Multiple forms of maltreatment and the effects on mental health in Hispanic and Caucasian women

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MULTIPLE FORMS OF MALTREATMENT AND THE EFFECTS ON MENTAL HEALTH IN HISPANIC AND CAUCASIAN WOMEN

A Thesis
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Science
in
Psychology:
Clinical Counseling

by
Marci Mae Danielson
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ABSTRACT

There has been growing attention to child abuse as a public health issue, with research outcomes having significant implications for intervention and public policy. The current thesis examined the effects of multiple forms of abuse (psychological, sexual, and physical) on the mental health of Hispanic and non-Hispanic Caucasian women. It was hypothesized that Hispanic women would report higher levels of mental health distress (depression, anxiety, and somatic symptoms, measured by the Hopkins Symptom Checklist) than Caucasian women. It was also hypothesized that the co-occurrence of these abuse types would be associated with higher levels of psychological distress. Finally, the thesis examined whether ethnicity moderated mental health outcomes. The hypotheses were tested using Independent t-tests and Structural Equation Modeling. Results revealed that Hispanic women reported significantly higher levels of sexual and physical abuse than Caucasian women; no significant differences were found between these groups on levels of psychological abuse. While all three types of abuse negatively impacted mental health, psychological abuse had the greatest negative impact for both groups.
Importantly, the overall structural equation model was a better fit for Hispanic women. These findings are discussed in terms of ethnic disparities in maltreatment exposure, parenting practices, and socio-economic and supportive resources.
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CHAPTER ONE
INTRODUCTION

Child abuse is a topic that has received a great amount of attention in the public and in research over the years. The U.S. Department of Health and Human Services [USDHHS] (2006) Child Maltreatment report for 2004 reported 3.5 million investigations by local or state child protective agencies regarding alleged child abuse or neglect. About one quarter (or 872,000) of the alleged cases were found to be substantiated cases. Among the documented cases, 62.4 percent of the victims experienced neglect, 17.5 percent were physically abused, 9.7 were sexually abused, and 7.0 percent were psychologically abused (USDHHS, 2006). It is important to keep in mind that these numbers only represent documented cases of abuse and many cases of abuse go unreported. This study will focus on multiple forms of abuse and the effects on later psychopathology (i.e. depression, anxiety, and somatic complaints) across different ethnicities (i.e. Caucasian and Hispanic).
Types of Abuse

Physical abuse research has experienced limitations due to the inability to create an operational definition (Gross & Keller, 1992). The USDHHS (2006) defined physical abuse as "type of maltreatment that refers to physical acts that caused or could have caused physical injury to a child." While a variety of physical acts cause or could cause physical injury, issues of intent and degree of injury are not clearly specified in this definition. Physical abuse can range from kicking to slapping and scalding a child. However, early studies using variations of the USDHHS definition found that survivors of physical abuse can exhibit behavior that is withdrawn, passive, aggressive, or provocative (see Gross & Keller 1992). These interpersonal dynamics can make it difficult to maintain relationships with others. The inability to maintain quality relationships with others may result in feelings of isolation, depression, and/or anxiety regarding social situations. According to Gross and Keller (1992), many researchers also report physical abuse survivors as generally sad and depressed. Other outcomes for survivors of physical abuse are also of significance. For example, a study by Hilker, Murphy, Kelly (2005) found that family
violence and internalizing symptoms were predictors of later somatic complaints in children ages 9-13. In this sample, participants from a community hospital were asked to complete a series of questionnaires regarding violence and health concerns. The number of hospital visits for the last year significantly correlated with higher violence scores. Those who also reported higher internalizing symptoms also reported significantly more somatic complaints.

While the signs of physical abuse are somewhat clearer than those of other forms of abuse due to the marks left behind, the signs of psychological abuse are not so overtly detected. Gross and Keller (1992) defined psychological abuse as "adult behaviors that serve to undermine the self-esteem and social competence in a child." The fact that this definition focuses on outcomes highlights the extent to which the field of psychology has struggled to find a common definition for psychological abuse. As a result, research on this form of abuse has been faced with extensive difficulties, limiting the research conducted. There are a myriad of behaviors that constitute psychological abuse, and these include rejecting, degrading, isolating, terrorizing, exploiting, and denying...
emotional responsiveness on the part of the parent or guardian toward the child (Gross & Keller, 1992). The nature of these behaviors is a decrease in the child’s sense of self or self-worth. Gross and Keller (1992) found that psychological abuse was a more powerful predictor of low self-esteem than was physical abuse. Although physical abuse can feel degrading, isolating, and terrorizing, it is psychological abuse’s verbal component that cuts deep. The distaste and contempt for the child is verbally stated, as opposed to being physically demonstrated. The child is more inclined to develop negative self-schemas and self-criticism as a result of the negativity experienced (Sachs-Ericsson, Verona, Joiner, & Preacher, 2006). A negative cognitive style is learned during childhood by the abuse survivor and gets carried on into adulthood. The abuse survivor has learned at an early age to internalize negativity and expect it as a stable, global, and internal feature of his or her life (Sachs-Ericsson et al, 2006). He or she come to expect it from others and the world, and anticipate this globally. Further, they see this resulting from their personal failings or ineptitude. The constant cycle of interpreting negative life events through self-critical eyes can lead to internalizing disorders such as
depression and anxiety. Sachs-Ericsson et al (2006) found that psychological abuse predicted later depressive, physical, and anxiety symptoms in a sample of high functioning women even after other types of abuse were accounted for. Spertus, Yehuda, Wong, Halligan, and Seremetis (2003) also found similar outcomes in a sample of adult women presenting at a primary care practice. Psychological abuse predicted later psychopathology (depression, anxiety, somatic complaints) even after partialling out other forms of abuse. In addition to these findings, psychological abuse significantly predicted anxiety even after accounting for age. As mentioned before, this supports the idea that psychological abuse initiates a negative attribution style that can cause anxiety. These findings support speculations that the wounds of psychological abuse cut deep and can last a lifetime.

One type of child abuse that has been widely studied has been child sexual abuse. Despite the difficulty in defining other forms of abuse there seems to be a consensus across cultures in regard to a definition for some aspects of sexual abuse, such as incest. Sexual abuse involves sexual acts ranging from exposure to sexual acts such as fondling and intercourse. Child Sexual Abuse (CSA) has been
linked to problems in interpersonal functioning, as well as having negative effects on a victim’s sense of self (Davis & Petretic-Jackson, 2000). Survivors of CSA have been violated in an intimate way, unlike physical or psychological abuse. This interpersonal violation typically affects the CSA survivor’s intimate and interpersonal functioning thereafter (see Davis & Petretic-Jackson, 2000). The abuse not only affects the individual’s intimate relationships (i.e., with husbands, wives, or partners), but also with others who may desire to have a close or trusting relationship with the victim (i.e., children, friends, other family members). The survivor’s inability to form and maintain meaningful relationships can result in feelings isolation. Adult survivors who experience CSA as children were found to have more social adjustment issues, which resulted in fewer friends and social contacts (Abdulrehman & DeLuca, 1994). Many studies have found links between CSA and somatic complaints, anxiety, depression, inappropriate sexual behavior, and suicidal behaviors (see Freerick & Snow, 2005). CSA survivors often resort to using coping mechanisms that result in internalizing disorders. The stigmatization around CSA forces the survivor to create
their own methods of coping with the abuse and the feelings it causes.

Finklehor and Browne (1985) created a model that includes four traumagenic dynamics (traumatic sexualization, betrayal, powerlessness, and stigmatization) that are typically observed in CSA survivors. These four components affect a survivors interpersonal functioning in different ways and may have an accumulative effect if all are experienced. Once combined and examined, the components of the survivor’s interpersonal dysfunction begin to make sense. Sexualization refers to the survivor’s developmentally and interpersonally inappropriate idea of sexual feelings and attitudes (Davis & Petretic-Jackson, 2000). These feelings and attitudes may be anxiety about sex and sexual behaviors such as viewing sex as bad, or to the contrary, there may be an emphasis on precocious and erotic sexual behaviors. It is easy to see how sexual abuse can confuse what appropriate behavior for victims is, and this confusion can often result in anxiety. The second dynamic of betrayal plays a huge role in interpersonal functioning. Children are taught to believe that adults will protect them, and when adults abuse them there is a loss of trust and security (Davis & Petretic-Jackson,
The betrayal expectation can carry over into other relationships. It is also important to note that the response by parents, family, and friends when the abuse is reported can have a large impact on a survivor’s sense of trust. The survivor may have expectations (i.e., of support, protection, empathy) for the reaction of family and friends upon making the report or disclosure. If the expectations are not met it may result in feelings of betrayal and isolation. As mentioned before these feelings of isolation and betrayal can result in depressive symptoms.

The last two dynamics play a large role in the survivor’s sense of self and can be a precursor to the depression often observed in CSA survivors. The sense of powerlessness refers to the degree to which the survivor’s rights were violated (Davis & Petretic-Jackson, 2000). The child had no power over stopping the abuse and if the abuse continued over time, powerlessness feelings increase. The victim may use coping strategies, such as avoidance to deal with the feelings of powerlessness. The vigilance can often become consuming and manifest itself as anxiety within the individual. The survivor is so concerned with avoiding situations in which they may be powerless that the
avoidance itself creates anxiety. It seems as though sexual abuse initiates a cycle of social anxiety that is confirmed through less competent social interactions which tends to increase the anxiety overtime (Freerick & Snow, 2005). The survivors believe they have no power over their bodies and their lack of assertive qualities puts them at risk for later re-victimization (Davis & Petretic-Jackson, 2000). A person’s sense of self is related to the ability to assert oneself in relationships. Many survivors report a lack of control, which results from fear and shame around the abuse (Davis & Petretic-Jackson, 2000). Those who were powerless as kids feel powerless as adults and their greatest fear is being re-victimized as adults.

The last dynamic regarding “stigmatization” refers to the response made by or expected from others once they have learned about the sexual abuse. Often CSA victims are viewed as dirty or “damaged goods,” and in some cases can be blamed for having been provocative in behavior or dress and evoked the sexual victimization. The child may feel shameful or unworthy. This low sense of self-worth is also commonly seen in individuals experiencing depression. There is a strong negative connotation to CSA, which may affect someone’s choice to report the abuse. Often
survivors internalize the societal views and consider themselves bad or damaged goods. Lack of parental support and negative responses by parents can exacerbate the negative effects, while familial support and cohesion can reduce psychological distress, promote social competence, and enhance self-esteem (McClure, Chavez, Agars, Peacock, & Matosian, 2006). It appears as though the way in which a child is responded to, in regard to the abuse report, may possibly be a protective factor for later adjustment.

Multiple Types of Abuse

Prior research has examined the effects of physical, psychological, and sexual abuse independently. Current research is focused on studying the abuses in conjunction with one another because one type of abuse rarely occurs in isolation. Arata, Langhinichsen-Rohlig, Bowers, and O’Farrill-Swails (2005) found that 25% of their college sample reported multiple forms of abuse as opposed to only one form of abuse. In this study participants who experienced one form of abuse were compared to those who experienced multiple forms. Those who experienced multiple forms were significantly more depressed, had lower self-esteem, and reported greater number of suicide attempts.
Higgins and McCabe (2000) used a community sample of retrospective self-report data assessing five different forms of abuse. Forty-three percent (43%) of the sample reported moderate to high scores on more than one type of maltreatment. In general, men and women with higher scores of multiple types of maltreatment had greater adjustment problems than those with lowers scores of maltreatment. Gross and Keller (1992) looked at two forms of abuse (i.e., physical and psychological) and found depression and low self-esteem as a consequence of those types of abuses co-occurring. Those who reported one form of maltreatment did not differ from controls. In the pediatric sample, mentioned before, by Hilker, Murphy, and Kelley (2005), combined physical and psychological (verbal) abuse was examined and significantly predicted somatic complaints in children. Researchers have also found female patients with gastrointestinal (GI) disorder and prior sexual and/or physical abuse history reported more non-GI related somatic complaints, as well as health care visits, as compared to non-abuse patients (Leserman, Li, Drossman, & Huy, 1998). These findings are important because respondents who were sexually and/or physically abused and diagnosed with GI disorder reported additional somatic complaints which
emphasize the internalization of the abuse. Similarly, Danielson, de Arellano, Kilpatrick, Saunders, and Resnick (2005) found higher depressive symptoms were in those who experienced both physical abuse and sexual abuse than those who reported only one type of abuse or no abuse. Most research has concluded that there is an additive process that occurs when more than one type of abuse occurs, meaning that the effects of experiencing multiple forms of abuse are greater than experiencing one form.

Ethnicity and Abuse

Research has been sparse in terms of ethnic differences among survivors of multiple forms of abuse. Most research includes predominately Caucasian participants, so it can be assumed, unless specified, that the results and conclusions can be applied to Caucasians only. The USDHHS reported that approximately 50% of all victims of abuse, whether single or multiple types of abuse, were Caucasian, 25% percent were African American, and 17% were Hispanic (USDHHS, 2006). Elliot and Urquiza (2006) reviewed literature regarding the prevalence of ethnicity in child maltreatment using the National Child
Abuse and Neglect Data System (NCANDS). According to the review of the NCANDS data one conclusion was that Hispanic and non-Hispanic Caucasian typically report CSA at higher rates than African American, Asian, and Asian Pacific Islanders. In contrast, physical abuse is typically reported at higher rates among African Americans and Asian Americans compared to Hispanic and non-Hispanic Caucasians. However, due to difficulties defining psychological abuse and proving its existence no rates were reported.

The data thus suggests that proportional to their population representation, minorities are overrepresented in reports of maltreatment (Elliot & Urquiza, 2006; Miller & Cross, 2006). Questions have been raised about whether minority children are simply reported more frequently, or whether it is an issue of their overrepresentation in the child welfare system resulting from issues related to economic factors, socio-environmental factors (disorganized, unstable neighborhoods), cultural differences in definitions of abuse, how abuse is sampled, and so on (Cuaghy & Franzini, 2005; Collier, McClure, Collier, Otto, & Polloi, 1999; Elliott & Urquiza, 2006; Miller & Cross, 2006). For example, one of the issues of concern in this literature is distinguishing practices that
are culturally acceptable from those that are punitive and abusive (Terao, Borrego, & Urquiza, 2001). For example, cultural differences in parenting practices (such as views regarding the use of corporal punishment) and cultural beliefs (such as attitudes regarding virginity) will influence a person's perspective on abuse and will impact subjects' responses to questions about whether they had been previously abused. Beyond the measurement and conceptual issues, it is instructive to note that while there has been an increase in identifying the ethnic make up of research samples, ethnicity is not consistently used in the analyses so the effects of ethnic factors on outcomes are often unknown (Miller & Cross, 2006); thus, most of what is known is based on research studies that sample predominately Caucasian females (Arata et al, 2005; Danielson et al., 2005; Hilker et al., 2005).

One of the ways in which ethnicity may impact outcomes is that sexually abused Hispanic girls may be less likely to report abuse due to cultural factors regarding virginity. In Hispanic culture a girl's value is placed on virginity, and if that virginity is lost so is her "value". Because of the strong emphasis on virginity, a CSA survivor may experience strong shameful feelings, which in turn may
influence her choice to disclose the abuse. These strong negative feelings about self may be tied once again to the feelings of depression likely to be seen in sexual abuse survivors and could potentially be enhanced by the inability to feel comfortable disclosing such information. In Kenny and McEachern’s (2000) review of sexual abuse literature it was found that Hispanic victim’s families were less supportive following the disclosure as compared to Caucasian and African American families. It seems as though a perceived lack of support may hinder one’s willingness to disclose sexual abuse. Mennen (1995) found that Hispanic girls who had been sexually penetrated had higher levels of anxiety, depression, and lower self esteem. Hispanic girls who have been sexually penetrated may have compounded effects as a result of losing their virginity and the meaning it carries. Shaw, Lewis, Loeb, Rosado, and Rodriguez (2001) found that Hispanic girls who were sexually abused reported more aggression, internalizing and externalizing behavior and somatic complaints than did African American girls. This could be evidence for the cultural factors present in regards to willingness to report abuse. The pain of keeping such information to one’s self can manifest itself in aggression
and anger, as well as anxiety and frustration that can lead to physical complaints.

Elliot and Urquiza (2006) reviewed empirical research, in addition to the NCANDS data, regarding ethnicity, culture, and child maltreatment and made no conclusions regarding ethnic differences in sexual abuse. This study found that childhood sexual abuse research was relatively comparable across ethnicities. In an older review of studies, African Americans and/or Caucasians were found to be overrepresented in regard to sexual abuse (Kenny & McEachern, 2000). Though studies have found ethnic differences, it is hard to draw a definitive line because differences in outcomes vary from sample to sample.

In their review, Elliot and Urquiza (2006) also stated that research regarding ethnicity and physical abuse was limited due to the fact that physical abuse rarely occurs in isolation. They noted that factors such as acculturation and neighborhood variables impact the outcomes found. In one study, Hill, Bush, and Roosa (2003) noted hostile control in Mexican American parents compared to non-Hispanic White parents but this finding was evident for English speaking rather than Spanish speaking families, suggesting that those acculturating to the mainstream
culture were more affected by this type of parenting style. Other studies have also reported that ethnic minority parents acknowledge use of acts that are physically punitive toward their children and are more accepting of corporal punishment (Corral-Verdugo, Frias-Armenta, Romero, & Munoz, 1995; Ferrari, 2002; Strauss, Hamby, Finkelhor, Moore, & Runyan, 1998). With regard to emotional abuse (such as yelling, shouting, name calling), some studies report no racial differences (Strauss & Field, 2003), while others report that emotionally abusive language (such as shaming, criticism, scolding) is more frequently used by minority compared to non-Hispanic White parents (Ferrari, 2002; Hill et al, 2003; Meston, Heiman, Trapnell, & Carlin, 1999). It is important to note that among minority families warmth, respect, and closeness are emphasized (Brody & Flor, 1998; Chao, 1994; Harwood, Miller, & Irizarry, 1995), raising questions about whether these parental disciplinary approaches are associated with behavioral and emotional problems in the children exposed to them and in the adults who were exposed to these disciplinary approaches in childhood. Research evaluating the impact of corporal punishment across different groups (most of this work has looked at African American and Caucasian families) has
yielded mixed results with some indicating adjustment difficulties in children of African American families who use corporal punishment (McCabe, Clark, & Barnett, 1999), with others reporting this as problematic in Caucasian but not in African American families (Lansford, Deater-Deckard, Dodge, Bates, & Petit, 2004). Relatively less is known about racial differences in response to emotionally abusive behaviors. Only one study was found in which young people’s perceptions of parenting behavior was assessed (Lau, Huang, Garland, McCabe, Yeh, & Hough, 2006). In this study, children (mean age 15.6 years) were asked if their parents had engaged in certain physical disciplinary behaviors (such as slapping on the head), certain emotionally punishing behaviors (such as yelling when mad); they were also asked if they felt they had been physically abused & if they felt they had been emotionally abused. Depression, anxiety, somatic complaints, and social withdrawal were then assessed. The results indicated that it was the parental behaviors reported rather than the subjects’ beliefs that they had been abused that accounted for most of the variance in the symptom outcomes. That is, the punitive behavioral and emotional experiences themselves, rather than how they were labeled, or having them labeled
as "abusive," is what accounted for most of the variance in the outcomes. Significantly, while this relationship was apparent in all the racial groups, it was strongest for the African American and Hispanic children in this study. The authors suggested that in minority families, where family relationships, support, and interdependence are emphasized, disciplinary practices of this sort may be particularly distressing.

In sum, the results from a number of studies report with regard to sexual, physical, and emotional abuse across racial groups has yielded inconsistent findings, with some studies finding differences in the distribution of abusive experiences across racial groups and other studies finding no differences (Elliott & Urquiza, 2006; Lau et al., 2006; Miller & Cross, 2006). The varying results noted in the studies on ethnic differences in rates of maltreatment may be due to difference in methodology including how the abuse is defined, who is sampled (e.g., children, adults, community sample, university sample), whether the measures are retrospective, and whether the types of abuse were evaluated in isolation or whether several types were evaluated simultaneously (Elliott & Urquiza, 2006; Gross & Keeler, 1992).
Purpose and Hypotheses

The purpose of this study was to examine the effects of multiple forms of abuse (physical, psychological, and sexual) on later psychopathology (depression, anxiety, and somatic complaints as assessed by the Hopkins Symptoms Checklist -HSCL) among two ethnic groups (non-Hispanic Caucasian and Hispanic). This study looked at the impact of each form of abuse and the additive impact of multiple forms of abuse across these two ethnic groups and examined their impact on depression, anxiety, and somatic complaints. This study was designed to answer the following questions:

1. Do Hispanic and Caucasian women report similar levels of each of the 3 types of maltreatment (psychological, sexual, and physical)? Based on prior research it was hypothesized that Hispanic women would report experiencing more psychologically and physically abusive parental behaviors than will Caucasian women but would report similar levels of child sexual abuse.

2. Do each of the three types of maltreatment (psychological, sexual, and physical) have a negative impact on mental health? Based on prior research it was hypothesized that all three types of maltreatment would
have negative impact on mental health (i.e., higher scores on depression, anxiety, and somatization as assessed by the HSCL).

3. This question had three parts:

(a) Do the three types of maltreatment have different levels of relative impact on mental health? Based on previous research it was anticipated that psychological abuse would have the greatest negative impact, followed by sexual abuse and physical abuse on the mental health outcomes.

(b) Do the three types of maltreatment (psychological, sexual, and physical) co-occurring have an additive effect on mental health (i.e., HSCL scores for depression, anxiety, and somatic complaints)? Based on previous research it was hypothesized that the co-occurrence of the three abuse types would result in higher depression, anxiety, and somatic complaint scores than either abuse type alone.

(c) Is the proposed model of abuse impact on mental health outcomes moderated by ethnicity? Research is sparse in terms of actual ethnic differences, and no studies have looked at all three types of abuse comparing two racial groups in one study. Based on one study with a juvenile
high risk population, it was anticipated that the relationship between abuse and mental health distress may be stronger for Hispanic women than for Caucasian women.
CHAPTER TWO

METHOD

Design

In this study, three independent t-tests were used to answer whether Hispanic women and Caucasian women report similar levels of the 3 types of maltreatment (psychological, sexual, and physical). The total scores for each measure of abuse were used to determine overall differences in abuse reports.

This study also used Structural Equation Modeling (SEM) to answer the remaining questions. The model being used is reflected in Figure 1.

Participants

The sample consists of an archival data set which includes students that attended California State University, San Bernardino. The sample includes 194 Caucasian and 154 Hispanic females who were recruited for this study from various general education and psychology courses. Every participant was treated in accordance with the "Ethical Principals of Psychologists Code of Conduct" (American Psychological Association, 1992).
In this study the following materials were used:
informed consent, the modified Childhood Experiences scale (Childhood Sexual Abuse), the Psychological Abuse scale, the physical abuse scale, and the Hopkins Symptom Checklist (HSCL).

Informed Consent
The informed consent (see Appendix A) included the following information: explanation of the nature and purpose of the study and the research method, identification of the researchers, the length and duration
of the study, confidentiality, the right to withdraw from the study at any time, information on foreseeable risks, and information on who to contact in regards to questions and comments.

Childhood Sexual Abuse

Childhood Sexual Abuse (Finkelhor, 1979) (see Appendix B). Finkelhor’s (1979) “Childhood Experiences” modified version was used to assess severity of sexual experiences before the age of 16 years with the perpetrator 5 years or older. The questionnaire consisted of 10 items and responses were divided into four subcategories: no abuse, mild, moderate, and severe. The mild responses involved a verbal invitation to do something sexual, kissing or hugging in a sexual way, or showing sexual organs to one another. Moderate responses involved fondling or touching in a sexual way. Severe responses involved intercourse with or without penetration. Participants had a choice of “yes” or “no” when responding to each sexual experience. This study reported a sexual abuse reliability coefficient of psychological abuse

Psychological Abuse

Psychological Abuse (Briere & Runtz, 1990) (see Appendix B). Briere and Runtz’s (1988) parental psychological abuse scale was used to assess the overall
level of psychological abuse inflicted by both mother and father. Participants answered seven different items according to the frequency in which it occurred prior to age 16. Frequency was indicated on a scale from 0-6. The items included statements such as “yelled at you,” “insult you,” and “embarrass you in front of others.” The combination of both mother’s and father’s behavior was used to create an overall psychological abuse score, unless only one parent’s abuse was reported then those scores were used. This study reported a psychological abuse reliability coefficient of .87.

Physical Abuse

Physical Abuse (Briere & Runtz, 1990) (see Appendix B). Briere and Runtz’s (1988) parental physical abuse scale was used to assess the overall level of physical abuse inflicted by both mother and father. Participants answered seven different items according to the frequency in which it occurred prior to age 16. Frequency was indicated on a scale from 0-6. The items included statements such as “slap you,” “beat you,” and “hit you really hard.” The combination of both mother’s and father’s behavior was used to create an overall physical abuse score, unless only one parent’s abuse was reported then those scores were used.
This study reported a physical abuse reliability coefficient of .78.

The scores from sexual abuse, psychological abuse, and physical abuse items were combined to determine effects of multiple forms of maltreatment.

**Hopkins Symptom Checklist**

Hopkins Symptoms Checklist (HSCL) (Derogatis, Lipman, Rickles, Uhlenhuth, & Covi, 1974) (see Appendix B). The HSCL uses items to assess for such mental health constructs as: interpersonal sensitivity, depression, somatization, and anxiety. This study used a 57 item version of the HSCL to determine a subject's overall adjustment to maltreatment. Subjects were asked to rate how often (in the last 3 months) they had experiences such as feeling inferior to others, suffer from sore muscles, feeling hopeless about the future, and feeling tense on a scale of 1 (not at all) to 4 (very often). For this study, the depression, anxiety, and somatization subscales were used as measures of mental health. This study reported a reliability coefficient of .87.
Procedure

After reading and agreeing to informed consent, participants completed the Hopkins Symptoms Checklist (HSCL), the physical, sexual, and psychological abuse measures. The packet consisted of other items which assessed other factors (i.e. family cohesion, world views, substance use) which were not the focus of this study. Subjects returned the questionnaire to a pre-designated office and received extra-credit for participation in the study.

Analyses

Three Independent t-Tests were used to examine if Hispanic women and Caucasian women reported similar levels of the 3 types of maltreatment (psychological, sexual, and physical). The sum of scores for each type of maltreatment was used as the dependent variable. The means for Hispanic and Caucasian women for each type of maltreatment were compared.

Bentler's (1989) structural equations program (EQS) was be used to test the general model from Figure 1. In the hypothesized model circles represent latent variables and rectangles represent measured variables. The statistical
model tests whether or not the set of multiple cause-effect relationships included in the proposed model is consistent with the observed data and allowed for simultaneous analysis of both direct and mediating effects.
CHAPTER THREE

RESULTS

Preliminary Analyses

Preliminary analyses and visual inspections revealed that while the distributions of scores for sexual abuse were negatively skewed it did not result in a violation of the assumption of homogeneity of variance for the Independent t-tests. Data were examined to determine whether the sample met distribution assumptions for structural equation modeling. Screening for univariate and multivariate outliers was conducted by examining means and standard deviations (also visual inspection of histograms) for the variables used in the proposed models. There were no outliers 3.5 standard deviations above or below the means. Screening for multivariate outliers posed no Chi Squared statistic exceeding the critical value based on the Mahalanobis distance statistic.

The focus of this study was to examine whether multiple forms of abuse (psychological, sexual, and physical) impacts later psychopathology (depression, anxiety, and somatic complaints) in Hispanic and Caucasian women. More specifically, this study aims to examine the
additive impact of multiple forms of maltreatment on mental health and determine whether ethnicity is a moderating factor. The following sections will begin with descriptive statistics, the Independent t-test results, followed by the SEM model outcomes.

Descriptive Statistics

The age of each respondent was reported in number of years. Hispanic women had a mean of 24.5 years (SD = 8.32) and Caucasian women had a mean of 26.4 years (SD = 9.7). Seventy-three percent (73%) of Hispanic women were single and 69% of Caucasian women were single. Twenty percent (20%) of Hispanic women were married and 24% of Caucasian women were married. Respondents reported their family's yearly income at age 12. Forty-three percent (43%) of Hispanic women reported family income ranging from $20,000-50,999 and 65% of Caucasian women reported family income ranging from $30,000-60,000 and higher.

Descriptive statistics for psychological abuse, sexual abuse, and physical abuse in Hispanic and Caucasian women are presented in Table 1. The mean scores for psychological abuse are as follows: 31.93 (SD = 21.87) for Hispanic women and 27.32 (SD = 19.96) for Caucasian women. The mean
scores for sexual abuse are as follows: 2.227 (SD = 2.52) for Hispanic women and 1.40 (SD = 2.34) for Caucasian women. The mean scores for physical abuse are as follows: 7.68 (SD = 9.48) for Hispanic women and 5.43 (SD = 7.60) for Caucasian women.

Table 1. Independent t-Test Results

<table>
<thead>
<tr>
<th>Abuse type</th>
<th>Ethnicity</th>
<th>M</th>
<th>SD</th>
<th>( \eta^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological</td>
<td>Hispanic</td>
<td>31.93</td>
<td>21.87</td>
<td>.012</td>
</tr>
<tr>
<td></td>
<td>Caucasian</td>
<td>27.32</td>
<td>19.96</td>
<td></td>
</tr>
<tr>
<td>Sexual</td>
<td>Hispanic</td>
<td>2.23 **</td>
<td>2.52</td>
<td>.028</td>
</tr>
<tr>
<td></td>
<td>Caucasian</td>
<td>1.40</td>
<td>2.34</td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>Hispanic</td>
<td>7.68 *</td>
<td>9.48</td>
<td>.017</td>
</tr>
<tr>
<td></td>
<td>Caucasian</td>
<td>5.43</td>
<td>7.60</td>
<td></td>
</tr>
</tbody>
</table>

** \( p = < .01 \), * \( p = < .05 \)

**t-Tests**

The Independent t-tests were calculated to examine whether a difference in reports of abuse exists between Hispanic and Caucasian women. As seen in Table 1, two of the three tests resulted in significant findings. Hispanic women with a mean of 2.23 (SD = 2.52) and Caucasian women with a mean of 1.40 (SD = 2.34), demonstrated a significant difference in sexual abuse reports \([t(346) = 3.16, p < .002, \eta^2 = .028]\) with Hispanic women reporting more sexual abuse.
Hispanic women with a mean of 7.68 (SD = 9.47) and Caucasian women with a mean of 5.43 (SD = 7.60), demonstrated a significant difference in physical abuse reports \( t(276) = 2.19, p < .029, \eta^2 = .017 \) with Hispanic women reporting more physical abuse. No significant mean differences exist for the psychological abuse factor \( t(275) = 3.37, p > .067, \eta^2 = .012 \).

**Structural Equation Modeling**

The hypothesized model was tested for adequacy using Bentler’s (1995) structural equation statistics package (EQS). Two absolute fit indices were used to test the hypothesized models. A two to one ratio (Chi-squared to degrees of freedom) standard was used to determine the degree to which the estimated covariance model matches the data covariance matrix. A measure of the average error of parameter estimates or Root Mean Square Error of Approximation (RMSEA) was included. A RMSEA of .08 is considered an adequate fit and a score of .06 or less is considered good fitting model (Tabachnick & Fidell, 2001). The comparative fit index (CFI) was used to supplement the absolute fit indices. This index ranges from 0-1 with higher scores indicating a better fit of the specified
model of the null model. CFI values greater than .90 are indicative of adequate fitting models and .95 is considered a good fitting model (Tabachnick & Fidell, 2001).

Based on the initial proposed model one modification was necessary for an improved fit. Due to the linear dependency among measure variables depression and anxiety were collapsed into one construct which will be called combined depression and anxiety variable. The final modified models (see APPENDIX C and APPENDIX D) resulted in an improvement of the fit of the model, [χ² (174) = 221.0, p < .009, CFI .97, RMSEA .047] for Hispanic women and [χ² (174) = 292.1, p < .001, CFI .93, RMSEA .072] for Caucasian women.

A stacked model with constrained structural paths was used to confirm statistical differences for the structural path between overall abuse and mental health. Results indicated a release of this constraint (χ² = 8.78, p < .003). This constraint was the only one needing to be released as it did not work for both ethnicities.

In short, the measurement models are confirmed. All path coefficients from latent to measure variables were large and significant. For both ethnicities psychological and physical abuse had the largest loading on overall
abuse. Sexual abuse had the lowest loading for both ethnicities which might be explained by the slight skew of scores in the distribution. More people reported little to no sexual abuse. Both measures of mental health (i.e. combined depression/anxiety and somatic complaints) had similar high loadings onto overall mental health. Ethnicity moderated the association between overall abuse and overall mental health. This finding was large and significant for Hispanic women but not Caucasian women.
In this study, with college women, we found that reports of parental punitive physical acts (e.g., hitting, slapping) were significantly higher in Hispanic compared to non-Hispanic Caucasian women. These findings are of importance for several reasons. Some studies suggest, for example, that minority parents accept and use corporal punishment or acts that might be considered physically punitive with their children more than parents from the majority population (Chen, Hastings, Rubin, Chen, Cen, & Stewart, 1998; Corral-Verdugo et al., 1995; Ferrari, 2002; Pinderhughes, Dodge, Bates, Pettit, & Zelli, 2000). There were, however, no significant differences in these ethnic groups in terms of punitive emotional (e.g., yelling, embarrassing) behaviors. Although some studies suggest that emotionally punishing behaviors such as scolding, shaming, and criticism are used more frequently by parents in minority compared to parents in majority families (Ferrari, 2002; Hill et al., 2003; Meston et al., 1999) other studies do not report similar findings in term of emotionally punishing behaviors including behaviors such as name
calling and yelling (Strauss & Field, 2003). Methodological differences including who is sampled (clinical, community, children, adults, men, women, and so on), how (interviews, questionnaires, and so on), and the actual questions asked all have an impact. Significantly, the fact that often the data is based on retrospective recollections biases the findings. It is however, interesting that in this sample of college women, the findings are that the Hispanic women reported higher levels of punitive physical but not of emotional behaviors. It is possible that there may be differences in other factors between these groups that explain some of these differences (i.e., that the Hispanic women may be from more socio-economically disadvantaged backgrounds, disorganized neighborhoods and so on and therefore their parents felt the need to exert more "controlling" behaviors in their parenting strategies in order to protect them in a potentially hostile environment).

In this study, significant differences were found in the reports of sexually abusive experiences between the Hispanic and Caucasian women, with Hispanic women reporting more sexual abuse. The findings regarding child sexual abuse rates in various ethnic groups have varied with some
studies finding ethnic differences in rates and others finding no differences in rates (see review by Elliott and Urquiza, 2006). These inconsistent results are likely due to variations in methodology, especially in how sexual abuse is defined, and perhaps in the willingness of some groups to disclose abusive experiences.

In this study, abusive childhood experiences had significant impact on psychological adjustment for both Hispanic and Caucasian women as measured by depression, anxiety, and somatic complaints, with punitive psychological behaviors having the most negative impact. In addition, while abusive childhood experiences are associated with psychological distress for both Hispanic and Caucasian college women, it appears that these experiences are especially detrimental for Hispanic women compared to Caucasian women, and that psychological abuse is most strongly associated with long-term psychological outcomes. The impact of parental punitive physical and emotional behaviors on psychological and behavioral outcomes based on ethnicity has been mixed with some studies suggesting that minority children are more negatively impacted (Barnett, Kidwell, & Leung, 1998; Lau et al., 2006; McCabe, Clark, & Barnett, 1999), and others
that Caucasian children are more negatively affected (Lansford, Deater-Deckard, Dodge, Bates, & Pettit, 2004; Spieker, Larson, Lewis, Keller, & Gilchrist, 1999). In this study, it appeared that both Hispanic and Caucasian women were negatively affected but that the Hispanic women were more negatively impacted by these experiences. Several potential explanations exist. It may be that, for women who come from Hispanic families, to experience physically and emotionally punitive behaviors in a culture where family loyalty, cohesiveness, respect, and so on is emphasized (Comas-Diaz, 1995; Harwood, Miller, & Irizarry, 1995) can be experienced as a "betrayal" of expectations that one would be supported and protected rather than demeaned or harshly punished. That is, given the cultural emphasis on relatedness in Hispanic families, experiencing punitive behaviors from parents may be especially detrimental because this behavior is being perpetrated by their primary source of security. Further, in this college sample, this may be especially hurtful and confusing, given that they are exposed to mainstream cultural values and may be trying to integrate issues related to family relationships, family obligations, and cultural values, including what might constitute appropriate parenting disciplinary practices.
(See Sabogal, Martin, & Otero-Sabogal, 1987; Elliott & Urquiza, 2006).

Evaluating the role of family cohesiveness/support may increase our understanding of ethnic differences in the parental punitive behavior-distress relationship. In addition, differences in the distribution of punitive parental physical behaviors may be the result of neighborhood factors such that “chaotic” (e.g., disorganized, violent) neighborhoods contribute to use of controlling parental disciplinary practices.

With regard to sexual abuse, the Hispanic women in this study reported experiencing more sexual abuse than the Caucasian women. Results of prior studies have been mixed in terms of rates of sexual abuse and with regard to the impact of the abuse with some reporting more psychologically detrimental outcomes and others finding fewer mental health problems (Andes-Hyman, Cott, & Gold, 2004; Elliott & Urquiza, 2006; Shaw, Lewis, Loeb, Rosado, & Rodriguez, 2001). While rates were higher for Hispanic compared to White women in this study, their mental health outcomes were better explained by psychological abuse than by sexual abuse although sexual, psychological, and physical abuse all contributed to mental health distress.
Thus, based on the findings in this particular study and sample, all of the three types of abuse had an impact and loaded on the general abuse factor. Sexual abuse had a much lower impact on overall abuse than did either psychological or physical abuse. It is important to note that psychological abuse had the highest loading on overall abuse, and this was true for both Hispanic and Caucasian women. This suggests that whenever abuse is being assessed researchers need to be very aware of the role that psychological abuse plays. According to Sachs-Ericsson et al. (2006), children who experience psychological abuse are more inclined to develop negative self-schemas and self-criticism as a result of the abuse. A negative cognitive style is learned during childhood by the abused person and gets carried on into adulthood. The abuse survivor learns at an early age to internalize negativity and it can become a stable, global, and internal feature of their lives (Sachs-Ericsson et al., 2006). These findings appear to supplement the Sachs-Ericsson et al. (2006) study in that psychological abuse predicted later depressive, somatic, and anxiety symptoms in a sample of high functioning women even after other types of abuse were accounted for. This
study reiterates the significance that psychological abuse plays in mental health outcomes.

It is interesting that Hispanic and Caucasian women did not report significantly different psychologically punitive parental behaviors in childhood, nevertheless, Hispanic women appeared to be more negatively impacted overall by these behaviors, likely due to cultural factors that emphasize familial interconnectedness, support, cohesiveness, obligations, respect, and so on, so that experiencing negative behavior undermines the "secure base" that families are expected to provide.

The Hispanic women in this study appeared to be especially negatively affected by the abuse as compared to Caucasian women. It is to be noted that the sample in this study was drawn from an institution that admits many Hispanic women with an estimated 35% of the total population being of Hispanic origin. This sample is an unusually high representation and makes it useful in contributing to the body of knowledge for Hispanic women. It is also noteworthy that despite reporting high mental health symptoms, these women might be considered "resilient" in that they are continuing to attend college. It would be important to assess further the potential
socio-environmental contributions (e.g., geographic location and other socioeconomic factors) that may be contributing to the higher reports of symptomology in this sample. In addition, we were interested in assessing if ethnicity played a role in specific mental health outcomes such as depression, anxiety, and somatic complaints. The model did not differentiate between anxiety and depression as they had similar path coefficients and were similar for both ethnic groups. The path for somatic complaints was also very similar for the two ethnic groups even though some research has suggested that Hispanic women report more somatic complaints compared to non-Hispanic Caucasians (Interian, Allen, and Gara, 2006).

In general this study suggests that in the population from which we sampled, abuse has significant and detrimental effects on psychological adjustment. Furthermore, this study also suggests that abuse needs to be evaluated in multiple ways in order more fully understand its consequences. In particular, the role of psychological abuse and how individuals cope with this form of abuse needs to be systematically evaluated. This study’s findings are important because it is only in recent years that child abuse laws have included psychological abuse as
a mandated report. It is of concern that psychological abuse often goes unreported yet appears to have the most deleterious effects on mental health. The findings of this study are important for clinicians working with young children - they suggest that it is important to assess for psychological abuse more thoroughly so the effects can be addressed systematically and at an earlier stage. Early intervention is important so the victims do not have to carry the effects throughout the life cycle. The fact the college students in this sample, who are considered a resilient population, continue to report long-term effects of childhood abuse suggests that early intervention is important.

Future studies may need to focus more closely on what types of abuse seem to have greater associations with mental health outcomes for different ethnicities. In addition there is a need to look at wellbeing outcomes (e.g., mastery, trust in the universe, relationships with others) and how these are affected by psychological and other forms of abuse.
APPENDIX A

INFORMED CONSENT
INFORMED CONSENT FORM
Childhood Experiences and Current Adjustment in College Students

I am volunteering to participate as a subject in this study. I understand that the purpose of the study is to investigate the impact of early childhood experiences and childhood family environment on later adjustment in college students. I understand that I will be asked to complete a paper and pencil questionnaire which will include questions about any childhood stressors (family death, major illness, natural disaster, physical abuse or assault, sexual abuse or assault) I may have experienced. I will also be asked questions about my psychological health, drug use, how I feel about myself and to what I attribute some of the events in my life. I am aware that some of the questions will be personal and while I may feel uncomfortable, they represent minimal risk to me.

I understand my name will NOT be included on the survey itself and that my ANONYMITY WILL BE MAINTAINED AT ALL TIMES. I also understand that my participation in this study is voluntary, that all my questions will be answered, that I may refuse to answer any questions at any time, and that I may withdraw from the study at any time without penalty. This questionnaire will take 60-90 minutes to complete.

I understand that all information collected in this study will be treated as anonymous, with no details released to anyone outside the research staff, and that the data will be reported in summary form. I understand that I may derive no specific benefit from participation in this study, except perhaps from feeling that I have contributed to the development of knowledge about childhood experiences and how they may affect later adjustment. I hereby allow this research project to publish the results of the study in which I am participating. These results will be reported in group form only.

This study has been approved by CSUSB's Department of Psychology Institutional Review Board and is being conducted by Faith H. McClure, Ph.D., & M. Jean Peacock, Ph.D., Psychology Department, California State University, San Bernardino, (909) 880-5598/880-5579 I may contact Professors McClure or Peacock at any time with my questions, comments, or concerns. If I have any further questions, comments, or concerns about the study or the informed consent process, I may also contact the CSUSB Human Subjects Institutional Review Board through the Office of the Dean of Graduate Studies, AD 128, (909) 880-5027.

By placing an "X" on the line below I am acknowledging that I freely consent to participate and that I am at least 18 years old.

_________________________ Place Check Mark here

_________________________ Date
APPENDIX B

CHILDHOOD SEXUAL ABUSE, PSYCHOSOCIAL ABUSE, PHYSICAL ABUSE
AND HOPKINS SYMPTOM CHECKLIST
PLEASE NOTE THAT YOUR RESPONSES ARE STRICTLY CONFIDENTIAL. PLEASE TRY TO ANSWER AS MANY QUESTIONS AS POSSIBLE TO THE BEST OF YOUR KNOWLEDGE. THANK YOU FOR YOUR PARTICIPATION.

1. Your sex (circle one)  a. male  b. female

2. Your age at last birthday __________

3. Your marital status?
   1. Single (never married)
   2. Married
   3. Separated
   4. Divorced
   5. Widowed

4. When you were age 12, what was the highest educational level (grade) of:
   1. your father
   2. your mother

5. At age 12, what was your family's yearly income (your best estimate). Please circle the number which applies:
   1. $5,000/yr or less  ($416/mo or less)
   2. $5,000/yr to $9,999/yr  ($417/mo to $832/mo)
   3. $10,000/yr to $14,999/yr  ($833/mo to $1249/mo)
   4. $15,000/yr to $19,999/yr  ($1250/mo to $1666/mo)
   5. $20,000/yr to $29,999/yr  ($1667/mo to $2499/mo)
   6. $30,000/yr to $50,999/yr  ($2500/mo to $4166/mo)
   7. $50,000/yr or more  ($4167/mo or more)

6. At age 12, which of the following best describes the neighborhood in which you lived?
   1. Urban poor (e.g., mainly low-income dwellings, high unemployment, etc.)
   2. Stable working-class (e.g., mainly small, relatively inexpensive private homes)
   3. Transitional working-class (e.g., combination of low-income dwellings, small private homes, etc.)
   4. Stable middle-class (e.g., medium size and medium priced homes, educated residents)
   5. Upper middle-class or better (e.g., large, expensive homes rather affluent neighbors)

7. At age 12, which of the following best described your family's social status? (please circle)
   1. Unemployed
   2. Unskilled laborer
   3. Skilled, blue collar worker
   4. Skilled, white collar worker (e.g., sales, clerical, service jobs, etc.)
   5. Manager
   6. Professional (e.g., nurse, teacher)
   7. Executive, high-income Professional

8. Which of the following best describes your birth family's racial background? (please circle)
   1. Afro-American
   2. Latino
   3. White
   4. Asian
   5. Other ________ (please specify)
It is now generally realized that most people have sexual experiences as children and while they are still growing up. Some of these are with friends and playmates, and some with relatives and family members. Some are very upsetting and painful, and some are not. Some influence people's later lives and sexual experiences, and some are practically forgotten. Only a little is known about these childhood sexual experiences. We would like you to remember any sexual experiences you may have had prior to age 16 (from playing doctor to sexual intercourse) -- in fact, anything that might have seemed "sexual" to you.

9. Did you have any of the following experiences before age 16 with someone 5 or more years older than you (family, friends, strangers)? Please circle all that apply:
   a. An invitation or request to do something sexual
   b. Kissing or hugging in a sexual way
   c. Another person showing you his/her sex organs
   d. You showing your sex organs to another person
   e. Another person fondling you in a sexual way
   f. You fondling another person in a sexual way
   g. Another person touching your sex organs
   h. You touching another person's sex organs
   i. Intercourse, but without attempting penetration
   j. Intercourse, with penetration

If no such experience, mark here () and proceed to question 25.

If you did have one of these experiences, please answer the following questions for the one sexual experience noted above that has had the most impact on you:

10. How old were you at the time

11. How old was the other person

12. What was their sex (please circle)
   1. male
   2. female

13. What was the other person (please circle all that apply):
   1. stranger
   2. person you knew but not a friend
   3. friend of yours
   4. friend of a parent
   5. niece or nephew
   6. brother or sister
   7. aunt or uncle
   8. grandparent
   9. step-parent
   10. parent

14. Who started this? (please circle):
   1. other person
   2. you

15. Did the other person threaten or force you?:
   1. yes
   2. no

16. Did you threaten or force the other person?:

49
1. yes  2. no

17. Did the other person use alcohol or drugs during this time?:
   1. yes  2. no

18. Did you use alcohol or drugs during this time?:
   1. yes  2. no

19. How many times did you have a sexual experience with this person? __________

20. How long (number of days, months, years) did this go on? __________

21. Which of these would best describe your reaction at the time of the experience? (please circle):
   1. fear  2. shock  3. surprise
   4. pleasure  5. interest  6. other _____ (specify)

22. Which of these would best describe your current feelings about the experience? (please circle):
   1. positive  2. mostly positive  3. neutral  4. mostly negative  5. negative

23. Who did you tell about this experience? (please circle):
   1. no one  2. mother  3. father
   4. other adult  5. brother/sister  6. friend

24. How did the individual you told react? (If you did not tell anyone, how do you think a parent would have reacted if you had told them?):

   A. ANGRY
      1. very  2. mildly  3. a little  4. not at all

   B. SUPPORTIVE
      1. very  2. mildly  3. a little  4. not at all

EVERYONE IS REQUESTED TO ANSWER THE FOLLOWING:

For questions 25-28, please indicate if you experienced this (yes or no) and how upsetting it was using the following scale:

1 = not upsetting
2 = a little upsetting
3 = moderately upsetting
4 = highly upsetting
5 = extremely upsetting

25. Before age 16, did you ever live in a neighborhood that was in the middle of a war zone?

   yes no 1 2 3 4 5

26. Before age 16, did you ever live in a neighborhood that experienced a major natural disaster (eg. earthquake, flood, hurricane, in which
someone was killed)?

1 = not upsetting
2 = a little upsetting
3 = moderately upsetting
4 = highly upsetting
5 = extremely upsetting

how upsetting

27. Before age 16, did you ever live in a neighborhood where there was a lot of violence? (eg. murders, robberies, etc.)?

28. Before age 16, did you ever live in a family where there was a lot of violence? (eg. fights, abuse, battering)?

29. Was there any time before age 16 when you did not live with your mother?: 1. yes 2. no

30. Was there any time before age 16 when you did not live with your father?: 1. yes 2. no

31. Was there any time before age 16 when you lived with a step-parent?: 1. yes 2. no

32. Was there any time before age 16 when you lived with a foster-parent?: 1. yes 2. no

33. Did any of your parents use drugs or alcohol while you were growing up?: 1. yes 2. no

Verbal arguments and punishment can range from quiet disagreement to yelling, insulting, and more severe behaviors. When you were 16 or younger, how often did the following happen to you in the average year? Answer for your mother or stepmother or foster mother, and for your father, stepfather or foster father using the following code:

0 = never 4 = 4-10 times a year
1 = once a year 5 = 11-20 times a year
2 = twice a year 6 = more than 20 times a year
3 = 3-5 times a year

34. Yell at you

35. Insult you

36. Criticize you

37. Try to make you feel guilty

38. Ridicule or humiliate you

39. Embarrass you in front of others
40. Make you feel like you were a bad person

Everyone gets into conflicts with other people, sometimes these lead to physical blows or violent behavior. When you were 16 or younger, how often did the following happen to you in a year? Answer for your mother or stepmother or foster mother, and for your father, stepfather or foster father using the following code:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>never</td>
</tr>
<tr>
<td>1</td>
<td>once a year</td>
</tr>
<tr>
<td>2</td>
<td>twice a year</td>
</tr>
<tr>
<td>3</td>
<td>3-5 times a year</td>
</tr>
<tr>
<td>4</td>
<td>4-10 times a year</td>
</tr>
<tr>
<td>5</td>
<td>11-20 times a year</td>
</tr>
<tr>
<td>6</td>
<td>more than 20 times a year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>41. Slap you</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>42. Hit you really hard</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>43. Beat you</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>44. Punch you</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>45. Kick you</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

Here is a list of things people report experiencing. Please circle how often you have experienced each of the following in the last three months.

<table>
<thead>
<tr>
<th>HOW OFTEN DID YOU:</th>
<th>Not At All</th>
<th>Occasionally</th>
<th>Frequently</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>46. Have headaches</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47. Feel nervous or shaky inside</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48. Unable to get rid of bad thoughts or ideas</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49. Suffer from fainting or dizziness</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50. Feeling outside of your body</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51. Experience loss of sexual interest or pleasure</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>52. Feel critical of others</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53. Have bad dreams</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>54. Experience difficulty speaking</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>when you are excited</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55. Have trouble remembering things</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56. Worry about sloppiness or carelessness</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
57. Not feeling like your real self  
58. Feel easily annoyed or irritable

<table>
<thead>
<tr>
<th>HOW OFTEN DID YOU:</th>
<th>Not At All</th>
<th>Occasionally</th>
<th>Frequently</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>59. Suffer from pains in the heart or chest</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>60. Suffer from itching</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>61. Feeling slowed down or low in energy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>62. Have thoughts of ending your life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>63. &quot;Spacing Out&quot;</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>64. Sweating</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>65. Trembling</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>66. Feel confused</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>67. Have poor appetite</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>68. Cry easily</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>69. Losing touch with reality</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>70. Feel shy or uneasy with the opposite sex</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>71. Have feelings of being trapped or caught</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>72. Feel suddenly scared for no reason</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>73. Have temper outbursts you could not control</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>74. Suffer from constipation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>75. Watching yourself from far away</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>76. Blame yourself for things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>77. Feeling blocked or stymied in getting things done</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>78. Feeling lonely</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>79. Suffer from pains in the lower part of your back</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>80. Feeling blue</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td></td>
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<td>------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>81.</td>
<td>Worry or stew about things</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>82.</td>
<td>Feel no interest in things</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>83.</td>
<td>Feel fearful HOW OFTEN DID YOU:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>84.</td>
<td>Get your feelings easily hurt</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>85.</td>
<td>Have to ask others what you should do</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>86.</td>
<td>Feel that others do not understand</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>87.</td>
<td>Feel that people are unfriendly or dislike you</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>88.</td>
<td>Having to do things very slowly to be sure that you are doing them right</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>89.</td>
<td>Feel your heart pounding or racing</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>90.</td>
<td>Experience nausea or upset stomach</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>91.</td>
<td>Feel inferior to others</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>92.</td>
<td>Suffer from sore muscles</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>93.</td>
<td>Suffer from loose bowels</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>94.</td>
<td>Have difficulty falling asleep or staying asleep</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>95.</td>
<td>Have to check and double check what you do</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>96.</td>
<td>Have difficulty making decisions</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>97.</td>
<td>Want to be alone</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>98.</td>
<td>Have trouble getting your breath</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>99.</td>
<td>Hot or cold spells</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>100.</td>
<td>Having to avoid certain places or activities because they frighten you</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>101.</td>
<td>Your mind going blank</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>102.</td>
<td>Numbness or tingling in parts of your body</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>103.</td>
<td>A lump in your throat</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>104.</td>
<td>Feeling hopeless about the future</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
105. Trouble concentrating 1 2 3 4
106. Weakness in parts of your body 1 2 3 4
107. Feeling tense or keyed up 1 2 3 4
108. Heavy feelings in your arms or legs 1 2 3 4

Please indicate your views of the following statements on a scale of 1 (strongly agree) to 6 (strongly disagree)

<table>
<thead>
<tr>
<th>Statement</th>
<th>STRONGLY AGREE</th>
<th>STRONGLY DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>109. Misfortune is likely to strike worthy, decent people</td>
<td>1 2 3 4</td>
<td>5 6</td>
</tr>
<tr>
<td>110. People are naturally unfriendly and unkind</td>
<td>1 2 3 4</td>
<td>5 6</td>
</tr>
<tr>
<td>111. Bad events are distributed to people at random</td>
<td>1 2 3 4</td>
<td>5 6</td>
</tr>
<tr>
<td>112. Human nature is basically good</td>
<td>1 2 3 4</td>
<td>5 6</td>
</tr>
<tr>
<td>113. The good things that happen in this world far outnumber the bad</td>
<td>1 2 3 4</td>
<td>5 6</td>
</tr>
<tr>
<td>114. The course of our lives is largely determined by chance</td>
<td>1 2 3 4</td>
<td>5 6</td>
</tr>
<tr>
<td>115. Generally, people deserve what they get in this world</td>
<td>1 2 3 4</td>
<td>5 6</td>
</tr>
<tr>
<td>116. I often think I am no good at all</td>
<td>1 2 3 4</td>
<td>5 6</td>
</tr>
<tr>
<td>117. There is more good than evil in the world</td>
<td>1 2 3 4</td>
<td>5 6</td>
</tr>
<tr>
<td>118. I am basically a lucky person</td>
<td>1 2 3 4</td>
<td>5 6</td>
</tr>
<tr>
<td>119. People's misfortunes result from mistakes they have made</td>
<td>1 2 3 4</td>
<td>5 6</td>
</tr>
<tr>
<td>120. People don't really care what happens to the next person</td>
<td>1 2 3 4</td>
<td>5 6</td>
</tr>
<tr>
<td>121. I usually behave in ways that are likely to maximize good results for me</td>
<td>1 2 3 4</td>
<td>5 6</td>
</tr>
<tr>
<td>122. People will experience good fortune if they themselves are good</td>
<td>1 2 3 4</td>
<td>5 6</td>
</tr>
<tr>
<td>123. Life is too full of uncertainties that are determined by chance</td>
<td>1 2 3 4</td>
<td>5 6</td>
</tr>
<tr>
<td>124. When I think about it, I consider myself very lucky</td>
<td>1 2 3 4</td>
<td>5 6</td>
</tr>
<tr>
<td>125. I almost always make an effort to prevent bad things from happening to me</td>
<td>1 2 3 4</td>
<td>5 6</td>
</tr>
<tr>
<td>126. I have a low opinion of myself</td>
<td>1 2 3 4</td>
<td>5 6</td>
</tr>
<tr>
<td>127. By and large, good people get what</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
128. Through our actions we can prevent bad things from happening to us
129. Looking at my life, I realize that chance events have worked out well for me

Please indicate your views of the following statements on a scale of 1 (strongly agree) to 6 (strongly disagree)

<table>
<thead>
<tr>
<th>Statement</th>
<th>STRONGLY AGREE</th>
<th>STRONGLY DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>130. If people took preventive actions, most misfortune could be avoided</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>131. I take the actions necessary to protect myself against misfortune</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>132. In general, life is mostly a gamble</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>133. The world is a good place</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>134. People are basically kind and helpful</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>135. I usually behave so as to bring about the greatest good for me</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>136. I am very satisfied with the kind of person I am</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>137. When bad things happen, it is typically because people have not taken the necessary actions to protect themselves</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>138. If you look closely enough, you will see that the world is full of goodness</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>139. I have reason to be ashamed of my personal character</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>140. I am luckier than most people</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
</tbody>
</table>

141. Have you ever received any mental health services? (please circle all that apply):
   1. outpatient individual therapy
   2. outpatient group therapy
   3. inpatient therapy (hospitalization)
   4. psychiatric medication
   5. none

141. If received mental health services, please state reason and indicate # suicide attempts if any

142. Have you ever had a serious physical illness or been in a serious accident?
   1. yes  2. no
143. If yes, please explain (include type of illness/accident, when it occurred, and treatment received):

144. Did either of your parents die before you were age 17?:
1. yes  2. no

145. If yes, how old were you at the time? ______________

Answer the following questions about the adult who was most important to you before the age of 18.

1. Who was it (check one)
   _____ Mother  _____ Father  _____ Grandmother
   _____ Adult Brother  _____ Adult Sister  _____ Grandfather
   _____ Aunt  _____ Uncle  _____ Minister/Rabbi/Priest
   _____ Neighbor  _____ Teacher  _____ Other (Please Specify)

2. How old were you when this relationship became important to you? ______

3. How often did you see this person?
   ______ times/week  ______ times/month  ______ times/year

4. How long did this relationship last? ______ Years ______ months

5. On a scale of 1 - 10, how important was this relationship to you? (Please circle one).
   1  2  3  4  5  6  7  8  9  10

Instructions: Please respond to the following statements with your family of origin (the family you grew up with) in mind. To what extent are these statements true of the family you grew up in? There are no right or wrong answers, we would like to know how you see/saw your family. Please circle the number that best applies:

1=almost never;  2=sometimes;  3=often;  4=almost always;

<table>
<thead>
<tr>
<th>Statement</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family members really help and support one another.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Family members often keep their feelings to themselves.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. We fight a lot in our family.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. We don’t do things on our own very often in our family.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. We feel it is important to be the best at whatever you do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. We often talk about political and social problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
7. We spend most weekends and evenings at home. 1 2 3 4
8. Family members attend church, synagogue, or Sunday School fairly often. 1 2 3 4
9. Activities in our family are pretty carefully planned. 1 2 3 4
10. Family members are rarely ordered around. 1 2 3 4
11. We often seem to be killing time at home. 1 2 3 4
12. We say anything we want to around home. 1 2 3 4
13. Family members rarely become openly angry. 1 2 3 4
14. In our family, we are strongly encouraged to be independent. 1 2 3 4
15. Getting ahead in life is very important in our family. 1 2 3 4
16. We rarely go to lectures, plays or concerts. 1 2 3 4
17. Friends often come over for dinner or to visit. 1 2 3 4
18. We don’t say prayers in our family. 1 2 3 4
19. We are generally very neat and orderly. 1 2 3 4
20. There are very few rules to follow in our family. 1 2 3 4
21. We put a lot of energy into what we do at home. 1 2 3 4
22. It’s hard to “blow off steam” at home without upsetting somebody. 1 2 3 4
23. Family members sometimes get so angry they throw things. 1 2 3 4
24. We think things out for ourselves in our family. 1 2 3 4
25. How much money a person makes is not very important to us. 1 2 3 4
26. Learning about new and different things is very important to us. 1 2 3 4
27. Nobody in our family is active in sports, Little League, bowling, etc. 1 2 3 4
28. We often talk about the religious meaning of Christmas, Passover, or other holidays. 1 2 3 4
29. It’s often hard to find things when you need them in our household. 1 2 3 4
30. There is one family member who makes most of the decisions almost always.  
31. There is a feeling of togetherness in our family.  
32. We tell each other about our personal problems.  
33. Family members hardly ever lose their tempers.  
34. We come and go as we want to in our family.  
35. We believe in competition and "may the best man win".  
36. We are not that interested in cultural activities.  
37. We often go to movies, sports events, camping, etc.  
38. We don't believe in heaven or hell  
39. Being on time is very important in our family.  
40. There are a set of ways of doing things at home.  
41. We rarely volunteer when something has to be done at home.  
42. If we feel like doing something on the spur of the moment we often just pick up and go.  
43. Family members often criticize each other.  
44. There is very little privacy in our family.  
45. We always strive to do things just a little better the next time.  
46. We rarely have intellectual discussions.  
47. Everyone in our family has a hobby or two.  
48. Family members have strict ideas about what is right and wrong  
49. People change their minds often in our family.  
50. There is a strong emphasis on following rules in our family.  
51. Family members really back each other up.  
52. Someone usually gets upset if you complain in our family.  
53. Family members sometimes hit each other.  
54. Family members almost always rely on themselves when
a problem comes up.

55. Family members rarely worry about job promotions, school grades, etc. 1 2 3 4

56. Someone in our family plays a musical instrument. 1 2 3 4

57. Family members are not very involved in recreational activities outside work or school. 1 2 3 4

58. We believe there are some things you just have to take on faith 1 2 3 4

59. Family members make sure their rooms are neat. 1 2 3 4

60. Everyone has an equal say in family decisions. 1 2 3 4

61. There is very little group spirit in our family. 1 2 3 4

62. Money and paying bills is openly talked about in our family. 1 2 3 4

63. If there's a disagreement in our family, we try hard to smooth things over and keep the peace. 1 2 3 4

64. Family members strongly encourage each other to stand up for their rights. 1 2 3 4

65. In our family, we don't try that hard to succeed. 1 2 3 4

66. Family members often go to the library 1 2 3 4

67. Family members sometimes attend courses or take lessons for some hobby or interest (outside of school). 1 2 3 4

68. In our family each person has different ideas about what is right and wrong. 1 2 3 4

69. Each person's duties are clearly defined in our family. 1 2 3 4

70. We can do whatever we want to in our family. 1 2 3 4

71. We really get along well with each other. 1 2 3 4

72. We are usually careful about what we say to each other. 1 2 3 4

73. Family members often try to one-up or out-do each other. 1 2 3 4

74. It's hard to be by yourself without hurting someone's feelings in our family. 1 2 3 4

75. “Work before play” is the rule in our family. 1 2 3 4
76. Watching T.V. is more important than reading in our family.  
77. Family members go out a lot.  
78. The Bible is a very important book in our home.  
79. Money is not handled very carefully in our family.  
80. Rules are pretty inflexible in our household.  
81. There is plenty of time and attention for everyone in our family.  
82. There are a lot of spontaneous discussions in our family.  
83. In our family, we believe you don’t ever get anywhere by raising your voice.  
84. We are not really encouraged to speak up for ourselves in our family.  
85. Family members are often compared with others as to how well they are doing at work or school.  
86. Family members really like music, art and literature.  
87. Our main form of entertainment is watching T.V. or listening to the radio.  
88. Family members believe that if you sin you will be punished.  
89. Dishes are usually done immediately after eating.  
90. You can’t get away with much in our family.

1=almost never; 2=sometimes; 3=often; 4=almost always;

83. In our family, we believe you don’t ever get anywhere by raising your voice.  
84. We are not really encouraged to speak up for ourselves in our family.  
85. Family members are often compared with others as to how well they are doing at work or school.  
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88. Family members believe that if you sin you will be punished.  
89. Dishes are usually done immediately after eating.  
90. You can’t get away with much in our family.

Before you were age 18, did either of your parents (or whomever you lived with primarily) drink alcohol (e.g., beer, wine, hard liquor) or use other drugs (e.g., ijuana, crack, tranquilizers)?

1. Yes  No  Please circle the number that best describes the extent to which they did:

2. My parents used alcohol or drugs

In the past year how often have you done the following? Please circle the number that best applies:

3. Drunk alcohol (e.g. beer, wine, hard liquor)

4. Drunk more than 3 drinks at one time

5. Smoked cigarettes
6. Smoked marijuana or hashish  1 2 3 4 5
7. Used hard drugs (e.g. crack, heroin)  1 2 3 4 5
8. Gotten high or drunk  1 2 3 4 5
9. Used prescription drugs (that were not prescribed for you, or in a way that the physician did not intend for you to use them)  1 2 3 4 5
10. Eaten food more than you wanted to or more than you felt was you should  1 2 3 4 5
11. Engaged in sexual activity more than you wanted to or more than you felt was you should  1 2 3 4 5

In the past year how often have you done the following? Please circle the number that best applies:

12. Spent money more than you wanted to or more than you felt was you should  1 2 3 4 5
13. Gambled more than you wanted to or more than you felt was you should  1 2 3 4 5

Please respond to each of the following items by circling the number that most closely corresponds to what you believe is accurate for you, on a scale ranging from (1) strongly disagree to (6) strongly agree.

1 = strongly disagree  4 = slightly agree
2 = somewhat disagree  5 = somewhat agree
3 = slightly disagree  6 = strongly agree

1. Sometimes I change the way I act or think to be more like those around me.  1 2 3 4 5 6
2. In general, I feel I am in charge of the situation in which I live.  1 2 3 4 5 6
3. I am not interested in activities that will expand my horizons.  1 2 3 4 5 6
4. Most people see me as loving and affectionate.  1 2 3 4 5 6
5. I feel good when I think of what I've done in the past and what I hope to do in the future.  1 2 3 4 5 6
6. When I look at the story of my life, I am pleased with how things have turned out.  1 2 3 4 5 6
7. I am not afraid to voice my opinions, even when they are in opposition to the
opinions of most people.

8. The demands of everyday life often get me down.

9. In general, I feel that I continue to learn more about myself as time goes by.

10. Maintaining close relationships has been difficult and frustrating for me.

11. I live life one day at a time and don’t really think about the future.

12. In general, I feel confident and positive about myself.

Please respond to each of the following items by circling the number that most closely corresponds to what you believe is accurate for you, on a scale ranging from (1) strongly disagree to (6) strongly agree.

13. My decisions are not usually influenced by what everyone else is doing.

14. I do not fit very well with the people and the community around me.

15. I am the kind of person who likes to give new things a try

16. I often feel lonely because I have few close friends with whom to share my concerns.

17. I tend to focus on the present, because the future nearly always brings me problems.

18. I feel like many of the people I know have gotten more out of life than I have.

19. I tend to worry about what other people think of me.

20. I am quite good at managing the many responsibilities of my daily life.

21. I don’t want to try new ways of doing things -- my life is fine the way it is.

22. I enjoy personal and mutual conversations with family members or close friends.
23. I have a sense of direction and purpose in life.  
24. Given the opportunity, there are many things about myself that I would change.  
25. Being happy with myself is more important to me than having others approve of me.  
26. I often feel overwhelmed by my responsibilities.  
27. I think it is important to have new experiences that challenge how you think about yourself and the world.  

Please respond to each of the following items by circling the number that most closely corresponds to what you believe is accurate for you, on a scale ranging from (1) strongly disagree to (6) strongly agree.

<table>
<thead>
<tr>
<th>Item</th>
<th>1 = strongly disagree</th>
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<th>5 = somewhat agree</th>
<th>6 = strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>28. It is important to me to be a good listener when close friends talk to me about their problems.</td>
<td>1 2 3 4 5 6</td>
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<td>29. My daily activities often seem trivial and unimportant to me.</td>
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<td>30. I like most aspects of my personality.</td>
<td>1 2 3 4 5 6</td>
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<td>31. I tend to be influenced by people with strong opinions.</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>32. If I were unhappy with my living situation, I would take effective steps to change it.</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>33. When I think about it, I haven’t really improved much as a person over the years.</td>
<td>1 2 3 4 5 6</td>
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<td>34. I don’t have many people who want to listen when I need to talk.</td>
<td>1 2 3 4 5 6</td>
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<td>35. I don’t have a good sense of what it is I’m trying to accomplish in life.</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>36. I made some mistakes in the past, but I feel that all in all everything has worked out for the best.</td>
<td>1 2 3 4 5 6</td>
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</table>
37. People rarely talk me into doing things I don’t want to do.  

38. I generally do a good job of taking care of my personal finances and affairs.  

39. In my view, people of every age are able to continue growing and developing.  

40. I feel like I get a lot out of my friendships.  

41. I used to set goals for myself, but that now seems like a waste of time.  

42. In many ways, I feel disappointed about my achievements in life.  

Please respond to each of the following items by circling the number that most closely corresponds to what you believe is accurate for you, on a scale ranging from (1) strongly disagree to (6) strongly agree.

<table>
<thead>
<tr>
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<th>5 = somewhat agree</th>
<th>6 = strongly agree</th>
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<tr>
<td>43. It is more important to me to (fit in) with others than to stand alone on my principles.</td>
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<td>44. I find it stressful that I can’t keep up with all of the things that I have to do each day.</td>
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<td>45. With time, I have gained a lot of insight about life that has made me a stronger, more capable person.</td>
<td>1 2 3 4 5 6</td>
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<td>46. It seems to me that most other people have more friends than I do.</td>
<td>1 2 3 4 5 6</td>
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<td>47. I enjoy making plans for the future and working to make them a reality.</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>48. For the most part, I am proud of who I am and the life I lead.</td>
<td>1 2 3 4 5 6</td>
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<td>49. I have confidence in my own opinions, even if they are contrary to the general consensus.</td>
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<td>50. I am good at juggling my time so that I can fit everything in that needs to get done.</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>51. I have the sense that I have developed a lot as a person over time.</td>
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</table>
52. People would describe me as a giving person, willing to share my time with others.  

53. I am an active person in carrying out the plans I set for myself.  

54. I envy many people for the lives they lead.  

55. It's difficult for me to voice my own opinions on controversial matters.  

56. My daily life is busy, but I derive a sense of satisfaction from keeping up with everything.  

57. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.  

| Please respond to each of the following items by circling the number that most closely corresponds to what you believe is accurate for you, on a scale ranging from (1) strongly disagree to (6) strongly agree. |
|---|---|---|---|---|---|
| 1 = strongly disagree | 2 = somewhat disagree | 3 = slightly disagree | 4 = slightly agree | 5 = somewhat agree | 6 = strongly agree |

58. I have not experienced many warm and trusting relationships with others.  

59. Some people wander aimlessly through life, but I am not one of them.  

60. My attitude about myself is probably not as positive as most people feel about themselves.  

61. I often change my mind about decisions if my friends or family disagree.  

62. I get frustrated when trying to plan my daily activities because I never accomplish the things I set out to do.  

63. For me, life has been a continuous process of learning, changing, and growth.  

64. I often feel like I'm on the outside looking in when it comes to friendships.  

65. I sometimes feel as if I have done all there is to do in life.  

66.
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<td>66.</td>
<td>Many days I wake up feeling discouraged about how I have lived my life.</td>
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<td>67.</td>
<td>I am not the kind of person who gives in to social pressures to think or act in certain ways.</td>
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<td>68.</td>
<td>My efforts to find the kinds of activities and relationships that I need have been quite successful.</td>
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<td>69.</td>
<td>I enjoy seeing how my views have changed and matured over the years.</td>
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<td>70.</td>
<td>I know that I can trust my friends, and they know they can trust me.</td>
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<tr>
<td>71.</td>
<td>My aims in life have been more a source of satisfaction than frustration to me.</td>
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Please respond to each of the following items by circling the number that most closely corresponds to what you believe is accurate for you, on a scale ranging from (1) strongly disagree to (6) strongly agree.

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<tr>
<td>72.</td>
<td>The past had its ups and downs, but in general, I wouldn't want to change it.</td>
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<td>73.</td>
<td>I am concerned about how other people evaluate the choices I have made in my life.</td>
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<td>74.</td>
<td>I have difficulty arranging my life in a way that is satisfying to me.</td>
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<td>75.</td>
<td>I gave up trying to make big improvements or changes in my life a long time ago.</td>
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<td>76.</td>
<td>I find it difficult to really open up when I talk with others.</td>
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<tr>
<td>77.</td>
<td>I find it satisfying to think about what I have accomplished in life.</td>
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<td>78.</td>
<td>When I compare myself to friends and acquaintances, it makes me feel good about who I am.</td>
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<tr>
<td>79.</td>
<td>I judge myself by what I think is important, not by the values of what others think is important.</td>
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</table>
80. I have been able to build a home and a lifestyle
For myself that is much to my liking.

81. There is truth to the saying that you can’t
  teach an old dog new tricks.

82. My friends and I sympathize with each
  others’ problems.

83. In the final analysis, I’m not so sure that
  my life adds up to much.

84. Everyone has their weaknesses, but I seem
  to have more than my share.

85. In general, I feel I am in charge of the
  situation in which I live.
DEBRIEFING

Thank you for participating in this study. As indicated in the informed consent form, the purpose of the study is to examine the relationship between childhood experiences, family environment, assumptions people have about themselves and events in their life, and current adjustment. It is hoped that the results of this study will help us gain an increased understanding of how these variables are related. We are, in particular, interested how they either increase or decrease the likelihood of good functioning in adulthood. We are also interested in finding out if childhood experiences and their impact differ in men and women and in people of different ethnic backgrounds.

If you have had a stressful childhood experience and would like to talk to a counselor or join a support group, there are several available local resources. These include CSUSB’s Student Counseling Center (housed in the Health Center, 880-5040), the Psychology Department’s Community Counseling Center (housed in the trailers on the north side of campus, 880-5569), San Bernardino County’s Department of Mental Health (387-7053) and Riverside County’s Department of Mental Health (358-4500). Information about local support groups may also be obtained from the California Self-Help Center, toll free (800) 222-link.

The results of this project will be available Spring 2001. If you have any questions about this research project or would like to find out what the results are when completed, please contact:

Faith H. McClure, Ph.D. CSUSB, Psychology Dept (Jack Brown 238) Phone: 880-5598

OR

M. Jean Peacock CSUSB, Psychology Dept (Jack Brown 224) Phone: 880-5579

Thank you.
APPENDIX C

FINAL MODEL FOR HISPANIC WOMEN
Final Model for Hispanic Women

\[ \chi^2 (174) = 221.0, \ p < .009, \ CFI .97, \ RMSEA .047 \]
APPENDIX D

FINAL MODEL FOR CAUCASIAN WOMEN
Final Model for Caucasian Women
REFERENCES


