Exploring Multi-Type Maltreatment in Childhood: A Focus on the Impact on
Victimization and Functioning in College Women

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This dissertation titled
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ABSTRACT

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Exploring Multi-type Maltreatment in Childhood: A Focus on the Impact on
Victimization and Functioning in College Women

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In recent years, research has begun to focus on the short- and long-term effects that the experiencing of multi-type maltreatment in childhood can exert later in life. The current research sought to explore the relationship between childhood multi-type maltreatment and long-term functioning and adulthood victimization risk as well as clarify the specific combinations of maltreatment that exert the greatest impact on subsequent functioning and victimization risk. Retrospective and prospective survey data were collected from 558 undergraduate women at a medium-sized Midwestern university. Findings showed that women who experienced multiple forms of maltreatment reported greater functional impairment and trauma symptomatology than women who reported experiencing only one form of abuse or no history of abuse. Differences in reported parenting practices were also identified as women who endorsed having experiences of childhood abuse were more likely to report authoritarian parenting in their homes of origin whereas women with no abuse histories reported greater authoritative parenting practices. Results also demonstrated that some specific childhood multi-type maltreatment groups and the experiencing of multiple forms of victimization as identified by summary scores were predictive of participants’ experiences of adolescent victimization reported at the first study session and victimization occurring
over the 8-week follow-up. Future research directions as well as implications for programming and clinical practice are discussed.

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INTRODUCTION

Substantial research has shown that childhood abuse in various forms remains an endemic problem in our society. Similarly, intimate partner violence, including emotional abuse, physical abuse, and sexual victimization, continue to be pervasive problems in today’s society, of which women are the most frequent targets (Tjaden & Thoennes, 2000). At particular risk, are undergraduate women, whose likelihood of experiencing a sexual assault is between 20% and 25% (Fisher, Cullen, & Turner, 2000). Similar prevalence rates have been found in both college and community samples (Brener, McMahon, Warren & Douglas, 1999; Koss, Gidycz & Wisniewski, 1987; Tjaden & Thoennes, 2000). Women are also most often victims of physical and emotional abuse at the hands of their partners; recent studies of intimate partner violence in college populations have found rates ranging between 20% and 50% (e.g., Bryant & Spencer, 2003; Luthra & Gidycz, 2006; Shook, Gerrity, Jurich, & Segrist, 2000; Straus, 2004). It has also been found consistently within the literature that a history of past victimization, including experiences of child abuse and adolescent victimization remains one of the strongest predictors of future victimization.

Researchers have typically focused on individual forms of childhood abuse when studying risk factors for subsequent victimization or the short- and long-term outcomes of maltreatment. The two forms of childhood abuse most heavily studied are physical and sexual abuse. Childhood sexual abuse is a relatively common form of maltreatment in contemporary American society; according to the Committee for Children (1993), approximately 10% of boys and 25% of girls are sexually abused before the age of 18. Within college samples, it has been found that between 15% and 20% of students
retrospectively report experiencing childhood sexual abuse (e.g., Duncan, 2000; Turchik, Probst, Chau, Nigoff, & Gidycz, 2007). Having a past history of victimization has been found most consistently within the literature to be the strongest predictor of future victimization, in both retrospective and prospective studies of college students (Gidycz, Coble, Latham, & Layman, 1993; Gidycz et al., 2001; Koss & Dinero, 1989), community samples (Wyatt, Gutherie & Notgrass, 1992), and clinical populations (Stermac, Reist, Addison & Millar, 2002). Childhood sexual abuse specifically has been found to increase the likelihood of victimization in adulthood by between 2 and 11 times that of an individual without that history (Fergusson, Horwood & Lynskey, 1997; Messman-Moore & Long, 2003; Tjaden & Thoennes, 2000).

Childhood physical abuse is another frequently studied form of childhood maltreatment, exploring its singular impact on the victim as well as its impact when experienced in combination with other forms of childhood maltreatment (see Higgins & McCabe, 2001a for a review). In college and community samples, rates of retrospectively reported childhood physical abuse typically fall between 20% and 30% (Briere & Elliott, 2003; Muller, Gragtmans, & Baker, 2008). It has been found that individuals with a history of childhood physical abuse have an increased likelihood of experiencing social and psychological problems, including depression and anxiety (e.g., Cicchetti & Rogosch, 1997), being a victim or perpetrator of violence in a later relationship (e.g., Arias, 2004), and having vocational difficulties (e.g., Lansford, Miller-Johnson, Berlin, Dodge, Bates, & Pettit, 2007). Researchers have also noted that the presence of dysfunction in the family home and in particular authoritarian parenting styles may
increase the likelihood of physical child abuse and other forms of childhood maltreatment (e.g., Messman-Moore & Brown, 2004; Rodriguez, 2010).

Unlike childhood physical abuse, some of the less often studied forms of childhood maltreatment are not so easily identified or defined, such as childhood emotional abuse and neglect. Although childhood neglect is a less frequently researched form of childhood maltreatment (e.g., Schumacher, Slep, & Heyman, 2001; Wolock & Horowitz, 1984), it is the most frequently reported type of abuse to child protective agencies (DePanfilis, 1996). Typically defined as a failure of the caregiver to provide for a child’s basic physical, emotional, and developmental needs (e.g., Bernstein & Fink, 1998; Dubowitz, Black, Starr, & Zuravin, 1993; Minty & Pattinson, 1994; Straus & Kantor, 2005), neglect is often viewed as a minor, less destructive form of maltreatment because it does not involve direct aggression towards the child victim. Nevertheless, findings suggest that neglect exacts an impact on childhood adjustment and development similar to that of other abuse experiences, including outcomes such as cognitive and academic delays, decreased self-esteem, decreased social competence, and increased risk of self-harm behaviors (e.g., Erickson & Egeland, 1996; Gratz, Conrad, & Roemer, 2002; Kaplan, Pelcovitz, & Labruna, 1999; Loos & Alexander, 1997). Within a college sample where retrospective reports of neglect were assessed among 159 men and women, 14% reported experiences of childhood neglect (Gratz et al., 2002).

Psychological abuse has also received a less intensive research focus, perhaps due in part to the fact that it is often viewed as a “side effect” of experiences of physical and sexual child abuse (Barnett, Miller-Perrin, & Perrin, 2005; Hart, Brassard, & Karlson, 1996). Psychological abuse is generally defined as verbal assaults directed at a child by
his or her caregiver that attack the child’s sense of worth and well-being, or any humiliating, demeaning or threatening verbal behaviors directed at a minor child (Bernstein & Fink, 1998). However, complicating the identification of victims of psychological abuse is the fact that some instances of yelling and emotional withdrawal may likely occur at some point in most, if not all, child-parent relationships, making it more difficult to determine when the line is crossed and these actions become abusive (e.g., Barnett et al., 2005; Straus & Field, 2003; Twait & Rodriguez-Srednicki, 2004). Within studies of college students, between 39% and 80% have retrospectively reported experiencing psychological abuse during childhood (Brodhagen & Wise, 2008; Rich, Gidycz, Warkentin, Loh, & Weiland, 2005). This wide variability found in the rates of psychological abuse and other forms of childhood abuse can be attributed to how stringent the researchers’ criteria were in identifying victims. Additionally, the findings from various studies suggest that psychological abuse is as strong if not a stronger predictor of internalizing disorders, externalizing disorders, low self-esteem, self-harm behaviors, and long-term psychological functioning difficulties compared to physical child abuse (e.g., Kaplan et al., 1999; McGee, Wolfe, & Wilson, 1997; Mullen, Martin, Anderson, Romans, & Herbison, 1996; Rich et al., 2005).

The most recently addressed form of childhood maltreatment in the literature is childhood exposure to domestic violence. It is typically defined by researchers as a child’s direct witnessing of partner abuse, being in audible range of the assault, seeing the results of the attack (e.g., bruises or cuts), experiencing the aftereffects of the attack (e.g., seeing the victim crying or the attacker angry), or being told about the attack by the victim (see Holden, 2003). Although no definitive, large-scale bodies of research
providing rates of childhood exposure to domestic violence exist, it is commonly cited that approximately one-third of all children in the United States are living in violent married or cohabitating households and will be exposed to violence at least once in their childhood (Carlson, 2000; McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006). In a retrospective study of 550 male and female college students, 36.9% endorsed recollections of some form of partner abuse in their childhood homes (Silvern et al., 1995). Researchers have found that individuals who reported childhood exposure to domestic violence show increased psychological distress, higher reported trauma symptoms, greater depression and anxiety, lower self-esteem, increased feelings of helplessness, and a greater likelihood of perpetrating or experiencing violence in intimate relationships (Davies, DiLillo, & Martinez, 2004; Henning, Leitenberg, Coffey, Bennett, & Jankowski, 1997; Maker, Kemmelmeier, & Peterson, 1998). The pervasive nature and damaging impact of neglect, psychological abuse, and domestic violence exposure make it imperative that research continues to explore the scope and nature of these forms of childhood maltreatment, both alone and in combination with other, more researched forms of childhood abuse.

Given the frequency that each of the individual forms of childhood maltreatment noted above occur, considerable overlap in the occurrence of childhood abuse experiences is likely. Researchers have typically focused on singular forms of childhood maltreatment rather than combinations of experiences, thereby making the rates of multi-type maltreatment difficult to gauge. In a study of 1,396 undergraduate students, Clemmons, Walsh, DiLillo, and Messman-Moore (2007) assessed childhood psychological abuse, physical abuse, sexual abuse, and neglect. Within this group of
undergraduates, 20% reported one type of childhood maltreatment experience whereas 14% reported two or more forms of maltreatment. The most frequently co-occurring forms of abuse endorsed were psychological abuse and neglect (9.7%), physical and psychological abuse (7.3%), and sexual and physical abuse (3.8%). In a retrospective study of 384 undergraduates, Arata, Langhinrichsen-Rohling, Bowers, and O’Farrill-Swails (2005) assessed childhood emotional and physical neglect, psychological abuse, physical abuse, and sexual abuse. When abuse types were combined, 20% reported one type only, 13% two types, 5% three types, 6% four types, and 5% all five types of abuse. In studies of community samples and outpatient treatment populations, rates of retrospectively reported childhood multi-type maltreatment tend to be slightly higher than rates found within college samples (e.g., Anda, Brown, Felitti, Bremner, Dube, & Giles, 2007; Higgins & McCabe, 2000; Kasmsner & McCabe, 2000).

Considering the likelihood that various forms of childhood maltreatment co-occur, a concern of researchers and clinicians alike is whether experiencing multiple types of abuse has an additive impact on the long-term functioning or re-victimization risk of the victims. Overall, the limited investigations that have undertaken the assessment of the short-term impact of multiple forms of childhood maltreatment suggest that children who have experienced two or more forms of abuse are more likely to evidence greater internalizing and externalizing symptoms, increased anger, increased depression, more severe symptoms of post-traumatic stress, and less social competence than children who have experienced only one type of maltreatment or no childhood abuse (e.g., English, Graham, Litrownik, Everson, & Bangdiwala, 2005; Lau et al., 2005; Rossman, Hughes, & Hanson, 1998). Similar results are found when researchers have
assessed the long-term impact of experiencing multi-type maltreatment. In retrospective studies of college students, individuals who reported experiencing multiple types of abuse report greater symptoms of depression, suicidality, lower self-esteem, greater substance use, greater sexual difficulties, more instances of delinquent behavior, and greater trauma symptomatology in comparison to those individuals who experienced only one form of maltreatment or no childhood abuse (Arata et al., 2005; Clemmons, DiLillo, Martinez, DeGue, & Jeffcott, 2003; Gross & Keller, 1992; Kamsner & McCabe, 2000).

Two theories that have been considered in the literature to help elucidate the impact of childhood trauma and multi-type maltreatment are the cumulative risk hypothesis and attachment theory. The cumulative risk hypothesis suggests that the greater the number of risk factors (e.g., multiple child abuse experiences), the greater the prevalence of various negative clinical outcomes (e.g., Appleyard, Egeland, van Dulmen, & Sroufe, 2005; Rutter, 1979; Sameroff, 2000). Similarly, attachment theory has been applied to the conceptualization of both the short- and long-term effects of experiencing abuse or other traumatic events during childhood. According to the tenets of attachment theory, children develop internal working models of themselves and others based on their early interactions with parents or other primary caregivers (e.g., Bowlby, 1973; Hill & Safran, 1994; Ryle, 1985; Shirk, 1998; Stern, 1985). These working models developed early in life shape children’s expectations about relationships and guide their behaviors. Specifically, for those children who experience childhood maltreatment, their internal working models could include violence as an acceptable or normative part of interpersonal relationships. Holding this prototype of how a relationship should be or how one should expect to be treated could subsequently make these individuals more
vulnerable to violence and victimization in adulthood. It has further been proposed, based on the tenets of attachment theory that perceptions of uncontrollability and unpredictability during traumatic events such as childhood abuse often result in difficulties with trust and attachment formation (e.g., Emery, 1989; Finkelhor, Hoteling, Lewis, & Smith, 1990).

Based on the tenets of the cumulative risk hypothesis, it is posited that the undergraduate women who report multi-type maltreatment experiences in childhood will endorse greater levels of trauma symptomotology and greater interpersonal difficulties, in comparison to those women with no history of abuse or who endorsed only one form of abuse. It is also hypothesized that multi-type maltreatment experiences in childhood will have a cumulative effect leading to an increased likelihood of women reporting subsequent victimization in adolescence and adulthood (e.g., emotional, physical, and sexual victimization). Further, based on the tenets of attachment theory, it is hypothesized that women who experience multi-type maltreatment in childhood will report less secure attachment styles, lower self-esteem, and lower self-efficacy as well as greater difficulties in interpersonal functioning than their peers. It is also hypothesized that there will be differences in reported parenting styles present in the homes of origin for women with abuse histories in comparison to their peers without a history of childhood abuse. For a more detailed listing of study aims and hypotheses, please see Appendix A.

As reviewed above, researchers have acknowledged the frequent co-occurrence of multiple types of abuse in childhood and have begun to explore these multi-type maltreatment experiences and outcomes in victims (e.g., Appleyard et al., 2005; Arata et al., 2005; Clemmons et al., 2003; Higgins & McCabe, 2000, Higgins & McCabe, 2001a).
However, a limitation in the current literature is the assessment of one or only a few forms of victimization rather than the full spectrum of maltreatment experiences that children may endure (e.g., Hamby & Finkelhor, 2000; Saunders, 2003) possibly missing a “bigger picture”. In studies that have undertaken more comprehensive assessment of childhood abuse, participants are often grouped based on summary scores (e.g., Clemmons et al., 2007; Finkelhor, Ormrod, & Turner, 2007) that range from 0 (no childhood maltreatment experiences) to a maximum score that captures individuals who experienced all forms of maltreatment surveyed. The use of summary scores in analyses allows a better understanding of the prevalence of co-occurring childhood abuse and provides some initial understanding of the differential impact of singular versus multiple abuse experiences on short- and long-term functioning. However, a limitation inherent in this type of analysis is the inability to know what combinations of abuse are being grouped together within these summary scores unless no abuse occurred or all forms of abuse were experienced. Given that various combinations of childhood maltreatment may have differing impacts on victims, it is important for researchers to elucidate co-occurring forms of childhood maltreatment to better understand the unique experiences of victims. Additionally, when considering the impact of childhood abuse experiences on subsequent victimization, researchers have not yet explored the potential additive effect of childhood multi-type maltreatment on later victimization risk.

The current study addressed these aforementioned limitations present within past research in the field of multi-type child maltreatment. First, multiple forms of childhood maltreatment were assessed, including neglect, exposure to domestic violence, psychological abuse, physical abuse, and sexual abuse. Second, the analyses for the
current study included both the unique groupings of multi-type maltreatment (e.g., neglect and physical abuse) as well as summary scores (e.g., summary score = 2) to allow for comparison of results to past research. These unique multi-type maltreatment groupings were utilized in the analyses to better understand not only the types of maltreatment that frequently co-occur, but also to explore the long-term impacts of these co-occurring forms of maltreatment on functioning and subsequent victimization risk. Finally, the impact of multi-type maltreatment on subsequent victimization risk was explored, both retrospectively and prospectively.
METHOD

Participants

Participants included 558 undergraduate women, from a medium-sized, Midwestern university. The Time 1 data from 35 participants were incomplete, and excluded from analyses. As such, results include data from a total of 523 participants. The majority of participants were 18- to 20-years old (92.6%, \(N = 484\)) and first or second year undergraduate students (90%, \(N = 470\)). Similar to the demographic characteristics of the university, participants largely self-identified as Caucasian (88.7%, \(N = 464\)), heterosexual (96%, \(N = 502\)), and single (never married; 98.1%, \(N = 513\)). Demographic characteristics are summarized in Table 1.

Procedure

This was a two-part study in which participants were surveyed at the beginning and end of an academic quarter with an approximate 8-week interval between sessions. Participants were recruited from the Research Participant Pool in the department of psychology at a medium-sized, Midwestern university. In order to avoid any selection bias, the study was advertised as “Women’s Childhood Experiences and Current Social Experiences.” The study took place in classrooms in the psychology department in a large-group testing environment, and surveys were administered by a female graduate student or an advanced female undergraduate research assistant. Due to the sensitive nature of the study material, a clinical psychology graduate student was available during all study sessions in case participants experienced distress; however, no participants exhibited or reported any distress related to taking part in the study. Participants received course credit for taking part in each session of the study and were provided with a
debriefing form which included local resources for victims of sexual assault and general counseling resources (see Appendix B-1 – B-4 for consent and debriefing documents).

**Attrition rate.** Attrition rates were relatively low during the course of the study. Approximately 85.5% \( (N = 447) \) of the women who participated in Time 1 of the study at the beginning of the academic quarter returned for Time 2 at the end of the quarter. A number of chi-square analyses conducted found that there were no significant differences in the demographics, childhood victimization, or adolescent victimization histories between women who withdrew and those who returned for Time 2. Although missing data can artificially lower score totals using sum scores, there were very few missing data in the dataset, those missing data points included items on which participants circled multiple answers or skipped a measure item. For the few instances where data were missing, mean substitution was used, which is a conservative procedure that reduces the mean differences between analysis subgroups while allowing more cases to be retained for the analysis (Tabachnick & Fidell, 2007).

**Measures**

Measures were given in a fixed order (see Table 2 for measure order, details of constructs assessed, scoring information, and Cronbach’s alpha values from the current study) and the items on each of the scales, with the exception of the Sexual Experiences Survey (SES) and Child Sexual Victimization Questionnaire (CSVQ) were summed to get an item total score.

**Demographics** (DQ; Appendix C-1). Participants responded to several questions regarding their age, year in school, ethnicity, religion, sexual orientation, marital status, and dating status.
Rosenberg Self-Esteem Scale (RSES; Appendix C-2). This 10-item ($M = 21.02$, $SD = 5.10$), self-report measure assessed global self-esteem (Rosenberg, 1979). Participants rated each item on a four point scale ranging from “strongly agree” to “strongly disagree” with higher scores indicating greater self-esteem. This measure has evidenced good test-retest reliability over a two week period (Hojat & Lyons, 1998) and internal consistency (Wylie, 1989). This measure also demonstrates good convergent validity as evidenced by its negative relationships to scales assessing depression, anxiety, psychosomatic symptoms, and interpersonal insecurity (Sheasby, Barlow, Cullen, & Wright, 2000). Some sample items from this measure include “On the whole, I am satisfied with myself.” and “I am able to do things as well as most other people.”

General Perceived Self-Efficacy Scale (GPSS; Appendix C-3). This 10-item, self-report measure ($M = 31.77$, $SD = 4.90$) assessed participants’ feelings of self-efficacy (Schwarzer & Jerusalem, 1995). Participants rated their confidence in their abilities to cope with daily hassles and adapt after various stressful life events on a four point scale ranging from “not at all true” to “exactly true” with higher scores indicating a greater sense of self-efficacy. Typical items on this scale include, “I can always manage to solve difficult problems if I try hard enough.” and “If I am in trouble, I can usually think of a solution.” The GPSS has demonstrated high internal consistencies (Schwarzer & Jerusalem, 1995) and good convergent and divergent validity as evidenced by its relationships to scales assessing optimism and proactive coping, as well as its negative relationships with procrastination and lack of accomplishment (Scholz, Doña, Sud, & Schwarzer, 2002).
Relationship Scales Questionnaire (RSQ; Appendix C-4). This 30-item, self-report measure, which is based on Hazan and Shaver’s (1987) attachment measure consists of four subscales, secure, fearful, preoccupied, and dismissing (Griffin & Bartholomew, 1994). Respondents rated each of the 30 statements on a five point scale ranging from 1 “not at all like me” to 5 “very much like me.” In the current study, the secure subscale, composed of five items ($M = 16.40, SD = 3.35$), was utilized to determine women’s ability to form secure, adult relationships, with higher scores indicating a more secure adult attachment style. The scale possesses adequate internal reliability and correlates well with other self-report and personal interviews assessing attachment (Griffin & Bartholomew, 1994). Some sample items from the secure subscale include “I find it easy to get emotionally close to others” and “I am comfortable having other people depend on me”.

Inventory of Interpersonal Problems Short Circumplex Form (IIP-SC; Appendix C-5 & C-6). This 32-item, self-report measure ($M = 36.72, SD = 18.95$) is an abbreviated version of the 127-item Inventory of Interpersonal Problems (Horowitz, Rosenberg, Baer, Ureño, & Villaseñor, 1988; Soldz, Budman, Demby, & Merry, 1995) and was used to assess participants’ interpersonal difficulties. Each of the 32 items describe interpersonal skills in which individuals may experience difficulty engaging and those which they do too much, and are rated on a 5 point scale ranging from 0 “not at all” to 4 “extremely”. These items fall onto eight 4-item subscales: Hard to be Sociable, Hard to be Assertive, Hard to be Supportive, Hard to be Involved, Too Aggressive, Too Open, Too Caring, and Too Dependent (Barkham, Hardy, & Startup, 1996). The IIP-SC has evidenced adequate internal consistency reliability and can be substituted for use in place
of the long-form of the measure (Soldz et al., 1995). The IIP-SC has also evidenced adequate 3-week test-retest reliability and high internal consistency in a sample of college students (Hansen, Umphress, & Lambert, 1998). Some sample items from the scale include: “It is hard for me to introduce myself to new people.” and “I let other people take advantage of me too much”. In the current study the fullscale score was utilized as an overall rating of participants’ interpersonal functioning with higher scores indicating greater interpersonal difficulties.

**Parental Authority Questionnaire** (PAQ; Appendix C-7). This 30-item self-report measure assessed participants’ perceptions of the primary parenting style in their family of origin (Buri, 1991). The three parenting styles, identified by Baumrind (1971) and assessed by the PAQ include: permissive ($M = 23.42, SD = 6.27$), authoritarian ($M = 30.24, SD = 7.84$), and authoritative ($M = 35.41, SD = 7.22$). Responses to scale items ranged from 1 “strongly disagree” to 5 “strongly agree”. The PAQ subscales have evidenced good 2-week test-retest reliability and adequate internal consistency reliability in a sample of college students (Buri, 1991). Some sample scale items include: “Whenever my parents told me to do something as I was growing up, they expected me to do it immediately without asking any questions” and “As I was growing up, I knew what my parents expected of me in my family, but I also felt free to discuss those expectations with my parents when I felt that they were unreasonable”.

**Family Environment Scale** (FES; Appendix C-8). The Conflict subscale of the Real Form (Form R) of this 90-item, self-report questionnaire was used to measure women’s perceptions of their family environments during childhood, specifically interpersonal relations between their primary caregivers (Moos & Moos, 1986). For the
purposes of the current study, the instructions were slightly altered to include the phrase “while you were growing up” to assess participants’ experiences in their families of origin. The FES has demonstrated acceptable 8-week test-retest reliabilities for each of its subscales and has also evidenced good internal consistency (Moos & Moos, 1986). In the current study, participants only completed the Relationship dimension which includes the Cohesion, Expressiveness, and Conflict subscales. Only the Conflict subscale, which is composed of nine items ($M = 3.38, SD = 2.40$), was used to assess childhood experiences with anger, aggression, and conflict present in the family, yielding a measure of childhood exposure to domestic violence that has been utilized by previous researchers (e.g., Davies et al., 2004; Quigley, Jaycox, McCaffrey, & Marshall, 2006). In the current study, an individual was identified as having experienced childhood exposure to domestic violence if her summed score on the Conflict subscale was one standard deviation (2.24) above the mean score (3.54) reported by other researchers in their work with “normal” individuals (Moos & Moos, 2002). Some sample items from the Conflict subscale include “We fight a lot in our family”, “Family members hardly ever lose their tempers”, and “Family members sometimes get so angry they throw things”.

**Comprehensive Child Maltreatment Scale** (CCMS; Appendix C-9). This 22-item self-report measure for adults assessed for five forms of childhood maltreatment, including witnessing family violence, neglect, psychological maltreatment, physical abuse, and sexual abuse (Higgins & McCabe, 2001b). In this scale, childhood is defined as prior to age 18 years, and for the current study only the subscales assessing neglect ($M = 1.58, SD = 3.52$), psychological maltreatment ($M = 11.82, SD = 8.25$), and physical abuse ($M = 2.43, SD = 3.78$) were utilized. Women were identified as victims of
childhood neglect, psychological maltreatment, and physical abuse if their summed item responses on each subscale were one standard deviation above the mean response for that subscale. Participants reported on the frequency with which their mother, father, or other adult engaged in each of the described behaviors towards them during childhood.

Response scales were modified and modeled after the response scale of the Conflict Tactics Scale-Revised (Straus, Hamby, Boney-McCoy, & Sugarman, 1996) in order to better capture the frequency with which participants experienced childhood maltreatment. Responses were given on a scale ranging from 0 “never” to 6 “more than 20 times”. The CCMS has been found to have excellent 6- to 8-week test-retest reliability and high concurrent validity between its Neglect and Sexual Abuse subscales and relevant subscales on the Child Abuse Trauma Questionnaire (CAT; Sanders & Becker-Lawson, 1995; Higgins & McCabe, 2001b). This measure has also been found to have strong full scale internal consistency (Higgins & McCabe, 2001b).

**Childhood Sexual Victimization Questionnaire** (CSVQ; Appendix C-10). This 13-item, self-report measure assessed childhood sexual victimization experiences before age 14 (Finkelhor, 1979; Risin & Koss, 1987). Participants answered “yes” or “no” to indicate if they had certain sexual experiences, such as “Another person showed his/her sex organ to you”, which are listed from the least to most severe. There were also two qualifying questions for each item assessing the age of the other person involved and the main reason the respondent participated in the experience. The CSVQ has evidenced good internal consistency in other college samples (Probst, 2007; Turchik et al., 2007). In the current study, an individual was identified as a victim of childhood sexual abuse if she indicated the experience occurred before the age of 14 and the person was more than
4 years older than the victim or force or coercion were used. A past history of childhood sexual victimization was coded into a binary variable with only individuals who reported attempted or completed rape coded as having a history of childhood sexual abuse as these more severe experiences are more likely to impact individuals as adults than milder forms of childhood victimization. This coding is consistent with that used by other researchers (e.g., Gidycz, VanWynsberghe, & Edwards, 2008; Messman-Moore & Brown, 2004).

**Sexual Experiences Survey Short Form Victimization** (SES-SFV; Appendix C-11 & C-12). The SES-SFV (Koss et al., 2007) is a self-report instrument that assesses sexual victimization experiences and is a recently revised version of the Sexual Experiences Survey (SES; Appendix C-13 & C-14; Koss & Oros, 1982). At Time 1 this measure assessed for sexual assault experiences during adolescence (after age 14) and at Time 2 assessed for sexual victimization occurring over the academic quarter. It included descriptions of behaviorally worded sexual acts and perpetrator tactics that participants endorsed the frequency of times they experienced (0 times, 1 time, 2 times, 3+ times) in the specified timeframe. The five levels of sexual victimization, in order from least to most severe, are defined as follows: (a) no history of sexual victimization; (b) unwanted sexual contact: the use of continual arguments, authority, or physical force was used to coerce the woman into sex play, including fondling, kissing, or petting, but not sexual intercourse; (c) sexual coercion: authority, continual arguments, and pressure was used to compel the woman into sexual intercourse; (d) attempted rape: physical force, alcohol, or drugs was used to attempt sexual intercourse with the woman, but intercourse did not occur; and (e) rape: alcohol, drugs, or physical force was used to coerce the woman into sexual intercourse, including vaginal, anal, and oral sex. Past history of adolescent sexual
victimization and sexual victimization occurring over the academic quarter were coded into a binary variable with victims in the current study defined as those who endorsed experiencing an attempted or completed rape. Given that this scale was only recently revised, there are not yet any published reports on the validity or reliability of the instrument. However, in a recent study conducted by Murphy (2010) with college women, the measure was found to have good two-week test-retest reliability for 5-level categories and good internal consistency. It was also found in the current study that the original and revised versions of the SES were significantly correlated at both Times 1 ($r = .54, p < .001$) and 2 ($r = .39, p < .001$). Given the significant correlation between the two measures, the newer, revised version of the measure was utilized in the current study.

**Composite Abuse Scale** (CAS; Appendix C-15 & C-16). This 35-item, self-report measure assessed participants’ experiences with partner abuse; directions were modified to assess abuse in adolescence, occurring from age 16 until Time 1, and over the course of the 8-week follow-up period (Hegarty, Sheehan, & Schonfeld, 1999). The 35 items fall onto four dimensions: severe combined abuse (SCA), physical abuse (PA), emotional abuse (EA), and harassment (H). Only the physical ($M = 0.31, SD = 1.65$) and emotional ($M = 1.59, SD = 4.70$) abuse dimensions were utilized in the current study which were composed of 7 and 11 items, respectively. Respondents were asked to rate each item describing an abusive action a partner could have perpetrated against them on a scale ranging from 0 “never” to 5 “daily”. The internal consistency and reliability for the CAS as a whole and each subscale individually has been found to be high and its four dimensions have also evidenced good convergent validity with other self-report measures of abusive experiences including the Conflict Tactics Scale (CTS; Straus, 1979; Hegarty
et al., 1999). Sample questions from the physical and emotional abuse dimensions include “Slapped me” or “Pushed, grabbed, or shoved me” and “Told me that I was ugly” or “Did not want me to socialize with my female friends”.

**Trauma Symptoms Checklist** (TSC-40; Appendix C-17). This 40-item, self-report questionnaire \((M = 24.17, SD = 16.88)\) measured symptomatology associated with childhood or adult traumatic experiences (Briere & Runtz, 1989). Participants rated the frequency of their experiences with each item on a four point scale ranging from 0 “never” to 3 “often.” This scale includes six subscales: dissociation, anxiety, depression, sexual abuse trauma index, sleep disturbance, and sexual problems. However, in the present study, the scale items were summed to gain a total score of each participant’s level of trauma symptomatology, with higher scores indicating greater trauma symptoms. This measure has been used in nearly one-hundred published studies, possesses adequate internal reliability, and correlates well with other psychological distress measures (Briere & Runtz, 1989). Some sample items from the scale include “Not feeling rested in the morning” and “Feeling tense all the time”. This measure was completed by participants at Times 1 and 2, but only participant responses at Time 1 were utilized.
RESULTS

Victimization Frequencies

Of the women surveyed 3.1% (N = 16) reported a history of sexual contact, 3.3% (N = 17) attempted rape, and 1.4% (N = 7) completed rape occurring in childhood. Approximately 9% (N = 44) of the women reported a history of unwanted sexual contact, 6.3% (N = 30) sexual coercion, 4.4% (N = 21) attempted rape, and 16.5% (N = 79) completed rape in adolescence. Among those women who returned for Time 2, 18.7% (N = 82) were victimized during the 8-week follow-up period. Specifically, 6.8% (N = 30) reported experiencing unwanted sexual contact, 1.6% (N = 7) sexual coercion, 4.3% (N = 19) attempted rape, and 5.9% (N = 26) completed rape.

Of those women who participated in Time 1 of the study, 9.9% (N = 52) endorsed a history of childhood neglect by caregivers, 13% (N = 68) reported a history of psychological maltreatment in childhood, and 11.7% (N = 61) reported physical abuse by a caregiver. Additionally, 21.6% (N = 113) reported exposure to domestic violence during their childhood. A history of adolescent physical and emotional abuse by romantic partners was reported by 13.4% (N = 66) and 19.5% (N = 96) of women at Time 1, respectively. Among those women who returned for Time 2, 20.2% (N = 79) and 7.7% (N = 30) reported emotional and physical abuse experiences occurred during the follow-up, respectively, with their romantic partner.

Correlations and Variable Coding

Bivariate correlations were conducted to better understand the correlates of women who reported experiencing emotional, physical, or sexual victimization over the academic quarter (see Table 3). The following were considered binary variables with 0 =
no history of victimization and 1 = victimization history: childhood sexual victimization, childhood physical abuse, childhood psychological abuse, childhood neglect, childhood exposure to domestic violence, adolescent sexual victimization history, adolescent emotional abuse, adolescent physical abuse, emotional abuse over the follow-up, physical abuse over the follow-up, and sexual victimization over the follow-up. The remaining variables were considered continuous.

**Prediction of Adolescent Abuse and Victimization at Time 1: Retrospective Analyses**

Three binary logistic regression analyses were conducted to examine childhood variables predictive of women’s experiences of emotional abuse, physical abuse, and sexual victimization in adolescence that were reported at the first study session. The historical variables of childhood exposure to domestic violence, neglect, psychological abuse, physical abuse, and sexual abuse were entered simultaneously into each of the three regression analyses.

The first binary logistic regression predicting women’s experiences of adolescent emotional abuse (see Table 4) was significant, and accounted for 7.9% of the variance (Nagelkerke $R^2$), $X^2(5, N = 483) = 24.35, p < .001$. In the presence of the other childhood abuse variables, physical abuse emerged as a significant predictor of women’s emotional abuse in adolescence, Wald $X^2(1, N = 483) = 7.93, p = .01$. Specifically, women with a history of childhood physical abuse were 2.81 times more likely to experience adolescent emotional abuse than women without that abuse history.

The second binary logistic regression predicting women’s experiences of adolescent physical abuse (see Table 5) was significant, and accounted for 5.6% of the variance (Nagelkerke $R^2$), $X^2(5, N = 483) = 15.01, p = .01$. In the presence of the other
childhood abuse variables, physical abuse emerged as a significant predictor of women’s physical abuse in adolescence, Wald $X^2(1, N = 483) = 7.96, p = .01$. Specifically, women with a history of childhood physical abuse were 3.15 times more likely to experience adolescent physical abuse than women without that abuse history.

The third binary logistic regression predicting women’s experiences of adolescent sexual victimization (see Table 6) was significant, and accounted for 15.8% of the variance (Nagelkerke $R^2$), $X^2(5, N = 469) = 49.91, p < .001$. In the presence of the other childhood abuse variables, psychological abuse [Wald $X^2(1, N = 469) = 4.85, p < .05$], physical abuse [Wald $X^2(1, N = 469) = 9.84, p < .01$], and sexual abuse [Wald $X^2(1, N = 469) = 6.92, p < .05$] emerged as significant predictors of women’s adolescent sexual victimization. Specifically, women with a history of childhood psychological, physical, and sexual abuse were 2.27, 3.21, and 3.63 times more likely to experience adolescent sexual victimization than women without those abuse histories, respectively.

**Prediction of Abuse and Victimization over the Study Follow-up: Prospective Analyses**

Three hierarchical binary logistic regression analyses were conducted to examine variables predictive of women’s experiences of emotional abuse, physical abuse, and sexual victimization over the 8-week study follow-up. The historical variables of childhood exposure to domestic violence, neglect, psychological abuse, physical abuse, and sexual abuse were entered into the first block and adolescent experiences of emotional abuse, physical abuse, and sexual victimization were entered into the second and final block of each of the three regression analyses.
The first block of the regression predicting women’s experiences of emotional abuse reported over the 8-week follow-up (see Table 7) was significant, accounting for 6.2% of the variance (Nagelkerke $R^2$), $G^2 (5, N = 344) = 14.18, p = .01$. Childhood physical abuse ($\beta = 1.30$) was the only significant predictor to emerge in this block of the model. The second and final block of the model (see Table 7) was significant, accounting for 29.5% of the variance (Nagelkerke $R^2$), $\Delta G^2 (3, N = 344) = 77.02, p < .001$. The variables to emerge in the final model as significant predictors of women’s emotional abuse over the 8-week follow-up were childhood physical abuse ($\beta = 1.18$) and adolescent emotional abuse ($\beta = 2.50$). Specifically, women with a history of childhood physical abuse and adolescent emotional abuse were 3.25 and 12.18 times more likely to experience emotional abuse over the 8-week follow-up than women without those abuse histories, respectively.

The first block of the second binary logistic regression predicting women’s experiences of physical abuse reported over the 8-week follow-up (see Table 8) containing childhood abuse variables was not significant [$G^2 (5, N = 343) = 10.37, p = .07$]. The second and final block of the model (see Table 8) was significant, accounting for 20.8% of the variance (Nagelkerke $R^2$), $\Delta G^2 (3, N = 343) = 33.98, p < .001$. The variables to emerge in the final model as significant predictors of women’s physical abuse over the 8-week follow-up were childhood neglect ($\beta = 1.71$) and adolescent physical abuse ($\beta = 1.94$). Specifically, women with a history of childhood neglect and adolescent physical abuse were 5.54 and 6.98 times more likely to experience physical abuse over the 8-week follow-up than women without those victimization histories, respectively.
The first block of the third binary logistic regression predicting women’s experiences of sexual victimization over the 8-week follow-up (see Table 9) containing childhood abuse variables was not significant \( G^2 (5, N = 354) = 7.16, p = .21 \). The second and final block of the model (see Table 9) was significant, accounting for 13.3% of the variance (Nagelkerke R\(^2\)), \( \Delta G^2 (3, N = 354) = 18.43, p < .001 \). The variables to emerge in the final model as significant predictors of women’s sexual victimization over the 8-week follow-up were childhood psychological abuse (\( \beta = 1.38 \)) and adolescent sexual victimization (\( \beta = 1.37 \)). Specifically, women with a history of childhood psychological abuse and adolescent sexual victimization were 3.50 and 3.95 times more likely to experience sexual victimization than women without those abuse histories, respectively.

**Frequencies of Childhood Multi-type Maltreatment Groupings**

Women were placed into groups of multiple childhood victimization types based on groups that have been reported previously in the literature as well as those specific groupings that were present within the sample (see Table 10). These groupings were utilized in the following MANOVAs and set of regression analyses predicting victimization and abuse at Times 1 and 2 of the study. The specific maltreatment groupings that were included in the MANOVAs were based on the minimum number of cases necessary (n = 6) in order to perform the analyses (Tabachnick & Fidell, 2007). The nine groupings included were: no history of childhood maltreatment; neglect only; psychological abuse only; physical abuse only; domestic violence exposure only; domestic violence exposure and psychological abuse; psychological abuse, domestic violence exposure, and physical abuse; neglect, domestic violence exposure,
psychological abuse, and physical abuse; and neglect, psychological abuse, domestic violence exposure, physical abuse, and sexual abuse.

**Differences among Women with Varying Childhood Maltreatment Experiences**

A single one-way multivariate analysis of variance (MANOVA) was conducted to explore the differences among women who reported varying experiences of childhood maltreatment on a number of variables, including: self-esteem, self-efficacy, psychological trauma, attachment style, and interpersonal functioning. The MANOVA revealed that there were statistically significant differences found among women who were exposed to various childhood maltreatment experiences on the combined five variables, $F(40, 1982) = 3.33, p < .001$; Wilks’ Lambda = .75; partial eta squared = .06. When the results for each of the dependent variables were considered separately, using the Bonferroni adjusted alpha level of .01, it was found that the women differed significantly on their reported self-esteem $F(8, 458) = , p < .001$; partial eta squared = .07, interpersonal functioning $F(8, 458) = 5.89, p < .001$; partial eta squared = .09, and trauma symptoms $F(8, 458) = 12.47, p < .001$; partial eta squared = .18. Specific inspection of the mean scores indicated that women with no history of childhood maltreatment reported higher levels of self-esteem ($M = 21.88, SD = 4.57$) than women who reported a history of domestic violence exposure ($M = 19.56, SD = 5.87$), domestic violence exposure and psychological abuse ($M = 16.78, SD = 7.00$), and women who reported experiencing all 5 forms of childhood maltreatment ($M = 15.50, SD = 4.32$). Women who reported no history of childhood maltreatment also endorsed less difficulties in interpersonal functioning ($M = 32.90, SD = 17.87$) than women who reported a history of childhood exposure to domestic violence ($M = 44.94, SD = 21.74$) and women who
reported a history of domestic violence exposure and psychological abuse ($M = 52.56, SD = 18.66$).

Mean scores also indicated that women who reported no history of childhood maltreatment endorsed lower levels of trauma symptomatology ($M = 19.65, SD = 14.04$) than women who reported a history of domestic violence exposure ($M = 32.20, SD = 19.32$), domestic violence exposure and psychological abuse ($M = 40.67, SD = 13.40$), domestic violence exposure, psychological abuse, and physical abuse ($M = 37.50, SD = 20.17$), neglect, domestic violence exposure, psychological abuse, and physical abuse ($M = 40.78, SD = 13.80$), and those women who reported experiencing all 5 forms of childhood maltreatment ($M = 54.67, SD = 27.21$). It was also found that women who reported experiencing all 5 forms of childhood maltreatment endorsed greater trauma symptomatology ($M = 54.67, SD = 27.21$) than women who reported no history of childhood maltreatment ($M = 19.65, SD = 14.04$), neglect ($M = 27.20, SD = 14.77$), domestic violence exposure ($M = 32.20, SD = 19.32$), psychological abuse ($M = 28.54, SD = 17.43$), and physical abuse ($M = 25.31, SD = 8.79$).

A second one-way multivariate analysis of variance (MANOVA) was conducted to explore the differences among women who reported varying experiences of childhood maltreatment on reported parenting styles present in their childhood homes (passive, authoritarian, and authoritative). The MANOVA revealed that there were statistically significant differences found among women who were exposed to various childhood maltreatment experiences on the combined three variables, $F(24, 1323) = 5.31, p < .001$; Wilks’ Lambda = .77; partial eta squared = .09. When the results for each of the dependent variables was considered separately, using the Bonferroni adjusted alpha level
of .02, it was found that the women differed significantly on two reported parenting styles: authoritarian $F(8, 458) = 5.88$, $p < .001$; partial eta squared = .09 and authoritative $F(8, 458) = 11.19$, $p < .001$; partial eta squared = .16. Specific inspection of the mean scores indicated that women with a history of psychological abuse, domestic violence exposure, and physical abuse ($M = 37.00, SD = 6.65$) and women with a history of neglect, psychological abuse, domestic violence exposure, physical abuse, and sexual abuse ($M = 39.50, SD = 8.48$) reported greater authoritarian parenting practices than women with no history of childhood abuse ($M = 28.80, SD = 7.00$).

Mean scores also indicated that women with a history of domestic violence exposure ($M = 32.68, SD = 7.41$); domestic violence exposure and psychological abuse ($M = 29.56, SD = 6.42$); domestic violence exposure, psychological abuse, and physical abuse ($M = 30.00, SD = 5.64$); neglect, domestic violence exposure, psychological abuse, and physical abuse ($M = 29.89, SD = 6.25$); neglect, psychological abuse, domestic violence exposure, physical abuse, and sexual abuse ($M = 20.67, SD = 5.82$) reported less authoritative parenting practices than women with no history of childhood abuse ($M = 37.20, SD = 6.15$). It was also found that women who endorsed experiencing neglect, psychological abuse, domestic violence exposure, physical abuse, and sexual abuse ($M = 20.67, SD = 5.82$) reported less authoritative parenting than women who reported no history of childhood abuse ($M = 37.20, SD = 6.15$); neglect ($M = 33.40, SD = 8.57$); psychological abuse ($M = 36.08, SD = 7.04$); and physical abuse ($M = 34.85, SD = 5.06$).
Prediction of Abuse and Victimization Using Childhood Maltreatment Groupings

Six binary logistic regression analyses were conducted to examine the specific childhood multi-type maltreatment groupings predictive of women’s experiences of emotional abuse, physical abuse, and sexual victimization in adolescence that were reported at the first session of the study and over the 8-week follow-up period. The specific maltreatment groupings that were included in the regression analyses were based on the minimum number of cases necessary (n = 10) to run the analyses (Tabachnick & Fidell, 2007). The six specific maltreatment groupings included were: no history of childhood maltreatment; neglect only; psychological abuse only; physical abuse only; domestic violence exposure only; and psychological abuse, domestic violence exposure, and physical abuse which were coded 0-5, respectively into a single categorical variable and entered into each regression analysis.

The first binary logistic regression predicting women’s experiences of adolescent emotional abuse (see Table 11) was significant, accounting for 5.8% of the variance (Nagelkerke $R^2$), $X^2 (5, N = 416) = 14.93$, $p < .05$. In the presence of the other maltreatment groupings, physical abuse [$Wald X^2 (1, N = 416) = 7.92$, $p = .01$] and the maltreatment combination of domestic violence exposure, psychological abuse, and physical abuse [$Wald X^2 (1, N = 416) = 6.04$, $p = .01$] emerged as significant predictors of women’s adolescent emotional abuse. Specifically, women with a history of childhood physical abuse and the maltreatment combination of domestic violence exposure, psychological abuse, and physical abuse were 5.09 and 5.94 times more likely to experience adolescent emotional abuse, respectively.
The second binary logistic regression predicting women’s experiences of adolescent physical abuse (see Table 12) was significant, accounting for 5.6% of the variance (Nagelkerke $R^2$), $X^2 (5, N = 416) = 15.44, p = .01$. In the presence of the other maltreatment groupings, physical abuse [Wald $X^2(1, N = 416) = 8.49, p < .01$] and the maltreatment combination of domestic violence exposure, psychological abuse, and physical abuse [Wald $X^2(1, N = 416) = 9.20, p < .01$] emerged as significant predictors of women’s adolescent physical abuse. Specifically, women with a history of childhood physical abuse and the combination of domestic violence exposure, psychological abuse, and physical abuse were 5.74 and 9.19 times more likely to experience physical abuse in adolescence, respectively.

The third binary logistic regression predicting women’s experiences of adolescent sexual victimization (see Table 13) was significant, accounting for 6.6% of the variance (Nagelkerke $R^2$), $X^2 (5, N = 400) = 15.66, p < .05$. In the presence of the other maltreatment groupings, physical abuse [Wald $X^2(1, N = 400) = 4.74, p < .05$] and the combination of domestic violence exposure, psychological abuse, and physical abuse [Wald $X^2(1, N = 400) = 10.55, p = .001$] emerged as significant predictors of women’s adolescent sexual victimization. Specifically, women with a history of childhood physical abuse and the combination of domestic violence exposure, psychological abuse, and physical abuse were 4.27 and 7.69 times more likely to experience adolescent sexual victimization, respectively.

The fourth binary logistic regression predicting women’s experiences of emotional abuse over the 8-week follow-up (see Table 14) was significant, accounting for 6.7% of the variance (Nagelkerke $R^2$), $X^2 (5, N = 335) = 14.15, p < .05$. In the presence of
the other maltreatment groupings, childhood neglect [Wald $X^2(1, N = 335) = 3.94, p < .05$] and the combination of domestic violence exposure, psychological abuse, and physical abuse [Wald $X^2(1, N = 335) = 8.36, p < .01$] emerged as significant predictors of women’s emotional abuse over the 8-week follow-up. Specifically, women with a history of childhood neglect and the combination of domestic violence exposure, psychological abuse, and physical abuse were 5.23 and 8.72 times more likely to experience emotional abuse, respectively.

The fifth binary logistic regression predicting women’s experiences of physical abuse over the 8-week follow-up (see Table 15) was not significant, $X^2 (5, N = 334) = 7.91, p = .16$.

The sixth binary logistic regression predicting women’s experiences of sexual victimization over the 8-week follow-up (see Table 16) was not significant, $X^2 (5, N = 356) = 9.79, p = .08$.

**Differences among Women with 0-5 Childhood Maltreatment Experiences**

Women were placed into summary groups of childhood victimization experiences based on the number of different types of childhood maltreatment they reported. The specific groupings were coded as: 0 = no history of childhood maltreatment; 1 = one type of childhood maltreatment; 2 = two types of childhood maltreatment; 3 = three types of childhood maltreatment; 4 = four types of childhood maltreatment; and 5 = all five types of childhood maltreatment assessed were endorsed.

A single one-way multivariate analysis of variance (MANOVA) was conducted to explore the differences among women who reported varying experiences of childhood maltreatment utilizing summary scores ranging between 0-5 on a number of variables,
including: self-esteem, self-efficacy, psychological trauma, attachment style, and interpersonal functioning. The MANOVA revealed that there were statistically significant differences found among women who were exposed to various childhood maltreatment experiences on the combined five variables, $F(25, 1874) = 5.79, p < .001$; Wilks’ Lambda $= .76$; partial eta squared $= .05$. When the results for each of the dependent variables were considered separately, using the Bonferroni adjusted alpha level of .01, it was found that the women differed significantly on their reported self-esteem $F(5, 508) = 7.63, p < .001$; partial eta squared $= .07$, attachment $F(5, 508) = 4.44, p < .01$; partial eta squared $= .04$, interpersonal functioning $F(5, 508) = 9.29, p < .001$; partial eta squared $= .08$, and trauma symptoms $F(5, 508) = 21.93, p < .001$; partial eta squared $= .18$. Specific inspection of the mean scores indicated that women with no history of childhood maltreatment reported higher levels of self-esteem ($M = 21.88, SD = 4.57$) than women who reported a history of experiencing one ($M = 19.90, SD = 5.50$), two ($M = 18.23, SD = 5.74$), three ($M = 18.78, SD = 6.36$), or all five ($M = 15.50, SD = 4.32$) forms of childhood maltreatment.

Women who reported no history of childhood maltreatment also reported more secure attachment ($M = 16.84, SD = 3.25$) than women who reported experiencing one ($M = 15.49, SD = 3.47$) or three forms of childhood maltreatment ($M = 14.70, SD = 3.48$). Women who reported no history of childhood maltreatment also reported less difficulties in interpersonal functioning ($M = 32.90, SD = 17.87$) than women who reported experiencing one ($M = 44.16, SD = 19.80$), two ($M = 43.53, SD = 16.98$), three ($M = 43.96, SD = 19.43$), or all five ($M = 55.67, SD = 21.39$) forms of childhood maltreatment. Mean scores also indicated that women who reported no history of childhood maltreatment endorsed lower levels of trauma symptomatology ($M = 19.65, SD = 14.04$)
than women who reported experiencing one \((M = 30.38, SD = 18.57)\), two \((M = 32.37, SD = 15.68)\), three \((M = 36.52, SD = 17.70)\), four \((M = 41.00, SD = 13.54)\), or all five \((M = 54.67, SD = 27.21)\) forms of childhood maltreatment. It was also found that women who reported experiencing all 5 forms of childhood maltreatment endorsed greater trauma symptomatology \((M = 54.67, SD = 27.21)\) than women who reported no history of childhood maltreatment \((M = 19.65, SD = 14.04)\) and those who experienced only one \((M = 30.38, SD = 18.57)\) or two \((M = 32.37, SD = 15.68)\) forms of childhood maltreatment.

A second one-way multivariate analysis of variance (MANOVA) was conducted to explore the differences among women who reported varying experiences of childhood maltreatment utilizing summary scores ranging between 0-5 on reported parenting styles present in their childhood homes (passive, authoritarian, and authoritative). The MANOVA revealed that there were statistically significant differences found among women who were exposed to various childhood maltreatment experiences on the combined three variables, \(F(15, 1397) = 9.17, p < .001\); Wilks’ Lambda = .77; partial eta squared = .08. When the results for each of the dependent variables were considered separately, using the Bonferroni adjusted alpha level of .02, it was found that the women differed significantly on two reported parenting styles: authoritarian \(F(5, 508) = 11.15, p < .001\); partial eta squared = .10 and authoritative \(F(5, 508) = 22.42, p < .001\); partial eta squared = .18. Inspection of the mean scores indicated that women with no history of childhood abuse \((M = 28.80, SD = 7.00)\) reported less authoritarian parenting practices than women who reported a history of 1 \((M = 31.71, SD = 7.45)\), 2 \((M = 35.03, SD = 9.70)\), 3 \((M = 36.07, SD = 8.00)\), 4 \((M = 31.77, SD = 10.19)\), or 5 \((M = 39.50, SD = 8.48)\) forms of childhood maltreatment.
Mean scores also indicated that women with no history of childhood maltreatment ($M = 37.20, SD = 6.15$) reported greater authoritative parenting practices than women who reported a history of 1 ($M = 33.99, SD = 7.25$), 2 ($M = 29.07, SD = 8.31$), 3 ($M = 30.33, SD = 6.49$), 4 ($M = 30.15, SD = 8.75$), or 5 ($M = 20.67, SD = 5.82$) forms of childhood maltreatment. It was also found that women who endorsed experiencing 5 forms of childhood maltreatment reported less authoritative parenting practices than women who reported a history of 0-4 forms of childhood maltreatment (see above reported means and standard deviations).

**Prediction of Abuse and Victimization Using Maltreatment Summary Scores of 0-5**

Six binary logistic regression analyses were conducted to examine the childhood multi-type maltreatment summary scores predictive of women’s experiences of emotional abuse, physical abuse, and sexual victimization in adolescence that were reported at the first session of the study and over the 8-week follow-up period. The summary scores that were included in the regression analyses were based on the minimum number of cases necessary ($n = 10$) to run the analyses (Tabachnick & Fidell, 2007). The summary scores included in these analyses are the same as in the above MANOVA however; group 5 was dropped from the analyses due to the low number of cases.

The first binary logistic regression predicting women’s experiences of adolescent emotional abuse (see Table 17) was significant, accounting for 6.1% of the variance (Nagelkerke $R^2$), $X^2 (4, N = 477) = 18.20, p = .001$. In the presence of the other summary scores, the experience of one [Wald $X^2 (1, N = 477) = 6.84, p < .01$], three [Wald $X^2 (1, N = 477) = 5.06, p < .05$], and four [Wald $X^2 (1, N = 477) = 10.83, p = .001$] types of childhood maltreatment emerged as significant predictors of women’s adolescent
emotional abuse. Specifically, women with a history of one, three, and four forms of childhood maltreatment were 2.13, 2.79, and 8.90 times more likely to experience adolescent emotional abuse, respectively.

The second binary logistic regression predicting women’s experiences of adolescent physical abuse (see Table 18) was significant, accounting for 6.0% of the variance (Nagelkerke $R^2$), $X^2 (4, N = 477) = 16.00, p < .01$. In the presence of the other summary scores, the experience of one $[\text{Wald } X^2(1, N = 477) = 4.76, p < .05]$, three $[\text{Wald } X^2(1, N = 477) = 9.81, p < .01]$, and four $[\text{Wald } X^2(1, N = 477) = 7.28, p = .01]$ types of childhood maltreatment emerged as significant predictors of women’s adolescent physical abuse. Specifically, women with a history of one, three, and four forms of childhood maltreatment were 2.07, 4.32, and 6.13 times more likely to experience adolescent physical abuse, respectively.

The third binary logistic regression predicting women’s experiences of adolescent sexual victimization (see Table 19) was significant, accounting for 13.5% of the variance (Nagelkerke $R^2$), $X^2 (4, N = 463) = 41.43, p < .001$. In the presence of the other summary scores, the experience of one $[\text{Wald } X^2(1, N = 463) = 4.12, p < .05]$, two $[\text{Wald } X^2(1, N = 463) = 5.47, p < .05]$, three $[\text{Wald } X^2(1, N = 463) = 23.19, p < .001]$, and four $[\text{Wald } X^2(1, N = 463) = 18.32, p < .001]$ types of childhood maltreatment emerged as significant predictors of women’s adolescent sexual victimization. Specifically, women with a history of one, two, three, and four forms of childhood maltreatment were 1.87, 2.75, 8.15, and 14.41 times more likely to experience adolescent sexual victimization, respectively.
The fourth binary logistic regression predicting women’s experiences of emotional abuse reported over the 8-week follow-up (see Table 20) was significant, accounting for 5.5% of the variance (Nagelkerke $R^2$), $X^2 (4, N = 380) = 13.64, p < .05$. In the presence of the other summary scores, the experience of three [Wald $X^2(1, N = 380) = 10.28, p < .01$] types of childhood maltreatment emerged as a significant predictor of women’s emotional abuse reported at the second study session. Specifically, women with a history of three forms of childhood maltreatment were 4.36 times more likely to experience emotional abuse over the follow-up.

The fifth binary logistic regression predicting women’s experiences of physical abuse reported over the 8-week follow-up (see Table 21) was not significant, $X^2 (4, N = 379) = 5.86, p = .21$.

The sixth binary logistic regression predicting women’s experiences of sexual victimization reported over the 8-week follow-up (see Table 22) was not significant, $X^2 (4, N = 402) = 5.64, p = .23$. 
DISCUSSION

The primary goal of the current study was to explore some of the long-term effects of childhood multi-type maltreatment; including the impact that it may have on the victimization experiences of college women. Given that researchers do not often assess and consider all forms of childhood maltreatment (neglect, exposure to domestic violence, psychological abuse, physical abuse, or sexual abuse) when studying the long-term impact of childhood abuse on subsequent functioning (see Higgins & McCabe, 2001a for a review), the current study assessed for retrospective reports of all five aforementioned forms of childhood maltreatment. This allowed for the most comprehensive study of the unique maltreatment groups present within the sample when exploring the impact of childhood abuse on the long-term functioning and victimization risk of college women. Unlike most prior research which utilizes only summary scores of maltreatment experiences in analyses (e.g., Clemmons et al., 2003; Finkelhor et al., 2007), the current study included specific maltreatment groups in the analyses to explore the presence of any uniquely predictive maltreatment combinations. Within the current sample, a total of 26 unique categories of childhood multi-type maltreatment experiences were identified, 9 of which contained the minimum number of cases necessary in order to be included in the analyses. Analyses were also conducted using summary scores to allow for ease of comparison of the findings to previous research. When the unique groupings were collapsed into summary scores ranging from 0-5 indicating the number of types of childhood maltreatment experiences reported, 76 women reported 2-5 types of childhood maltreatment, 91 reported only one type of childhood maltreatment, and 347 women had no history of childhood abuse.
With two exceptions (i.e., attachment, self-efficacy), as posited by the cumulative risk hypothesis, the general trend in the MANOVA results utilizing both the summary scores and the unique maltreatment groups suggest that as the number of maltreatment experiences increases so do the negative outcomes (i.e., lower self-esteem, increased interpersonal functioning difficulties, and greater trauma symptomatology). These findings underscore the cumulative, long-term effect of having multiple experiences with violence in childhood. Similar results demonstrating the increase in reported trauma symptomatology with higher summary scores have been found in other undergraduate samples (e.g., Clemmons et al., 2003; Clemmons et al., 2007; Higgins & McCabe, 2000).

When the unique maltreatment groupings were considered, women who experienced domestic violence exposure and domestic violence exposure in combination with direct abuse (i.e., physical, psychological abuse) reported greater trauma symptoms than women with no childhood abuse history. The combination of domestic violence exposure and direct childhood abuse resulting in greater negative outcomes, including increased trauma symptomatology, in comparison to individuals who experienced only childhood domestic violence exposure or only direct abuse is consistent with what has been found in previous research (Bedi & Goddard, 2007; Kernic, Wolf, Holt, McKnight, Huebner, & Rivara, 2003; McCloskey & Walker, 2000; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003).

Just as domestic violence present within the family can impact a child’s subsequent functioning; researchers have found that certain types of parenting practices and dysfunction within the home can have an effect on child abuse and multi-type maltreatment potential (e.g., Messman-Moore & Brown, 2004; Mullen et al., 1996; Rodriguez, 2010). In the current study it was found that women who reported no history
of childhood abuse were more likely to endorse the presence of authoritative parenting in their homes whereas women who experienced maltreatment endorsed a greater presence of authoritarian parenting. It was particularly striking in the specific maltreatment groups that domestic violence exposure was a common form of maltreatment across all the groups that reported less authoritative parenting practices. Authoritarian parenting tends to be highly directive, place value on the use of authority over children, expect unquestioning obedience, and is generally more detached and less warm than other parenting styles (Baumrind, 1971; Buri, 1991) and has also been found to be related to an increased likelihood of physical maltreatment and child abuse potential (Rodriguez, 2010). Therefore, it is not surprising that women reporting histories of abuse endorsed greater authoritarian parenting practices in their homes of origin. Similarly, since the authoritative parent is considered to be more moderate, providing clear direction with warmth, reason, flexibility, and verbal give-and-take (Baumrind, 1971; Buri, 1991) the findings that women who did not have a history of abuse were more likely to report this type of parenting in their homes was expected. Some researchers have suggested that having less compassionate, more authoritarian parenting can impact not only the likelihood of experiencing abuse in the home, but also the level of support received after an abuse experience (e.g., Messman-Moore & Brown, 2004) which could in turn impact the level of trauma symptoms experienced by the victim and have potential adverse effects on their subsequent relationships.

Some researchers have suggested that women who experience traumatic events, such as childhood abuse, are subsequently less likely to develop secure attachments to parents or primary caregivers (Cook et al., 2005). In the present study, women with no
history of abuse endorsed having more secure attachment styles than women who reported experiencing 1 or 3 forms of childhood maltreatment. However, these results were not replicated in the MANOVA utilizing the specific maltreatment groups which may in part be due to the lower number of cases included in those analyses. The limited findings with respect to differences in adult attachment among women in the current study may have occurred because these individuals potentially had some positive and supportive relationships present in childhood. It is also likely that within this generally higher functioning group of college students attachment difficulties may not be as prominent as in community or clinical samples in which individuals may be less resilient and have fewer resources at their disposal. Additionally, the low level of internal consistency found in the Relationship Scales Questionnaire (Griffin & Bartholomew, 1994) used in the current study to assess secure attachment suggests that findings with this instrument should be interpreted with caution.

Whereas findings in the current study regarding secure attachment are mixed when comparing results of the unique groups and summary scores, difficulties with interpersonal functioning in women who reported histories of abuse experiences in childhood were consistently present. Women with histories of single and multi-type childhood maltreatment endorsed greater difficulties with interpersonal functioning in comparison to those women with no abuse history. When considering the specific maltreatment groups, it was found that women with a history of domestic violence exposure and those who reported domestic violence exposure and psychological abuse in childhood endorsed greater difficulties in interpersonal functioning than women with no history of abuse. These findings may suggest that although women’s abilities to form
secure attachments may not be hampered, women who were reared in violent households and experienced psychological abuse within that dysfunctional family environment may have developed some feelings of inadequacy or worthlessness (e.g., Arata et al., 2005) leading to difficulties with later relationships. Further, if consideration is given to the tenets of the intergenerational transmission of violence theory, it suggests that from early in childhood the greatest influence on the child’s expectations of and behaviors within subsequent relationships is the relationship between the parents as well as the parents’ relationship with the child (Gilliom, Shaw, Beck, Schonberg, & Lukon, 2002). Those children who are reared in violent environments and then experience direct abuse may be more likely to view the presence of violence or other dysfunction in their personal and intimate relationships as more normative (e.g., Margolin, 1998; O’Keefe, 1998). Thus, women with these childhood histories may be more likely to struggle to maintain healthy interpersonal relationships due to the lack of adequate models in childhood.

In addition to some women with childhood maltreatment histories being more likely to report difficulties with interpersonal functioning, women who reported experiences of 1, 2, 3, and all 5 forms of maltreatment in childhood reported lower self-esteem than their peers with no childhood abuse histories. Similarly, women who reported the specific maltreatment experiences of domestic violence exposure, domestic violence exposure and psychological abuse, and those women who reported experiencing all 5 forms of maltreatment assessed endorsed lower self-esteem than their peers with no maltreatment histories. This lowered self-esteem has been found by other researchers in college students reporting child abuse experiences (e.g., Arata et al., 2005; Loos & Alexander, 1997) as well as childhood exposure to domestic violence (e.g., Davies et al.,
2004; Silvern et al., 1995). Childhood emotional abuse in particular has been identified as
Whereas women’s self-esteem did decrease with childhood abuse experiences, there were
no significant findings involving women’s self-efficacy, this may be due in part to
women in this population being more adaptive and having “made it” through difficult and
stressful circumstances to reach this point.

When exploring the impact that childhood neglect, domestic violence exposure,
psychological abuse, physical abuse, and sexual abuse may have on college women’s
reported adolescent emotional, physical, and sexual victimization experiences, the results
were consistent with previous research which suggests that prior abuse experiences are
strong predictors of future victimization (e.g., Bensley, Van Eenwyk, & Simmons, 2003;
Kwong, Bartholomew, Henderson, & Trinke, 2003). Childhood physical abuse in
particular emerged as a consistent predictor of all three forms of adolescent victimization.
Further, when the unique maltreatment groupings were explored as possible predictors of
victimization in adolescence, it was striking that childhood physical abuse alone and in
combination with childhood domestic violence exposure and psychological abuse were
significant predictors of all three forms of adolescent victimization. In one previous study
exploring the impact of childhood abuse on subsequent victimization, physical childhood
abuse was associated with a three to four-fold increase in the likelihood of experiencing
physical and emotional victimization by a partner later in life (Bensley et al., 2003).
Childhood physical abuse has also been found to increase women’s likelihood of
experiencing a future sexual assault (Rich et al., 2005). Further, in one study, women
who had a history of childhood physical abuse endorsed greater engagement in sexual
risk-taking in comparison to women without that abuse history which may place them at a higher risk of experiencing a sexual assault (Morrill, Kasten, Urato, & Larson, 2001). Also consistent with previous findings, childhood sexual abuse which has frequently been identified as a strong predictor of sexual re-victimization in women was predictive of women’s experiences of adolescent sexual victimization (e.g., Roodman & Clum, 2001). When prediction of adolescent abuse was conducted with summary scores, experiences of just one type of maltreatment were predictive of adolescent emotional, physical, and sexual victimization, however, women who reported three and four types of maltreatment had an even greater increased risk of abuse, as expected, based on the tenets of the cumulative risk hypothesis.

Whereas some specific forms of childhood abuse (i.e., neglect, psychological abuse, physical abuse) were predictive of women’s victimization experiences over the 8-week follow-up, the strongest predictors were the more proximal variables of adolescent abuse. It was of note that adolescent experiences of emotional, physical, and sexual abuse were strong predictors of subsequent experiences of that same type of abuse over the 8-week follow-up. Similar results have been found in other prospective studies of physical, and sexual victimization in college women (e.g., Gidycz, Coble, Latham, & Layman, 1993; Rich et al., 2005). The results of this study replicate and extend those findings to include that a history of adolescent emotional abuse is predictive of adulthood experiences of emotional abuse, and again demonstrates the strong relationship between early abuse experiences and subsequent victimization. These results of adolescent abuse experiences being predictive of victimization over the follow-up may also be indicative of women developing relationship patterns in which they remain with abusive partners.
The only significant finding from the analyses exploring the predictive nature of the specific maltreatment groupings on victimization over the follow-up was that childhood neglect and the combination of childhood domestic violence exposure, psychological abuse, and physical abuse were significant predictors of women’s emotional abuse. When summary scores were used to predict women’s victimization over the 8-week interim, it was found that only the experience of three types of childhood maltreatment was predictive of emotional abuse. The lack of findings for physical and sexual victimization over the follow-up for both the summary scores and specific maltreatment groups may be related to the exclusion of adolescent abuse variables which previous analyses showed to be strong predictors of victimization experienced over the follow-up or to the presence of other risk or protective factors that were beyond the scope of the current study.

In summary, these results underscore the importance of assessing for multiple forms of childhood victimization experiences and taking into account the frequent co-occurrence of multiple forms of abuse. It was found that experiencing multi-type maltreatment produced the most significant long-term differences in relation to women with no history of childhood abuse. Additionally, results of the current study suggest that past abuse experiences, particularly the combination of domestic violence exposure, psychological abuse, and physical abuse and the experiencing of multiple forms of abuse (i.e., summary scores of 3 and 4) are strong predictors of future abuse. Although not all specific maltreatment groups or summary scores were found to be predictive of an increase in women’s risk of victimization, perhaps within this population of, arguably, higher functioning young women, there were additional protective factors or general
resilience present that buffered these women against experiencing such extreme negative outcomes.

Whereas the findings from this research provide additional information on the long-term effects of multi-type maltreatment on adulthood functioning and victimization experiences, there are some limitations to this study. First, due to the high number of unique maltreatment groupings, many of which had a small number of cases or just one case, not all unique victimization groupings could be included in some of the analyses. However, the lower number of cases within some of the maltreatment groups could be due in part to the less liberal cutoff score (scores of victims had to be greater than the mean score plus one standard deviation) that were used to identify childhood victims of neglect, domestic violence exposure, psychological abuse, and physical abuse. This more stringent criterion for identifying victims was utilized in order to avoid artificially inflating the abuse rates and number of women in the maltreatment groups. Further, the relatively limited amount of variance accounted for in the analyses is suggestive of the presence of other factors affecting women’s victimization risk and functional outcomes. Some of these possible factors that could benefit from additional research, but fell outside of the scope of the current study include: peer bullying, parental substance abuse, parental mental health problems, as well as protective factors, such as victim coping and resilience.

Additionally, due to the homogeneous nature of the sample, women, most of whom were Caucasian, and college-aged, these results cannot be generalized to college-age men or individuals in the community as college populations are generally considered higher functioning than community or clinical samples. However, as college women are a
high-risk population for experiencing emotional, physical, and sexual victimization, additional research in this group is warranted. Finally, the retrospective nature in which childhood maltreatment experiences were assessed may have impacted women’s reported experiences. In addition to the inherent difficulties in accurately recalling childhood experiences, it may be that recalling these negative experiences in childhood had some influence on the labeling of negative adult experiences as victimization. However, the rates of victimization experiences reported by the women in this sample are not unlike those found by researchers in similar samples (e.g., Clemmons et al., 2007; Turchik et al., 2007).

Further research is needed to better understand the potential relationships between specific combinations of childhood maltreatment and the long-term impacts on adulthood functioning, and victimization experiences. Future researchers could consider the impact of the meaning that individuals ascribe to their childhood abuse experiences (e.g., Higgins, McCabe, & Ricciardelli, 2003; Prinz & Feerick, 2003) as well as the potential differential impact of multi-type maltreatment on boys in comparison to girls (Finkelhor et al., 2007). The possible factors that may impact the likelihood of some children becoming victims of multi-type maltreatment would also be an important research directive that could allow for earlier interventions that may circumscribe the number of maltreatment experiences an at-risk child may endure. Additionally, as has been suggested by other researchers (Fergusson & Horwood, 2003; Gorman-Smith & Tolan, 2003; Hodges, Bovin, Vitaro, & Bukowski, 1999; Ladd & Skinner, 2002; Schwartz & Proctor, 2000), factors that could insulate an individual from the possible negative, long-term effects of childhood abuse experiences, such as resilience, social support, and
coping styles should be further explored. Further, given the dearth of research on the
wide variety of unique groupings of childhood maltreatment experiences, collecting even
larger sample sizes could be beneficial in allowing large enough cell sizes in order for
more comprehensive analyses to be run on these specific abuse groupings. Additionally,
in the absence of past research or theory for guidance, the data itself was used to guide
identification of the specific maltreatment combinations in the current study. Future
studies should seek to replicate the present findings to determine if similar maltreatment
groups would be identified as similarly significant or robust predictors of victimization
risk or functional outcomes. Finally, there are currently a wide variety of measures that
have been utilized to study childhood abuse, unfortunately, along with this variety of
measures comes a variety of means of identifying victims. It would be an important
addition to research in this area to clearly define the cutoff points at which victims of
various forms of childhood maltreatment are identified to allow for clear comparisons
across studies and more defined abuse rates.

Despite the above limitations, this investigation provides some additional
information about the impact of childhood multi-type maltreatment on adulthood
functioning and victimization. If these preliminary findings of the differential impact of
multi-type maltreatment are further confirmed by additional research, it may bring into
question previous findings in the literature regarding victimization outcomes. It raises the
possibility that studies in which singular forms of victimization and subsequent outcomes
have been the focus may have over-estimated the unique effect of the individual abuse
experience if other forms of maltreatment were not controlled or considered.
Further, some of the findings could have implications for clinical practice, specifically, as the current study found that women who experience multi-type maltreatment have lower self-esteem, greater trauma symptomatology, increased interpersonal difficulties, and less secure attachment styles relative to their peers without any prior victimization history. It may be of use for clinicians to routinely and comprehensively assess for a history of childhood abuse in their clients. Particularly for clinicians who treat child clients, it could be important to identify children with a history of multi-type maltreatment as early as possible to allow for more immediate intervention, given the longer-term impacts of this type of childhood trauma on adulthood functioning and victimization risk. It could also benefit clinicians to be aware of the greater risk that women with a history of childhood abuse may have of experiencing future victimization, and be cognizant of issues that may arise as a result of repeated abuse experiences. Additionally, increased education and prevention programs for those women with past abuse experiences are needed, aiding them not only in awareness of their risk for future victimization, but also providing the tools with which they can decrease their risk of experiencing re-victimization. Although the responsibility of emotional, physical, and sexual victimization always lies with the perpetrator, helping women to be aware of the risk of future abuse and the means by which they can decrease their risk is an important aim for both research and programming efforts.
REFERENCES


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doi: 10.1037/0002-9432.72.1.128


### Table 1

**Participant Demographics (Time 1)**

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### Participant Demographics (Time 1)

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Table 1 (cont.)

*Participant Demographics (Time 1)*

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### Table 2

**Measures, Cronbach’s Alpha Levels, Constructs Assessed, and Scoring Information**

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<td><strong>Session I</strong></td>
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<td>Demographics Questionnaire</td>
<td>N/A</td>
<td>General participant demographic information</td>
<td>Means and frequencies of items were calculated</td>
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<td>Rosenberg Self-Esteem Scale (RSES)</td>
<td>.89</td>
<td>Self-esteem</td>
<td>Full measure was summed with higher scores indicating higher self-esteem</td>
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<tr>
<td>General Perceived Self-efficacy Scale (GPSS)</td>
<td>.87</td>
<td>Self-efficacy</td>
<td>Full measure was summed with higher scores indicating higher self-efficacy</td>
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<tr>
<td>The Relationship Scales Questionnaire (RSQ)</td>
<td>.47</td>
<td>Adult Attachment Style</td>
<td>Secure subscale was summed with higher scores indicating more secure attachment</td>
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<tr>
<td>Trauma Symptom Checklist (TSC-40)</td>
<td>.93</td>
<td>Trauma symptoms in adults due to childhood or adult experiences</td>
<td>Full measure was summed with higher scores indicating greater trauma symptoms</td>
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<tr>
<td>Inventory of Interpersonal Problems Short Circumplex Form (IIP-SC)</td>
<td>.91</td>
<td>Interpersonal functioning</td>
<td>Full measure was summed with higher scores indicating greater interpersonal difficulties</td>
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<td>Parental Authority Questionnaire (PAQ)</td>
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<td>Parenting style present in childhood home</td>
<td>Each subscale (permissive, authoritative, and authoritarian) was summed</td>
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<td>Authoritarian (.87)</td>
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<td>Authoritative (84)</td>
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<td>Family Environment Scale (FES)</td>
<td>.78</td>
<td>Childhood domestic violence exposure</td>
<td>Conflict subscale was summed and victims were identified as individuals whose scores were one standard deviation (2.24) above the mean score (3.54) reported by other researchers in their work with “normal” individuals (Moos &amp; Moos, 2002)</td>
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<tr>
<td>Childhood Sexual Victimization Questionnaire (CSVQ)</td>
<td>.92</td>
<td>Childhood sexual abuse</td>
<td>Victims were identified as women who endorsed sexual abuse before the age of 14 and the perpetrator was more than 4 years older than the victim or force or coercion were used</td>
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<td>Comprehensive Child Maltreatment Scale (CCMS)</td>
<td>Neglect (.52)</td>
<td>Childhood neglect, psychological abuse, and physical abuse</td>
<td>Each subscale was summed and victims were identified as individuals whose scores on a subscale were greater than the mean plus one standard deviation on that subscale</td>
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<tr>
<td></td>
<td>Psychological Abuse (.76)</td>
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<td>Physical Abuse (62)</td>
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<tr>
<td>Sexual Experiences Survey Short Form Victimization (SES-SFV)</td>
<td>.94</td>
<td>Sexual victimization after age 14</td>
<td>Women who endorsed experiences of attempted or completed rape were identified as victims of sexual assault</td>
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Table 2 (cont.)

Measures, Cronbach’s Alpha Levels, Constructs Assessed, and Scoring Information

<table>
<thead>
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<th>Scoring Information</th>
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<tr>
<td>Composite Abuse Scale (CAS)</td>
<td>Physical Abuse (.93)</td>
<td>Adolescent physical and emotional intimate partner violence after age 16</td>
<td>Both subscales were summed and victims were identified as women with scores on the subscale greater than the mean plus one standard deviation on that subscale</td>
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<td>Emotional Abuse (.91)</td>
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**Session II**

* Rosenberg Self-Esteem Scale (RSES)  
  N/A  
  Self-esteem  
  Not scored for the purposes of this study.

* General Perceived Self-efficacy Scale (GPSS)  
  N/A  
  Self-efficacy  
  Not scored for the purposes of this study.

* Trauma Symptom Checklist (TSC-40)  
  N/A  
  Trauma symptoms with reference to experiences over the 8-week follow-up  
  Not scored for the purposes of this study.

* Inventory of Interpersonal Problems Short Circumplex Form (IIP-SC)  
  N/A  
  Interpersonal functioning  
  Not scored for the purposes of this study.
**Table 2 (cont.)**

*Measures, Cronbach’s Alpha Levels, Constructs Assessed, and Scoring Information*

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<td>Physical and emotional intimate partner violence over the follow-up</td>
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<td>Sexual Experiences Survey Short Form</td>
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<td>Sexual victimization over the follow-up</td>
<td>Women who endorsed experiences of attempted or completed rape were identified as victims of sexual assault</td>
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<td>Victimization (SES-SFV)</td>
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Note. The original version of the Sexual Experiences Survey was administered at Session I prior to the Parental Authority Questionnaire and at Session II after the Inventory of Interpersonal Problems.

* These surveys were not utilized for the purposes of the current study.
Table 3  
Correlations Among Variables of Interest

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*Correlations Among Variables of Interest*

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Table 3 (cont.)

*Correlations Among Variables of Interest*

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* p < .05  ** p ≤ .01
Table 4

Summary of Logistic Regression Predicting Adolescent Emotional Abuse (N = 483)

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*p < .05.
### Table 5

*Summary of Logistic Regression Predicting Adolescent Physical Abuse (N = 483)*

<table>
<thead>
<tr>
<th>Variable</th>
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<th>Wald</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood DV Exposure</td>
<td>.25</td>
<td>.34</td>
<td>.52</td>
<td>1.28</td>
</tr>
<tr>
<td>Childhood Neglect</td>
<td>.48</td>
<td>.46</td>
<td>1.08</td>
<td>1.61</td>
</tr>
<tr>
<td>Childhood Psychological Abuse</td>
<td>-.15</td>
<td>.47</td>
<td>.11</td>
<td>.86</td>
</tr>
<tr>
<td>Childhood Physical Abuse</td>
<td>1.15*</td>
<td>.41</td>
<td>7.96</td>
<td>3.15</td>
</tr>
<tr>
<td>Childhood Sexual Abuse</td>
<td>-.47</td>
<td>.63</td>
<td>.56</td>
<td>.62</td>
</tr>
</tbody>
</table>

* indicates p < .05.
Table 6

Summary of Logistic Regression Predicting Adolescent Sexual Victimization (N = 469)

<table>
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<tr>
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<th>SE B</th>
<th>Wald</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood DV Exposure</td>
<td>-.25</td>
<td>.33</td>
<td>.59</td>
<td>.78</td>
</tr>
<tr>
<td>Childhood Neglect</td>
<td>.38</td>
<td>.40</td>
<td>.92</td>
<td>1.46</td>
</tr>
<tr>
<td>Childhood Psychological</td>
<td>.82*</td>
<td>.37</td>
<td>4.85</td>
<td>2.27</td>
</tr>
<tr>
<td>Abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childhood Physical Abuse</td>
<td>1.17**</td>
<td>.37</td>
<td>9.84</td>
<td>3.21</td>
</tr>
<tr>
<td>Childhood Sexual Abuse</td>
<td>1.29*</td>
<td>.49</td>
<td>6.92</td>
<td>3.63</td>
</tr>
</tbody>
</table>

* *p < .05. **p < .01.
Table 7

Summary of Logistic Regression Predicting Emotional Abuse over the Study Follow-up

(N = 344)

<table>
<thead>
<tr>
<th>Variable</th>
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<th>ΔR²</th>
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<td>14.18*</td>
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<td>.16</td>
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<td>.20</td>
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<td></td>
</tr>
<tr>
<td>Childhood Neglect</td>
<td>.23</td>
<td>.51</td>
<td>.21</td>
<td>1.26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childhood Psychological Abuse</td>
<td>-.19</td>
<td>.52</td>
<td>.14</td>
<td>.82</td>
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<td>Childhood Physical Abuse</td>
<td>1.30**</td>
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<td>3.67</td>
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<td>.61</td>
<td>.13</td>
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<td>Block 2</td>
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<td>77.02***</td>
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<td>.10</td>
<td>.88</td>
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<tr>
<td>Childhood Neglect</td>
<td>.08</td>
<td>.62</td>
<td>.02</td>
<td>1.08</td>
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<td>Childhood Psychological Abuse</td>
<td>-.66</td>
<td>.62</td>
<td>1.15</td>
<td>.52</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childhood Physical Abuse</td>
<td>1.18*</td>
<td>.57</td>
<td>4.24</td>
<td>3.25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childhood Sexual Abuse</td>
<td>-.74</td>
<td>.74</td>
<td>.99</td>
<td>.48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Abuse T1</td>
<td>2.50***</td>
<td>.38</td>
<td>43.74</td>
<td>12.18</td>
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<tr>
<td>Physical Abuse T1</td>
<td>.58</td>
<td>.44</td>
<td>1.75</td>
<td>1.79</td>
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<td></td>
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</tbody>
</table>
Summary of Logistic Regression Predicting Emotional Abuse over the Study Follow-up

<table>
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<th>Wald</th>
<th>OR</th>
<th>ΔG²</th>
<th>ΔR²</th>
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</thead>
<tbody>
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<td>.28</td>
<td>1.24</td>
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<td></td>
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</tbody>
</table>

*p < .05. **p < .01. ***p < .001.
Table 8

Summary of Logistic Regression Predicting Physical Abuse over the Study Follow-up

(N = 343)

<table>
<thead>
<tr>
<th>Variable</th>
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<th>ΔG²</th>
<th>ΔR²</th>
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<td></td>
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<td>.55</td>
<td>.24</td>
<td>.77</td>
<td>10.37</td>
<td>.07</td>
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<tr>
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<td>1.55*</td>
<td>.64</td>
<td>5.94</td>
<td>4.70</td>
<td></td>
<td></td>
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<tr>
<td>Childhood Psychological Abuse</td>
<td>-.84</td>
<td>.82</td>
<td>1.06</td>
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<td>.25</td>
<td>1.41</td>
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<tr>
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<td>.69</td>
<td>1.96</td>
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<tr>
<td><strong>Block 2</strong></td>
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<td></td>
<td></td>
<td>33.98***</td>
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<td>.61</td>
<td>.69</td>
<td>.60</td>
<td></td>
<td></td>
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<tr>
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<td>5.54</td>
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<td>-1.27</td>
<td>.99</td>
<td>1.64</td>
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<td>.74</td>
<td>.20</td>
<td>.72</td>
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<tr>
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<td>.94</td>
<td>.76</td>
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<td>2.49</td>
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<td>13.57</td>
<td>6.98</td>
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Table 8 (cont.)

Summary of Logistic Regression Predicting Physical Abuse over the Study Follow-up

<table>
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<th>ΔR²</th>
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<td>.54</td>
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</tbody>
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*p < .05. ***p < .001.
Table 9

*Summary of Logistic Regression Predicting Sexual Victimization over the Study Follow-up (N = 354)*

<table>
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<th>∆R²</th>
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<td></td>
</tr>
<tr>
<td>Childhood DV Exposure</td>
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<td>.57</td>
<td>.12</td>
<td>1.22</td>
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</tr>
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<td>1.21</td>
<td>2.43</td>
<td>.15</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>1.52*</td>
<td>.68</td>
<td>4.97</td>
<td>4.58</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childhood Physical Abuse</td>
<td>-.35</td>
<td>.85</td>
<td>.17</td>
<td>.71</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childhood Sexual Abuse</td>
<td>.91</td>
<td>.86</td>
<td>1.11</td>
<td>2.48</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Block 2</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childhood DV Exposure</td>
<td>.37</td>
<td>.60</td>
<td>.39</td>
<td>1.45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childhood Neglect</td>
<td>-1.94</td>
<td>1.23</td>
<td>2.50</td>
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</tr>
<tr>
<td>Childhood Psychological Abuse</td>
<td>1.38*</td>
<td>.74</td>
<td>3.52</td>
<td>3.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childhood Physical Abuse</td>
<td>-1.56</td>
<td>.96</td>
<td>2.60</td>
<td>.21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childhood Sexual Abuse</td>
<td>.62</td>
<td>.88</td>
<td>.49</td>
<td>1.85</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Abuse T1</td>
<td>.92</td>
<td>.57</td>
<td>2.55</td>
<td>2.50</td>
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</tr>
<tr>
<td>Physical Abuse T1</td>
<td>.90</td>
<td>.61</td>
<td>2.15</td>
<td>2.45</td>
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</tr>
</tbody>
</table>
Table 9 (cont.)

Summary of Logistic Regression Predicting Sexual Victimization over the Study Follow-up

<table>
<thead>
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<th>Variable</th>
<th>B</th>
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<th>Wald</th>
<th>OR</th>
<th>ΔG²</th>
<th>ΔR²</th>
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<tbody>
<tr>
<td>Adolescent Sexual Victimization</td>
<td>1.37*</td>
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<td>7.06</td>
<td>3.95</td>
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</tbody>
</table>

* p < .05. *** p < .001.
### Table 10

**Multi-type Maltreatment Grouping Frequencies**

<table>
<thead>
<tr>
<th>Description</th>
<th>N</th>
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</tr>
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</tr>
<tr>
<td>Psychological Abuse</td>
<td>13</td>
<td>2.5</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>13</td>
<td>2.5</td>
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<tr>
<td>Sexual Abuse</td>
<td>5</td>
<td>1.0</td>
</tr>
<tr>
<td>Neglect &amp; Psychological Abuse</td>
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<td>.4</td>
</tr>
<tr>
<td>Neglect &amp; DV Exposure</td>
<td>5</td>
<td>1.0</td>
</tr>
<tr>
<td>Neglect &amp; Physical Abuse</td>
<td>2</td>
<td>.4</td>
</tr>
<tr>
<td>Neglect &amp; Sexual Abuse</td>
<td>1</td>
<td>.2</td>
</tr>
<tr>
<td>DV Exposure &amp; Physical Abuse</td>
<td>5</td>
<td>1.0</td>
</tr>
<tr>
<td>DV Exposure &amp; Sexual Abuse</td>
<td>3</td>
<td>.6</td>
</tr>
<tr>
<td>Psychological Abuse &amp; DV Exposure</td>
<td>9</td>
<td>1.8</td>
</tr>
<tr>
<td>Psychological &amp; Physical Abuse</td>
<td>3</td>
<td>.6</td>
</tr>
<tr>
<td>Psychological &amp; Sexual Abuse</td>
<td>1</td>
<td>.2</td>
</tr>
<tr>
<td>Neglect, DV Exposure &amp; Psychological Abuse</td>
<td>5</td>
<td>1.0</td>
</tr>
</tbody>
</table>
### Multi-type Maltreatment Grouping Frequencies

<table>
<thead>
<tr>
<th>Multi-type Maltreatment</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect, DV Exposure &amp; Physical Abuse</td>
<td>2</td>
<td>.4</td>
</tr>
<tr>
<td>Neglect, DV Exposure &amp; Sexual Abuse</td>
<td>1</td>
<td>.2</td>
</tr>
<tr>
<td>Neglect, Psychological &amp; Physical Abuse</td>
<td>5</td>
<td>1.0</td>
</tr>
<tr>
<td>Neglect, Physical &amp; Sexual Abuse</td>
<td>1</td>
<td>.2</td>
</tr>
<tr>
<td>DV Exposure, Psychological &amp; Physical Abuse</td>
<td>10</td>
<td>1.9</td>
</tr>
<tr>
<td>DV Exposure, Physical &amp; Sexual Abuse</td>
<td>3</td>
<td>.6</td>
</tr>
<tr>
<td>Neglect, DV Exposure, Psychological &amp; Sexual Abuse</td>
<td>2</td>
<td>.4</td>
</tr>
<tr>
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<td>1.8</td>
</tr>
<tr>
<td>Neglect, Psychological, Physical &amp; Sexual Abuse</td>
<td>1</td>
<td>.2</td>
</tr>
<tr>
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<td>6</td>
<td>1.2</td>
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Table 11

*Summary of Logistic Regression Predicting Adolescent Emotional Abuse Using Specific Childhood Maltreatment Groups (N = 416)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>Wald</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>.53</td>
<td>.82</td>
<td>.42</td>
<td>1.70</td>
</tr>
<tr>
<td>Psychological Abuse</td>
<td>1.22</td>
<td>.65</td>
<td>3.57</td>
<td>3.39</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>1.63*</td>
<td>.58</td>
<td>7.92</td>
<td>5.09</td>
</tr>
<tr>
<td>DV Exposure</td>
<td>.42</td>
<td>.39</td>
<td>1.17</td>
<td>1.52</td>
</tr>
<tr>
<td>DV Exposure, Psychological Abuse, &amp;</td>
<td>1.78*</td>
<td>.72</td>
<td>6.04</td>
<td>5.94</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. The category 0 = no childhood abuse history was used as the reference group.

*p < .05.*
Table 12

*Summary of Logistic Regression Predicting Adolescent Physical Abuse Using Specific Childhood Maltreatment Groups (N = 416)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>Wald</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
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<td>.97</td>
<td>.82</td>
<td>1.38</td>
<td>2.63</td>
</tr>
<tr>
<td>Psychological Abuse</td>
<td>.71</td>
<td>.80</td>
<td>.79</td>
<td>2.04</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>1.75**</td>
<td>.60</td>
<td>8.49</td>
<td>5.74</td>
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<td>DV Exposure</td>
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<td>1.28</td>
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<tr>
<td>DV Exposure, Psychological Abuse, &amp;</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>2.22**</td>
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<td>9.20</td>
<td>9.19</td>
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Note. The category 0 = no childhood abuse history was used as the reference group.

**p < .01.
### Table 13

**Summary of Logistic Regression Predicting Adolescent Sexual Victimization Using Specific Childhood Maltreatment Groups (N = 400)**

<table>
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<th>SE B</th>
<th>Wald</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>-.34</td>
<td>1.07</td>
<td>.10</td>
<td>.71</td>
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<td>1.05</td>
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<td>2.85</td>
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<td>Physical Abuse</td>
<td>1.45*</td>
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<td>4.74</td>
<td>4.27</td>
</tr>
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<td>-.02</td>
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</tr>
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<td>10.55</td>
<td>7.69</td>
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<tr>
<td>Physical Abuse</td>
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</table>

*Note. The category 0 = no childhood abuse history was used as the reference group.*

*p < .05. **p < .01.
Table 14

Summary of Logistic Regression Predicting Emotional Abuse over the Study Follow-up Using Specific Childhood Maltreatment Groups (N = 335)

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>Wald</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>1.66*</td>
<td>.83</td>
<td>3.94</td>
<td>5.23</td>
</tr>
<tr>
<td>Psychological Abuse</td>
<td>.05</td>
<td>1.11</td>
<td>.02</td>
<td>1.05</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>1.25</td>
<td>.67</td>
<td>3.51</td>
<td>3.49</td>
</tr>
<tr>
<td>DV Exposure</td>
<td>.20</td>
<td>.45</td>
<td>.20</td>
<td>1.22</td>
</tr>
<tr>
<td>DV Exposure, Psychological Abuse, &amp; Physical Abuse</td>
<td>2.17**</td>
<td>.75</td>
<td>8.36</td>
<td>8.72</td>
</tr>
</tbody>
</table>

Note. The category 0 = no childhood abuse history was used as the reference group.

*p < .05. **p < .01.
Table 15

Summary of Logistic Regression Predicting Physical Abuse over the Study Follow-up

Using Specific Childhood Maltreatment Groups (N = 334)

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>Wald</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>2.06*</td>
<td>.90</td>
<td>5.20</td>
<td>7.84</td>
</tr>
<tr>
<td>Psychological Abuse</td>
<td>-.45</td>
<td>.71</td>
<td>.07</td>
<td>.52</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>1.37</td>
<td>.83</td>
<td>2.70</td>
<td>3.92</td>
</tr>
<tr>
<td>DV Exposure</td>
<td>-.11</td>
<td>.77</td>
<td>.02</td>
<td>.90</td>
</tr>
<tr>
<td>DV Exposure, Psychological Abuse</td>
<td>-.50</td>
<td>.36</td>
<td>.68</td>
<td>.27</td>
</tr>
</tbody>
</table>

Note. The category 0 = no childhood abuse history was used as the reference group.

*p < .05.
### Table 16

**Summary of Logistic Regression Predicting Sexual Victimization over the Study Follow-up Using Specific Childhood Maltreatment Groups (N = 356)**

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>Wald</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>.08</td>
<td>1.08</td>
<td>.01</td>
<td>1.09</td>
</tr>
<tr>
<td>Psychological Abuse</td>
<td>1.87*</td>
<td>.79</td>
<td>5.65</td>
<td>6.52</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>.91</td>
<td>.83</td>
<td>1.21</td>
<td>2.48</td>
</tr>
<tr>
<td>DV Exposure</td>
<td>1.00*</td>
<td>.41</td>
<td>5.88</td>
<td>2.72</td>
</tr>
<tr>
<td>DV Exposure, Psychological Abuse, &amp; Physical Abuse</td>
<td>1.65*</td>
<td>.76</td>
<td>4.77</td>
<td>5.21</td>
</tr>
</tbody>
</table>

Note. The category 0 = no childhood abuse history was used as the reference group.

*p < .05.*
Table 17

*Summary of Logistic Regression Predicting Adolescent Emotional Abuse Using Childhood Maltreatment Summary Scores (N = 477)*

<table>
<thead>
<tr>
<th>Summary Score</th>
<th>B</th>
<th>SE B</th>
<th>Wald</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.76**</td>
<td>.29</td>
<td>6.84</td>
<td>2.13</td>
</tr>
<tr>
<td>2</td>
<td>.21</td>
<td>.52</td>
<td>.17</td>
<td>1.24</td>
</tr>
<tr>
<td>3</td>
<td>1.03*</td>
<td>.46</td>
<td>5.06</td>
<td>2.79</td>
</tr>
<tr>
<td>4</td>
<td>2.19**</td>
<td>.66</td>
<td>10.83</td>
<td>8.90</td>
</tr>
</tbody>
</table>

Note. The category 0 = no childhood abuse history was used as the reference group.

*p < .05. **p < .01.
Table 18

*Summary of Logistic Regression Predicting Adolescent Physical Abuse Using Childhood Maltreatment Summary Scores (N = 477)*

<table>
<thead>
<tr>
<th>Summary Score</th>
<th>B</th>
<th>SE B</th>
<th>Wald</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.73*</td>
<td>.33</td>
<td>4.76</td>
<td>2.07</td>
</tr>
<tr>
<td>2</td>
<td>.65</td>
<td>.53</td>
<td>1.53</td>
<td>1.91</td>
</tr>
<tr>
<td>3</td>
<td>1.46**</td>
<td>.47</td>
<td>9.81</td>
<td>4.32</td>
</tr>
<tr>
<td>4</td>
<td>1.81*</td>
<td>.67</td>
<td>7.28</td>
<td>6.13</td>
</tr>
</tbody>
</table>

Note. The category 0 = no childhood abuse history was used as the reference group.

*p < .05. **p < .01.
Table 19

*Summary of Logistic Regression Predicting Adolescent Sexual Victimization Using Childhood Maltreatment Summary Scores (N = 463)*

<table>
<thead>
<tr>
<th>Summary Score</th>
<th>B</th>
<th>SE B</th>
<th>Wald</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.63*</td>
<td>.31</td>
<td>4.12</td>
<td>1.87</td>
</tr>
<tr>
<td>2</td>
<td>1.01*</td>
<td>.43</td>
<td>5.47</td>
<td>2.75</td>
</tr>
<tr>
<td>3</td>
<td>2.10**</td>
<td>.44</td>
<td>23.19</td>
<td>8.15</td>
</tr>
<tr>
<td>4</td>
<td>2.67***</td>
<td>.62</td>
<td>18.32</td>
<td>14.41</td>
</tr>
</tbody>
</table>

Note. The category 0 = no childhood abuse history was used as the reference group.

*p < .05. **p < .01. ***p < .001.*
Table 20

Summary of Logistic Regression Predicting Emotional Abuse over the Study Follow-up Using Childhood Maltreatment Summary Scores (N = 380)

<table>
<thead>
<tr>
<th>Summary Score</th>
<th>B</th>
<th>SE B</th>
<th>Wald</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.58</td>
<td>.33</td>
<td>2.99</td>
<td>1.78</td>
</tr>
<tr>
<td>2</td>
<td>.96</td>
<td>.53</td>
<td>3.33</td>
<td>2.62</td>
</tr>
<tr>
<td>3</td>
<td>1.47**</td>
<td>.46</td>
<td>10.28</td>
<td>4.36</td>
</tr>
<tr>
<td>4</td>
<td>.96</td>
<td>.73</td>
<td>1.75</td>
<td>2.62</td>
</tr>
</tbody>
</table>

Note. The category 0 = no childhood abuse history was used as the reference group.

**p < .01.
Table 21

*Summary of Logistic Regression Predicting Physical Abuse over the Study Follow-up Using Childhood Maltreatment Summary Scores (N = 379)*

<table>
<thead>
<tr>
<th>Summary Score</th>
<th>B</th>
<th>SE B</th>
<th>Wald</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.67</td>
<td>.48</td>
<td>2.00</td>
<td>1.96</td>
</tr>
<tr>
<td>2</td>
<td>1.14</td>
<td>.68</td>
<td>2.80</td>
<td>3.14</td>
</tr>
<tr>
<td>3</td>
<td>-.29</td>
<td>1.06</td>
<td>.08</td>
<td>.75</td>
</tr>
<tr>
<td>4</td>
<td>1.50</td>
<td>.84</td>
<td>3.17</td>
<td>4.48</td>
</tr>
</tbody>
</table>

Note. The category 0 = no childhood abuse history was used as the reference group.
Table 22

Summary of Logistic Regression Predicting Sexual Victimization over the Study Follow-up Using Childhood Maltreatment Summary Scores (N = 402)

<table>
<thead>
<tr>
<th>Summary Score</th>
<th>B</th>
<th>SE B</th>
<th>Wald</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1.05*</td>
<td>.48</td>
<td>4.80</td>
<td>2.85</td>
</tr>
<tr>
<td>2</td>
<td>.97</td>
<td>.80</td>
<td>1.46</td>
<td>2.64</td>
</tr>
<tr>
<td>3</td>
<td>.86</td>
<td>.80</td>
<td>1.15</td>
<td>2.36</td>
</tr>
<tr>
<td>4</td>
<td>.91</td>
<td>1.10</td>
<td>.70</td>
<td>2.49</td>
</tr>
</tbody>
</table>

Note. The category 0 = no childhood abuse history was used as the reference group.

*p < .05.
APPENDIX A

Specific Aims and Hypotheses

The purpose of the current study was to extend the body of research in the area of multi-type maltreatment in childhood and its long-term effects on women’s functioning as well as its relation to adulthood experiences of victimization in women.

**Aim 1:** To determine the predictive impact of individual forms of childhood maltreatment (e.g., neglect, exposure to domestic violence, psychological abuse, physical abuse, sexual abuse) and the experiencing of victimization (emotional, physical, and sexual) in adolescence and adulthood.

**Hypothesis 1:** Women’s maltreatment experiences in childhood will be predictive of their reported experiences of victimization (emotional, physical, and sexual) in adolescence and adulthood.

**Aim 2:** To determine the most frequently co-occurring forms of childhood maltreatment reported.

**Hypothesis 2:** Previously described forms of childhood maltreatment in the literature that are expected to be found within the current sample, include: (1) neglect and psychological abuse; (2) domestic violence exposure and physical abuse; (3) psychological and physical abuse; (4) neglect and physical abuse; (5) neglect and sexual abuse; (6) physical and sexual abuse; and (7) physical and sexual abuse and neglect.

**Aim 3:** To assess differences in attachment styles between women with varying childhood maltreatment experiences.
**Hypothesis 3:** Women who do not report any childhood maltreatment or only one childhood abuse experience are believed to be more likely to have secure attachment styles whereas women who were victims of multiple forms of childhood maltreatment are posited to have less secure attachments.

**Aim 4:** To assess the long-term effects of multi-type childhood maltreatment on women’s feelings of self-esteem and self-efficacy.

**Hypothesis 4:** Women who experienced multi-type childhood maltreatment are posited to have lower self-esteem and lower self-efficacy than their peers who did not experience any forms of maltreatment in childhood or who only experienced a singular form of abuse.

**Aim 5:** To explore the different parenting styles (permissive, authoritarian, authoritative) present in the childhood homes of women with varying histories of childhood maltreatment.

**Hypothesis 5:** Women with no history of childhood abuse are hypothesized to report a more authoritative parenting style than women with a history of childhood maltreatment. Further, women with a history of childhood abuse and/or multi-type maltreatment are posited to report a more authoritarian style of parenting in their homes of origin compared to their peers with no history of childhood abuse.

**Aim 6:** To assess the long-term effects of multi-type childhood maltreatment on women’s reported trauma symptomatology and interpersonal functioning.
**Hypothesis 6:** It was posited that the women who experienced multi-type maltreatment in childhood will report greater trauma symptomatology and greater difficulties in interpersonal functioning than their peers who did not experience any forms of childhood maltreatment or those who only experienced one form of maltreatment in childhood.

**Aim 7:** To assess the impact of various combinations of multi-type childhood maltreatment on subsequent victimization experiences in adolescence and adulthood.

**Hypothesis 7:** It was hypothesized that more numerous of experiences of different types of childhood maltreatment will be predictive of subsequent victimization experiences. Given the exploratory nature of these analyses, no hypotheses for the specific combinations of maltreatment were made.

**Aim 8:** To compute summary scores and conduct analyses with these as well as with the unique combinations of multiple childhood maltreatment experiences to allow for comparison to previously reported results in the literature.

**Hypothesis 8:** It was posited that the results utilizing the summary scores of women’s maltreatment experiences will yield similar results to those which have been previously reported, suggesting the cumulative impact of multiple types of childhood maltreatment experiences on women’s long-term functioning.
Title of Research: Women’s Childhood Experiences and Current Social Experiences (Session I)

Researcher: Danielle Probst

You are being asked to participate in research. For you to be able to decide whether you want to participate in this project, you should understand what the project is about, as well as the possible risks and benefits in order to make an informed decision. This process is known as informed consent. This form describes the purpose, procedures, possible benefits, and risks. It also explains how your personal information will be used and protected. Once you have read this form and your questions about the study are answered, you will be asked to sign it. This will allow your participation in this study. You should receive a copy of this document to take with you.

Explanation of Study
This is a two-part study. Its purpose is to examine the relationship between childhood experiences and functioning and experiences in adulthood. The results of this study will aid in understanding this relationship between experiences in childhood and those in adulthood. If you choose to participate, you will be asked to fill out several questionnaires, some of which will ask for personal and sexual information. Please consider your comfort level with these types of question before agreeing to participate in the study. We ask that you answer each questionnaire to the best of your ability and as completely as possible unless instructed on the questionnaire to skip questions based on your response to previous items. If you have any questions or concerns, the experimenter will be here to assist you. Your participation in this session should take approximately one hour.

Risks and Discomforts
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. The information from this study could also be useful in helping psychologists better understand the impact of childhood events on adulthood experiences.
**Confidentiality and Records**
All of your data will be confidential and anonymous. Your identity will be protected by using a subject identification number which will be calculated based on information identifiable only by yourself and will be used by the researcher to match your Session I and II survey data. Any information you provide to the experimenters is confidential. No individual names will be used in reporting the results of the study. All data will be stored in a locked laboratory in the psychology department and only the primary investigator and trained research assistants will have access to this data.

Additionally, while every effort will be made to keep your study-related information confidential, there may be circumstances where this information must be shared with:
- Federal agencies, for example the Office of Human Research Protections, whose responsibility is to protect human subjects in research;
- Representatives of Ohio University (OU), including the Institutional Review Board, a committee that oversees the research at OU;

**Compensation**
You will receive one credit for today’s session. You will also be asked to take part in one follow-up session in eight weeks, at the end of this quarter, during which time you will complete additional questionnaires, and for which you will receive another credit.

**Contact Information**
If you have any questions regarding this study, please contact:

Danielle R. Probst, M.S.  056 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.
By signing below, you are agreeing that:

- you have read this consent form (or it has been read to you) and have been given the opportunity to ask questions
- known risks to you have been explained to your satisfaction.
- you understand Ohio University has no policy or plan to pay for any injuries you might receive as a result of participating in this research protocol
- you are 18 years of age or older
- your participation in this research is given voluntarily
- you may change your mind and stop participation at any time without penalty or loss of any benefits to which you may otherwise be entitled.

Signature____________________________________________ Date____________

Printed Name__________________________________________

Version Date: [08/18/09]
Title of Research: Women’s Childhood Experiences and Current Social Experiences (Session II)

Researcher: Danielle Probst

You are being asked to participate in research. For you to be able to decide whether you want to participate in this project, you should understand what the project is about, as well as the possible risks and benefits in order to make an informed decision. This process is known as informed consent. This form describes the purpose, procedures, possible benefits, and risks. It also explains how your personal information will be used and protected. Once you have read this form and your questions about the study are answered, you will be asked to sign it. This will allow your participation in this study. You should receive a copy of this document to take with you.

**Explanation of Study**
This is the final part of a two-part study. Its purpose is to examine the relationship between childhood experiences and functioning and experiences in adulthood. The results of this study will aid in understanding this relationship between experiences in childhood and those in adulthood. If you choose to participate, you will be asked to fill out several questionnaires, some of which will ask for personal and sexual information. Please consider your comfort level with these types of question before agreeing to participate in the study. We ask that you answer each questionnaire to the best of your ability and as completely as possible unless instructed on the questionnaire to skip questions based on your response to previous items. If you have any questions or concerns, the experimenter will be here to assist you. Your participation in this session should take approximately one hour.

**Risks and Discomforts**
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. The information from this study could also be useful in helping psychologists better understand the impact of childhood events on adulthood experiences.
Confidentiality and Records
All of your data will be confidential and anonymous. Your identity will be protected by using a subject identification number which will be calculated based on information identifiable only by yourself and will be used by the researcher to match your Session I and II survey data. Any information you provide to the experimenters is confidential. No individual names will be used in reporting the results of the study. All data will be stored in a locked laboratory in the psychology department and only the primary investigator and trained research assistants will have access to this data.

Additionally, while every effort will be made to keep your study-related information confidential, there may be circumstances where this information must be shared with:
* Federal agencies, for example the Office of Human Research Protections, whose responsibility is to protect human subjects in research;
* Representatives of Ohio University (OU), including the Institutional Review Board, a committee that oversees the research at OU;

Compensation
You will receive one credit for today’s session.

Contact Information
If you have any questions regarding this study, please contact:

Danielle R. Probst, M.S.  056 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.
By signing below, you are agreeing that:

- you have read this consent form (or it has been read to you) and have been given the opportunity to ask questions
- known risks to you have been explained to your satisfaction.
- you understand Ohio University has no policy or plan to pay for any injuries you might receive as a result of participating in this research protocol
- you are 18 years of age or older
- your participation in this research is given voluntarily
- you may change your mind and stop participation at any time without penalty or loss of any benefits to which you may otherwise be entitled.

Signature__________________________ Date________

Printed Name__________________________

Version Date: [08/18/09]
APPENDIX B-3

Debriefing Form (Session I)

Thank you for your participation in this research project. This study was designed to examine the relationship between a variety of childhood experiences and subsequent functioning and experiences in adulthood. To accomplish this goal, you were asked questions about personal life events, including psychological, physical, and sexual experiences. The responses to these questions will be compared with other students who have differing life events.

Your participation will help us understand how childhood experiences are related to later life events, including experiences of violence. As a reminder, your answers will be kept strictly confidential.

This is a two-part study. Therefore, you will be asked to return to participate in a follow-up session in eight weeks to complete additional questionnaires and receive 1 additional course credit.

If you have any further questions regarding the nature of this study, or would like to request details of the results of this study please feel free to contact one of the following:

Danielle Probst 056 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
Debriefing Form (Session II)

Thank you for your participation in this research project. This study was designed to examine the relationship between coercive and/or destructive childhood experiences and adulthood relationship functioning and risk to experience coercive or unpleasant experiences in adulthood. To accomplish this goal, you were asked questions about personal life events, including psychological, physical, and sexual experiences. The responses to these questions will be compared with other students who have differing life events.

Your participation will help us understand how childhood experiences are related to later life events, including experiences of violence as well as adulthood functioning. As a reminder, your answers will be kept 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:

Danielle Probst
056 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
APPENDIX C-1

Demographics Questionnaire

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

2. What is your current year in school?

   A. First Year  D. Senior
   B. Sophomore  E. Graduate
   C. Junior  F. Other

3. What is your race?

   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. What is your sexual orientation?

   A. Heterosexual
   B. Homosexual
   C. Bisexual

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. Are you currently involved in an exclusive romantic/dating relationship or marriage?
   A. Yes
   B. No

The next three questions ask about drinking alcohol. This includes beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For the following questions drinking alcohol does not include drinking a few sips of wine for religious purposes.

10. How old were you when you first drank alcohol other than a few sips?
    A. I have never had a drink of alcohol other than a few sips
    B. 12 years old or younger
    C. 13 or 14 years old
    D. 15 or 16 years old
    E. 17 or 18 years old
    F. 19 or 20 years old
    G. 21 to 24 years old
    H. 25 years old or older

11. During the past 30 days, on how many days did you have at least one drink of alcohol?
    A. 0 (zero) days
    B. 1 or 2 days
    C. 3 to 5 days
    D. 6 to 9 days
    E. 10 to 19 days
    F. 20 to 29 days
    G. all 30 days

12. During the past 30 days, on how many days did you have 5 or more drinks of alcohol within a row, that is, within a couple hours?
    A. 0 (zero) days
    B. 1 or 2 days
    C. 3 to 5 days
    D. 6 to 9 days
    E. 10 to 19 days
    F. 20 to 29 days
    G. all 30 days
    I. Don’t know
The next four questions ask about sexual history. The questions about sexual intercourse mean penetration of the vagina, no matter how slight, by a man’s penis. Ejaculation is not required.

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

14. 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

15. 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

16. 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 fourteen questions ask about the household in which you grew up, your parent’s education, occupation, combined yearly income, and health.

17. My father’s occupation is:
   A. Executive, major professional
   B. Manager, minor professional
   C. Administrator, owner of a small business, semi-professional
   D. Clerical or sales worker
   E. Skilled worker
   F. Semi-skilled worker
   G. Unskilled worker
   H. Unemployed
   I. Homemaker
   J. Don’t know

18. My mother’s occupation is:
   A. Executive, major professional
   B. Manager, minor professional
   C. Administrator, owner of a small business, semi-professional
   D. Clerical or sales worker
   E. Skilled worker
   F. Semi-skilled worker
   G. Unskilled worker
   H. Unemployed
   I. Homemaker
   J. Don’t know

19. My father’s education is:
   A. Graduate of professional degree
   B. Partial graduate training
   C. College graduate
   D. Partial college training
   E. High school graduate (technical or training school)
   F. Partial high school (10th-12th grade)
   G. Partial junior high school (7th or 9th grade)
   H. Elementary School (6th grade or lower)
   I. Don’t know
20. My mother’s education is:
   A. Graduate of professional degree
   B. Partial graduate training
   C. College graduate
   D. Partial college training
   E. High school graduate (technical or training school)
   F. Partial high school (10th-12th grade)
   G. Partial junior high school (7th or 9th grade)
   H. Elementary School (6th grade or lower)
   I. Don’t know

21. Approximately what is your parents’ yearly income?
   A. Unemployed or disabled       F. $41,000-50,000
   B. Under $10,000              G. $51,000-75,000
   C. $10,000-20,000             H. $76,000-100,000
   D. $21,000-30,000            I. $100,000-200,000
   E. $31,000-40,000           J. Over $200,000

22. What type of household were you raised in?
   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)_________________

23. During your childhood did your mother ever seek treatment for alcohol use?
   A. Yes
   B. No

24. During your childhood, were you ever worried or concerned about the amount of alcohol your mother consumed?
   A. Yes
   B. No

25. During your childhood did your father ever seek treatment for alcohol use?
   A. Yes
   B. No
26. During your childhood, were you ever worried or concerned about the amount of alcohol your father consumed?
   A. Yes
   B. No

27. During your childhood did your mother ever seek treatment for drug use?
   A. Yes
   B. No

28. During your childhood did your father ever seek treatment for drug use?
   A. Yes
   B. No

29. During your childhood was your mother ever hospitalized for a mental health problem?
   A. Yes
   B. No

30. During your childhood was your father ever hospitalized for a mental health problem?
   A. Yes
   B. No

The next eight questions ask about the relationship between your parents or your primary caregivers while you were a child. When answering these questions please think back to when you were a child, living at home with your parents or primary caregivers and respond with how often you noted the following situations occurring between your parents or primary caregivers during a typical year. Please use the rating scale below and circle the appropriate number 0 through 6 for each of the questions below.

0 = This never happened
1 = Once per year
2 = Twice per year
3 = 3 to 5 times per year
4 = 6 to 10 times per year
5 = 11 to 20 times per year
6 = More than 20 times per year
31. You saw your father hit or throw an object at your mother.
   A. 0
   B. 1
   C. 2
   D. 3
   E. 4
   F. 5
   G. 6

32. You saw your mother hit or throw an object at your father.
   A. 0
   B. 1
   C. 2
   D. 3
   E. 4
   F. 5
   G. 6

33. You heard your father yell at or threaten your mother.
   A. 0
   B. 1
   C. 2
   D. 3
   E. 4
   F. 5
   G. 6

34. You heard your mother yell at or threaten your father.
   A. 0
   B. 1
   C. 2
   D. 3
   E. 4
   F. 5
   G. 6

35. You saw your mother with any bruises or injuries inflicted by your father.
   A. 0
   B. 1
   C. 2
   D. 3
   E. 4
   F. 5
   G. 6
36. You saw your father with any bruises or injuries inflicted by your mother.
   A. 0
   B. 1
   C. 2
   D. 3
   E. 4
   F. 5
   G. 6

37. Your mother told you about or you overheard your mother describing any injuries she sustained from your father.
   A. 0
   B. 1
   C. 2
   D. 3
   E. 4
   F. 5
   G. 6

38. Your father told you about or you overheard your father describing any injuries he sustained from your mother.
   A. 0
   B. 1
   C. 2
   D. 3
   E. 4
   F. 5
   G. 6
### Rosenberg Self-Esteem Scale (Times 1 & 2)

**DIRECTIONS:** Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle SA. If you agree with the statement, circle A. If you disagree, circle D. If you strongly disagree, circle SD.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. On the whole, I am satisfied with myself.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>2. At times, I think I am no good at all.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>3. I feel that I have a number of good qualities.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>4. I am able to do things as well as most other people.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>5. I feel I do not have much to be proud of.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>6. I certainly feel useless at times.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>7. I feel that I’m a person of worth, or at least on an equal plane with others.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>8. I wish I could have more respect for myself.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>9. All in all, I am inclined to feel that I am a failure.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>10. I take a positive attitude toward myself.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
</tbody>
</table>
General Perceived Self-Efficacy Scale (Times 1 & 2)

Below is a list of statements dealing with your general feelings about yourself and your abilities. If you believe the statement is not at all true of yourself, circle NT, if the statement is hardly true, circle HT, if the statement is moderately true, circle MT, if the statement is exactly true of yourself, circle ET.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Not at all true</th>
<th>Hardly true</th>
<th>Moderately true</th>
<th>Exactly true</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I can always manage to solve difficult problems if I try hard enough.</td>
<td>NT</td>
<td>HT</td>
<td>MT</td>
<td>ET</td>
</tr>
<tr>
<td>2.</td>
<td>If someone opposes me, I can find the means and ways to get what I want.</td>
<td>NT</td>
<td>HT</td>
<td>MT</td>
<td>ET</td>
</tr>
<tr>
<td>3.</td>
<td>It is easy for me to stick to my aims and accomplish my goals.</td>
<td>NT</td>
<td>HT</td>
<td>MT</td>
<td>ET</td>
</tr>
<tr>
<td>4.</td>
<td>I am confident that I could deal efficiently with unexpected events.</td>
<td>NT</td>
<td>HT</td>
<td>MT</td>
<td>ET</td>
</tr>
<tr>
<td>5.</td>
<td>Thanks to my resourcefulness, I know how to handle unforeseen situations.</td>
<td>NT</td>
<td>HT</td>
<td>MT</td>
<td>ET</td>
</tr>
<tr>
<td>6.</td>
<td>I can solve most problems if I invest the necessary effort.</td>
<td>NT</td>
<td>HT</td>
<td>MT</td>
<td>ET</td>
</tr>
<tr>
<td>7.</td>
<td>I can remain calm when facing difficulties because I can rely on my coping abilities.</td>
<td>NT</td>
<td>HT</td>
<td>MT</td>
<td>ET</td>
</tr>
<tr>
<td>8.</td>
<td>When I am confronted with a problem, I can usually find several solutions.</td>
<td>NT</td>
<td>HT</td>
<td>MT</td>
<td>ET</td>
</tr>
<tr>
<td>9.</td>
<td>If I am in trouble, I can usually think of a solution.</td>
<td>NT</td>
<td>HT</td>
<td>MT</td>
<td>ET</td>
</tr>
<tr>
<td>10.</td>
<td>I can usually handle whatever comes my way.</td>
<td>NT</td>
<td>HT</td>
<td>MT</td>
<td>ET</td>
</tr>
</tbody>
</table>
Please read each of the following statements and rate (1-5) the extent to which you believe each statement best describes your feelings about close relationships.

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I find it difficult to depend on other people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. It is very important to me to feel independent.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. I find it easy to get emotionally close to others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. I want to merge completely with another person.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. I worry that I will be hurt if I allow myself to become too close to others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. I am comfortable without close emotional relationships.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. I am not sure that I can always depend on others to be there when I need them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. I want to be completely emotionally intimate with others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. I worry about being alone.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. I am comfortable depending on other people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. I often worry that romantic partners don't really love me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. I find it difficult to trust others completely.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. I worry about others getting too close to me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. I want emotionally close relationships.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. I am comfortable having other people depend on me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16. I worry that others don't value me as much as I value them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17. People are never there when you need them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>18. My desire to merge completely sometimes scares people away.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>---</td>
<td>---------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>19. It is very important to me to feel self-sufficient.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>20. I am nervous when anyone gets too close to me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>21. I often worry that romantic partners won’t want to stay with me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>22. I prefer not to have other people depend on me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>23. I worry about being abandoned.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>24. I am somewhat uncomfortable being close to others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>25. I find that others are reluctant to get as close as I would like.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>26. I prefer not to depend on others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>27. I know that others will be there when I need them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>28. I worry about having others not accept me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>29. Romantic partners often want me to be closer than I feel comfortable being.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>30. I find it relatively easy to get close to others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Inventory of Interpersonal Problems – Short Circumplex Form (Time 1)

People have reported having the following problems in relating to other people. Please read the list below, and for each item, consider whether it has been a problem for you with respect to any significant person in your life. Then select the number that describes how distressing that problem has been, and circle that number. Circle only one number for each item below.

0 = Not at all       1 = A little       2 = Moderately       3 = Quite a Bit       4 = Extremely

IT IS HARD FOR ME TO:

1. Join in on groups 0 1 2 3 4
2. Keep things private from other people 0 1 2 3 4
3. Tell a person to stop bothering me 0 1 2 3 4
4. Introduce myself to new people 0 1 2 3 4
5. Confront people with problems that come up 0 1 2 3 4
6. Be assertive with another person 0 1 2 3 4
7. Let other people know when I am angry 0 1 2 3 4
8. Socialize with other people 0 1 2 3 4
9. Show affection to people 0 1 2 3 4
10. Understand another person’s point of view 0 1 2 3 4
11. Be firm when I need to be 0 1 2 3 4
12. Experience a feeling of love for another person 0 1 2 3 4
13. Be supportive of another person’s goals in life 0 1 2 3 4
14. Feel close to other people 0 1 2 3 4
15. Feel good about another person’s happiness

16. Ask other people to get together socially with me

17. Attend to my own welfare when someone else is needy

18. Be assertive without worrying about hurting the other person’s feelings

THE FOLLOWING ARE THINGS THAT YOU DO TOO MUCH:

0 = Not at all  1 = A little  2 = Moderately  3 = Quite a Bit  4 = Extremely

19. I am too easily persuaded by other people

20. I open up to people too much

21. I am too aggressive toward other people

22. I try to please other people too much

23. I want to be noticed too much

24. I try to control other people too much

25. I put other people’s needs before my own too much

26. I am too suspicious of other people

27. I tell personal things to other people too much

28. I argue with other people too much

29. I keep other people at a distance too much

30. I let other people take advantage of me too much
31. I am affected by another person’s misery too much
   0 1 2 3 4

32. I want to get revenge against people too much
   0 1 2 3 4
Inventory of Interpersonal Problems – Short Circumplex Form (Time 2)

People have reported having the following problems in relating to other people. Please read the list below, and for each item, consider whether it has been a problem for you with respect to any significant person in your life DURING THE PAST 2 MONTHS (since you last participated in this study). Then select the number that describes how distressing that problem has been, and circle that number. Circle only one number for each item below.

0 = Not at all  1 = A little  2 = Moderately  3 = Quite a Bit  4 = Extremely

IT IS HARD FOR ME TO:
1. Join in on groups          0  1  2  3  4
2. Keep things private from other people  0  1  2  3  4
3. Tell a person to stop bothering me      0  1  2  3  4
4. Introduce myself to new people       0  1  2  3  4
5. Confront people with problems that come up 0  1  2  3  4
6. Be assertive with another person      0  1  2  3  4
7. Let other people know when I am angry 0  1  2  3  4
8. Socialize with other people   0  1  2  3  4
9. Show affection to people      0  1  2  3  4
10. Understand another person’s point of view  0  1  2  3  4
11. Be firm when I need to be      0  1  2  3  4
12. Experience a feeling of love for another person      0  1  2  3  4
13. Be supportive of another person’s goals in life 0  1  2  3  4
14. Feel close to other people 0 1 2 3 4
15. Feel good about another person’s happiness 0 1 2 3 4
16. Ask other people to get together socially with me 0 1 2 3 4
17. Attend to my own welfare when someone else is needy 0 1 2 3 4
18. Be assertive without worrying about hurting the other person’s feelings 0 1 2 3 4

**THE FOLLOWING ARE THINGS THAT YOU DO TOO MUCH:**

<table>
<thead>
<tr>
<th></th>
<th>0 = Not at all</th>
<th>1 = A little</th>
<th>2 = Moderately</th>
<th>3 = Quite a Bit</th>
<th>4 = Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>I am too easily persuaded by other people</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>I open up to people too much</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>I am too aggressive toward other people</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>I try to please other people too much</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>I want to be noticed too much</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>I try to control other people too much</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>I put other people’s needs before my own too much</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>I am too suspicious of other people</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>I tell personal things to other people too much</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>I argue with other people too much</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>I keep other people at a distance too much</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>I let other people take advantage of me too much</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td>31. I am affected by another person’s misery too much</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. I want to get revenge against people too much</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
APPENDIX C-7

Parental Authority Questionnaire

Directions: For each of the following statements, circle the number on the 5-point scale that best describes how that statement applies to you and your parents. Try to read and think about each statement as it applies to you and your parents during your years of growing up at home. There are no right or wrong answers, we are looking for your overall impression regarding each statement. Be sure not to skip any items.

1 = Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly Agree

1. While I was growing up, my parents felt that in a well-run home, children should have their way in the family as often as parents do.
   1  2  3  4  5

2. Even if their children didn’t agree with them, my parents felt that it was for our own good if we were forced to conform to what they thought was right.
   1  2  3  4  5

3. Whenever my parents told me to do something as I was growing up, they expected me to do it immediately without asking any questions.
   1  2  3  4  5

4. As I was growing up, once family policy had been established, my parents discussed the reasoning behind the policy with the children in the family.
   1  2  3  4  5

5. My parents have always encouraged verbal give-and-take whenever I have felt that family rules and restrictions were unreasonable.
   1  2  3  4  5

6. My parents have always felt that what children need is to be free to make up their own minds and to do what they want to do, even if this does not agree with what their parents might want.
   1  2  3  4  5

7. As I was growing up, my parents did not allow me to question any decision they had made.
   1  2  3  4  5
8. As I was growing up, my parents directed the activities and decisions of the children in the family through reasoning and discipline.

9. My parents have always felt that more force should be used by parents in order to get their children to behave the way they are supposed to.

10. As I was growing up, my parents did not feel that I needed to obey rules and regulations of behavior simply because someone in authority had established them.

11. As I was growing up, I knew what my parents expected of me in my family, but I also felt free to discuss those expectations with my parents when I felt that they were unreasonable.

12. My parents felt that wise parents should teach their children early just who is boss in the family.

13. As I was growing up, my parents seldom gave me expectations and guidelines for my behavior.

14. Most of the time as I was growing up, my parents did what the children in the family wanted when making family decisions.

15. As the children in my family were growing up, my parents consistently gave us direction and guidance in rational and objective ways.

16. As I was growing up, my parents would get very upset if I tried to disagree with them.

17. My parents feel that most problems in society would be solved if parents would not restrict their children’s activities, decisions, and desires as they are growing up.
18. As I was growing up, my parents let me know what behavior they expected of me, and if I didn’t meet those expectations, they punished me.

19. As I was growing up, my parents allowed me to decide most things for myself without a lot of direction from them.

20. As I was growing up, my parents took children’s opinions into consideration when making family decisions, but they would not decide for something simply because the children wanted it.

21. My parents did not view themselves as responsible for directing and guiding my behavior as I was growing up.

22. My parents had clear standards of behavior for the children in our home as I was growing up, but they were willing to adjust those standards to the needs of each of the individual children in the family.

23. My parents gave me direction for my behavior and activities as I was growing up and they expected me to follow their direction, but they were always willing to listen to my concerns and to discuss that direction with me.

24. As I was growing, my parents allowed me to form my own point of view on family matters and they generally allowed me to decide for myself what I was going to do.

25. My parents have always felt that most problems in society would be solved if we could get parents to strictly and forcibly deal with their children when they don’t do what they are supposed to as they are growing up.

26. As I was growing up, my parents often told me exactly what they wanted me to do and how they expected me to do it.

27. As I was growing up, my parents gave me clear direction for my behaviors and activities, but they were also understanding when I disagreed with them.
28. As I was growing up, my parents did not direct the behaviors, activities, and desires of the children in the family.

29. As I was growing up, I knew what my parents expected of me in the family, and they insisted that I conform to those expectations simply out of respect for their authority.

30. As I was growing up, if my parents made a decision in the family that hurt me, they were willing to discuss that decision with me and to admit it if they had made a mistake.
APPENDIX C-8

Family Environment Scale

This is a copyrighted measure.
APPENDIX C-9

Comprehensive Child Maltreatment Scale

Before the age of 18, how frequently did you experience any of the following behaviors? Please rate the frequency with which the behaviors were directed towards you by your mother, your father, and other adults. Next to each item are three columns with the numbers 0 to 6 please circle the number that corresponds to how often you experienced the following behaviors using the following scale:

0 = This never happened
1 = Once per year
2 = Twice per year
3 = 3 to 5 times per year
4 = 6 to 10 times per year
5 = 11 to 20 times per year
6 = More than 20 times per year

<table>
<thead>
<tr>
<th></th>
<th>Mother</th>
<th>Father</th>
<th>Other Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Physically punished for wrongdoing (e.g., smacking, grabbing, shaking)</td>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>2. Other use of violence (e.g., hitting, punching, kicking)</td>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>3. Severely hurt you, requiring medical attention</td>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
</tr>
</tbody>
</table>
4. How frequently do you believe you witnessed any of the behaviors listed above directed towards others in the family?
   A. This never happened
   B. Once per year
   C. Twice per year
   D. 3 to 5 times per year
   E. 6 to 10 times per year
   F. 11 to 20 times per year
   G. More than 20 times per year

<table>
<thead>
<tr>
<th>Behaviors</th>
<th>Mother</th>
<th>Father</th>
<th>Other Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Yelled at you</td>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>6. Ridiculed, embarrassed, used sarcasm (made you feel guilty, silly, or ashamed)</td>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>7. Provoked, made you feel afraid, or used cruelty</td>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

8. How frequently do you believe you witnessed any of the behaviors listed above directed towards others in the family?
   A. This never happened
   B. Once per year
   C. Twice per year
   D. 3 to 5 times per year
   E. 6 to 10 times per year
   F. 11 to 20 times per year
   G. More than 20 times per year
Many people report having had childhood sexual experiences with other children or with older people. The following questions relate only to sexual activities with older people. These “older people” include someone who at the time was either an adolescent (at least 5 years older than you; or an adult (18 years of age or over). Before you turned 13, did an older person engage in any of the following types of sexual activity with you?

Next to each item are three columns with the numbers 0 to 6, please circle the number in each column that corresponds to how frequently you experienced each of the following using the scale below:

0 = This never happened
1 = Once per year
2 = Twice per year
3 = 3 to 5 times per year
4 = 6 to 10 times per year
5 = 11 to 20 times per year
6 = More than 20 times per year
<table>
<thead>
<tr>
<th>12. Requested you to do something sexual</th>
<th>Mother</th>
<th>Father</th>
<th>Other Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. Forced you to watch others have sex</th>
<th>Mother</th>
<th>Father</th>
<th>Other Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. Showed you his erect penis</th>
<th>Mother</th>
<th>Father</th>
<th>Other Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. Made you touch his penis/her vagina, or breasts</th>
<th>Mother</th>
<th>Father</th>
<th>Other Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. Touched your penis, vagina, or breasts</th>
<th>Mother</th>
<th>Father</th>
<th>Other Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. Put his/her mouth on your penis or vagina</th>
<th>Mother</th>
<th>Father</th>
<th>Other Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. Made you put your mouth on his penis/her vagina</th>
<th>Mother</th>
<th>Father</th>
<th>Other Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. Put his penis in your vagina or anus</th>
<th>Mother</th>
<th>Father</th>
<th>Other Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. Put a finger in your vagina or anus</th>
<th>Mother</th>
<th>Father</th>
<th>Other Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>21. Put other objects in your vagina or anus</th>
<th>Mother</th>
<th>Father</th>
<th>Other Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
</tbody>
</table>
DIRECTIONS: 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 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

   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
   G. I did not willingly participate

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 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

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 was the strategy used to request that you participate?
   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
   G. I did not willingly participate
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 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

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 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

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 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

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 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

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 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

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 was the strategy used to request that you participate?
   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
The following questions concern sexual experiences that you may have had that were unwanted. We know that these are personal questions, so we do not ask your name or other identifying information. Your information is completely confidential. We hope that this helps you to feel comfortable answering each question honestly. Place a check mark in the box (□) showing the number of times each experience has happened to you. If several experiences occurred on the same occasion—for example, if one night someone told you some lies and had sex with you when you were drunk, you would check both boxes a and c. "The past 12 months" refers to the past year going back from today. "Since age 14" refers to your life starting on your 14th birthday and stopping today.

<table>
<thead>
<tr>
<th>Sexual Experiences</th>
<th>How many times in the past 12 Months?</th>
<th>How many times since age 14?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch or butt) or removed some of my clothes without my consent (but did not attempt sexual penetration) by:</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c. Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>d. Threatening to physically harm me or someone close to me.</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>2. Someone had oral sex with me or made me have oral sex with them without my consent by:</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>a. Telling lies, threatening to end the</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---</td>
</tr>
<tr>
<td>b.</td>
<td>b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.</td>
<td>○</td>
</tr>
<tr>
<td>c.</td>
<td>c. Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
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<td>d.</td>
<td>d. Threatening to physically harm me or someone close to me.</td>
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<td>3.</td>
<td>A man put his penis into my vagina, or someone inserted fingers or objects without my consent by:</td>
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<tr>
<td>a.</td>
<td>a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.</td>
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<td>b.</td>
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<td>e.</td>
<td>e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.</td>
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<td>4.</td>
<td>A man put his penis into my butt, or someone inserted fingers or objects without my consent by:</td>
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<td>d. Threatening to physically harm me or someone close to me.</td>
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<td>e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.</td>
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<td>5.</td>
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<td></td>
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<td><strong>Even though it did not happen, a man TRIED to put his penis into my vagina, or someone tried to stick in fingers or objects without my consent by:</strong></td>
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7. Even though it did not happen, a man TRIED to put his penis into my butt, or someone tried to stick in objects or fingers without my consent by:

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<td>d. Threatening to physically harm me or someone close to me.</td>
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8. Did any of the experiences described in this survey happen to you one or more times?  Yes □ No □

What was the sex of the person or persons who did them to you?

I reported no experiences □
Female only □
Male only □
Both females and males □

9. Have you ever been raped?  Yes □ No □
The following questions concern sexual experiences that you may have had that were unwanted. We know that these are personal questions, so we do not ask your name or other identifying information. Your information is completely confidential. We hope that this helps you to feel comfortable answering each question honestly. Place a check mark in the box (□) showing the number of times each experience has happened to you. If several experiences occurred on the same occasion—for example, if one night someone told you some lies and had sex with you when you were drunk, you would check both boxes a and c. "The past 2 months" refers to the time that has passed since the last time you participated in this survey, at the beginning of the academic quarter.

<table>
<thead>
<tr>
<th>Sexual Experiences</th>
<th>How many times in the past 2 Months?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch or butt) or removed some of my clothes without my consent (but did not attempt sexual penetration) by:</strong></td>
<td>0 1 2 3+</td>
</tr>
<tr>
<td>a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.</td>
<td>□ □ □ □</td>
</tr>
<tr>
<td>b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.</td>
<td>□ □ □ □</td>
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<tr>
<td>c. Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
<td>□ □ □ □</td>
</tr>
<tr>
<td>d. Threatening to physically harm me or someone close to me.</td>
<td>□ □ □ □</td>
</tr>
<tr>
<td>e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.</td>
<td>□ □ □ □</td>
</tr>
<tr>
<td>2. <strong>Someone had oral sex with me or made me have oral sex with them without my consent by:</strong></td>
<td>0 1 2 3+</td>
</tr>
<tr>
<td>a. Telling lies, threatening to end the relationship, threatening to spread rumors about</td>
<td>□ □ □ □</td>
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</table>
me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.

| b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to. | ☐ ☐ ☐ ☐ |
| c. Taking advantage of me when I was too drunk or out of it to stop what was happening. | ☐ ☐ ☐ ☐ |
| d. Threatening to physically harm me or someone close to me. | ☐ ☐ ☐ ☐ |

3. **A man put his penis into my vagina, or someone inserted fingers or objects without my consent by:**

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| b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to. | ☐ ☐ ☐ ☐ |
| c. Taking advantage of me when I was too drunk or out of it to stop what was happening. | ☐ ☐ ☐ ☐ |
| d. Threatening to physically harm me or someone close to me. | ☐ ☐ ☐ ☐ |
| e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon. | ☐ ☐ ☐ ☐ |

4. **A man put his penis into my butt, or someone inserted fingers or objects without my consent by:**

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<th>3+</th>
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</table>

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| b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to. | ☐ ☐ ☐ ☐ |
| c. Taking advantage of me when I was too drunk or out of it to stop what was happening. | ☐ ☐ ☐ ☐ |
| d. Threatening to physically harm me or someone close to me. | ☐ ☐ ☐ ☐ |
| e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon. | ☐ ☐ ☐ ☐ |
5. **Even though it did not happen, someone TRIED to have oral sex with me, or make me have oral sex with them without my consent by:**

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<tr>
<td>c. Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
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<tr>
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7. **Even though it did not happen, a man TRIED to put his penis into my butt, or someone tried to stick in objects or fingers without my consent by:**

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<tr>
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<td>b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.</td>
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</table>

8. Did any of the experiences described in this survey happen to you one or more times?
   Yes □ No □

What was the sex of the person or persons who did them to you?
   I reported no experiences □
   Female only □
   Male only □
   Both females and males □

9. Have you ever been raped?  Yes □ No □
APPENDIX C-13

Sexual Experiences Survey (Time 1)

DIRECTIONS: The following questions ask about your sexual experiences since the age of 14. Questions about sexual intercourse mean penetration of a woman's vagina, no matter how slight, by a man's penis. Ejaculation is not required. Whenever you see the words sexual intercourse, please use this definition.

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?
   A. No
   B. Yes

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?
   A. No
   B. Yes

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.).
   A. No
   B. Yes

4. Have you had a man attempt sexual intercourse (get on top of you and 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?
   A. No
   B. Yes

5. Have you had a man attempt sexual intercourse (get on top of you and insert his penis) with you by giving you alcohol or drugs, but intercourse did not occur?
   A. No
   B. Yes

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

8. Have you had sexual intercourse when you didn't want to because a man gave you alcohol or drugs?
   A. No
   B. Yes

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?
   A. No
   B. Yes

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.)?
    A. No
    B. Yes
APPENDIX C-14

Sexual Experiences Survey (Time 2)

Please answer the following questions about your sexual experiences since the last time you answered this survey- approximately 2 months ago. Questions about sexual intercourse mean penetration of a woman's vagina, no matter how slight, by a man's penis. Ejaculation is not required. Whenever you see the words sexual intercourse, please use this definition.

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?
   A. No
   B. Yes

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?
   A. No
   B. Yes

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.).
   A. No
   B. Yes

4. Have you had a man attempt sexual intercourse (get on top of you and 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?
   A. No
   B. Yes

5. Have you had a man attempt sexual intercourse (get on top of you and insert his penis) with you by giving you alcohol or drugs, but intercourse did not occur?
   A. No
   B. Yes

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

8. Have you had sexual intercourse when you didn't want to because a man gave you alcohol or drugs?
   A. No
   B. Yes

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?
   A. No
   B. Yes

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.)?
    A. No
    B. Yes
APPENDIX C-15

Composite Abuse Scale (Time 1)

This is a copyrighted measure.
APPENDIX C-16

Composite Abuse Scale (Time 2)

This is a copyrighted measure.
How often have you experienced each of the following in the last two months? Please circle the number 0 through 3 that best describes your experiences.

0 = Never  3 = Often

1. Headaches
2. Insomnia (trouble getting to sleep)
3. Weight loss (without dieting)
4. Stomach problems
5. Sexual problems
6. Feeling isolated from others
7. "Flashbacks" (sudden, vivid, distracting memories)
8. Restless sleep
9. Low sex drive
10. Anxiety attacks
11. Sexual overactivity
12. Loneliness
13. Nightmares
14. "Spacing out" (going away in your mind)
15. Sadness
16. Dizziness
17. Not feeling satisfied with your sex life
18. Trouble controlling your temper
19. Waking up early in the morning and can't get back to sleep
20. Uncontrollable crying
21. Fear of men
22. Not feeling rested in the morning
23. Having sex that you didn't enjoy
24. Trouble getting along with others
25. Memory problems
26. Desire to physically hurt yourself
27. Fear of women
28. Waking up in the middle of the night
29. Bad thoughts or feelings during sex
30. Passing out
31. Feeling that things are "unreal"
32. Unnecessary or over-frequent washing
33. Feelings of inferiority
34. Feeling tense all the time
35. Being confused about your sexual feelings
36. Desire to physically hurt others
37. Feelings of guilt
38. Feelings that you are not always in your body
39. Having trouble breathing
40. Sexual feelings when you shouldn't have them