
   G. 11 or more

13. How many consensual partners have you engaged in sexual behavior with (but not sexual intercourse)?
   A. 0
   B. 1 or 2
   C. 3 or 4
   D. 5 or 6
   E. 7 or 8
   F. 9 or 10
   G. 11 or more

The next two questions ask about the household in which you grew up and your parent’s combined yearly income.

14. Approximately what is your parents’ combined yearly income?
   A. Unemployed or disabled
   B. Under $10,000
   C. $10,000-20,000
   D. $21,000-30,000
   E. $31,000-40,000
   F. $41,000-50,000
   G. $51,000-75,000
   H. $76,000-100,000
   I. $101,000-200,000
   J. Over $200,000
   K. I don’t know

15. In what type of household were you raised?
   A. Two parent (Mother and Father)
   B. Two parent (Mother and Mother)
   C. Two parent (Father and Father)
   D. Single Mother
   E. Single Father
   F. Mother and Step-father
   G. Father and Step-Mother
   H. Grandparents
   I. Other Relatives
   J. Foster Parents
   K. Orphanage or Group Home
   L. Other (Please write in)________________
16. What is your height? _____ Feet _____ Inches

17. What is your weight? _____ Pounds

18. How would you label your body weight?
   A. Underweight
   B. Average
   C. Overweight
   D. Obese
   E. Other (Please write in) ____________________

19. What are your tobacco use habits?
   A. Nonsmoker
   B. Smoked, but quit
   C. Occasional use
   D. Regular/Daily use
Appendix A-2

DQ—Time 2

1. Have you been to a therapist or a counselor OVER THE PAST TWO MONTHS (since you last participated in this study)?
   A. No
   B. Yes Reasons for seeking therapy?

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

The next four questions ask about sexual history. The questions about sexual intercourse mean penetration of the vagina or anus, no matter how slight, by a man’s penis. Ejaculation is not required.

2. Have you ever willingly had sexual intercourse?
   A. Yes
   B. No

3. How old were you when you first willingly had sexual intercourse?
   A. I have never willingly had sexual intercourse
   B. 13 years or younger
   C. 14
   D. 15
   E. 16
   F. 17
   G. 18
   H. 19 years or older

4. How many consensual (not forced) sex partners have you had DURING THE PAST TWO MONTHS (since you last participated in this study)?
   A. 0
   B. 1 or 2
   C. 3 or 4
   D. 5 or 6
   E. 7 or 8
   F. 9 or 10
   G. 11 or more
5. How many consensual partners have you engaged in sexual behavior with (but not sexual intercourse) **DURING THE PAST TWO MONTHS** (since you last participated in this study)?
   A. 0
   B. 1 or 2
   C. 3 or 4
   D. 5 or 6
   E. 7 or 8
   F. 9 or 10
   G. 11 or more

6. Which one best describes your intimate relationships/sexual orientation?
   A. Exclusively heterosexual experiences
   B. Mostly heterosexual experiences
   C. More heterosexual than homosexual experiences
   D. Equal heterosexual and homosexual experiences
   E. More homosexual than heterosexual experiences
   F. Mostly homosexual experiences
   G. Exclusively homosexual experiences

7. What is your height? _____ Feet _____ Inches

8. What is your weight? _____ Pounds

9. How would you label your body weight?
   A. Underweight
   B. Average
   C. Overweight
   D. Obese
   E. Other (Please write in) ____________________

10. What are your tobacco use habits?
    A. Nonsmoker
    B. Smoked, but quit
    C. Occasional use
    D. Regular/Daily use
Appendix A-3

CSVQ—Time 1

Many people have sexual experiences as children, either with friends or with people older than themselves. The following questions ask about any experiences you may have had before the age of 14. Answer no or yes to whether or not you have had each of these experiences before age 14. Then answer the questions below each experience referring to the most significant time you had the experience.

Questions about sexual intercourse mean penetration of the vagina, no matter how slight, by a man's penis. Ejaculation is not required.

FOR EACH ITEM, PLEASE CIRCLE THE APPROPRIATE RESPONSE.

1. Another person showed his/her sex organs to you.
   A. No
   B. Yes

   1a. Who was involved? (Circle one letter) [If more than one person was involved, who was the oldest person?]
       A. I did not have this experience before age 14
       B. stranger
       C. older person you knew (neighbor, teacher, friend of your parents, etc.)
       D. friend of your brother or sister, or person about your age (not boyfriend)
       E. aunt, uncle, or grandparent
       F. brother, step-brother; sister, or step-sister
       G. step-father or step-mother
       H. father or mother
       I. boyfriend

   1b. Approximately how much older than you was the other person? [If more than one person was involved, how much older was the oldest person?]
       A. I did not have this experience before age 14
       B. The person was younger than me or about my same age
       C. The person was 1-4 years older than me
       D. The person was 5-9 years older than me
       E. The person was 10 or more years older than me
1c. What is the main reason you participated?
   A. I did not have this experience before age 14
   B. Curiosity, it felt good, it made me feel loved or secure
   C. Other person used his/her authority
   D. Other person gave me gifts, money, candy, etc.
   E. Other person threatened to hurt or punish me
   F. Other person used physical force

2. Someone older than you requested you to do something sexual.
   A. No
   B. Yes

2a. Who was involved? (Circle one letter) [If more than one person was involved, who was the oldest person?]
   A. I did not have this experience before age 14
   B. stranger
   C. older person you knew (neighbor, teacher, friend of your parents, etc.)
   D. friend of your brother or sister, or person about your age (not boyfriend)
   E. aunt, uncle, or grandparent
   F. brother, step-brother; sister, or step-sister
   G. step-father or step-mother
   H. father or mother
   I. boyfriend

2b. Approximately how much older than you was the other person? [If more than one person was involved, how much older was the oldest person?]
   A. I did not have this experience before age 14
   B. The person was younger than me or about my same age
   C. The person was 1-4 years older than me
   D. The person was 5-9 years older than me
   E. The person was 10 or more years older than me

2c. What is the main reason you participated??
   A. I did not have this experience before age 14
   B. Curiosity, it felt good, it made me feel loved or secure
   C. Other person used his/her authority
   D. Other person gave me gifts, money, candy, etc.
   E. Other person threatened to hurt or punish me
   F. Other person used physical force
3. You showed your sex organs to another person at his/her request.
   A. No
   B. Yes

   3a. Who was involved? (Circle one letter) [If more than one person was involved, who was the oldest person?]
      A. I did not have this experience before age 14
      B. stranger
      C. older person you knew (neighbor, teacher, friend of your parents, etc.)
      D. friend of your brother or sister, or person about your age (not boyfriend)
      E. aunt, uncle, or grandparent
      F. brother, step-brother; sister, or step-sister
      G. step-father or step-mother
      H. father or mother
      I. boyfriend

   3b. Approximately how much older than you was the other person? [If more than one person was involved, how much older was the oldest person?]
      A. I did not have this experience before age 14
      B. The person was younger than me or about my same age
      C. The person was 1-4 years older than me
      D. The person was 5-9 years older than me
      E. The person was 10 or more years older than me

   3c. What is the main reason you participated?
      A. I did not have this experience before age 14
      B. Curiosity, it felt good, it made me feel loved or secure
      C. Other person used his/her authority
      D. Other person gave me gifts, money, candy, etc.
      E. Other person threatened to hurt or punish me
      F. Other person used physical force
4. Another person fondled you in a sexual way.
   A. No
   B. Yes

4a. Who was involved? (Circle one letter) [If more than one person was involved, who was the oldest person?]
   A. I did not have this experience before age 14
   B. stranger
   C. older person you knew (neighbor, teacher, friend of your parents, etc.)
   D. friend of your brother or sister, or person about your age (not boyfriend)
   E. aunt, uncle, or grandparent
   F. brother, step-brother; sister, or step-sister
   G. step-father or step-mother
   H. father or mother
   I. boyfriend

4b. Approximately how much older than you was the other person? [If more than one person was involved, how much older was the oldest person?]
   A. I did not have this experience before age 14
   B. The person was younger than me or about my same age
   C. The person was 1-4 years older than me
   D. The person was 5-9 years older than me
   E. The person was 10 or more years older than me

4c. What is the main reason you participated?
   A. I did not have this experience before age 14
   B. Curiosity, it felt good, it made me feel loved or secure
   C. Other person used his/her authority
   D. Other person gave me gifts, money, candy, etc.
   E. Other person threatened to hurt or punish me
   F. Other person used physical force
5. Another person touched or stroked your sex organs.
   A. No
   B. Yes

5a. Who was involved? (Circle one letter) [If more than one person was involved, who was the oldest person?]
   A. I did not have this experience before age 14
   B. stranger
   C. older person you knew (neighbor, teacher, friend of your parents, etc.)
   D. friend of your brother or sister, or person about your age (not boyfriend)
   E. aunt, uncle, or grandparent
   F. brother, step-brother; sister, or step-sister
   G. step-father or step-mother
   H. father or mother
   I. boyfriend

5b. Approximately how much older than you was the other person? [If more than one person was involved, how much older was the oldest person?]
   A. I did not have this experience before age 14
   B. The person was younger than me or about my same age
   C. The person was 1-4 years older than me
   D. The person was 5-9 years older than me
   E. The person was 10 or more years older than me

5c. What is the main reason you participated?
   A. I did not have this experience before age 14
   B. Curiosity, it felt good, it made me feel loved or secure
   C. Other person used his/her authority
   D. Other person gave me gifts, money, candy, etc.
   E. Other person threatened to hurt or punish me
   F. Other person used physical force
6. You touched or stroked another person's sex organs at his/her request.
   A. No
   B. Yes

   6a. Who was involved? (Circle one letter)  [If more than one person was involved, who was the oldest person?]
       A. I did not have this experience before age 14
       B. stranger
       C. older person you knew (neighbor, teacher, friend of your parents, etc.)
       D. friend of your brother or sister, or person about your age (not boyfriend)
       E. aunt, uncle, or grandparent
       F. brother, step-brother; sister, or step-sister
       G. step-father or step-mother
       H. father or mother
       I. boyfriend

   6b. Approximately how much older than you was the other person?  [If more than one person was involved, how much older was the oldest person?]
       A. I did not have this experience before age 14
       B. The person was younger than me or about my same age
       C. The person was 1-4 years older than me
       D. The person was 5-9 years older than me
       E. The person was 10 or more years older than me

   6c. What is the main reason you participated?
       A. I did not have this experience before age 14
       B. Curiosity, it felt good, it made me feel loved or secure
       C. Other person used his/her authority
       D. Other person gave me gifts, money, candy, etc.
       E. Other person threatened to hurt or punish me
       F. Other person used physical force
7. Another person attempted intercourse (Got on top of you, attempted to insert penis but penetration did not occur).
   A. No
   B. Yes

7a. Who was involved? (Circle one letter) [If more than one person was involved, who was the oldest person?]
   A. I did not have this experience before age 14
   B. stranger
   C. older person you knew (neighbor, teacher, friend of your parents, etc.)
   D. friend of your brother or sister, or person about your age (not boyfriend)
   E. aunt, uncle, or grandparent
   F. brother, step-brother, sister, or step-sister
   G. step-father or step-mother
   H. father or mother
   I. boyfriend

7b. Approximately how much older than you was the other person? [If more than one person was involved, how much older was the oldest person?]
   A. I did not have this experience before age 14
   B. The person was younger than me or about my same age
   C. The person was 1-4 years older than me
   D. The person was 5-9 years older than me
   E. The person was 10 or more years older than me

7c. What is the main reason you participated?
   A. I did not have this experience before age 14
   B. Curiosity, it felt good, it made me feel loved or secure
   C. Other person used his/her authority
   D. Other person gave me gifts, money, candy, etc.
   E. Other person threatened to hurt or punish me
   F. Other person used physical force
8. Another person had intercourse (oral, vaginal or anal) with you, (any amount of penetration -- ejaculation is not necessary).
   A. No
   B. Yes

8a. Who was involved? (Circle one letter) [If more than one person was involved, who was the oldest person?]
   A. I did not have this experience before age 14
   B. stranger
   C. older person you knew (neighbor, teacher, friend of your parents, etc.)
   D. friend of your brother or sister, or person about you age (not boyfriend)
   E. aunt, uncle, or grandparent
   F. brother, step-brother; sister, or step-sister
   G. step-father or step-mother
   H. father or mother
   I. boyfriend

8b. Approximately how much older than you was the other person? [If more than one person was involved, how much older was the oldest person?]
   A. I did not have this experience before age 14
   B. The person was younger than me or about my same age
   C. The person was 1-4 years older than me
   D. The person was 5-9 years older than me
   E. The person was 10 or more years older than me

8c. What is the main reason you participated?
   A. I did not have this experience before age 14
   B. Curiosity, it felt good, it made me feel loved or secure
   C. Other person used his/her authority
   D. Other person gave me gifts, money, candy, etc.
   E. Other person threatened to hurt or punish me
   F. Other person used physical force
Appendix A-4

SES—Time 1

Please answer the following questions about your sexual experiences from age 14 on.

1. Have you ever given in to sex play (fondling, kissing, or petting, but not intercourse) when you didn't want to because you were overwhelmed by a man's continual arguments and pressure (From age 14 on)?
   A. Yes
   B. No

2. Have you had sex play (fondling, kissing, or petting, but not intercourse) when you didn't want to because a man used his authority (boss, teacher, camp counselor, supervisor) to make you (From age 14 on)?
   A. Yes
   B. No

3. Have you had sex play (fondling, kissing, or petting, but not intercourse) when you didn't want to because a man threatened or used some degree of physical force (twisting your arm, holding you down, etc.) (From age 14 on)?
   A. Yes
   B. No

The following questions are about sexual intercourse. By sexual intercourse we mean the penetration of the woman’s vagina, no matter how slight, by a man’s penis. Ejaculation is not required. When you see the words sexual intercourse, please use this definition.

4. Have you given in to sexual intercourse when you didn't want to because you were overwhelmed by a man's continual arguments and pressure (From age 14 on)?
   A. Yes
   B. No
5. Have you had sexual intercourse when you didn't want to because a man used his position of authority (boss, teacher, counselor, supervisor) (From age 14 on)?

   A. Yes
   B. No

6. Have you had a man attempt sexual intercourse (get on top of you, attempt to insert his penis) when you didn't want to by threatening or using some degree of force (twisting your arm, holding you down, etc.) but intercourse did not occur (From age 14 on)?

   A. Yes
   B. No

7. Have you had a man attempt sexual intercourse (get on top of you, attempt to insert his penis) when you didn't want to by giving you alcohol or drugs, to prevent you from resisting, but intercourse did not occur (From age 14 on)?

   A. Yes
   B. No

8. Have you had sexual intercourse when you didn't want to because a man gave you alcohol or drugs to prevent you from resisting (From age 14 on)?

   A. Yes
   B. No

9. Have you had sexual intercourse when you didn't want to because a man threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you (From age 14 on)?

   A. Yes
   B. No
10. Have you had sexual acts (anal or oral intercourse or penetration by objects other than the penis) when you didn't want to because a man threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you (From age 14 on)?

A. Yes
B. No

**IMPORTANT:**

**STEP ONE:**

11. Look back at questions 1-10. Which is the highest number you responded “YES” to? (Circle correct choice)

A. Question 1
B. Question 2
C. Question 3
D. Question 4
E. Question 5
F. Question 6
G. Question 7
H. Question 8
I. Question 9
J. Question 10
K. I did not respond “YES” to any of the previous 10 questions.

**STEP TWO:** For the following questions, refer to the highest question number to which you answered “yes”. If you have had this experience with more than one person on different occasions, refer to the most significant time this occurred. If you did not answer “yes” to any of the previous questions, then answer “0” or “no experience”.

12. About how many times has it happened (from age 14 on)?

0 1 2 3 4 5 or more

13. How many times has this happened in the past year?

0 1 2 3 4 5 or more

14. Has this experience occurred at least once within the past 3 months?
A. Yes
B. No
C. No experience
Remember, if this has happened with more than one person on different occasions, refer to the most significant time this occurred for all of the following questions:

15. What was your relationship with this person prior to this event?
   A. Stranger
   B. Acquaintance
   C. Friend
   D. Relative
   E. Casual Date
   F. Steady Dating Partner
   G. Spouse
   H. Ex-Spouse
   I. Other
   J. No experience

16. How much alcohol were you drinking at the time when this incident occurred?
   A. 5 or more drinks
   B. 3-4 drinks
   C. 1-2 drinks
   D. I was not drinking
   E. No experience

17. Were you using drugs at the time when this incident occurred?
   A. Yes
   B. No
   C. No experience

18. How much alcohol do you think the other person had consumed the time when this incident occurred?
   A. 5 or more drinks
   B. 3-4 drinks
   C. 1-2 drinks
   D. He was not drinking
   E. I do not know
   F. No experience

19. Do you think that the other person was using drugs at the time when this incident occurred?
   A. Yes
   B. No
   C. I do not know
   D. No experience
20. How long did you know this person before this incident occurred?
   A. Less than one month
   B. More than one month but less than one year
   C. More than one year
   D. No experience

21. Did you continue the relationship with this person?
   A. Not at all
   B. Somewhat
   C. Quite a bit
   D. Very much
   E. No experience

22. Did you have consensual sexual intercourse with this person prior to this experience?
   A. Yes
   B. No
   C. No experience

23. Did you discuss the experience with anyone?
   A. Yes
   B. No
   C. No experience

24. Did you press charges?
   A. Yes
   B. No
   C. No experience

25. How much do you feel responsible for what happened?
   A. Not at all
   B. Somewhat
   C. Quite a bit
   D. Very much
   E. No experience

26. How responsible is he/are they for what happened?
   A. Not at all
   B. Somewhat
   C. Quite a bit
   D. Very much
   E. No experience
27. How responsible is society for what happened?
   A. Not at all
   B. Somewhat
   C. Quite a bit
   D. Very much
   E. No experience

28. How responsible is someone (other than yourself or the man) or something (other than society) responsible for what happened? Write-in who/what __________________
   A. Not at all
   B. Somewhat
   C. Quite a bit
   D. Very much
   E. No experience/Not applicable

29. How do you label the incident?
   A. Serious Miscommunication
   B. Sexual Assault
   C. Rape
   D. Crime other than Rape or Sexual Assault
   E. Normal Sexual Experience / No Assault
   F. Other (please specify) ________________________________
   G. No experience

30. Did you use emergency contraception (the “morning after pill”) after this experience?
   A. Yes
   B. No
   C. No experience

31. Did this experience result in you contracting a sexually transmitted infection (STI)?
   A. Yes
   B. No
   C. Unsure
   D. No Experience
32. If you contracted an STI from this experience, which type (Circle ALL that apply)
A. Chlamydia
B. Gonorrhea
C. Human Papillomavirus (HPV)/ Genital Warts
D. Herpes
E. Syphilis
F. Vaginitis
G. Pelvic Inflammatory Disease
H. Molluscum Contagiosum
I. Trichomoniasis
J. Hepatitis
K. HIV/AIDS
L. Other (please specify) ________________________
M. No experience/Unsure

33. Did you become pregnant from this experience?
A. Yes
B. No
C. No Experience

34. If you became pregnant, what happened?
A. Miscarriage
B. The pregnancy was aborted
C. Full term
D. I am still pregnant
E. I did not become pregnant / No experience
F. I don’t know

35. What did you do or say to resist the man’s behavior? (Circle ALL THAT APPLY)
A. Tried to reason with him
B. Plead with the man/men
C. Turned cold
D. Quarreled with the man/men
E. Cried
F. Screamed for help
G. Physically struggled (i.e., wrestled, pushed, struck, bit, used a weapon)
H. Ran away
I. No outward resistance
J. Other (please specify):__________
K. No experience
36. What strategies did the man use? (Circle ALL THAT APPLY)
   A. Verbally threatened you
   B. Restrained you with his body (arms, legs, etc.)
   C. Restrained you in another way (e.g., tied you up)
   D. Implied that he had a weapon but did not show it
   E. Displayed a weapon
   F. Hit you with his fist
   G. Hit you with an object
   H. Choked or attempted to choke you
   I. Held a gun to your head or knife to your throat
   J. Shot or cut you during the incident
   K. Other (please specify): ________________________________
   L. No experience
Appendix A-5

SES—Time 2

Please answer the following questions about your sexual experiences OVER THE PAST 2 MONTHS (since you last participated in this study).

1. Have you ever given in to sex play (fondling, kissing, or petting, but not intercourse) when you didn't want to because you were overwhelmed by a man's continual arguments and pressure (Over the past 2 months)?
   
   A. Yes
   
   B. No

2. Have you had sex play (fondling, kissing, or petting, but not intercourse) when you didn't want to because a man used his authority (boss, teacher, camp counselor, supervisor) to make you (Over the past 2 months)?
   
   A. Yes
   
   B. No

3. Have you had sex play (fondling, kissing, or petting, but not intercourse) when you didn't want to because a man threatened or used some degree of physical force (twisting your arm, holding you down, etc.) (Over the past 2 months)?
   
   A. Yes
   
   B. No

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

The following questions are about sexual intercourse. By sexual intercourse we mean the penetration of the woman’s vagina, no matter how slight, by a man’s penis. Ejaculation is not required. When you see the words sexual intercourse, please use this definition.

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

4. Have you given in to sexual intercourse when you didn't want to because you were overwhelmed by a man's continual arguments and pressure (Over the past 2 months)?
   
   A. Yes
   
   B. No
5. Have you had sexual intercourse when you didn't want to because a man used his position of authority (boss, teacher, counselor, supervisor) (Over the past 2 months)?

   A. Yes
   B. No

6. Have you had a man attempt sexual intercourse (get on top of you, attempt to insert his penis) when you didn't want to by threatening or using some degree of force (twisting your arm, holding you down, etc.) but intercourse did not occur (Over the past 2 months)?

   A. Yes
   B. No

7. Have you had a man attempt sexual intercourse (get on top of you, attempt to insert his penis) when you didn't want to by giving you alcohol or drugs, to prevent you from resisting, but intercourse did not occur (Over the past 2 months)?

   A. Yes
   B. No

8. Have you had sexual intercourse when you didn't want to because a man gave you alcohol or drugs to prevent you from resisting (Over the past 2 months)?

   A. Yes
   B. No

9. Have you had sexual intercourse when you didn't want to because a man threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you (Over the past 2 months)?

   A. Yes
   B. No
10. Have you had sexual acts (anal or oral intercourse or penetration by objects other than the penis) when you didn't want to because a man threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you (Over the past 2 months)?

A. Yes
B. No

IMPORTANT:
STEP ONE:
11. Look back at questions 1-10. Which is the highest number you responded “YES” to? (Circle correct choice)
   L. Question 1
   M. Question 2
   N. Question 3
   O. Question 4
   P. Question 5
   Q. Question 6
   R. Question 7
   S. Question 8
   T. Question 9
   U. Question 10
   V. I did not respond “YES” to any of the previous 10 questions.

STEP TWO: For the following questions, refer to the highest question number to which you answered “yes”. If you have had this experience with more than one person on different occasions OVER THE PAST 2 MONTHS (since you last participated in this study), refer to the most significant time this occurred. If you did not answer “yes” to any of the previous questions, then answer “0” or “no experience”.

12. About how many times has it happened (Over the past 2 months)?

   0     1     2     3     4     5 or more
Remember, if you have had this experience with more than one person on different occasions OVER THE PAST 2 MONTHS (since you last participated in this study), refer to the most significant time this occurred for all of the following questions:

13. What was your relationship with this person prior to this event?
   A. Stranger
   B. Acquaintance
   C. Friend
   D. Relative
   E. Casual Date
   F. Steady Dating Partner
   G. Spouse
   H. Ex-Spouse
   I. Other
   J. No experience

14. How much alcohol were you drinking at the time when this incident occurred?
   A. 5 or more drinks
   B. 3-4 drinks
   C. 1-2 drinks
   D. I was not drinking
   E. No experience

15. Were you using drugs at the time when this incident occurred?
   A. Yes
   B. No
   C. No experience

16. How much alcohol do you think the other person had consumed at the time when this incident occurred?
   A. 5 or more drinks
   B. 3-4 drinks
   C. 1-2 drinks
   D. He was not drinking
   E. I do not know
   F. No experience

17. Do you think that the other person was using drugs at the time when this incident occurred?
   A. Yes
   B. No
   C. I do not know
   D. No experience
18. How long did you know this person before this incident occurred?
   A. Less than one month
   B. More than one month but less than one year
   C. More than one year
   D. No experience

19. Did you continue the relationship with this person?
   A. Not at all
   B. Somewhat
   C. Quite a bit
   D. Very much
   E. No experience

20. Did you have consensual sexual intercourse with this person prior to this experience?
   A. Yes
   B. No
   C. No experience

21. Did you discuss the experience with anyone?
   A. Yes
   B. No
   C. No experience

22. Did you press charges?
   A. Yes
   B. No
   C. No experience

23. How much do you feel responsible for what happened?
   A. Not at all
   B. Somewhat
   C. Quite a bit
   D. Very much
   E. No experience

24. How responsible is he/are they for what happened?
   A. Not at all
   B. Somewhat
   C. Quite a bit
   D. Very much
   E. No experience
25. How responsible is society for what happened?
   A. Not at all
   B. Somewhat
   C. Quite a bit
   D. Very much
   E. No experience

26. How responsible is someone (other than yourself or the man) or something (other than society) responsible for what happened? Write-in who/what __________________
   A. Not at all
   B. Somewhat
   C. Quite a bit
   D. Very much
   E. No experience/Not Applicable

27. How do you label the incident?
   A. Serious Miscommunication
   B. Sexual Assault
   C. Rape
   D. Crime other than Rape or Sexual Assault
   E. Normal Sexual Experience / No Assault
   F. Other (please specify) _________________________________________
   G. No experience

28. Did you use emergency contraception (the “morning after pill”) after this experience?
   A. Yes
   B. No
   C. No experience

29. Did this experience result in you contracting a sexually transmitted infection (STI)?
   A. Yes
   B. No
   C. Unsure
   D. No Experience
30. If you contracted an STI, which type (Circle ALL that apply)
   A. Chlamydia
   B. Gonorrhea
   C. Human Papillomavirus (HPV) / Genital Warts
   D. Herpes
   E. Syphilis
   F. Vaginitis
   G. Pelvic Inflammatory Disease
   H. Molluscum Contagiosum
   I. Trichomoniasis
   J. Hepatitis
   K. HIV/AIDS
   L. Other (please specify) ________________________
   M. No experience/Unsure

31. Did you become pregnant from this experience?
   A. Yes
   B. No
   C. No Experience

32. If you became pregnant, what happened?
   A. Miscarriage
   B. The pregnancy was aborted
   C. I am still pregnant
   D. I did not become pregnant / No experience
   E. I don’t know

33. What did you do or say to resist the man’s behavior? (Circle ALL THAT APPLY)
   A. Tried to reason with him
   B. Plead with the man/men
   C. Turned cold
   D. Quarreled with the man/men
   E. Cried
   F. Screamed for help
   G. Physically struggled (i.e., wrestled, pushed, struck, bit, used a weapon)
   H. Ran away
   I. No outward resistance
   J. Other (please specify): __________
   K. No experience
34. What strategies did the man use? (Circle ALL THAT APPLY)
   A. Verbally threatened you
   B. Restrained you with his body (arms, legs, etc.)
   C. Restrained you in another way (e.g., tied you up)
   D. Implied that he had a weapon but did not show it
   E. Displayed a weapon
   F. Hit you with his fist
   G. Hit you with an object
   H. Choked or attempted to choke you
   I. Held a gun to your head or knife to your throat
   J. Shot or cut you during the incident
   K. Other (please specify): _____________________________________________
   L. No experience

Please carefully look at your answers to questions 33 and 34. We would now like you to write a paragraph or two describing in detail your experience. Please describe in detail the strategies (e.g., threats, forces, lies, manipulation) that the man/men used to engage you in sexual activity when you did not want to take part. Specifically describe in order, what he did first, how you responded, what he did second, how you responded, etc.

If you answered “No experience”, please use this space to write, in detail, about your worst experience with a romantic or non-romantic partner.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Appendix A-6

PC-CTS—Time 1

No matter how well parents and their children get along, there are times when they disagree on major decisions, get annoyed about something the other person does, or just have spats or fights because they're in a bad mood or tired or for some other reason. They also use many different ways of trying to settle their differences. Listed below are some things that your parents might have done when they had a dispute with you. Try and remember what went on when your parents had a disagreement with you.

Please use the scale below and circle your answer after each item to show approximately how many times either your FATHER, STEP-FATHER, MOTHER, STEP-MOTHER OR CAREGIVER did each of these things to YOU WHILE YOU WERE UNDER THE AGE OF 18.

A = Never
B = Once
C = Twice
D = 3 - 5 times
E = 6 – 10 times
F = 11 – 20 times
G = More than 20 times

1. My parent, step-parent, or caregiver insulted or swore at me.
   A   B   C   D   E   F   G

2. My parent, step-parent, or caregiver sulked or refused to talk about it.
   A   B   C   D   E   F   G

3. My parent, step-parent, or caregiver stomped out of the room or house or yard.
   A   B   C   D   E   F   G

   A   B   C   D   E   F   G

5. My parent, step-parent, or caregiver did or said something to spite me.
   A   B   C   D   E   F   G

6. My parent, step-parent, or caregiver threatened to hit or throw something at me.
   A   B   C   D   E   F   G
A = Never  
B = Once  
C = Twice  
D = 3 - 5 times  
E = 6 – 10 times  
F = 11 – 20 times  
G = More than 20 times

7. My parent, step-parent, or caregiver threw or smashed or hit or kicked something.
A  B  C  D  E  F  G

8. My parent, step-parent, or caregiver threw something at me.
A  B  C  D  E  F  G

9. My parent, step-parent, or caregiver pushed, grabbed, or shoved me.
A  B  C  D  E  F  G

10. My parent, step-parent, or caregiver slapped me.
A  B  C  D  E  F  G

11. My parent, step-parent, or caregiver kicked, bit, or hit me with a fist.
A  B  C  D  E  F  G

12. My parent, step-parent, or caregiver hit or tried to hit me with something.
A  B  C  D  E  F  G

13. My parent, step-parent, or caregiver beat me up.
A  B  C  D  E  F  G

14. My parent, step-parent, or caregiver choked me.
A  B  C  D  E  F  G

15. My parent, step-parent, or caregiver threatened me with a knife or gun.
A  B  C  D  E  F  G

16. My parent, step-parent, or caregiver used a knife or gun against me.
A  B  C  D  E  F  G
No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also have many different ways of trying to settle their differences. This is a list of things that might happen when you have differences.

Please circle how many times a dating partner or partners has/have done these things to you SINCE AGE 14. How often did this happen?

<table>
<thead>
<tr>
<th></th>
<th>0 = Never</th>
<th>1 = Once</th>
<th>2 = Twice</th>
<th>3 = 3 – 5 times</th>
<th>4 = 6 – 10 times</th>
<th>5 = 11 – 20 times</th>
<th>6 = More than 20 times</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My partner insulted or swore at me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2. My partner threw something at me that could hurt.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>3. My partner twisted my arm or hair.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>4. My partner made me have sex without a condom.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>5. My partner pushed or shoved me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>6. My partner used force (like hitting, holding down, or using a weapon) to make me have oral or anal sex.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>7. My partner used a knife or gun on me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
<td>6</td>
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<td>8. My partner called me fat or ugly.</td>
<td>0</td>
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<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>9. My partner punched or hit me with something that could hurt.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>10. My partner destroyed something belonging to me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>11. My partner choked me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td></td>
<td>0 = Never</td>
<td>1 = Once</td>
<td>2 = Twice</td>
<td>3 = 3 – 5 times</td>
<td>4 = 6 – 10 times</td>
<td>5 = 11 – 20 times</td>
<td>6 = More than 20 times</td>
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<tr>
<td>12. My partner shouted or yelled at me.</td>
<td>0 1 2 3 4 5 6</td>
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<tr>
<td>13. My partner slammed me against a wall.</td>
<td>0 1 2 3 4 5 6</td>
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<tr>
<td>14. My partner beat me up.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. My partner grabbed me.</td>
<td>0 1 2 3 4 5 6</td>
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<tr>
<td>16. My partner used force (like hitting, holding down, or using a weapon) to make me have sex.</td>
<td>0 1 2 3 4 5 6</td>
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</tr>
<tr>
<td>17. My partner stomped out of the room or house or yard during a disagreement.</td>
<td>0 1 2 3 4 5 6</td>
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<tr>
<td>18. My partner insisted on having sex when I did not want to (but did not use physical force).</td>
<td>0 1 2 3 4 5 6</td>
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<tr>
<td>19. My partner slapped me.</td>
<td>0 1 2 3 4 5 6</td>
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<tr>
<td>20. My partner used threats to make me have oral or anal sex.</td>
<td>0 1 2 3 4 5 6</td>
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<tr>
<td>21. My partner burned or scalded me on purpose.</td>
<td>0 1 2 3 4 5 6</td>
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<tr>
<td>22. My partner insisted on having oral or anal sex (but did not use physical force).</td>
<td>0 1 2 3 4 5 6</td>
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<tr>
<td>23. My partner accused me of being a lousy lover.</td>
<td>0 1 2 3 4 5 6</td>
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<tr>
<td>24. My partner did something to spite me.</td>
<td>0 1 2 3 4 5 6</td>
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</tr>
<tr>
<td>25. My partner threatened to hit or throw something at me.</td>
<td>0 1 2 3 4 5 6</td>
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<td></td>
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<tr>
<td>26. My partner kicked me.</td>
<td>0 1 2 3 4 5 6</td>
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<td></td>
</tr>
<tr>
<td>27. My partner used threats to make me have sex with him.</td>
<td>0 1 2 3 4 5 6</td>
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</tr>
<tr>
<td>28. My partner had sex (vaginal, oral, or anal) with me while I was asleep or passed out from alcohol or drugs.</td>
<td>0 1 2 3 4 5 6</td>
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</tbody>
</table>
Appendix A-8

CTS – R—Time 2

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also have many different ways of trying to settle their differences. This is a list of things that might happen when you have differences.

Please circle how many times a dating partner or partners has/have done these things to you OVER THE PAST 2 MONTHS (since you last participated in this study). How often did this happen?

<table>
<thead>
<tr>
<th></th>
<th>0 = Never</th>
<th>1 = Once</th>
<th>2 = Twice</th>
<th>3 = 3 – 5 times</th>
<th>4 = 6 – 10 times</th>
<th>5 = 11 – 20 times</th>
<th>6 = More than 20 times</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My partner insulted or swore at me.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. My partner threw something at me that could hurt.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. My partner twisted my arm or hair.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. My partner made me have sex without a condom.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. My partner pushed or shoved me.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. My partner used force (like hitting, holding down, or using a weapon) to make me have oral or anal sex.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. My partner used a knife or gun on me.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. My partner called me fat or ugly.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. My partner punched or hit me with something that could hurt.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. My partner destroyed something belonging to me.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. My partner choked me.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>---</td>
<td>---</td>
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<td></td>
</tr>
<tr>
<td>12. My partner shouted or yelled at me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>13. My partner slammed me against a wall.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>14. My partner beat me up.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>15. My partner grabbed me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>16. My partner used force (like hitting, holding down, or using a weapon) to make me have sex.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>17. My partner stomped out of the room or house or yard during a disagreement.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>18. My partner insisted on having sex when I did not want to (but did not use physical force).</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>19. My partner slapped me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>20. My partner used threats to make me have oral or anal sex.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>21. My partner burned or scalded me on purpose.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>22. My partner insisted on having oral or anal sex (but did not use physical force).</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>23. My partner accused me of being a lousy lover.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>24. My partner did something to spite me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>25. My partner threatened to hit or throw something at me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>26. My partner kicked me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>27. My partner used threats to make me have sex with him.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>28. My partner had sex (vaginal, oral, or anal) with me while I was asleep or passed out from alcohol or drugs.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
Appendix A-9

IES-R—Time 1

Below is a list of difficulties people sometimes have after stressful life events. Think about the most upsetting or stressful event that you have ever experienced.

What was this event? _______________________________________________________

Now, please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to the most upsetting or stressful event in your life (that you wrote above). How much were you distressed or bothered by these difficulties?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Any reminder brought back feelings about it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I had trouble staying asleep.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Other things kept making me think about it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I felt irritable and angry.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I avoided letting myself get upset when I thought about it or was reminded of it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I thought about it when I didn’t mean to.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. I felt as if it hadn’t happened or wasn’t real.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. I stayed away from reminders about it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Pictures about it popped into my mind.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. I was jumpy and easily startled.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Not at all</td>
<td>A little bit</td>
<td>Moderately</td>
<td>Quite a bit</td>
<td>Extremely</td>
</tr>
<tr>
<td>---</td>
<td>------------</td>
<td>--------------</td>
<td>------------</td>
<td>-------------</td>
<td>-----------</td>
</tr>
<tr>
<td>11. I tried not to think about it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. I was aware that I still had a lot of feelings about it, but I didn’t deal with them.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. My feelings about it were kind of numb.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. I found myself acting or feeling like I was back at that time.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. I had trouble falling asleep.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16. I had waves of strong feelings about it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17. I tried to remove it from my memory.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. I had trouble concentrating.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20. I had dreams about it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>21. I felt watchful and on-guard.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>22. I tried not to talk about it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Appendix A-10

IES-R—Time 2

Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you during the past 7 days with respect to the highest number to which you answered “yes” in questions 1-10 in the SES Section above (see question 11 on page 27 for a reminder). How much were you distressed or bothered by these difficulties?

If you did not answer “yes” to any of the questions 1-10 in the SES Section above, please answer the questions below with regards to the most stressful situation you have been in OVER THE PAST 2 MONTHS (since you last participated in this study).

What was this event? (WRITE-IN)_________________________________________

<table>
<thead>
<tr>
<th>1. Any reminder brought back feelings about it.</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. I had trouble staying asleep.</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Other things kept making me think about it.</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. I felt irritable and angry.</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. I avoided letting myself get upset when I thought about it or was reminded of it.</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. I thought about it when I didn’t mean to.</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. I felt as if it hadn’t happened or wasn’t real.</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. I stayed away from reminders about it.</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Not at all</td>
<td>A little bit</td>
<td>Moderately</td>
<td>Quite a bit</td>
<td>Extremely</td>
</tr>
<tr>
<td>---</td>
<td>------------</td>
<td>--------------</td>
<td>------------</td>
<td>-------------</td>
<td>-----------</td>
</tr>
<tr>
<td>9. Pictures about it popped into my mind.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. I was jumpy and easily startled.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. I tried not to think about it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. I was aware that I still had a lot of feelings about it, but I didn’t deal with them.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. My feelings about it were kind of numb.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. I found myself acting or feeling like I was back at that time.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. I had trouble falling asleep.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16. I had waves of strong feelings about it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17. I tried to remove it from my memory.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. I had trouble concentrating.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20. I had dreams about it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>21. I felt watchful and on-guard.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>22. I tried not to talk about it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Appendix A-11

BSI—Time 1 & 2

On the next several pages are a list of problems people sometimes have. Please read each one carefully and circle the number that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY. Circle only one number for each problem and do not skip any items.

1 = Not at All  2 = A Little Bit  3 = Moderately  4 = Quite a Bit  5 = Extremely

1. Nervousness or shakiness
   1  2  3  4  5

2. Faintness or dizziness
   1  2  3  4  5

3. The idea that someone else can control your thoughts
   1  2  3  4  5

4. Feeling others are to blame for most of your troubles
   1  2  3  4  5

5. Trouble remembering things
   1  2  3  4  5

6. Feeling easily annoyed or irritated
   1  2  3  4  5

7. Pains in heart or chest
   1  2  3  4  5

8. Feeling afraid in open spaces or on the streets
   1  2  3  4  5
1 = Not at All  2 = A Little Bit  3 = Moderately  4 = Quite a Bit  5 = Extremely

9. Thoughts of ending your life
   1  2  3  4  5

10. Feeling that most people cannot be trusted
    1  2  3  4  5

11. Poor appetite
    1  2  3  4  5

12. Suddenly scared for no reason
    1  2  3  4  5

13. Temper outbursts that you could not control
    1  2  3  4  5

14. Feeling lonely even when you are with people
    1  2  3  4  5

15. Feeling blocked in getting things done
    1  2  3  4  5

16. Feeling lonely
    1  2  3  4  5

17. Feeling blue
    1  2  3  4  5

18. Feeling no interest in things
    1  2  3  4  5
<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling fearful</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Your feelings being easily hurt</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Feeling that people are unfriendly or dislike you</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Feeling inferior to others</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Nausea or upset stomach</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Feeling that you are watched or talked about by others</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Trouble falling asleep</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Having to check and double-check what you do</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Difficulty making decisions</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Feeling afraid to travel on buses, subways, or trains</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
1 = Not at All  2 = A Little Bit  3 = Moderately  4 = Quite a Bit  5 = Extremely

29. Trouble getting your breath
   1  2  3  4  5

30. Hot or cold spells
   1  2  3  4  5

31. Having to avoid certain things, places or activities because they frighten you
   1  2  3  4  5

32. Your mind going blank
   1  2  3  4  5

33. Numbness or tingling in parts of your body
   1  2  3  4  5

34. The idea that you should be punished for your sins
   1  2  3  4  5

35. Feeling hopeless about the future
   1  2  3  4  5

36. Trouble concentrating
   1  2  3  4  5

37. Feeling weak in parts of your body
   1  2  3  4  5

38. Feeling tense or keyed up
   1  2  3  4  5
1 = Not at All   2 = A Little Bit   3 = Moderately   4 = Quite a Bit   5 = Extremely

39. Thoughts of death or dying
1  2  3  4  5

40. Having urges to beat, injure, or harm someone
1  2  3  4  5

41. Having urges to break or smash things
1  2  3  4  5

42. Feeling very self-conscious with others
1  2  3  4  5

43. Feeling uneasy in crowds, such as shopping or at a movie
1  2  3  4  5

44. Never feeling close to another person
1  2  3  4  5

45. Spells of terror or panic
1  2  3  4  5

46. Getting into frequent arguments
1  2  3  4  5

47. Feeling nervous when you are left alone
1  2  3  4  5

48. Others not giving you proper credit for your achievements
1  2  3  4  5
1 = Not at All    2 = A Little Bit    3 = Moderately    4 = Quite a Bit    5 = Extremely

49. Feeling so restless you couldn’t sit still
   1  2  3  4  5

50. Feelings of worthlessness
   1  2  3  4  5

51. Feeling that people will take advantage of you if you let them
   1  2  3  4  5

52. Feelings of guilt
   1  2  3  4  5

53. The idea that something is wrong with your mind
   1  2  3  4  5
Appendix A-12

CHIPS—Time 1 & 2

Mark the number for each statement that best describes HOW MUCH THAT PROBLEM HAS BOTHERED OR DISTRESSED YOU DURING THE PAST TWO WEEKS INCLUDING TODAY. Mark only one number for each item. At one extreme, 0 means that you have not been bothered by the problem. At the other extreme, 4 means that the problem has been an extreme bother.

<table>
<thead>
<tr>
<th>How much were you bothered by:</th>
<th>0 = Not at all AND 4 = Extreme bother</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sleep problems (can’t fall asleep, wake up in middle of night or early in morning)</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>2. Weight change (gain or loss of 5 lbs. or more)</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>3. Back pain</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>4. Constipation</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>5. Dizziness</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>6. Diarrhea</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>7. Faintness</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>8. Constant fatigue</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>9. Headache</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>10. Migraine headache</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>11. Nausea and/or vomiting</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>12. Acid stomach or indigestion</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>13. Stomach pain (e.g., cramps)</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>14. Hot or cold spells</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td></td>
<td>How much were you bothered by:</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>15</td>
<td>Hands trembling</td>
</tr>
<tr>
<td>16</td>
<td>Heart pounding or racing</td>
</tr>
<tr>
<td>17</td>
<td>Poor appetite</td>
</tr>
<tr>
<td>18</td>
<td>Shortness of breath when not exercising or working hard</td>
</tr>
<tr>
<td>19</td>
<td>Numbness or tingling in parts of your body</td>
</tr>
<tr>
<td>20</td>
<td>Felt weak all over</td>
</tr>
<tr>
<td>21</td>
<td>Pains in heart or chest</td>
</tr>
<tr>
<td>22</td>
<td>Feeling low in energy</td>
</tr>
<tr>
<td>23</td>
<td>Stuffy head or nose</td>
</tr>
<tr>
<td>24</td>
<td>Blurred vision</td>
</tr>
<tr>
<td>25</td>
<td>Muscle tension or soreness</td>
</tr>
<tr>
<td>26</td>
<td>Muscle cramps</td>
</tr>
<tr>
<td>27</td>
<td>Severe aches and pains</td>
</tr>
<tr>
<td>28</td>
<td>Acne</td>
</tr>
<tr>
<td>29</td>
<td>Bruises</td>
</tr>
<tr>
<td>30</td>
<td>Nosebleed</td>
</tr>
<tr>
<td>31</td>
<td>Pulled (strained) muscles</td>
</tr>
<tr>
<td>32</td>
<td>Pulled (strained) ligaments</td>
</tr>
<tr>
<td>33</td>
<td>Cold or cough</td>
</tr>
</tbody>
</table>
Appendix A-13

MHC—Time 1

Please place a checkmark next to each of the following health problems that you have been diagnosed with in the past 12 MONTHS.

Check Here

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>2.</td>
<td>Arthritis or Rheumatism</td>
</tr>
<tr>
<td>3.</td>
<td>Asthma</td>
</tr>
<tr>
<td>4.</td>
<td>Blindness or Deafness</td>
</tr>
<tr>
<td>5.</td>
<td>Bronchitis or Tuberculosis</td>
</tr>
<tr>
<td>6.</td>
<td>Cancer</td>
</tr>
<tr>
<td>7.</td>
<td>Diabetes</td>
</tr>
<tr>
<td>8.</td>
<td>High blood pressure or Hypertension</td>
</tr>
<tr>
<td>9.</td>
<td>Heart problems</td>
</tr>
<tr>
<td>10.</td>
<td>Hernia</td>
</tr>
<tr>
<td>11.</td>
<td>Kidney or Liver Disease</td>
</tr>
<tr>
<td>12.</td>
<td>Lupus</td>
</tr>
<tr>
<td>13.</td>
<td>Thyroid or Autoimmune Disorder</td>
</tr>
<tr>
<td>14.</td>
<td>Neurological Problem</td>
</tr>
<tr>
<td>15.</td>
<td>Stroke</td>
</tr>
<tr>
<td>16.</td>
<td>Stomach or Gallbladder Disease</td>
</tr>
<tr>
<td>17.</td>
<td>Ulcers</td>
</tr>
<tr>
<td>18.</td>
<td>Irritable Bowl Syndrome</td>
</tr>
</tbody>
</table>

19. STI:
   In addition to checking the space to the left, please circle all that apply:
   - A. Chlamydia
   - B. Gonorrhea
   - C. Human Papillomavirus (HPV)/Genital Warts
   - D. Herpes
   - E. Syphilis
   - F. Vaginitis
   - G. Pelvic Inflammatory Disease
   - H. Molluscum Contagiosum
   - I. Trichomoniasis
   - J. Hepatitis
   - K. HIV/AIDS
   - L. Other (please specify)

20. Endometriosis
21. Dysmenorrhea
22. Menorrhagia

23. Other medical condition:
(Please write in): ____________________________________________
Appendix A-14

MHC—Time 2

Please place a checkmark next to each of the following health problems that you have been diagnosed with DURING THE PAST 2 MONTHS (since you last participated in this study).

<table>
<thead>
<tr>
<th>Check Here</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. HIV/AIDS</td>
</tr>
<tr>
<td>2. Arthritis or Rheumatism</td>
</tr>
<tr>
<td>3. Asthma</td>
</tr>
<tr>
<td>4. Blindness or Deafness</td>
</tr>
<tr>
<td>5. Bronchitis or Tuberculosis</td>
</tr>
<tr>
<td>6. Cancer</td>
</tr>
<tr>
<td>7. Diabetes</td>
</tr>
<tr>
<td>8. High blood pressure or Hypertension</td>
</tr>
<tr>
<td>9. Heart problems</td>
</tr>
<tr>
<td>10. Hernia</td>
</tr>
<tr>
<td>11. Kidney or Liver Disease</td>
</tr>
<tr>
<td>12. Lupus</td>
</tr>
<tr>
<td>13. Thyroid or Autoimmune Disorder</td>
</tr>
<tr>
<td>14. Neurological Problem</td>
</tr>
<tr>
<td>15. Stroke</td>
</tr>
<tr>
<td>16. Stomach or Gallbladder Disease</td>
</tr>
<tr>
<td>17. Ulcers</td>
</tr>
<tr>
<td>18. Irritable Bowl Syndrome</td>
</tr>
<tr>
<td>___________ 19. STI:</td>
</tr>
<tr>
<td>In addition to checking the space to the left, please circle all that apply:</td>
</tr>
<tr>
<td>A. Chlamydia</td>
</tr>
<tr>
<td>B. Gonorrhea</td>
</tr>
<tr>
<td>C. Human Papillomavirus (HPV)/ Genital Warts</td>
</tr>
<tr>
<td>D. Herpes</td>
</tr>
<tr>
<td>E. Syphilis</td>
</tr>
<tr>
<td>F. Vaginitis</td>
</tr>
<tr>
<td>G. Pelvic Inflammatory Disease</td>
</tr>
<tr>
<td>H. Molluscum Contagiosum</td>
</tr>
<tr>
<td>I. Trichomoniasis</td>
</tr>
<tr>
<td>J. Hepatitis</td>
</tr>
<tr>
<td>K. HIV/AIDS</td>
</tr>
<tr>
<td>L. Other (please specify)</td>
</tr>
<tr>
<td>20. Endometriosis</td>
</tr>
<tr>
<td>21. Dysmenorrhea</td>
</tr>
<tr>
<td>22. Menorrhagia</td>
</tr>
<tr>
<td>23. Other medical condition:</td>
</tr>
</tbody>
</table>
Please rate each of the following items to indicate HOW MUCH THE PROBLEM HAS BOTHERED YOU over the past 6 MONTHS on the provided scale. Circle only one number per item. After you answer how much the problem has bothered you please indicate if you have received medical attention (i.e., went to the doctor) for the specified problem.

0 = Never  
1 = Once a month or less  
2 = 2 or 3 times a month  
3 = Once or twice a week  
4 = 3 or 4 times a week  
5 = More than 4 times per week

1a. Non-menstrual pelvic pain

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

1b. Did you seek medical treatment for this?  
Yes  No  Does not apply

2a. Non-menstrual vaginal bleeding/discharge

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

2b. Did you seek medical treatment for this?  
Yes  No  Does not apply

3a. Painful Intercourse

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

3b. Did you seek medical treatment for this?  
Yes  No  Does not apply
0 = Never
1 = Once a month or less
2 = 2 or 3 times a month
3 = Once or twice a week
4 = 3 or 4 times a week
5 = More than 4 times per week

4a. Rectal Bleeding

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

4b. Did you seek medical treatment for this?

Yes  No  Does not apply

5a. Bladder Infection

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

5b. Did you seek medical treatment for this?

Yes  No  Does not apply

6a. Painful Urination

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

6b. Did you seek medical treatment for this?

Yes  No  Does not apply

7a. Genital Burning

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

7b. Did you seek medical treatment for this?

Yes  No  Does not apply
GHI - Part II

Please indicate whether the following items bothered you in the past 6 MONTHS.

8a. Yeast Infection
   Yes  No

8b. Did you seek medical treatment for this?
   Yes  No  Does not apply

9a. Vaginitis
   Yes  No

9b. Did you seek medical treatment for this?
   Yes  No  Does not apply

10a. Excessive bleeding with your menstrual period
   Yes  No

10b. Did you seek medical treatment for this?
   Yes  No  Does not apply

11a. Excessively painful menstrual periods
   Yes  No

11b. Did you seek medical treatment for this?
   Yes  No  Does not apply

12a. Irregular Menstruation
   Yes  No

12b. Did you seek medical treatment for this?
   Yes  No  Does not apply
GHI-PQ

1. Have you ever been pregnant?
   A. Yes
   B. No

2. If you have ever been pregnant, what happened?
   A. Miscarriage
   B. The pregnancy was aborted
   C. Currently pregnant
   D. Full Term
   E. I have never been pregnant
Appendix A-16

GHI—Time 2

GHI – Part I

Please rate each of the following items to indicate how much the problem has bothered you OVER THE PAST 2 MONTHS (since you last participated in this study) on the provided scale. Circle only one number per item. After you answer how much the problem has bothered you please indicate if you have received medical attention (i.e., went to the doctor) for the specific problem.

0 = Never
1 = Once a month or less
2 = 2 or 3 times a month
3 = Once or twice a week
4 = 3 or 4 times a week
5 = More than 4 times per week

1a. Non-menstrual pelvic pain

0  1  2  3  4  5

1b. Did you seek medical treatment for this?

Yes  No  Does not apply

2a. Non-menstrual vaginal bleeding/discharge

0  1  2  3  4  5

2b. Did you seek medical treatment for this?

Yes  No  Does not apply

3a. Painful Intercourse

0  1  2  3  4  5

3b. Did you seek medical treatment for this?

Yes  No  Does not apply
0 = Never  
1 = Once a month or less  
2 = 2 or 3 times a month  
3 = Once or twice a week  
4 = 3 or 4 times a week  
5 = More than 4 times per week  

4a. Rectal Bleeding

0  1  2  3  4  5

4b. Did you seek medical treatment for this?

Yes  No  Does not apply

5a. Bladder Infection

0  1  2  3  4  5

5b. Did you seek medical treatment for this?

Yes  No  Does not apply

6a. Painful Urination

0  1  2  3  4  5

6b. Did you seek medical treatment for this?

Yes  No  Does not apply

7a. Genital Burning

0  1  2  3  4  5

7b. Did you seek medical treatment for this?

Yes  No  Does not apply
GHI - Part II

Please indicate whether the following items bothered you in the past 2 MONTHS (since you last participated in this study).

8a. Yeast Infection
   Yes  No

8b. Did you seek medical treatment for this?
   Yes  No  Does not apply

9a. Vaginitis
   Yes  No

9b. Did you seek medical treatment for this?
   Yes  No  Does not apply

10a. Excessive bleeding with your menstrual period
   Yes  No

10b. Did you seek medical treatment for this?
   Yes  No  Does not apply

11a. Excessively painful menstrual periods
   Yes  No

11b. Did you seek medical treatment for this?
   Yes  No  Does not apply

12a. Irregular Menstruation
   Yes  No

12b. Did you seek medical treatment for this?
   Yes  No  Does not apply
GHI-PQ

1. Were you pregnant at any point in the last TWO MONTHS?
   A. Yes
   B. No

2. If you were pregnant during the last TWO MONTHS, what happened?
   A. Miscarriage
   B. The pregnancy was aborted
   C. Currently pregnant
   D. Full Term
   E. I have not been pregnant in the past two months
Appendix A-17

Subject Number Calculation Form (Time 1 & 2)

Please write down the last 4 digits of your social security number:  ____  ____  ____  ____

Record the month and day of your birth date. Add this 4 digit figure to your SS # above.
If the month or day is only 1 digit, please put a '0' in the first space. For example, if you were born on January 1, you should record it as '01/01':

+   ____ _____ / ______  ____
   M    M   D    D

=    ____  ____  ____  ____

Add the number of letters in your mother's FULL FIRST name. Do not use nicknames. For example, if your mother's first name is Christine, but she goes by the nickname Chris, you should record it as ‘09’, the number of letters in CHRISTINE:

+ _____ _____

= _____  ____  ____  ____

Please put this sheet back in the manila envelope provided. Fill out all questionnaires on the surveys provided. If you have any questions, please ask the experimenter.
Appendix A-18

Future Participation

There may be an opportunity to participate in future experiments where you will receive $20, which arise from the completion of these questionnaires today. If you have no objection to being contacted to engage in future experiments should the occasion arise, please complete this form and turn it in with your packet. Completing this form, however, does not guarantee that you will be called, and does not obligate you to participate further.

______________________________
Name (Please Print)

______________________________
Telephone number

Do you have an email account that you check regularly?  Y   N

______________________________
Email Address
Appendix B-19

Ohio University Consent Form (Time 1)

Title of Research: A Study of Women’s Social Experiences
Principal Investigators: Katie Edwards and Danielle Probst
Department: Psychology

Federal and university regulations require signed consent for participation in research involving human subjects. After reading the statements below, please indicate your consent by signing this form.

Explanation of Study
This is the first part of a two-part study. The purpose of this study is to explore social and dating relationships. If you choose to participate, you will be asked to fill out several questionnaires some of which will ask you about personal and sexual information. Following completion of the questionnaires, you will be debriefed. If you have any questions or concerns, the experimenter will be here to assist you. Your participation for this session should take approximately one hour.

Risks and Discomforts
During this study, you will be asked for personal and sexual information. Please consider your comfort level with these types of questions before agreeing to participate in the study. This study involves no physical risks for participants. However, some individuals might experience emotional discomfort. Participation is voluntary, and you may stop responding and withdraw from the study at any point without penalty.

Benefits
Your participation will provide you the opportunity to learn, first-hand, the process of data collection for a psychological experiment, as well as provide you with the compensation of one credit for your participation.

Confidentiality and Records
Your identity will be protected. All of your data will be kept confidential. Confidentiality will be protected by assigning each participant a number to which all data are referred. Only the investigators will have access to the information linking names and participant numbers and this list will be destroyed within one year. Information gathered in this study will be used by investigators for research purposes only and no names will be attached to any subsequent presentation or publication.

Some of the surveys will contain questions regarding self-injurious behaviors, neither your name nor any other personal contact information will be associated with your completed surveys, should you endorse these items, the researchers will not be able to identify and contact you. Should you have concerns about self-harm behaviors, please refer to resources and contact information on the debriefing form.
Compensation
You will receive one credit for today’s session. You will be asked to take part in a follow-up session at the end of the quarter, during which you will fill out additional questionnaires. If you choose to participate in the follow-up session, which will take place in approximately two months, you will receive one additional research credit. Finally, some women may be asked to return for an additional follow-up that will take place approximately 8-months from today and will receive $20.

Contact Information
The principal investigators for this study are Katie Edwards and Danielle Probst and they are under the supervision of Dr. Christine A. Gidycz, Ph.D. These individuals can be contacted regarding any questions or concerns:

Katie Edwards 043 Porter Hall (593-1088) ke265405@ohio.edu
Danielle Probst 043 Porter Hall (593-1088) dp304205@ohio.edu
Christine A. Gidycz, Ph.D. 231 Porter Hall (593-1092) gidycz@ohio.edu

If you have any questions regarding your rights as a research participant, please contact Jo Ellen Sherow, Director of Research Compliance, Ohio University, (740)593-0664.

I certify that I have read and understand this consent form and agree to participate as a subject in the research described. I agree that known risks to me have been explained to my satisfaction and I understand that no compensation is available from Ohio University and its employees for any injury resulting from my participation in this research. I certify that I am 18 years of age or older. My participation in this research is given voluntarily. I understand that I may discontinue participation at any time without penalty or loss of any benefits to which I may otherwise be entitled. I certify that I have been given a copy of this consent form to take with me.

Signature________________________________________ Date___________

Printed Name________________________________________
Appendix B-20

Ohio University Consent Form (Time 2)

Title of Research: A Study of Women’s Social Experiences  
Principal Investigators: Katie Edwards and Danielle Probst  
Department: Psychology

Federal and university regulations require signed consent for participation in research involving human subjects. After reading the statements below, please indicate your consent by signing this form.

**Explanation of Study**

This is the second part of a two-part study. The purpose of this part of the study is to assess sexual experiences that occurred over the quarter and determine eligibility for a third phase of the research study. If you choose to participate today, you will be asked to fill out several questionnaires some of which will ask you about personal and sexual information. Following completion of the questionnaires, you will be debriefed. If you have any questions or concerns, the experimenter will be here to assist you. Your participation for this session should take approximately one hour.

**Risks and Discomforts**

During this study, you will be asked for personal and sexual information. Please consider your comfort level with these types of question before agreeing to participate in the study. This study involves no physical risks for participants. However, some individuals might experience emotional discomfort. Participation is voluntary, and you may stop responding and withdraw from the study at any point without penalty.

**Benefits**

Your participation will provide you the opportunity to learn, first-hand, the process of data collection for a psychological experiment, as well as provide you with the compensation of one credit for your participation.

**Confidentiality and Records**

Your identity will be protected. All of your data will be kept confidential. Confidentiality will be protected by assigning each participant a number to which all data are referred. Only the investigators will have access to the information linking names and participant numbers and this list will be destroyed within one year. Information gathered in this study will be used by investigators for research purposes only and no names will be attached to any subsequent presentation or publication.

It is important to note that if you endorse any items about harming yourself and complete the future participation form, an experimenter will attempt to contact you to follow-up on your safety and provide you with local resources and contact information for further assistance. If you do not complete the future participation form, we will have
no way to contact you, but a list of resources and contact information will be available on the debriefing form.

**Compensation**

You will receive one credit for today’s session. Some women may be asked to return for a follow-up that will take place approximately 6-months from today and will receive $20.

**Contact Information**

The principal investigators for this study are Katie Edwards and Danielle Probst and they are under the supervision of Dr. Christine A. Gidycz, Ph.D. These individuals can be contacted regarding any questions or concerns:

Katie Edwards
043 Porter Hall (593-1088)
ke265405@ohio.edu

Danielle Probst
043 Porter Hall (593-1088)
dp304205@ohio.edu

Christine A. Gidycz, Ph.D.
231 Porter Hall (593-1092)
gidycz@ohio.edu

If you have any questions regarding your rights as a research participant, please contact Jo Ellen Sherow, Director of Research Compliance, Ohio University, (740)593-0664.

I certify that I have read and understand this consent form and agree to participate as a subject in the research described. I agree that known risks to me have been explained to my satisfaction and I understand that no compensation is available from Ohio University and its employees for any injury resulting from my participation in this research. I certify that I am 18 years of age or older. My participation in this research is given voluntarily. I understand that I may discontinue participation at any time without penalty or loss of any benefits to which I may otherwise be entitled. I certify that I have been given a copy of this consent form to take with me.

Signature ________________________________ Date ___________

Printed Name ________________________________
Appendix C-21

Debriefing Form (Time 1)

Thank you for your participation in this research project. This study was designed to examine the relationship between social and sexual experiences and responses to dating situations and unwanted sexual experiences. To accomplish this goal, you were asked questions about personal life events, including psychological, physical, and sexual experiences.

The information provided by these questionnaires will help psychology researchers and clinicians learn more about college women’s experiences of unwanted sexual activity. In doing so, psychologists will be better able to use such questionnaires in researching a variety of related issues in a reliable manner. The results of such studies will provide more detailed information to aid in the development of future prevention and intervention programming for women.

As a reminder, all of your questionnaire responses will remain strictly confidential. If you have any further questions regarding the nature of this study, or would like to request details of the results, please feel free to contact one of the following:

Katie Edwards          043 Porter Hall (593-1088)
                       ke265405@ohio.edu

Danielle Probst        043 Porter Hall (593-1088)
                       dp304205@ohio.edu

Christine A. Gidycz, Ph.D.  231 Porter Hall (593-1092)
                           gidycz@ohio.edu

In addition, if you are concerned about the study materials used or questions asked and wish to speak to a professional, or if you would like more information or reading material on this topic, please contact one of the following resources:

Ohio University Counseling and Psychological Services: 593-1616
Ohio University Psychology and Social Work Clinic: 593-0902
Tri-County Mental Health Services: 592-3091
Sexual Assault Survivor Advocacy Program: 589-5562
OU Counselor-in-Residence: 593-0769
Appendix C-22

Debriefing Form (Time 2)

Thank you for your participation in this research project. This study was designed to investigate college women’s unwanted sexual experiences. Unwanted sexual experiences are very common in college-aged women and are a serious problem. Research has found that these unwanted sexual experiences can lead to adjustment problems for some women.

This study specifically examined unwanted sexual experiences during the academic quarter in addition to a variety of psychological variables among a group of college women. The main purpose of this study is to determine eligibility for the third part of the research study. The second purpose is to explore the relationships between sexual experiences in college women and a number of psychological variables in order to better understand how they are all interconnected.

The information provided by these questionnaires will help psychology researchers and clinicians learn more about college women’s experiences of unwanted sexual activity. In doing so, psychologists will be better able to use such questionnaires in researching a variety of related issues in a reliable manner. The results of such studies will provide more detailed information to aid in the development of future prevention and intervention programming for women.

As a reminder, all of your questionnaire responses will remain strictly confidential. If you have any further questions regarding the nature of this study, or would like to request details of the results, please feel free to contact one of the following:

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In addition, if you are concerned about the study materials used or questions asked and wish to speak to a professional, or if you would like more information or reading material on this topic, please contact one of the following resources:

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Tri-County Mental Health Services:  592-3091
Sexual Assault Survivor Advocacy Program:  589-5562
OU Counselor-in-Residence  593-0769