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Lasting effects of sexual abuse on mental health of heterosexual and homosexual women

Peggy Cicconi

LASTING EFFECTS OF SEXUAL ABUSE ON MENTAL HEALTH OF HETEROSEXUAL AND HOMOSEXUAL WOMEN

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

Of the Requirements for the Degree

Master of Social Work

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by

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ABSTRACT

Four groups of women (N= 52) self-identified as having histories of childhood sexual abuse or no such histories, and self-identified as either heterosexual or homosexual were compared using the Hopkins Symptom Checklist and the Beck Depression Index. Subjects ranged in age from 24 to 58 years old with the majority of abused respondents in the age range of ages 6 and 8 and again between 12 and 16. The results of two Anovas, one for abuse history and psychiatric symptoms, and the second for sexual orientation and psychiatric symptoms indicate that homosexual women reported more mental health problems than heterosexual women. Results reveal that homosexual adults who were sexually abused as children have a significantly higher rate of psychiatric symptoms including somatization, obsessive-compulsive behaviors, depression, anxiety, and interpersonal relationships. Implications for future studies were discussed.

TABLE OF CONTENTS

LIST OF TABLES

INTRODUCTION

Women are the primary victims of all forms of gender-related abuse. The spectrum of gender-based abuse encompasses physical and sexual violence or exploitation as well as psychological abuse of unequal and devalued social roles. Additionally, women appear to be disadvantaged in other areas of their life as a result of the social position they occupy. Landrine, Klonoff, Alcaraz, Scott, and Wilkins (1995) found evidence of discrimination in the United States by age, ethnicity, and gender. For example, they found African American women earn less money than men of any other ethnic group. This is true for all age brackets from 15 years of age through 75 and up (Landrine et al. 1995). Latina women are next in line with the second lowest income. Men of all ethnicity earn more than women of any ethnicity (Landrine et al. 1995). This double jeopardy for women and women of color places them at a disadvantage financially, educationally, and socially, because of the social position they occupy. For women who also identify themselves as homosexual, the adverse effects of occupying yet another disadvantaged social position may be devastating. To date little research exists showing the effects of abuse on women of different sexual orientation.

Mental health professionals and social scientists have extensively documented common psychological and behavioral responses to traumatic life events such as sexual abuse (Carmen & Rieker, 1984; Hamilton, 1989; Simari & Baskin, 1984). Victimizing experiences assault one's fundamental sense of relative control and predictability. Severe effects of sexual abuse appear to result in depression and anxiety with other problems surfacing as more research is completed. Some of the other symptoms appear as the victim begins to assume responsibility for the abuse, such as self-blame and self-criticism, which leads to low self-esteem in many cases.

It is reported that the incident of sexual abuse is on the rise. Statistics currently estimate that one-third of all children are sexually abused before the age of 18, to include 40% of all females and 30% of all males (Bogorad, 1998). Most of these cases were reports involving very young children, below age seven. Every year in this country, two million children are brutally beaten or sexually abused (Bogorad, 1998).

Children who have been sexually abused show a lower IQ and an increased risk of depression, suicide and drug use. Abused children are 53% more likely to be arrested as

juveniles, and 38% more likely to be arrested for a violent crime (Bogorad, 1998). During their preschool and grammar school years abused children will have more difficulty with anger and following instructions from the teacher. Often, they will lack self-control and therefore not be well liked by their peers.

Another misfortune connected with childhood sexual abuse is that a vast majority of children who attempt suicide have a history of sexual abuse (Koopmans, 1990). Not as dramatic but still damaging is the self-loathing and inability to trust their own feelings after the abusive experience(s). Some children go so far as to minimize the abuse as "not that bad" because of their low self-esteem.

No child is psychologically ready to deal with ongoing intensive sexual stimulation. Even children as young as two or three will sense that the act is "wrong" but are unable to stop it (Bogorad, 1998). Children older than age five will become caught between loyalty to, and dependence on the perpetrator and carry the shame of doing something "wrong." Over time, the child will develop low self-esteem, feelings of being worthless or "dirty" which, unless helped through therapy of some type, will carry these feelings into adolescence and adulthood.

Sexual abuse involving sexual contact occurs at the rate of 16% for girls 17 years and under (Hamilton, 1989). The adolescent, much like the child, is vulnerable to trust, and feelings of abandonment by the friend or family member who has become their abuser. Most victims of sexual abuse range in age between age four and adolescence. Adolescence or puberty seems to be the average time for father-daughter incest (Samari & Baskin, 1984). Incest can be more damaging the longer it goes on. If it is still persisting once the child has reached adolescence, it can result in even worse maladptive behaviors. The teen may have a poorer self-image and greater difficulties with gender identity and self-esteem.

The teen who is sexually active and reports childhood sexual abuse experiences lower levels of sexual satisfaction and higher levels of sexual problems, which may or may not be a precursor for adult sexual functioning. Mullen & Fleming (1996) found that teens reporting child sexual abuse were significantly more likely to report consensual intercourse with peers prior to 16 years of age. Teens who reported child sexual abuse expressed significantly greater dissatisfaction with the frequency of intercourse, being more likely to complain of infrequency

than adolescents who had not been abused (Mullen & Fleming, 1996).

There has also been a study by Mullen et al. (1994), indicating evidence for an association between a history of sexual abuse and an earlier age of entering the first cohabitation and pregnancy. The reason behind this rush for living together could reflect a search for love and affection away from their home of origin where there was a high price to pay for love.

There is also some evidence that links childhood sexual abuse with an increased risk of sexually transmitted diseases, teen pregnancy, multiple sexual partnerships and sexual revictimization (Mullen & Fleming, 1996). These findings also support the hypothesis that exposure of teens to multiple sexual partners can increase their chances of future sexual abuse to also include rape.

Female adult survivors experience a range of intrapersonal and interpersonal problems as a result of childhood sexual abuse. These problems may include fear of intimacy and mistrust of others, feelings of low self-esteem and inadequacy, extreme isolation, and sexual dysfunction (Swink & Leveille, 1990). The connection that is made for victims between sex and humiliation, closeness

and betrayal is frequently expressed in their belief that the only way to be loved is to be abused. Often sexual abuse is seen as a part of everyday life or minimized by many women. Healthy boundaries do not exist for many abused women.

Beitchman, Zucker, Hood, DaCosta, Akmen, and Cassavia (1992) reported that 36% of women with a history of sexual abuse indicated fear of sex, 32% reported decreased sexual interest, and 36% reported decreased sexual pleasure. They also noted that 21% of women who did not report child sexual abuse also reported dissatisfaction or sexual problems.

There is weak but significant evidence of a relationship between homosexuality and childhood rape and molestation. From this evidence there may be a small but significant increased rate of homosexual activity among women who have been sexually abused in childhood (Beitchmen et al. 1992).

There are many studies that indicate evidence that women with a history of sexual abuse compared with nonabused women suffer from generalized emotional symptoms such as fear, anxiety, and depression (Beitchmen et al. 1992). Women with a history of abuse are significantly

more likely than non-abused controls to have experienced a major depressive episode and to have more depressive episodes (Beitchmen et al. 1992). In another study in New Zealand, Mullen et al. (1988) found that compared with nonabused controls, women reporting sexual abuse as children were more frequently identified as requiring treatment, usually for depression.

Briere (1984) found that victims of abuse were significantly more likely than nonabused individuals to report fear of men, anxiety attacks, and problems with anger. However, nearly half of the women in this study had also been battered as adults and this aspect was not controlled. Sedney and Brooks (1984) compared the symptoms of 51 college students reporting childhood sexual abuse to 51 college students who did not. Anxiety was significantly higher among students reporting intrafamilial abuse than among controls. In this study, anxiety was associated with intrafamilial abuse but not with extrafamilial abuse when compared to the controls. While anxiety symptoms among adult women appear to be associated with a history of childhood sexual abuse, it is not clear that this effect is independent of force or threat of force at the time of the

abuse. The abuse could be one of many factors leading to anxiety, but it is an important variable.

Revictimization has also been associated with sexual abuse. Briere (1984) found that 49% of a sexually abused sample had been victims of battering in an adult relationship. Russell (1986) found that 65% of the incest victims in her study compared with 36% of nonabused in the control group had been victims of subsequent rape or attempted rape. The literature indicates that sexual abuse has a corrosive effect on self-esteem, therefore making these women a high-risk population for abuse as an adult. They may go from an abusive situation at home to a similar one with the new husband or lover. A sense of being worthless may be a contributing factor to the revictimization.

It is evident from the literature that child sexual abuse affects women's lives in many important ways. There appears to be a consensus in the literature that father/stepfather and daughter incestuous experiences result in more long lasting trauma than in other cases where the perpetrator is a non-family member. There have been reports that childhood abuse lasting more than two years in duration is more damaging, and this population

seeks out more therapeutic assistance (Beitchman et al. 1992). There is also some evidence suggesting force and violence as well as solitary violent sexual assault is connected with high ratings of psychopathology (Beitchman et al. 1992).

The adverse effects of sexual abuse are evident among women from all walks of life. However, for some women who have to cope with additional life stressors, the effects of sexual abuse may be exacerbated. One such significant stressor is sexual orientation. As indicated by Landrine et al. (1995), occupying one or more positions of disadvantaged social status could expose an individual to increased discrimination/abuse. Homosexual women can be placed in a three-times lowered level if they are also a minority. Add to the lowered status level the shame and guilt related to sexual abuse, you can end up with a woman hurt for a lifetime. Homosexual women as with other minority women can experience (1) the stigma of sexual minority status, (2) homophobia, and (3) internalized homophobia. Homosexual women live in a homophobic, male dominated world and can thus be viewed as a double minority (Post & Avery 1995).

Despite the success of the gay movements in promoting the recognition and acceptance of homosexuality as normative, homosexual women still experience institutional and social discrimination and oppression. There are unequal civil and legal rights when compared to heterosexuals, and there is continued tolerance to overt hostility and violence. Homosexual women contend not only with these types of discrimination but with gender discrimination as will (DePoy & Noble, 1992). Therefore, it is not surprising that adult homosexual women feel compelled to protect themselves and will often not seek out help in a hostile world for such things as past sexual abuse. They wish themselves to remain invisible.

Studies of homosexuals often find that, in comparison to heterosexual individuals, homosexuals have a poorer self-image, less adequate gender identity and lower self-esteem (Simari & Baskin 1984). The results in the study by Simari and Baskin indicate that within a group of homosexual women 64% of the sexually abused experience the event as negative. Those who reported the initial abuse as negative also reported current problems in their adult lives. Of this group, 82% reported having been in therapy

for these episodes, with the main presenting problems in treatment being depression, anger, or guilt.

Erving Goffman (1963) identifies ethnic minorities, the physically handicapped and homosexuals as stigmatized groups in the general population. He says the first two are not blamed for their conditions, whereas homosexuals are viewed as being a moral failure (Reiter, 1989). Over thirty years later it is reasonable to consider that society has not only not forgiven the homosexual for their "moral failings", but ethnic minorities are also increasingly seen as "less than" in our Eurocentric Anglo society. A homosexual woman of color, by the sheer fact that she is alive in Western American territories has the damaging effects of three lowered power levels: she is an ethnic minority, a woman, and a homosexual. This damaging intrigue could bring about an even greater degree of self-hate and suppression.

As an ubiquitous consequence of sexism, women's sense of identity is developed within the framework that defines a woman as devalued. The feminist perspective emphasizes the elimination of false dichotomies, reconceptualizing power, valuing process, validating renaming, and believing the personal is political (Groves & Schondel, 1996). Once

the effects of a patriarchal society are examined, the need to eliminate the power struggle becomes clear. Sexual abuse is a major component of this patriarchy. Saakvitne and Pearlmen (1993) write that violence against women is simply the end point on a continuum of verbal and nonverbal messages about the devaluation of femaleness.

Feminist scholarship concerning women and mental health enlists several important functions as part of the knowledge base of social work. Feminist theory and research provide the framework for understanding the relationships between gender inequality and women's mental health problems. The feminist understanding provides models of analytical and empirical processes through which knowledge about women is reassessed and expanded. With this as our backdrop, it is hypothesized that homosexual women, with a twice-lowered level of power, may have an increase in mental health problems when compared to heterosexual women.

METHOD

Subjects

Subjects were 52 women ranging in age from 24 to 58 with a mean age of 40.4 and standard deviation of 10.0. The ethnicity breakdown was as follows: 37 (74%) Caucasian,

4 (8%) African American, 8 (15.4%) Hispanic and 1 (1.9%) Asian. Two (3.8%) of the subjects did not respond to this question. The age at the beginning of the sexual abuse ranged between age 3 and age 16 (Mean = 9.76, Std. Deviation = 6.04). The age at which the sexual abuse ended was age 7 to 24, (mean = 14.2, and Std. Deviation of 5.6). There was one individual who reported sexual abuse as an adult age 30-32. This subject was considered an extreme outlier and was eliminated from the subsequent analyses. The sexual orientation of the sample included 34 heterosexuals and 18 homosexuals. Of this count 14 (77.8%) of the homosexual women had been abused and 9 (26.5%) of the heterosexual women were abused. The income for all subjects ranged from zero to $60,000.00 a year, (mean = $32259.00, Std. Deviation = 15755.6). The Breakdown for marital status included 24 (46.2%) married women, 7 (13.5%) single, 6 (11.5%) in committed relationships, 14 (26.9%) divorced, and 1 (1.9%) widowed. The education of the sample consisted of 8 (15.4%) individuals who did not finish high school, 11 (21.2%) who finished high school, 1 (1.9%) who listed vocational training, 3 (5.8%) who reported completing an AA degree, 7 (13.5%) who reported completing a BA degrees, and 22 (42.3%) who reported

obtaining a Master degree or above. Perpetrators of the sexually abused women were reported to be, 7 (31.8%) father/stepfathers, 1 (4.5%) older brother, 2 (9.1%) other family members, 1 (4.5%) family friend, 1 (4.5%) church representative and 3 (13.6%) listed the perpetrator as other. Seven subjects (31.8%) listed multiple perpetrators.

Surveys were collected from the employees of 3 mental health clinics, both from the clerical and clinical staff, and from female members of an Alcoholic anonymous meeting. The women were all from the suburbs around Los Angeles. The only two requirements to participate in this survey were that the subject had to be over 18 years of age and female.

Materials

The survey consisted of two questionnaires, the Hopkins Symptom Checklist (HSCL), and the Beck Depression Index, (BDI-2), as well as some demographic questions (Appendix A).

The HSCL consists of 58 questions assessing psychological symptoms in the categories of depression, anxiety, somatization, obsessive-compulsive behaviors, and interpersonal sensitivity. The subject could choose from

four answers ranging from: 1 = not at all, 2 = a little bit, 3 = quite a bit, to 4 = very often. The reliability and validity of this survey have been established in prior studies testing self-report surveys, indicating that the HSCL has strong psychological properties (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi 1974).

The BDI-2 consists of 21-questions designed to assess level of depression. Subjects rated questions on a 0-3 rating scale, with 0 indicating a denial of any depressive symptoms and 3 indicating a strong presence of depressive symptoms. For example, 0= I do not feel sad, 1= I feel sad much of the time, 2= I am sad all the time, and 3= I am so sad or unhappy that I can't stand it. Validity and reliability for the BDI-2 have been established in prior studies (Cohen, Swerdlik, & Phillips 1995), indicating that this scale has strong psychological properties.

Demographic questions were also asked which included questions such as age, age at time of abuse, and income among others.

Procedure

The surveys were handed out individually from the researcher to the subject. The same instructions were carefully given to each subject, as they were asked to

answer honestly about their feelings and emotions at that point in time. They were asked to stay in the present, and not worry about the past as the research was looking for the long-term effects of abuse. The researcher collected the surveys in groups to protect the anonymity of the subjects.

RESULTS

Descriptive Statistics:

The data were initially screened to ensure that the proper assumptions were met in order to proceed with parametric statistical tests. Histograms revealed that the data were approximately normally distributed. All variables were related in a liner fashion. One extreme outlier was detected and removed from subsequent analyses.

Of the women in the heterosexual group 25 (73.5%) answered that they had not been sexually abused. From the same group of women 9 (26.5%) reported that they had been sexually abused. Of the women in the homosexual group 4 (22.2%) reported that they had not been sexually abused, while 14 (77.8%) reported that they had been sexually abused (Table 1).

Table 1 - Reports of sexual abuse by sexual orientation

sexual orientation	Have you ever been abused yes no	% within sexual orientation	Total count
Heterosexual	9 25	y= 26.5% n= 73.5%	34
Homosexual	14 4	y= 77.8% n= 22.2%	18

Mean responses to each of the five HSCL sub-scales and the BDI-2 were computed for heterosexual and homosexual women (Table 2). On the somatization sub-scale of the HSCL, heterosexual women had a mean of 19.08 and a standard deviation (SD) of 5.0. Homosexual women indicated a mean of 24.5 and a SD of 6.3. On the obsessive-compulsive sub-scale of the HSCL, the heterosexual women had a mean of 14.35 and a SD of 4.72. Results for homosexual women were computed at a mean of 17.94 and a SD of 4.16. On the interpersonal sensitivity sub-scale of the HSCL, heterosexual women indicated a mean of 12.9 with a SD of 3.62, while homosexual females had a mean of 15.77 and a SD of 3.78. On the depression sub-scale of the HSCL, heterosexual women had a mean of 19.38 and a SD of 5.96. Similarly, on the depression sub-scale, homosexual women had a mean of 23.39 and a SD of 5.7. As indicated, on the

anxiety sub-scale of the HSCL, heterosexual females had a mean of 9.29 and a SD of 3.52. Homosexual females had a mean of 11.5 and a SD of 3.27. The HSCL scale had a mean of 99.35 for heterosexuals with a SD of 27.29, homosexuals had a mean of 121.88 and a SD of 26.80. Finally, the BDI totals for heterosexual women had a mean of 9.76 and a SD of 8.41 while homosexual women had a mean of 18.16 and a SD of 10.82.

Table 2. Mean and Standard Deviation for the Hopkins Symptom Checklist & Beck Depression Inventory

	N	Sum of Squares	Mean	Std. Dev.
Somatization		351.80		
heterosexual	34		19.1	5.0
homosexual	18		24.55	6.3
OBS-COM		151.81		
heterosexual	34		14.35	4.72
homosexual	18		17.94	4.16
INTERSEN		96.373		
heterosexual	34		12.9	3.63
homosexual	18		15.78	3.78
Depression		188.924		
heterosexual	34		19.38	5.97
homosexual	18		23.38	5.7
Anxiety		57.268		
heterosexual	34		9.3	3.52
homosexual	18		11.5	3.27
HSCLTOT		5977.227		
heterosexual	34		99.35	27.29
homosexual	18		121.88	26.80
BDI_TOT		830.825		
heterosexual	34		9.76	8.41
homosexual	18		18.16	10.82

Group Differences:

An analysis of variance (ANOVA) was conducted to determine whether or not women who were sexually abused differed from women who were not sexually abused in their scores on the HSCL and the BDI-2. The ANOVA was significant indicating that abused versus non-abused women differ significantly in their HSCL (F = 6.572; P = .013) and BDI-2 (F = 4.998; P = .030), scores. Means indicate that abused women scored significantly higher on the HSCL (mean = 118.13; sd = 24.34) compared to non-abused (mean = 98.44; sd = 29.74). Similarly, abused women scored significantly higher on the BDI-2 (mean = 16.04; sd = 10.07) than non-abused women (mean = 10.00; sd = 9.36) (Table 3).

Table 3. Differences in scores on HSCL and BDI-2 based on reports of sexual abuse (yes, no)

	N	F	Sum of squares	Mean	Std. Dev.	Sig.
HSCLTOT No yes	29 23	6.572	4968.98	98.45 118.13	29.7 24.34	.013
BDI No Yes	29 23	4.99	468.48	10.0 16.0	9.36 10.1	.030

A second ANOVA was conducted to determine whether or not homosexual women who were abused differed in their scores on the HSCL and BDI-2 from heterosexual women who were abused. The ANOVA was significant indicating that abused homosexual women versus abused heterosexual women differ significantly in their HSCL (F = 5.212; P = .033) and BDI-2 (F = 11.82; P = .002), scores. Means indicate that abused homosexual women scored significantly higher on the HSCL (mean = 126.64; sd = 25.40) compared to abused heterosexual women (mean = 104.88; sd = 16.03). Similarly, homosexual abused women scored significantly higher on the BDI-2 (mean = 20.78; sd = 9.59) than heterosexual abused women (mean = 8.66; sd = 5.38) (Table 4).

Table 4. Differences in scores on the HSCL and the BDI-2 among sexually abused women based on sexual orientation

	N	F	Sum of Squares	Mean	Std. Dev.	Sig.
HSCLTOT						
heterosexual	9	5.21	2592.5	104.89	16.03	.033
homosexual	14	2	0	126.64	25.40	
Total	23					
BDI						
heterosexual	9	11.8	804.59	8.66	5.38	.002
homosexual	14	3		20.78	9.59	
Total	23					

DISCUSSION

The hypothesis that homosexual women would report more psychiatric symptoms than heterosexual women was supported. As expected, abused women reported significantly more symptoms than non-abused women. However, above that, homosexual women who were abused also reported significantly more psychiatric symptoms than heterosexual women who were abused.

These findings might suggest that while the literature indicates that sexual abuse has a negative impact on women's lives, there seems to be an even greater effect on the lives of female homosexuals in regard to psychiatric symptoms. Some of the reasons for the findings could be what was hypothesized that homosexual women occupy a 2 or 3 times lowered social position than men.

The hypothesized lowered position could be in part due to experiences of gender discrimination, minority discrimination (though not supported in this study due to the small sample size), and homophobia. Overall, the reality could be that this female segment of our population is less supported by our society.

The results of the current study when compared to the Anova scores suggest greater difficulties in all five areas

of the HSCL investigated for the homosexual females (the areas of somataform disorders, obsessive-compulsive behaviors, interpersonal relationships, depression, and anxiety disorders). Results specific to these sub-scales were not computed due to the small sample size.

Some of the limitations of the study were the small sample size. The test results have to be interpreted with caution due to this limitation. Due to the small sample size further analyses could not be conducted without the high possibility of obtaining chance results. These are preliminary results and again should be interpreted with caution.

Another area, which may have had an effect on the results, was the fact that most of the homosexuals were in a 12-step program. This raises the possibility that these women may have had psychiatric problems due to other issues, or that their difficulties are due to the fact that they are in a self-help group. If the later is the case, then the self-help group could be compared to therapy with a professional, which many of the respondents, who had been sexually abused, had put to use at some point in their life.

Directions of future research

When bringing two women together in a relationship this doubles the chances that one partner will be from the 38% of women sexually abused in childhood (Post & Avery, 1995). Consequently, homosexual women and their sexuality must be understood as distinct from other intimate relationships. An interesting study to follow this current study could be to determine if there is a correlation between homosexual orientation and inhibition of sexual desire, which could impact their relationship.

As attention is given to homosexuality and sexual inhibition, frequently it is contaminated with false assumptions and negative myths. A future study could examine the lowered power level and sexual dysfunction of homosexual women, and then determine if there is a connection to sexual abuse. Knowledge of homosexual practices, standard, and cultures could attune to specific psychological approaches and treatment.

Child sexual abuse is not randomly distributed through the population. Presumably it could occur more frequently with children from dysfunctional families. An interesting study to follow-up with the information from this present study could be to determine which group of women, with

childhood sexual abuse, the homosexual or heterosexual have a higher prevalence of family dysfunction.

A natural follow-up to this study would be to research the same topic, yet strive for a larger population, and a more random selection process.

As we look at the results from this one study, it can be suggested that the levels of inequality that a homosexual woman is up against on a daily basis can influence her mental health. Feminist approaches to understanding and dealing with women's mental health problems can be usefully applied to work with members of this oppressed group.

A feminist perspective highlights how the social worker and the client may benefit from the understanding of the multifaceted ways in which institutionalized inequality creates and fosters distress and disorders. This current study may indicate a link between the personal and social change, which is needed to empower women who have been oppressed.

(Appendix)

Informed Consent

The study in which you are about to participate is designed to investigate the relationship between incest and mental health issues in adult women. This study is being conducted by Margaret Cicconi, a student in the MSW Program, under the supervision of Dr. Rosemary McCaslin, coordinator for the Research Sequence in the Department of Social Work. Her phone number is (909) 880-5507. The Department of Social Work's sub-committee, of the Institutional Review Board, of California State University San Bernardino has approved this study.

In this study you will be asked several questions regarding your day to day life. This paper will focus on sexual abuse, if you have not been victim incest your answers remain very important to this study. Please mark the questions that do not apply to you, with a "not at all" answer while at the same time being careful to answer all you can. The questionnaire could take from 20 to 30 minutes to complete.

Please be assured that any information you provide will be completely anonymous to the researchers. Please do not write your name anywhere on this survey. All data will be reported in group form only. At the conclusion of this study, you may receive a report of the results in June of 2000.

Please understand that your participation in this research is totally voluntary and you are free to withdraw at any time during this study without penalty, and to remove any data at any time during this study.

I acknowledge that I have been informed of, and understand, the nature and purpose of this study, and I freely consent to participate. I acknowledge that I am at least 18 years of age. My mark below indicates that I have been fully informed and I volunteer to participate.

Participant's Check mark Date

Researcher's Signature Date

Demographic Survey

1. Ethnicity: Please state_____

2. Age_____

3. Have you ever been sexually abused? Yes ____No____

4. How old were you at time of sexual abuse? _____

5. How old were you when the abuse ended? _____

6. Sexual Orientation: Heterosexual _____

Homosexual_____ Bisexual_____

7. Income per year? _____ 8. Profession: Please specify

_____

8. Marital status (Check One): married____ If so, how many times? ____

single ____ committed relationship____ divorced____

widowed____

9. Education, current level (Check one): Did not finish High school____ High school ___ Vocational school ____ AA degree ____ BA degree____ Masters and above ____.

10. I have sought out professional therapy due to my past sexual abuse if any yes, ___ no ___.

11. My perpetrator was: father/stepfather____ older brother____ other family member____ family friend____ church representative____ please specify _____.

HOPKINS SYMPTOM CHECKLIST

Please rate the follow questions by how often these issues come up in your daily living. Pick the one that comes close to the way you feel using the four-point scale listed below each question.

1. Headaches
Not at all ____ Occasionally____ Frequently ____ Very Often ____

2. Nervousness or shakiness inside
Not at all ____ Occasionally____ Frequently ____ Very Often ____

Being unable to get rid of bad thoughts or ideas
Not a all ____ Occasionally____ Frequently ____ Very Often ____

3. Faintness or dizziness
Not at all ____ Occasionally____ Frequently ____ Very Often ____

4. Loss of sexual interest or pleasure
Not at all ____ Occasionally____ Frequently ____ Very Often ____

5. Feeling critical of others
Not at all ____ Occasionally____ Frequently ____ Very Often ____

6. Bad dreams
Not at all ____ Occasionally____ Frequently ____ Very Often ____

7. Difficulty in speaking when you are excited
Not at all ____ Occasionally____ Frequently ____ Very Often ____

8. Trouble remembering things
Not at all ____ Occasionally____ Frequently ____ Very Often ____

9. Worried about sloppiness or carelessness
Not at all ____ Occasionally____ Frequently ____ Very Often ____

10.Feeling easily annoyed or irritated
Not at all ____ Occasionally____ Frequently ____ Very Often ____

11.Pains in the heart or chest
Not a all ____ Occasionally____ Frequently ____ Very Often ____

12.Itching
Not at all ____ Occasionally____ Frequently ____ Very Often ____

13.Feeling low in energy or slowed down
Not at all ____ Occasionally____ Frequently ____ Very Often ____

14.Thoughts of ending your life
Not at all ____ Occasionally____ Frequently ____ Very Often ____

15.Sweating
Not at all ____ Occasionally____ Frequently ____ Very Often ____

16.Trembling
Not at all ____ Occasionally____ Frequently ____ Very Often ____

17.Feeling confused
Not at all ____ Occasionally____ Frequently ____ Very Often ____

18.Poor appetite
Not at all ____ Occasionally____ Frequently ____ Very Often ____

19.Crying easily
Not at all ____ Occasionally____ Frequently ____ Very Often ____

20.Feeling shy or uneasy with the opposite sex
Not at all ____ Occasionally____ Frequently ____ Very Often ____

21.A feeling of being trapped or caught
Not at all ____ Occasionally____ Frequently ____ Very Often ____

22.Suddenly scared for no reason
Not at all ____ Occasionally____ Frequently ____ Very Often ____

23.Temper outbursts you could not control
Not at all ____ Occasionally____ Frequently ____ Very Often ____

24.Constipation
Not at all ____ Occasionally____ Frequently ____ Very Often ____

25.Blaming yourself for things
Not at all ____ Occasionally____ Frequently ____ Very Often ____

26.Pains in the lower part of your back
Not at all ____ Occasionally____ Frequently ____ Very Often ____

27.Feeling blocked or stymied in getting things done
Not at all ____ Occasionally____ Frequently ____ Very Often ____

28.Feeling lonely
Not at all ____ Occasionally____ Frequently ____ Very Often ____

29.Feeling blue
Not at all ____ Occasionally____ Frequently ____ Very Often ____

30.Worrying or stewing about things
Not at all ____ Occasionally____ Frequently ____ Very Often ____

31.Feeling no interest in things
Not at all ____ Occasionally____ Frequently ____ Very Often ____

32.Feeling fearful
Not at all ____ Occasionally____ Frequently ____ Very Often ____

33.Your feelings being easily hurt
Not at all ____ Occasionally____ Frequently ____ Very Often ____

34.Having to ask others what you should do
Not at all ____ Occasionally____ Frequently ____ Very Often ____

35.Feeling others do not understand you or are unsympathetic
Not at all ____ Occasionally____ Frequently ____ Very Often ____

36.Feeling that people are unfriendly or dislike you
Not at all ____ Occasionally____ Frequently ____ Very Often ____

38. Having to do things very slowly in order to be sure you are doing them right.
Not at all ____ Occasionally____ Frequently ____ Very Often ____

39.Heart pounding or racing
Not at all ____ Occasionally____ Frequently ____ Very Often ____

40.Nausea or upset stomach
Not at all ____ Occasionally____ Frequently ____ Very Often ____

41.Feeling inferior to others
Not at all ____ Occasionally____ Frequently ____ Very Often ____

42.Soreness of muscles
Not at all ____ Occasionally____ Frequently ____ Very Often ____

43.Loose bowel movements
Not at all ____ Occasionally____ Frequently____ Very Often ____

44.Difficulty in falling asleep or staying asleep
Not at all ____ Occasionally____ Frequently ____ Very Often ____

45. Having to check and double check what you do
Not at all ____ Occasionally____ Frequently ____ Very Often ____

45.Difficulty making decisions
Not at all ____ Occasionally____ Frequently ____ Very Often ____

47. Wanting to be alone
Not at all ____ Occasionally____ Frequently ____ Very Often ____

48. Trouble getting your breath
Not at all ____ Occasionally____ Frequently ____ Very Often ____

49. Hot or cold spells
Not at all ____ Occasionally____ Frequently ____ Very Often ____

50. Having to avoid certain places or activities because they frighten you.
Not at all ____ Occasionally____ Frequently ____ Very Often ____

51. Your mind going blank
Not at all ____ Occasionally____ Frequently ____ Very Often ____

52. Numbness or tingling in parts of your body
Not at all ____ Occasionally____ Frequently ____ Very Often ____

53. A lump in your throat
Not at all ____ Occasionally____ Frequently ____ Very Often ____

54. Feeling hopeless about the future
Not at all ____ Occasionally____ Frequently ____ Very Often ____

55. Trouble concentrating
Not at all ____ Occasionally____ Frequently ____ Very Often ____

56. Weakness in parts of your body
Not at all ____ Occasionally____ Frequently ____ Very Often ____

57. Feeling tense or keyed up
Not at all ____ Occasionally____ Frequently ____ Very Often ____

58. Heavy feelings in your legs or arms
Not at all ____ Occasionally____ Frequently ____ Very Often ____

BECK DEPRESSION INVENTORY

This next section consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today.** Circle the number besides the statement you have picked. If several statements in a group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group including Item 16 (Changes in sleeping pattern) or 18 (Changes in appetite).

1) Sadness
0) I do not feel sad.
1) I feel sad much of the time.
2) I am sad all the time.
3) I am so sad or unhappy that I can't stand it.

2) Pessimism
0) I am not discouraged about my future.
1) I feel more discouraged about my future than I used to be.
2) I do not expect things to work out for me.
3) I feel my future is hopeless and will only get worse.

3) Past Failures
0) I do not feel like a failure.
1) I have failed more than I should have.
2) As I look back, I see a lot of failures.
3) I feel I am a total failure as a person.

4) Loss of pleasure
0) I get as much pleasure as I ever did from the things I enjoy.
1) I don't enjoy things as much as I used to.
2) I get very little pleasure from the things that I used to enjoy.
3) I can't get any pleasure from the things I used to enjoy.

5) Guilty feelings
0) I don't feel particularly guilty.
1) I feel guilty over many things I have done or should have done.
2) I feel quite guilty most of the time.
3) I feel guilty all of the time.

6) Punishment feeling
0) I don't feel I am being punished.
1) I feel I may be punished.
2) I expect to be punished.
3) I feel I am being punished.

7) Self-Dislike
0) I feel the same about myself as ever.
1) I have lost confidence in myself.
2) I am disappointed in myself.
3) I dislike myself.

8) Self-Criticalness
0) I don't criticize or blame myself more than usual.
1) I am more critical of myself than I used to be.
2) I criticize myself for all of my faults.
3) I blame myself for everything bad that happens.

9) Suicidal thoughts or wishes
0) I don't have any thoughts of killing myself.
1) I have thoughts of killing myself, but I would not carry them out.
2) I would like to kill myself.

3) I would like to kill myself if I had the chance.

10) Crying

0) I don't cry anymore than I used to.
1) I cry more than I used to.
2) I cry over every little thing.
3) I feel like crying, but I can't.

11) Agitation

0) I am no more restless or wound up than usual.
1) I am more restless or wound up than usual.
2) I am so restless or agitated that it's hard to stay still.
3) I am so restless or agitated that I have to keep moving or doing something.

12) Loss of interest

0) I have not lost interest in other people or activities.
1) I am less interested in other people and things than before.
2) I have lost most of my interest in other people or things.
3) It's hard to get interested in anything.

13) Indecisiveness

0) I make decisions about as well as ever.
1) I find it more difficult to make decisions than usual.
2) I have much greater difficulty in making decisions than I used to.
3) I have trouble making any decisions.

14) Worthlessness

0) I do not feel am worthless.
1) I don't consider myself as worthwhile and useful as I used to.
2) I feel more worthless as compared to other people.
3) I feel utterly worthless

15) Loss of energy

0) I have as much energy as ever.
1) I have less energy than I used to have.
2) I don't have enough energy to do very much.
3) I don't have enough energy to do anything.

16) Changes in Sleep Pattern

0) I have not experienced any change in my sleep pattern.
1) A) I sleep somewhat more than usual.
   B) I sleep somewhat less than usual.
1) A) I sleep a lot more than usual.
   B) I sleep a lot less than usual.
2) A) I sleep most of the day.
   B) I wake up 1-2 hours early and can't get back to sleep.

16) Irritability

0) I am no more irritable than usual.
1) I am more irritable than usual.
2) I am much more irritable than usual.
3) I am irritable all the time.

17) Changes in appetite

1) I have not experienced any changes in my appetite.
2) A) My appetite is somewhat less than usual.
   B) My appetite is somewhat greater than usual.
3) A) My appetite is much less than before.
   B) My appetite is much greater than usual.
4) A) I have no appetite at all.
   B) I crave food all the time.

18) Concentration difficulty

1) I can concentrate as well as ever.
2) I can't concentrate as well as usual.
3) It's hard to keep my mind on anything for very long.
4) I find I can't concentrate on anything.

19) **Tiredness or fatigue**
1) I am no more tired or fatigued than usual.
2) I get more tired or fatigued more easily than usual.
3) I am too tired or fatigued to do a lot of the things I used to do.
4) I am too tired or fatigued to do most of the things I used to do.

20) **Loss of interest in sex**
1) I have not noticed any recent changes in my interest in sex.
2) I am less interested in sex than I used to be.
3) I am much less interested in sex now.
4) I have lost interest in sex completely

Debriefing Statement

Thank you for participating in this study. As indicated in the informed consent form, the purpose of this study was to investigate the possibility that incest may have lasting effects on a woman's life. The study was designed to explore the personal attitudes of women regarding the role their childhood has on their mental health today.

It is our sincere hope that you understand the necessity of research and again we thank you. If you have a need to talk to someone about some concerns that may have come up for you in reference to this study, we have two options listed below, which will be at an extremely reduced cost to you. The low costs would be for services directly related to this survey. Please do not hesitate to call if you need help with this issue.

Results of the study may be obtained in the spring, of 2000 from Dr. Rosemary McCaslin, coordinator of the Research Sequence in the Department of Social Work, at the California State San Bernardino University campus. Her phone number is (909) 880-5507. You may contact Dr. McCaslin at any time with any question, comments, or concerns about the study or the informed consent process.

Dr. Rosemary McCaslin
(909) 880-5507

Community Counseling Center
Cal. State San Bernardino Campus
(909) 880-5569

Thank you,

Margaret Cicconi

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