# EXPLORING THE CAUSAL LINK BETWEEN CHILDHOOD SEXUAL ABUSE, CONTEXTUAL FACTORS, AND BORDERLINE PERSONALITY DISORDER: A PATH ANALYTIC MODEL

by

Margaret K. Warren

Dissertation submitted to the Faculty of the

Virginia Polytechnic Institute and State University

in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

in

Psychology

APPROVED:

Thomas H. Ollendick, Chairman

Danny K. Axsom

George A. Clum

Jack W. Finney

Ellie T. Sturgis

August, 1995
Blacksburg, Virginia

c.2

LD
5655
V856
1995
W377
c.2

EXPLORING THE CAUSAL LINK BETWEEN CHILDHOOD SEXUAL ABUSE, CONTEXTUAL FACTORS, AND BORDERLINE PERSONALITY DISORDER: A PATH ANALYTIC MODEL

by
Margaret K. Warren

Committee Chairman: Thomas H. Ollendick
Psychology

(ABSTRACT)

The purpose of this research is to clarify the relationship between childhood sexual abuse and borderline personality disorder. A path-analytic model was developed and tested to explore a causal link between childhood sexual abuse and borderline personality disorder. This model was developed by integrating theories and empirical findings with regard to childhood sexual abuse and borderline personality disorder. The model is consistent with the concept of developmental psychopathology in that childhood sexual abuse is viewed as contributing to one possible pathway of several toward the outcome of borderline personality disorder and borderline personality disorder as one of several possible outcomes of childhood sexual abuse. The model predicted that childhood sexual abuse contributes to the development of borderline personality disorder if the abuse is chronic and severe and occurs compounded with other types of abuse or trauma and within the context of dysfunctional family characteristics.

Subjects were 41 adult females with a history of childhood sexual abuse who were recruited from outpatient mental health clinics and one psychiatric hospital. The borderline portion of the Personality Disorder Examination, the Structured Clinical Interview for the DSM-III-R, and Finkelhor's Family Experiences Survey were administered in addition to two self-report questionnaires on family dynamics and coping with sexual abuse. A path analysis was conducted on the data. The path model predicted that borderline personality disorder would be present with greater risk factors, greater family dysfunction, a higher severity of sexual abuse, utilization of cognitive rumination

to cope with the abuse, and lower perceived parental support. None of the path coefficients in the path model were statistically significant. A discussion of reasons for the lack of significant findings follows the analyses.

Acknowledgments

I would like to thank every woman who participated in this project, without whom this project could not have been conducted. The women who participated were testimony to the resilience of human beings in the face of trauma. They shared their stories with courage and an openness that was greatly appreciated. I also would like to extend a heartfelt thank you to all clinicians who referred women to my project. Several clinicians were extremely helpful through their efforts to recruit women.

I would like to acknowledge the help of Laura Seligman, who helped recruit subjects and conduct interviews. I could not have accomplished this task in a timely fashion without her assistance. I thank her also for her support as a friend and feedback as a colleague.

I would also like to thank my advisor, Thomas Ollendick, for his guidance and support throughout the dissertation process as well as throughout my tenure at Virginia Tech. Additionally, I thank my committee members -- Danny Axsom, George Clum, Jack Finney, and Ellie Sturgis -- for their helpful feedback and challenging questions during the preliminary examination and dissertation proposal that helped inform the development of this project.

I especially want to thank the people at Delaunay Family of Services for maintaining my motivation and determination to complete this project. Their support and encouragement were invaluable.

Above all, I wish to thank Jerian. Her love and support have helped me throughout my graduate endeavor. She has always been there to encourage me and to challenge me to reach for my dreams. Her presence in my life has helped me stay on task during the most difficult and challenging moments of this process.

Table of Contents

Introduction ..... 1
Extended, Integrated Model ..... 7
Summary ..... 23
Method ..... 24
Hypotheses ..... 30
Results ..... 30
Discussion ..... 35
References ..... 44
Appendix ..... 63
VITA ..... 182

List of Tables

Table 1 ..... 50
Table 2 ..... 51
Table 3 ..... 52
Table 4 ..... 53
Table 5 ..... 54
Table 6 ..... 55
Table 7 ..... 56
Table 8 ..... 57
Table 9 ..... 58

List of Figures

Figure 1 ..... 59
Figure 2 ..... 60
Figure 3 ..... 61
Figure 4 ..... 62

# Introduction

The purpose of this research was to examine the relationship between childhood sexual abuse and borderline personality disorder. A comprehensive, path-analytic model was developed to explore the relationship between childhood sexual abuse and borderline personality disorder. The model was based on the integration of various theoretical perspectives and models of borderline personality disorder and childhood sexual abuse with reference to empirical evidence. The research was designed to test this model.

The predominant theories of borderline personality disorder rarely point to childhood sexual abuse as an etiologic contributor and none fully explain how childhood sexual abuse may influence the development of borderline personality disorder. However, there appears to be a link between borderline personality disorder and childhood sexual abuse. This probable link is illustrated by the considerable overlap found in the symptoms of borderline personality disorder and the negative aftereffects of childhood sexual abuse. Furthermore, several studies indicate that a significantly higher proportion of individuals with borderline personality disorder are victims of childhood sexual abuse than individuals with other Axis I or Axis II disorders; other studies indicate the converse, that there is a significantly higher proportion of victims of childhood sexual abuse in individuals with borderline personality disorder than those with other disorders or in the general population (Barnard & Hirsch, 1985; Brown & Anderson, 1991; Herman, Perry, & van der Kolk, 1989; Ogata, Silk, Goodrich, Lohr, Westen, & Hill, 1990). Because theories of borderline personality disorder fail to explain adequately the link between borderline personality disorder and childhood sexual abuse, an integration of theories of childhood sexual abuse and borderline personality disorder seems warranted. The resultant model attempts to explain the conditions under which some individuals with childhood sexual abuse histories develop borderline personality disorders. This model is consistent with the concept of developmental psychopathology in that childhood sexual abuse is viewed as contributing to one possible pathway of several toward the outcome of borderline personality disorder and borderline personality disorder as one of several possible outcomes of childhood sexual abuse. Lastly, the author will test this model via path analysis of data obtained from a clinical sample of adult women with histories of childhood sexual abuse.

Borderline Personality and Childhood Sexual Abuse, Defined

Before proceeding further, it is necessary to define both childhood sexual abuse and borderline personality disorder for purposes of this project. The term borderline personality disorder corresponds to the diagnostic criteria set forth in the Diagnostic and Statistical Manual of Mental Disorders (Third Edition - Revised) (DSM-III-R) (American Psychiatric Association (APA), 1987). At the onset of this project, the DSM-IV had not been published. The DSM-III-R lists eight symptoms that comprise the borderline personality, five of which are necessary for an individual to receive a diagnosis. Essentially, the symptoms of borderline personality disorder are long-standing and pervasive, marked by instability in a variety of areas such as interpersonal relationships, self-image, and mood. The specific criteria are listed in Table 1. The term borderline personality disorder will be used by this author to connote the DSM-III-R description of the disorder. Studies that use other definitions or criteria will be so noted.

Thus far, there is no standard operational definition of childhood sexual abuse. For purposes of this research, Browne and Finkelhor's (1986) definition of childhood sexual abuse was used. That is, childhood sexual abuse involved any sexual body contact between a child prior to age 18 with an individual at least five years older than the child, or, if the age difference was less than five years, forced or coerced sexual contact imposed on a child less than 18 years of age. Studies that utilized these boundary conditions were considered to have acceptable definitions of childhood sexual abuse and were included in this review. Nevertheless, some studies utilized broader definitions of childhood sexual abuse which included bodily exposure and/or exposure to pornography. These more inclusive, liberal definitions were noted when such studies were reviewed. The findings of such studies were interpreted with caution and appropriate qualifying statements. There was a considerable variety of acts and gestures that comprised childhood sexual abuse. The acts and gestures ranged from fondling when fully clothed to sexual intercourse or other forms of penetration. As such, any examination of the impact of childhood sexual abuse would likely produce wide and varied results at best. This project was focused on only those results that are relevant to the development of borderline personality disorder.

The similarities between the symptoms of borderline personality disorder and many negative aftereffects of childhood sexual abuse are striking. Table 1 lists DSM-III-R criteria for borderline personality disorder and corresponding hypothesized aftereffects of childhood sexual abuse. These similarities support the proposal that there may be a relationship between childhood sexual abuse and borderline personality disorder.

---

Insert Table 1 about here

---

Epidemiology and Co-Occurrence of Childhood Sexual Abuse and Borderline Personality Disorder

The findings of epidemiological studies on borderline personality disorder vary greatly. For example, estimations of the prevalence of borderline personality disorder in the general population range from 0.2% to 15% (Widiger & Frances, 1989). This is due in part to variability in criteria used to determine presence of a borderline diagnosis among researchers, different diagnostic instruments used, and different settings in which the borderline diagnosis has been examined. Widiger and Weissman (1991) reviewed epidemiological studies on borderline personality disorder and concluded that the prevalence of borderline personality disorder was around 1.7% in the general population based on DSM-III-R criteria. Their review also indicated that the prevalence of borderline personality disorder was 8% of all outpatients, 27% of those outpatients with a personality disorder, 15% of all inpatients, and 51% of those inpatients with a personality disorder. Furthermore, again using DSM-III-R criteria, around 76% of all borderline cases were female (Widiger & Weissman, 1991).

Epidemiological studies of childhood sexual abuse vary widely on methodology, prevalence rates, and overall findings. For example, community studies indicate that 11% to 62% of all women and 3% to 16% of all men have been sexually abused before age 18 in the general population (Peters, Wyatt, & Finkelhor, 1986). Unfortunately, various definitions of childhood sexual abuse and methods of inquiry were used in these studies. However, only those studies with acceptable definitions (as defined above) and methodology are presented.

Finkelhor, Hotaling, Lewis, and Smith (1990) conducted a national survey and found that 27% of women and 16% of men in their sample were sexually abused before age 18. Abuse ranged from exhibition/exposure to nude photos to oral sex, sodomy, and sexual intercourse. Because the authors included exhibition/exposure to pornography in their definition of childhood sexual abuse, the percentages are most likely an overestimate for purposes of this paper. However, only a fraction of all individuals reported exhibition/exposure to pornography (from .1% to 3.2%, depending on gender and type of exhibition/exposure). Moreover, in a community survey of women, Russell (1983), using exceptional methodology and an acceptable definition of childhood sexual abuse, found that 38% of women had experienced at least one form of sexual abuse before age 18 and 28% had been sexually abused before age 14. Lastly, a study of the incidence of childhood sexual abuse in a child outpatient sample illustrated the need for professionals to question directly for a history of abuse (Lanktree, Briere, & Zaidi, 1991). In a review of charts by clinicians who were not instructed to question their clients about abuse, only 6.9% of the charts documented a history of sexual abuse. However, when clinicians were instructed to query abuse directly, 31% of charts documented a history of sexual abuse.

Research on the co-occurrence of childhood sexual abuse and borderline personality disorder generally indicates a significant relationship between the two. For example, in a review of 30 charts on female adult psychiatric outpatients who were incest victims, 17 (56%) of the patients received a working or discharge diagnosis of borderline personality disorder (Barnard & Hirsch, 1985). Statistical analyses were not performed due to the limited sample size and the authors did not indicate whether sexual abuse was directly queried by the therapists. Brown and Anderson (1991) examined the psychiatric morbidity of 1,019 consecutively admitted female and male adult inpatients. They directly queried abuse histories and categorized the inpatients as sexually abused, physically abused, sexually and physically abused, and nonabused. The diagnosis of borderline personality disorder was significantly more frequent in each of the abuse groups than in the nonabused group. More specifically, 14% of physically abused individuals, 21% of sexually abused individuals, 29% of combined abuse individuals, and only 3% of nonabused individuals received a

diagnosis of borderline personality disorder. Of those with Axis II disorders, 48% of the abused individuals were borderline personality disordered.

Significant results are also obtained when the prevalence of sexual abuse is examined within the diagnosis of borderline personality disorder. For example, in a study that examined adult inpatients with borderline personality disorder or depression, significantly more borderline individuals than depressed individuals reported a history of childhood sexual abuse, multiple abuse and/or perpetrators, and combined abuse (Ogata et al., 1990). More specifically, 71% of borderlines reported a history of childhood sexual abuse compared to only 22% of depressed individuals. The authors were liberal in their definition of sexual abuse in that they included sexual acts that did not involve physical contact and they did not specify an age difference between perpetrator and victim. Thus, it is possible that rates of sexual abuse in borderline and/or depressed groups would be slightly lower for purposes of this research. A study of outpatients also found a significant relationship between borderline personality disorder and childhood sexual abuse (Herman et al., 1989). Subjects with borderline personality disorder were compared to those with borderline traits and those with closely related diagnoses. Significantly more individuals in the borderline group reported childhood trauma, with 67% reporting childhood sexual abuse histories in particular. Furthermore, studies of borderline children and adolescents have also shown that a significant number had been sexually abused. For example, Ludolph, Westen, Misle, Jackson, Wixom, and Wiss (1990) found that histories of sexual abuse were significantly more common in inpatient adolescent girls who carried a diagnosis of borderline personality disorder than in psychiatric controls. The authors did not report on how they defined childhood sexual abuse and the presence of such abuse was determined solely by chart review. However, they reported that developmental history variables were coded as present only when "conclusive evidence" was available in the chart reviews. Their definition of sexual abuse most likely was conservative.

In sum, the preceding sections illustrate the importance of exploring the potential link between childhood sexual abuse and borderline personality disorder when attempting to explain the development of borderline personality disorder. Not only is there a similarity between the symptoms of borderline personality disorder and childhood sexual abuse, but there is a statistically and

clinically significant co-occurrence of borderline personality disorder and childhood sexual abuse. Further, this relationship is significant whether borderline personality disorder is examined in childhood sexual abuse victims or childhood sexual abuse is examined in borderline individuals. Thus, a model that helps explain the role of childhood sexual abuse in the development of borderline personality disorder should necessarily incorporate theories of childhood sexual abuse into its framework. Accordingly, an extension of Friedrich's (1990) model of the development of aftereffects of childhood sexual abuse was developed previously by the author (Warren, 1993). A brief discussion of Friedrich's model and then a description of the extended model that incorporates theories and models of borderline personality disorder ensue.

Friedrich's Model of Childhood Sexual Abuse

Friedrich (1990) provides a comprehensive model of the development of aftereffects of childhood sexual abuse. He breaks down the process of sexual abuse into functioning prior to abuse, nature of the trauma (sexual abuse), initial response to the trauma, and long-term reactions (see Figure 1). Friedrich takes a

Insert Figure 1 about here

transactional perspective, with each of the facets of his model transacting in a bidirectional modality with other facets. Further, he clearly explains how the relational process of childhood sexual abuse may influence an individual for the rest of his or her life, though not necessarily in a detrimental fashion. Friedrich borrows heavily on coping theory, attachment theory, and ego psychology to theorize on the effects of childhood sexual abuse. Consequently, he provides an extensive description of the trauma of the act(s) of sexual abuse, the variety of interrelationships involved with sexual abuse, various contextual factors surrounding the occurrence of sexual abuse, and the variety of outcomes possible in this transactional model.

Friedrich contends that functioning prior to abuse on the part of child, family, and perpetrator will affect how a child perceives the stressfulness of the abuse. The stressor of the abuse in turn will impact the functioning of the child,

family, and perpetrator. The initial response to the abuse depends in part on sexual abuse factors, and in part on the child's response and coping resources as well as parental response and coping resources. The response on the part of the child typically is seen as functional at the time of the abuse, but may become dysfunctional if it persists into other times or arenas of functioning. Longer-term reactions are not only influenced by the initial response, but also by the child's general development, triggering events, and degree of fixation experienced by the child, or, by the level of developmental disruption or derailment that occurs as a result of the child's coping with the abuse. In sum, Friedrich provides a framework that examines the effects of childhood sexual abuse from a transactional, developmental perspective that captures the complexity of the variety of factors and relationships involved in the process.

## Extended, Integrated Model

The author developed a model that provided an integration of extant theories of borderline personality disorder and Friedrich's model. It was based on developmental psychopathology, the basic premise of which is that there are multiple pathways to any given disorder and that there are multiple outcomes of various previous experiences. Only those components of Friedrich's model that appeared related to symptoms of borderline personality disorder were utilized. It is beyond the scope of this project to discuss in detail other pathways that may lead to the development of borderline personality disorder. Thus, the focus shall remain specifically on the pathway that contains childhood sexual abuse as an etiologic contributor to borderline personality disorder and the boundary conditions that pertain to this particular pathway.

According to the integrated model, childhood sexual abuse is most likely to be an etiologic contributor to borderline personality disorder when it is chronic and severe with an onset before puberty. Further, this abuse must occur in the context of dysfunctional family characteristics and few coping resources. A detailed description of the extension of Friedrich's model of childhood sexual abuse in relation to the development of borderline personality disorder with reference to empirical evidence follows. Functioning prior to abuse was explored first, followed by nature of the trauma, initial response to abuse, and long-term reactions, in that order. The following are two basic tenets or assumptions of the

model: 1) the development of an individual who has been sexually abused is very heavily influenced by coping, or one's active adaptation to the abuse; and 2) both the abuse and the individual's coping are embedded in various social relationships that influence development. A summary of the model is presented in Figure 2.

---

Insert Figure 2 about here

---

## Functioning Prior to Abuse

Friedrich (1990) indicates that functioning prior to abuse is determined by risk factors of sexual abuse, preconditions of abuse, and family variables. The risk factors of sexual abuse and the preconditions of abuse channel through the family variables. Thus, functioning prior to abuse is determined through the transactions of these factors.

### Risk Factors

Risk factors refer to those factors that are associated with a child's vulnerability to sexual abuse. Finkelhor (1980) has listed eight risk factors for females that appear to be additive, with the presence of each additional factor increasing her vulnerability to sexual abuse between 10% and 20%. These factors are: presence of a stepfather, ever lived without mother, not close to mother, mother never finished high school, sex-punitive (or, sexually repressive) mother, no physical affection from father, income under $10,000, and two friends or fewer in childhood. Finkelhor's study examined female undergraduates' retrospective reports of abuse and relevant variables. Therefore, it is not clear how predictive these factors are for males, clinical samples, or the general population.

Some of these risk factors overlap with conditions that may contribute to the development of borderline personality disorder based on the earlier mentioned psychodynamic theories. For example, both a lack of mother-daughter closeness and a lack of physical affection from the father could be seen as biparental failure to meet the child's needs. Several psychodynamic theorists contend that failure to meet the child's emotional needs is a precondition to borderline personality. According to Otto Kernberg (in Cauwels, 1992), such a failure results in excessive

aggression, or hostility, on the part of the child, which may have been partially determined by constitutional factors. The child's hostility is directed toward parents, on whom the child depends. The child's experiences in turn are mostly negative, and the child does not know if this is because the child is bad, the parents are bad, or both. The defense of splitting is then utilized, where good and bad are separated in both the child and others so that the child may express hostility toward and "hate" the bad without guilt and may protect the good from his or her aggression. Kernberg considers the defense of splitting to be critical to the development of borderline personality disorder. Gunderson (1984) attributes the development of borderline personality disorder to parental failure to meet the child's needs as well. He argues that parental neglect or withdrawal lead to mistrust, abandonment anxiety, and aggression, which culminate in the development of borderline personality disorder. Based on Kernberg's and Gunderson's formulations, it would appear that the following risk factors of sexual abuse may contribute to the development of borderline personality disorder: ever lived without mother, not close to mother, no physical affection from father, marital dissatisfaction, and impaired attachment between parental perpetrator and child victim.

Friedrich (1990) notes that several sexual abuse risk factors overlap with factors found to be related to vulnerability to general psychopathology in children, such as marital disruption and low income. Thus, presence of various risk factors without certain buffers does not automatically lead to a link between childhood sexual abuse and borderline personality disorder, but possibly to a link between childhood sexual abuse and psychopathology.

Family Variables

Friedrich contends that dysfunctional family characteristics will negatively affect the child's ability to cope with the experience of sexual abuse. Essentially, dysfunctional family characteristics are likely to result in some form of neglect, ranging from not meeting the child's needs of emotional nurturance to severe forms of physical and emotional neglect, or other maltreatment of the child such as physical abuse. Due to the generally high stress levels and oft found insecure attachments associated with dysfunctional families, the child develops certain modes of coping that may be adaptive initially within the context of the family,

but maladaptive in the long run in larger social contexts. There is a preponderance of evidence for dysfunction in families in which sexual abuse occurs and in families of borderline individuals.

Individuals with borderline personality disorder appear to share some similar characteristics as individuals with a history of sexual abuse, but also some additional dysfunctional characteristics from families with sexual abuse. The similarities include parental conflict and lower cohesion. For example, Soloff and Millward (1983) interviewed adult male and female inpatients with a diagnosis of major depression, schizophrenia, or borderline personality disorder and found that 80% of borderline individuals' parents were reported to have a conflictual relationship. However, 75% of depressed subjects and approximately 43% of schizophrenic subjects reported that their parents had conflictual relationships. Thus, although the majority of borderline individuals reported a conflictual parental relationship, this finding did not differ significantly from the comparison groups, especially the depressed subjects. Other researchers have examined conflict more generally in families, rather than specifically in parents, and found borderline families to be significantly more conflictual than comparison group families. For example, Weaver and Clum (1993) examined inpatient female borderlines with depression compared to nonborderlines with depression. Based on the Moos Family Environment Scale (FES; Moos & Moos, 1986), borderline individuals reported significantly more familial conflict than nonborderlines. The borderline individuals also reported significantly less cohesion, less familial expressiveness, and more familial control. Similar findings were reported by Ogata, Silk, and Goodrich (1990), who examined family environment, utilizing the FES, separately for childhood and adolescence in a sample of male and female inpatient borderline or depressed subjects. Borderline individuals reported significantly lower cohesion during childhood, defined as 0 - 12 years, and significantly lower cohesion and higher family conflict during adolescence, defined as 13-18 years, than the depressed subjects. The authors conclude that adolescence itself may have generated more problems for borderline families due to increasing salience of identity and individuation issues at that time. Some of the borderline individuals in this sample carried a diagnosis of depression as well. Thus, it is all the more remarkable that significant differences between the groups were found on family variables.

In sum, research to date strongly suggests that families in which sexual abuse occurs and families of borderline individuals are characterized by dysfunction. Thus, the data support Friedrich' contention that sexual abuse is likely to occur in the context of a dysfunctional family. Partly as a result of this dysfunction, children are impaired in their abilities to develop appropriate skills to enable them to cope effectively with a number of issues ranging from problem-solving on frustrating tasks to interpersonal development. Because the risk factors are associated with the development of psychopathology in general, they also provide a context in which borderline personality disorder may develop. Not enough research has been done on sexually abused borderlines compared to nonabused borderlines or on sexually abused borderlines compared to sexually abused, nonborderline comparison groups to determine what specific family variables are distinct or predictive of the various groups.

## Nature of the Trauma

Friedrich conceptualizes sexual abuse as a stressful event, defined as an environmental change that results in a great deal of emotional tension and an interference with typical response patterns. He believes that the stressor of sexual abuse may be severe enough with some children to constitute a trauma in terms of posttraumatic stress disorder, but not with every child. Regardless of the severity, Friedrich contends that sexual abuse, as a stressful event, causes the immediate victim and others who are affected to engage in a coping process, defined as modifying or adapting to the situation, which can be adaptive or maladaptive. Friedrich indicates that the nature of the trauma is determined in part by the heterogeneity of the abuse, the various sources of trauma, and the absence or presence of multiple stressors.

### Heterogeneity of Abuse

Friedrich describes four types of heterogeneity that are relevant to sexual abuse. He provides this information to convey the complexity of the range of phenomena covered by the term sexual abuse. The four types of heterogeneity will be described briefly in this section. The first type is the resultant symptom pattern of the sexual abuse. He acknowledges that there are a variety of symptoms resulting from sexual abuse that any victim may exhibit. The second

type of heterogeneity is the variety of acts that comprise the abuse. Sexual abuse can range from fondling to genital or anal penetration. Further, sexual abuse may be accompanied by other forms of abuse such as physical abuse or neglect. The heterogeneity of responses from family members and the larger community comprises the third type of heterogeneity. Whereas some non-offending parents may be supportive of their child and empathic others may be openly hostile and unsupportive to the point of refusing to believe the child. Finally, there is a variety of responses that the sociolegal system can make that may have differential impact on the child, both initially and long-term.

It is important to consider the types of heterogeneity of sexual abuse when determining the impact that sexual abuse may have on the child. The impact on the child and the formation of a link between childhood sexual abuse and borderline personality disorder as a result of specific symptoms of the child, specific acts of sexual abuse and concomitant abuse, and certain responses of others are discussed below.

Sources of Trauma

Friedrich utilizes Finkelhor's (1987) traumagenic dynamics model to describe the sources of trauma, which are traumatic sexualization, betrayal, stigmatization, and powerlessness. Essentially, the traumagenic dynamics occur before, during, and after the sexual contact.

Traumatic sexualization occurs through the process of the child's sexuality forming in dysfunctional and developmentally inappropriate ways because the child is rewarded materially or with positive attention for sexual behavior and/or because the child connects frightening and unpleasant memories to sexual activity. Duration of the sexual abuse, erotic nature of the abuse, number of perpetrators, and specific sexual acts contribute to the sexualization dynamic, with a larger degree of each of these factors resulting in a greater sense of sexualization. The traumagenic dynamic of betrayal involves the process whereby a child becomes aware that a trusted individual on whom the child depends (often for emotional nurturance) caused or intended to cause harm to the child. The child's relationship to the perpetrator, the perpetrator's blaming of the victim, and the child's sense of parental protectiveness and support, or lack thereof, contribute to this dynamic. Stigmatization occurs when the child is

blamed for the abuse by the perpetrator or others, when the child becomes aware of society's attitude that incest and sexual abuse are deviant, and/or when the child's attribution of the event is internal, stable, and global. Lastly, the child experiences powerlessness when his or her will, wishes, and sense of efficacy are repeatedly denied through the process of the abuse and/or when threat of injury or death are a part of the sexual abuse. A longer duration of the abuse, larger number of perpetrators, more invasive sexual act, such as penetration, and/or greater use of force contribute to a greater sense of powerlessness.

Although Finkelhor provides a framework that is useful in determining which aftereffects of childhood sexual abuse are associated with particular traumagenic dynamics, he generally does not specify which symptoms are results of specific components of the traumagenic dynamics. Due to the complexity of the nature of the trauma and the large number of factors that influences the impact of sexual abuse, it would not be possible to specify a one-to-one correspondence between genital penetration, for example, and aversion to sexual intimacy. However, for purposes of this review, it would seem reasonable to conclude that more severe symptoms resulting from the traumagenic dynamics would be associated with greater traumatic sexualization, betrayal, stigmatization, and/or powerlessness. Because many of the symptoms of borderline personality disorder are severe, either because of the amount of distress or harm caused to the individual (e.g., affective lability and self-mutilation, respectively), or because of the resultant impaired functioning (e.g., unstable interpersonal relationships in the social area), borderline personality disorder would be expected to be associated with the more severe forms of sexual abuse. This notion is consistent with Friedrich's (1990) contention that the attributional nature of the sources of trauma puts the child at risk for internalizing these experiences. He indicates that repeatedly experiencing the trauma, which increases the severity of the trauma, increases the likelihood that a child will internalize a "map of relationships" based on the trauma (p. 17). Thus, the child may form a set of expectations about relationships in general based on his or her relationship with the perpetrator(s) and act accordingly. As will be seen below, there is preliminary empirical support for the association between severity of childhood sexual abuse and borderline personality disorder.

Few studies have examined the relationship between severity of sexual abuse and borderline personality disorder. Briere and Zaidi (1989) reviewed charts of sexually abused females who presented to a psychiatric emergency room. They examined sexual abuse characteristics in relation to borderline personality traits/disorder, any personality disorder, drug use, sexual problems, suicidal ideation, suicide attempts, and number of diagnoses. They found a significant relationship between number of perpetrators and borderline personality disorder. However, borderline personality disorder did not correlate significantly with age at first abuse, severity of abuse, or duration of abuse in their study. However, Weaver's (1991) investigation of depressed borderline and depressed nonborderline inpatient women specifically addressed the question of the relationship between sexual abuse characteristics and borderline personality disorder and found that borderlines reported a significantly longer duration of abuse (4.9 years compared to .39 years) than the nonborderlines. As a measure of overall severity of abuse, Weaver developed a sexual abuse composite score based on the occurrence of sexual abuse, abuse by a relative (compared to a nonrelative), use of force, duration greater than one year, more than one incident, more than one perpetrator, and negative subjective response of the victim. Each of these components was scored as present (1) or absent (0). Individuals with borderline personality disorder had significantly higher sexual abuse composite scores than nonborderlines. Furthermore, in a multiple regression analysis of borderline dimensional scores (i.e., the summation of all responses ranging from 0 to 2 on the borderline personality section of a diagnostic interview) and the components of the sexual abuse composite score, frequency and number of perpetrators accounted for 55% of variance of borderline dimensional score. Weaver also examined the specific traumagenic dynamics in relation to the specific borderline dimensional scores of identity disturbance, anger/unstable relationships/boredom, suicidality/impulsivity, and affective lability. A significant correlation was obtained between traumatic sexualization, determined by whether sexual behavior was rewarded, and identity disturbance and also between traumatic sexualization and suicidality/impulsivity. The dynamic of powerlessness, determined by use of threat or force, was significantly correlated with affective lability. Betrayal, determined by the relationship between the victim and the perpetrator, was correlated significantly with identity disturbance

and suicidality/impulsivity. Lastly, stigmatization, determined by the subject's perceived real or imagined reaction to disclosure, was not significantly related to any of the specific dimensional borderline scores. Thus, in the Weaver study, borderline personality disorder was significantly related to the severity of sexual abuse characteristics. This study is particularly noteworthy because the investigator utilized standardized assessments, diagnostic interviews, and clear operational definitions of the dependent variables of interest, thus enhancing uniformity and completeness of the information obtained.

In sum, two studies suggest that borderline personality disorder is associated with severity of sexual abuse characteristics. One study in particular (Weaver, 1991) found a significant association between duration of sexual abuse and borderline personality disorder. This finding is supportive of Friedrich's contention that repeated trauma is likely to result in an internalization of the traumatic experiences, attributions, and relationship expectancies that then leads the victim to navigate the majority of his or her relationships based on this internalized map of relating to others. In other words, the symptoms resultant from the experience of childhood sexual abuse are more likely to become characterological in nature if the repeated abuse is of a long duration. Although general findings support the contention that severity of abuse is related to severity of symptomatology in general and to borderline personality disorder in particular, there is no consistent finding of a one to one correspondence between severity of abuse overall or severity of specific abuse characteristics and particular outcomes. As will be discussed below, the relationship between sexual abuse and later adjustment is not linear in part because sexual abuse occurs concomitantly with various contextual factors that influence the overall outcome.

Multiple Stressors

Friedrich (1990) contends that the negative impact of sexual abuse will be greater when multiple stressors are present in the victim's life. It is difficult, at best, to sort out what stressors are related to a general outcome or to specific aspects of an individual's adjustment. However, research that has examined the influence of various stressors such as sexual abuse, dysfunctional family characteristics, and/or compound abuse (e.g., sexual and physical abuse) has generally determined that multiple stressors affect an individual's long-term

adjustment more negatively than the single stressor of sexual abuse. Those studies most relevant to the link between childhood sexual abuse and borderline personality disorder will be reviewed.

Compound abuse is particularly relevant to the potential link between childhood sexual abuse and borderline personality disorder. For example, Westen, Ludolph, Misle, Ruffins, and Block (1990) investigated the incidence of physical and sexual abuse in female adolescent inpatients with and without borderline personality disorder, based on a diagnostic interview for borderline personality disorder. They found that, across diagnoses, there was a significant relationship between sexual abuse and physical abuse and between sexual abuse and neglect. More specifically, 66.7% of the sexually abused adolescents were physically abused and 80% of the neglected adolescents were sexually abused. The authors did not report on the rates or statistics of other combinations of abuse. However, they did report that adolescents with borderline personality were more likely to have been physically as well as sexually abused than adolescents who did not receive a borderline diagnosis. A similar relationship between compound abuse and borderline personality disorder was found by Brown and Anderson (1991), as mentioned earlier. Essentially, among all diagnoses of a sample of male and female inpatients, there was a significant increase in the proportion of patients with borderline personality disorder based on the presence of no abuse, one type of abuse, or compound abuse. More specifically, 3% of the nonabused patients, 13% of the sexually abused patients, 13% of the physically abused patients, and 29% of the compound abuse (physical and sexual) patients carried diagnoses of borderline personality disorder.

In another study (Herman, Perry, and van der Kolk, 1989), childhood trauma was examined in relation to groups of individuals with borderline personality disorder, borderline traits, or closely related diagnoses. Individuals diagnosed as borderline were significantly more likely to report histories of sexual abuse, physical abuse, or witnessing domestic violence during early childhood (ages 0-6) and latency (ages 7-12). Furthermore, they received significantly higher trauma scores by reporting more types of trauma that began in early childhood and lasted over longer time periods than the comparison groups. The authors determined diagnoses utilizing diagnostic interviews and abuse histories from a questionnaire about traumatic antecedents.

In their study of sexual abuse and family characteristics in undergraduate females, Edwards and Alexander (1992) attempted to determine the independent contributions of family and sexual abuse variables to the psychosocial adjustment of the women in their sample. Child sexual abuse histories were queried directly. Severity was determined by the composite score of the presence (1) or absence (0) of father as perpetrator, use of force, and penetration. The family variables of interest were parental conflict and paternal dominance. Psychosocial adjustment was determined by self-report measures. The authors examined five factors: psychological distress, satisfactory relationships with males, satisfactory relationships with females, social support network size, and satisfaction with, or perceived, social support.

In a critique of the use of multiple linear regression analyses of sexual abuse and family characteristics, Briere (1988) notes that entering the control variable at step one may assign more importance to the step one variable than is accurate when the control and predictor variables are interrelated and the step one variable is not necessarily causally antecedent to the predictor variables. Thus, he recommends entering the predictor and control variables simultaneously at step one, "so that the associated regression weights reflect the contribution of each variable controlling for the other" (p. 85). As per Briere's recommendation, Edwards and Alexander (1992) conducted their analyses accordingly. The authors first performed multiple regression analyses on the five measures of psychosocial adjustment with all subjects (abused and nonabused), entering the dichotomous variable of sexual abuse occurrence and measures of parental conflict and family characteristics simultaneously in each regression. The occurrence of sexual abuse was significantly associated with less satisfactory relationships with males and perceived parental conflict was significantly associated with greater psychological distress and less satisfactory relationships with females. Furthermore, the authors ran a second set of multiple regression analyses on only subjects with abuse histories to examine the relative contributions of abuse characteristics and family variables to the psychosocial adjustment of women with sexual abuse histories. Sexual abuse severity scores and measures of parental conflict and paternal dominance were entered simultaneously in each regression. Both the severity of sexual abuse and family variables were related to the adjustment of the abused individuals, with severity

of abuse significantly predicting psychological distress and smaller social networks, parental conflict significantly predicting less satisfactory relationships with females, and paternal dominance significantly predicting less satisfactory relationships with males. Thus, results of this study suggest that family variables of paternal dominance and parental conflict and sexual abuse variables of occurrence and severity make independent contributions to psychosocial adjustment. Consequently, both family variables and sexual abuse variables should contribute to the link between childhood sexual abuse and borderline personality disorder.

Weaver and Clum (1993) examined the presence of compound abuse and the relative contributions of abuse and family variables to borderline symptomatology in their investigation of depressed borderline and depressed nonborderline female inpatients. The borderline individuals had significantly higher overall trauma scores, indicating more compound abuse (sexual abuse, physical abuse, witnessing domestic violence, and/or early separation experiences). Furthermore, Weaver and Clum examined the relative contributions of sexual abuse and family variables to borderline dimensional scores through a series of multiple regressions. In the first regression of interest, all subscales of the Moos Family Environment Scale (FES) were forced into the equation and the sexual abuse composite score was then entered stepwise. The FES subscales accounted for 44% of the variance in borderline dimensional scores and the sexual abuse composite score remained a significant predictor of borderline dimensional scores, accounting for an additional 19% of the variance. Interestingly, this regression was rerun twice, substituting physical abuse composite scores and then witnessing domestic violence composite scores, but each yielded nonsignificant predictions above and beyond the FES subscales. Lastly, trauma variables were forced into the regression equation first, followed by collective entry of the FES subscales. The trauma variables collectively accounted for 58% of the variance of borderline dimensional scores and only the control subscale of the FES remained a significant predictor, accounting for an additional 8% of the variance of borderline dimensional scores. Thus, both familial control, indicating many rules and procedures governing family life, and sexual abuse appear related to the severity of borderline symptomatology.

In sum, the nature of the trauma is complexly determined through presence or absence of various sexual abuse characteristics, presence or absence of concomitant physical abuse, witnessing domestic violence and/or other forms of trauma or stressors, and presence or absence of concomitant dysfunctional family variables. In general, severity of sexual abuse characteristics, compound abuse, and presence of dysfunctional family variables such as conflict or control are more likely to lead to borderline personality. Although the nature of the trauma contributes significantly to an individual's adjustment, environmental responses and the individual's interactions with the environment also play a significant role in the individual's adjustment, as will be seen below.

## Initial Response

Essentially, the initial response, or short-term outcome of sexual abuse depends on the parents' response, the child's response, and interactions between parent and child. Friedrich generally contends that parental support of the child, availability of a variety of coping resources for the child and the parent, and a self-enhancing attributional style of the child lead to fewer psychosocial difficulties on the part of the child. On the other hand, lack of support of the parents, few coping resources for the child, and a child's internal, stable, and global attributions for negative events are associated with a more negative impact.

### Parental Response

Friedrich considers parental support of the child to be critical for the child's healthy adjustment to sexual abuse. Parental support is manifested in the parents' belief in the child's disclosure and in the resilience of the child. This support serves as a coping resource for the child and thereby helps ameliorate the effects of sexual abuse. Parental response to the child is determined in part by the coping resources of the parent, such as financial resources, social support, positive outlook, and problem-solving ability. With fewer coping resources of their own, parents will be less able to tend to the child's needs. It seems reasonable to conclude that the presence of support by parents and others may serve as a protective or buffering factor to prevent establishment of the link between childhood sexual abuse and borderline personality disorder. This

hypothesis awaits empirical validation. However, indirect support for this contention comes from the oft found relationship between dysfunctional family characteristics and borderline personality disorder, indicating fewer coping resources of family members in general and parents in particular that may impair parental ability to support the child.

Child Response

As mentioned earlier, the attributional style of the child also will affect the child's initial response to sexual abuse. For example, Wyatt and Newcomb (1990) examined abuse characteristics, mediators, and outcome in a community sample of women who had been sexually abused during childhood. Results of their study suggested that greater severity of abuse and proximity of abuse, as well as mediators of internal attributions, immediate negative reactions, and less disclosure were significant predictors of more negative outcomes. Inasmuch as borderline personality disorder is indicative of serious psychopathology and, hence, a negative outcome, it seems reasonable to conclude that internal attributions of negative events, especially sexual abuse, and self-deprecatory attributional styles in general may contribute to the link between childhood sexual abuse and borderline personality disorder. This hypothesis, however, awaits empirical investigation.

In sum, the link between childhood sexual abuse and borderline personality disorder is most likely to be established when initial responses to the sexual abuse are characterized by few coping resources of the parents and the child, lack of support by parent(s), and a self-deprecatory attributional style of the child.

## Longer-Term Reactions

According to Friedrich (1990), longer-term reactions to sexual abuse are influenced not only by the sexual abuse characteristics and the nature of the initial responses that were discussed previously, but also by triggering events, developmental factors, and the degree of fixation experienced by the individual who was abused.

Triggering Events

In their examination of borderline personality disorder and childhood trauma, Herman, Perry, and van der Kolk (1989) conceptualized borderline personality disorder as a complicated posttraumatic syndrome. Essentially, the authors believed that the symptomatology associated with childhood trauma, especially sexual abuse, became integrated into the borderline subjects' personality and, consequently, ego syntonic. According to Friedrich, triggering events, or events that approximate the abuse experience(s), typically lead to the emergence of more primitive defenses and regressive behaviors. Thus, repeated incidents of severe sexual abuse, by the same perpetrator and/or different perpetrators, would serve to trigger posttraumatic symptoms and primitive defenses. In this instance, chronic PTSD most likely would emerge. According to Friedrich, continual re-emergence of the posttraumatic symptoms and primitive defenses over a long period of time most likely will lead to the internalization of these experiences. Essentially, the individual becomes arrested developmentally, as will be discussed below. Thus, the more triggering events, repeated occurrences of severe sexual abuse and/or events that approximate the abuse there are, the more likely the link between childhood sexual abuse and borderline personality disorder will be established.

Degree of Fixation

Friedrich describes fixation as developmental derailment. Essentially, degree of fixation refers to the extent to which the child's normal developmental path has become arrested. Friedrich contends that children who are able to discuss their abuse and to think positively about themselves in relation to the sexual abuse are more likely to develop an integrated sense of self. However, in the absence of such experiences, the individual's sense of self will become more fragmented. Thus, degree of fixation is related to the characterological nature of symptoms because the symptoms become "stuck" or fixated within the individual.

As mentioned previously, chronic sexual abuse, or sexual abuse that occurs frequently with a long duration, is thought by Friedrich to lead to a child's internalization of the experiences and formation of a set of expectations about relationships based on these experiences. Thus, chronic (frequent, of a long

duration) sexual abuse may lead to arrested social development. This may be related to the development of borderline personality disorder if the child is dependent on the perpetrator for nurturance, but harmed by the perpetrator as well. Internalization of this relationship may lead to fluctuations of overidealization, based on need for nurturance, and devaluation, based on real or perceived harm. This hypothesis awaits empirical investigation as well.

Development

Friedrich (1990) indicates that developmental factors influence children's adjustment. He believes that adolescents are more likely to feel stigmatized than younger children because they are more aware of the taboo against incest and sexual abuse. There is preliminary support for this contention with the finding that adolescents are more likely than younger children to exhibit suicidal and self-mutilating gestures (Kendall-Tackett et al., 1993). Because research generally fails to find an association between age of abuse and outcome, age-related symptomatology most likely is related to differences in coping and/or perceptions of abuse rather than age(s) of onset or occurrence of abuse, per se.

Although age of onset has not been borne out in the literature, duration of sexual abuse has. Typically, more severe symptomatology is associated with two or more years duration. As mentioned earlier, Friedrich believes that longer durations of sexual abuse increase the likelihood that the victim will internalize the abuse experience. The author maintains that internalization of the abuse experience, relationship, and symptomatology is most likely to occur when the duration of abuse occurs over more than one developmental period. More specifically, because the average age of onset of abuse is eight or nine years, the author contends that abuse that extends into adolescence is more likely to lead to borderline personality disorder. Because adolescence marks the onset of puberty, emerging sexuality, and more intimate social relationships, unsuccessful negotiation of these developmental tasks appears most likely to lead to borderline personality disorder. If the abuse endures into this developmental stage, primitive defenses that were developed earlier due to the initiation of sexual abuse would continue to be operative and would compromise successful negotiation of this developmental stage. Research to date has not examined

duration of sexual abuse through developmental stages and into adolescence. Thus, the hypothesis mentioned above awaits empirical investigation.

In sum, longer-term reactions to sexual abuse are dependent in part on triggering events, degree of fixation, and development. The link between childhood sexual abuse and borderline personality disorder most likely will be established if the sexual abuse and triggering events are repeated often, the abuse occurs across developmental stages, and the abuse experience, relationship, and symptomatology are internalized. Conversely, borderline personality disorder is less likely to develop if sexual abuse occurs as a discrete event and the child has coping resources other than dissociation to utilize.

## Summary

In sum, a review of research indicates that childhood sexual abuse may be an etiologic contributor to borderline personality disorder. The link between childhood sexual abuse and borderline personality disorder is most likely to be established when sexual abuse is chronic and severe and occurs compounded with other types of abuse or trauma and within the context of dysfunctional family characteristics such as familial control and/or parental conflict. Essentially, a child's coping is compromised prior to the occurrence of sexual abuse if dysfunctional family characteristics such as parental conflict, biparental failure to meet the child's needs, and/or family disengagement are present. Chronic and severe abuse in this context is likely to lead to an internalization of the abuse experience, relationship, and symptomatology, especially if parental support is absent and the child's attributional style is self-deprecatory. The resultant, characterological symptomatology is borderline personality disorder. Although components of this model are partially supported by extant research, the theory as a whole must be tested empirically. The empirical investigation should include diagnostic interviews, self-report measures of symptomatology, clinical observations, a history of abuse and family experiences by interview as well as self-report, and corroborative evidence when possible. Composite severity of abuse, duration across developmental stages, compound abuse, family characteristics, perceived support, and diagnoses should be assessed and analyzed in accord with the theory. The author tested the integrated model described in this paper in accord with research suggestions outlined above.

# Method

## Subjects

All subjects were adult women with histories of childhood sexual abuse who were recruited from clinical settings. Only females were chosen due to higher representation in sexually abused and borderline populations. The following were recruitment sites in Southwestern Virginia: 1) the New River Valley Community Mental Health Services outpatient clinics in Giles (n=1 or 2% of all participants), Montgomery (n=4 or9% of all participants), and Pulaski (n=2 or 5% of all participants) counties as well as the city of Radford (n=2 or 5% of all participants); 2) the Psychological Services Center (n=2 or 5% of all participants) in Blacksburg (outpatient); 3) the Counseling Center (n=2 or 5% of all participants) at Virginia Tech (outpatient); and 3) the Southwestern Virginia Mental Health Institute (n=20 or 44% of all participants) in Marion (inpatient). Additionally, Delaunay Family of Services (n=11 or 25% of all participants), an independent, non-profit, community mental health center in Portland, Oregon, was used as a recruitment site for additional outpatients. Inpatient and outpatient subjects were utilized to tap a broad clinical range of women with sexual abuse histories and consequent negative aftereffects. Permission to conduct research was obtained from all participating sites. Subject consent also was obtained.

All females were considered eligible for participation in the research project if they: 1) were 18 years of age or older; 2) had a history of childhood sexual abuse; 3) were not psychotic at the time of the interview; 4) were not mentally retarded; and 5) were not intoxicated at the time of the interview. Referring therapists determined whether potential subjects met inclusion and exclusion criteria based on case histories and current psychological functioning. A total of 44 subjects participated. Each subject was paid $15. Three subjects were not used in data analyses either because they were psychotic during the time of the interview or they did not complete all measures.

## Procedure

Subjects were identified by their referring therapists. Therapists gave a brief description of the project and obtained written consent from potential subjects to

be contacted by project staff. Project staff consisted of the author and a graduate student of clinical psychology who was fully trained on protocol. A member of the project staff contacted potential subjects by telephone to discuss the project in further detail and to determine their willingness to participate. It was emphasized that participation was voluntary and would not affect treatment at their clinical setting. Four women elected not to participate after project staff described participation more fully. When possible, appointments were made within 14 days of project staff contact for those willing to participate. Subjects signed an informed consent to participate prior to data collection. Subjects also were given opportunity to consent for project staff to provide feedback to their therapists. Permission was obtained in writing. Subjects were informed that the information exchange was optional.

Following each subject's completion of the informed consent form, semistructured interviews were administered. The interviews consisted of a diagnostic interview, a borderline personality disorder interview, and a sexual and physical victimization interview, in that order. This order was chosen to minimize the likelihood that subjects would automatically attribute and/or distort their presenting problems due to abuse histories. Descriptions of each of these interviews are detailed below. Upon completion of the interviews, subjects completed a questionnaire on family characteristics based on their pre-abuse recollection. Furthermore, subjects completed a coping scale with reference to their sexual abuse. Descriptions of the self-report measures are located in the Measures section.

Semistructured interviews were audiotaped for purposes of establishing reliability. Interviews and self-report measures were administered during one session. Sessions took from two and one-half to five hours. Following completion of the interviews and self-report measures, subjects were given an opportunity to process their feelings about the content of the interviews, received psychoeducational information and feedback, were assessed for suicidality if indicators were present, and received an explanation of the intent of the study. When permission was given, therapists were contacted and given feedback about their client's participation.

Measures

Each measure is included in the Appendix.

Descriptive Variables

-Demographic Information. Information on subjects' current age, marital status, and occupational status was obtained from the Structured Clinical Interview for DSM-III-R, discussed below. Information on religion, ethnicity, and family of origin demographics was obtained from the Family Experiences Survey, also detailed below.

-Structured Clinical Interview for DSM-III-R: Non-Patient Version (SCID) (Spitzer, Williams, Gibbon, & First, 1992). This semistructured interview was administered to determine diagnoses of subjects on Axis I disorders. It was used solely for descriptive purposes. Diagnoses related to mood disorders, substance abuse, anxiety disorders, somatoform disorders, and eating disorders were obtained. Acceptable reliability of the instrument has been well documented (Riskind, Beck, Berchick, Brown, & Steer, 1987). Moderate inter-rater reliability has been established with Kappas ranging from .40 to .84 for mood disorders, from .59 to .65 for schizophrenic disorders, from .43 to .59 for anxiety disorders, and from .72 to .86 for eating disorders. Test-retest reliabilities were acceptable with a range from .58 for panic disorder to .84 for bipolar disorder. Inter-rater reliability in the current study was determined by subjecting a random sample of 20% of interviews for analysis. Pearson's correlation coefficients ranged from .63 (Dysthymia) to 1.0 (Major Depression) for various total diagnostic scores (summation of criteria met), suggesting adequate inter-rater reliability. All correlations reached significance at p-values of .05 or less. Kappa coefficients for categorical diagnoses ranged from .72 (Dysthymia) to 1.0 (Major Depression), also significant at p-values of .05 or less.

Predictor Variables

-Family Environment Scale-Second Edition (FES; Moos & Moos, 1986). This 90-item, self-report questionnaire was utilized to determine family characteristics prior to occurrence of sexual abuse. The FES yields ten subscales

of 9 items each that assess three underlying domains: 1) Relationship: Cohesion, Expressiveness, and Conflict; 2) Personal Growth: Independence, Achievement Orientation, Intellectual-Cultural Orientation, Active-Recreational Orientation, Moral-Religious Emphasis; 3) System Maintenance: Organization and Control. Although the entire scale was administered, only the Cohesion, Conflict, and Control subscales were utilized in statistical analyses. As indicated earlier, these subscales have been found to be significantly related to sexual abuse and/or borderline personality disorder in previous studies. A composite "family dysfunction" score was obtained based on the three subscales. The FES has been documented to have reliable psychometric properties (Moos & Moos, 1986). Internal consistencies for each of the subscales have been found to be in an acceptable range, varying from .61 to .78. Eight-week test-retest reliabilities also are acceptable, ranging from .68 for Independence to .86 for Cohesion. Four-month and twelve-month test-retest reliabilities also were acceptable, ranging from .54 to .91 and .52 to .89, respectively. Construct validity of the scale has been well-documented.

-Finkelhor's Family Experiences Survey (Finkelhor, 1979). Finkelhor's survey provides extensive information on presence and extent of risk factors of childhood sexual abuse, trauma of childhood sexual abuse, and history of physical abuse. Although psychometric properties have not been published, Finkelhor noted that rates of reported incidents of sexual experiences and abuse were comparable to those reported in similar studies. Preliminary support for the validity of retrospective reporting of sexual abuse comes from the findings of Herman and Schatzow (1987). In their investigation of female outpatients, validation of recollections of abuse was established by obtaining corroborating evidence from other sources for 73% of the women who reported histories of sexual abuse.

Initially, the interview assesses for risk factors for the occurrence of sexual abuse. The presence or absence of each risk factor is scored as "1" or "0," respectively, then summed for a total risk factor score. The following were included in the total score: 1) ever lived without mother, 2) not close to mother, 3) no physical affection from mother, 4) not close to father, 5) no physical affection from father, and 6) marital dissatisfaction. Thus, total risk scores could range from 0 to 6.

The survey yields information on intrafamilial and extrafamilial sexual abuse occurring throughout the individual's life. In its original form, subjects describe up to 3 "sexual experiences" that occurred within the following contexts: with other children when subject was less than 12 years old, with adults (older than 16) when subject was less than 12, with family members when subject was 12 or older, and when the subject was 12 or older and the experiences were perpetrated by nonrelatives and occurred without consent. However, much of the research to date has examined the following age periods: 0-6, 7-12, and 13-18 years(e.g., Ogata et al., 1990; Weaver, 1991). Accordingly, the interview was modified to assess for occurrence of abuse within each of these three developmental periods rather than before and after age 12. Severity of sexual abuse was coded for each developmental period. Based on extant research and conceptualizations in the literature, the following variables were included to determine composite severity of sexual abuse, with the presence of each yielding a score of "1" and the absence a score of "0": 1) occurrence of sexual abuse, 2) more than one sexual abuse event, 3) duration over two years, 4) perceived use of force, 5) multiple perpetrators, 6) perpetrator was a relative, 7) perceived negative emotional impact (present if subjects respond "mostly negative" or "negative"), and 8) compound abuse. Within each developmental period, severity scores could range from 0 to 8. Across developmental periods, composite severity scores could range from 0 to 24. Given selection criteria, subjects were not expected to obtain a score of 0 for the composite. This method of determining composite severity was used successfully in Weaver's (1991) research with borderline and nonborderline depressed inpatient females. Based on the integrated model discussed earlier, the author to modified the score to include compound abuse and to increase duration to two years instead of one.

Lastly, a slight modification of the survey's questions regarding support was utilized to determine perceived support of authoritative figures as well as perceived social support from friends and siblings following disclosure of sexual abuse. Potential supporters were rated as (1) very, (2) mildly, (3) a little, or (4) not at all supportive. The variable of parental support was utilized in analyses by averaging ratings of maternal and paternal support.

-Coping measure. (Leitenberg, Greenwald, & Cado, 1992). This 71-item questionnaire was developed to address coping strategies utilized specifically in

reference to childhood sexual abuse. It contains nine subscales: Denial, Emotional Suppression, Emotional Expression, Cognitive Reappraisal, Spiritual or Religious Support, Cognitive Rumination, Confrontation, Seeking of Social Support, and Avoidance. Alphas for each subscale have been found to be acceptable, ranging from .71 to .86. The authors determined that the following subscales were associated with greater psychological difficulties in a sample of sexually abused female nurses: Denial, Emotional Suppression, Cognitive Rumination, and Avoidance. In the present study, this questionnaire was utilized to assess coping as a mediator of the relationship between childhood sexual abuse and borderline personality disorder. Because the concept of fixation and arrested development have been suggested to be related to the development of borderline personality, the Cognitive Rumination subscale was utilized in analyses. This appears to be the subscale that most closely captures an internal, global attribution of the abuse.

Criterion Variable

-Personality Disorder Examination (Loranger, 1988). The borderline portion of this semistructured interview was administered to determine the presence of borderline personality disorder and borderline personality characteristics. Each of the eight borderline criteria were assessed by one or more questions with standard follow-up protocol. The questions and follow-up were designed to bolster simple "yes" or "no" answers. In most cases, to establish the characterological nature and pervasiveness of borderline personality disorder, the behaviors must have existed for at least five years and have been present in more than one context. The PDE yields dimensional as well as categorical scores. Dimensional scores are based on the following response ratings: (0) absent or normal, (1) accentuated or exaggerated, and (2) pathological. Total dimensional scores range from 0 to 26. Test-retest reliability estimates ranged from .66 to .86 for the dimensional score (Loranger, 1988). Categorical scores were based on the number of pathological symptoms exhibited by each woman. At least five scores of "2" out of the eight criteria were required for participants to be diagnosed with borderline personality disorder. Continuous, total dimensional scores and dichotomous categorical scores were

used as criterion variables in separate analyses. Inter-rater reliability was established by subjecting a random sample of 20% of interviews for analysis. Pearson's correlation coefficient for the borderline dimensional score was .914 ($p<.001$), suggesting good inter-rater reliability. The Kappa coefficient for categorical borderline scores was .86 ($p<.01$).

## Hypotheses

A diagrammed path model depicting the hypothesized relationship between childhood sexual abuse and borderline personality disorder is presented in Figure 3. The following were working hypotheses:

1) It was predicted that family dysfunction and presence of risk factors would influence the relationship between childhood sexual abuse and borderline personality disorder. More specifically, it was predicted that the more the dysfunction and risk factors, the more likely the development of borderline personality disorder. Family dysfunction and risk factors were expected to have direct effects as well as indirect effects through the sexual abuse composite severity variable. Additionally, family dysfunction was predicted to have an indirect effect through coping and perceived support.

2) Composite severity of sexual abuse was predicted to have direct and indirect effects as well. The more severe the sexual abuse, the more likely the development of borderline personality disorder. It was expected that composite severity of sexual abuse would also have indirect effects through the mediators of perceived support and coping.

3) Perceived support and coping were predicted to be mediators of the relationship between sexual abuse and borderline personality disorder. The following were predicted to strengthen the relationship between sexual abuse and borderline personality disorder: low perceived (parental) support and a high score on the cognitive rumination coping scale of the Leitenberg et al. coping measure.

## Results

### Demographics and Sample Characteristics

Demographic characteristics are listed in Table 2 for the entire sample as well as by the following groups: Virginia inpatients, Virginia outpatients, and Oregon

outpatients. The average age of the entire sample was 33.42 years with a standard deviation of 10.27. Ages ranged from 18 to 54. An analysis of variance revealed that there were significant differences in age by recruitment site ($F=4.32$, $df=2, 38$, $p < .05$). Oregon outpatients were significantly older than Virginia inpatients. However, age did not correlate significantly with any of the criterion or predictor variables (Pearson's r ranged from -.276 to .164, $p>.05$). Subjects were primarily Caucasian (93%). Approximately 26% of the participants were married, 30% were separated, 26% were divorced, and 18% never married. Approximately 25% were employed either full-time or part-time, 7% of the sample was disabled, and 5% were homemakers. The majority of the sample (63%) was unemployed. Most of the subjects had at least a high school education or had received their G.E.D.

Insert Table 2 about here

Table 3 lists average time in therapy, average number of hospitalizations, and descriptive statistics on sexual abuse and borderline personality. There was considerable variation in the sample in terms of amount of time in therapy. It ranged from 0 months (an individual who had been hospitalized) to 276 months. Average time spent in therapy for the entire sample was 50 months, or just over 4 years. An analysis of variance revealed significant differences in amount of time in therapy by recruitment site ($F=3.81$, $df=2, 38$, $p<.05$). Oregon outpatients spent significantly more time in outpatient therapy than Virginia inpatients. However, there were no significant correlations between amount of time in therapy and predictor or criterion variables (Pearson's r ranged from -.231 to .338, $p>.05$). Number of psychiatric hospitalizations for the entire sample ranged from 0 to 12. Approximately 34% of the participants had never been hospitalized for psychiatric reasons. The average number of hospitalizations for the sample was 1.93.

Insert Table 3 about here

Given the selection criteria for subjects, it is not surprising that 100% of the sample had a history of childhood sexual abuse. When collapsed across developmental levels, the average sexual abuse composite severity score was 15.83 out of a possible 24. 27% of the sample had been sexually abused during childhood, or between the ages of 0 to 6 years old, with an average severity score of 4.27 out of a possible 8. 90% of the sample had been sexually abused between the ages of 7 to 12 years old, or, during latency, with an average severity score of 6.17. Lastly, approximately 88% of the sample had been abused during adolescence, or, between 13 and 18 years of age, with an average severity score of 5.39. An examination of the percentages reveals that several subjects were abused over more than one developmental period.

Of the entire sample, 13 (32%) met DSM-III-R criteria for borderline personality disorder. Approximately half of the Virginia inpatient group met criteria for borderline personality disorder compared to less than 20% for the Virginia and Oregon outpatient groups. The average borderline dimensional score for the entire sample was 11. 7 out of a possible 26. Table 4 lists frequencies and percentages of borderline criteria. Approximately 95% of the subjects met one or more criteria and approximately 70% of the sample met three or more borderline criteria. The most frequent criteria met were identity disturbance, intense anger, and chronic feelings of emptiness or boredom.

---

Insert Table 4 about here

---

Axis I diagnoses of the sample are reflected in Table 5. The majority of the sample met criteria for a mood disorder. It is worth noting that approximately 49% of the sample met criteria for Major Depression. Furthermore, the majority of the sample met criteria for an anxiety disorder. Approximately 59% met current criteria for Post-traumatic Stress Disorder. Lastly, approximately 20% of the sample met current criteria for an eating disorder. As can be seen by percentages, there was considerable comorbidity of diagnoses within the sample.

---

Insert Table 5 about here

---

Path Analysis

Pearson correlation coefficients with Bonferroni probabilities were computed for the predictor variables of Family Dysfunction, Risk Factors, Sexual Abuse Composite Severity, Coping, and Perceived support as well as the criterion variables of borderline dimension scores and borderline categorical scores. The correlation matrix is illustrated in Table 6. As can be seen, only one correlation was significant. Amount of risk factors present was negatively related to perceived parental support ($r=-.54$, $p<.01$). Additionally, at a trend level, family dysfunction was positively related to amount of risk factors present ($r=.42$, $p<.1$).

---

Insert Table 6 about here

---

A causal model/path analysis was conducted with the assistance of Gary Blair, Ph.D., using a series of hierarchical multiple regression equations on SPSS for Windows Release 6.0 to estimate direct and indirect path coefficients. Path analysis determines the relative influences of variables on criteria. Path analysis was conducted to predict borderline dimensional scores in one analysis and borderline categorical scores in another analysis. Table 7 reports the hierarchical regression analyses. Table 8 presents the direct and indirect effects of the predictor variables on borderline dimensional scores. Figure 4 diagrams the causal model and path coefficients for predicting borderline dimensional scores. As can be seen, none of the paths was significant with the exception of Family Dysfunction in relation to Perceived Support. Findings were similar for borderline categorical scores and significance levels did not change. Essentially, in both analyses, Family Dysfunction was negatively related to Perceived Support (Beta=-.33, $p<.05$, two-tailed t-test). None of the components taken individually or in combination significantly contributed to the variance of borderline personality, either categorically or dimensionally. A multiple regression analysis with all predictor variables entered simultaneously revealed that the predictor variables accounted only for approximately 14% of the variance of borderline dimensional scores ($F=1.17$, $df=5, 35$, $p=.34$).

Insert Table 7 about here

Insert Table 8 about here

Insert Figure 4 about here

Post Hoc Analyses

The Family Dysfunction composite was deconstructed into its components and correlated with borderline dimensional scores. There was no significant relationship between family cohesion, family conflict, or family control and borderline personality dimensional scores. Correlations also were computed between the components of the composite severity factor and the criterion variable, borderline dimensional score. Within the composite severity factor, none of the variables (e.g., multiple perpetrators, duration over 2 years) that comprised the composite was significantly correlated with the borderline dimensional score.

The author examined correlations between sexual abuse severity scores within different developmental periods and borderline dimensional scores. Only the latency composite severity score correlated significantly with the borderline dimensional score. Interestingly, and unexpectedly, the correlation was negative ($r=-.359$, $p<.05$).

Correlations between each coping subscale of the Leitenberg et al. measure and borderline dimensional scores were calculated. Only two subscales, Confrontation and Avoidance, were significantly and positively related to borderline personality ($r=.34$, $p<.05$ and $r=.34$, $p<.05$, respectively). This relationship was not predicted. Additionally, the subscales of Confrontation and Avoidance correlated significantly with each other ($r=.35$, $p<.05$). The subscale of

Cognitive Rumination, present in the path model, correlated significantly with Avoidance ($r=.52$, $p<.01$), but not with Confrontation.

The relationship between age of subjects and borderline personality was examined more closely. Whereas 42% of the 18 to 35 year-olds met criteria for borderline personality, only 13% of the subjects 36 years or older were diagnosed with borderline personality. Table 9 presents the number and percentage of subjects per cell. A Chi-square analysis approached significance ($X^2=3.69$, $p=.055$). However, due to an expected frequency of less than five in two cells, a two-tailed Fisher's exact test also was calculated, yielding a p-value of .084.

## Discussion

This research was designed to explore a possible causal link between childhood sexual abuse and borderline personality disorder. Accordingly, a path model was developed to be tested empirically. The model proposed that childhood sexual abuse would contribute etiologically to borderline personality under the following conditions: higher family dysfunction, greater number of risk factors, more severe sexual abuse, more cognitive rumination used to cope with the abuse, and less perceived parental support. In short, the model, as designed and tested, did not significantly predict the presence of borderline personality disorder. In fact, basic premises on which the model was based were not supported in this study. For example, regression analyses did not reveal significant findings between the five predictor variables and borderline dimensional or categorical scores. The only significant finding within all hierarchical regression analyses was a negative relationship between family dysfunction and perceived parental support. Further, correlations conducted on the variables revealed a negative relationship between risk factors and perceived parental support. Interestingly, this relationship was neither predicted nor tested in the path model. There may be several reasons why there were few significant findings, as discussed below.

Because only 14% of the variance of borderline personality scores was accounted for by the model, other variables or different representations of the variables should be considered. For example, although cognitive rumination in regard to childhood sexual abuse was not significantly related to borderline personality disorder, the coping mechanisms of avoidance and confrontation

were. Avoidance and Confrontation subscales also were significantly and positively related to each other. These post hoc analyses suggest that a composite of Avoidance and Confrontation coping subscales may be useful in future analyses. Furthermore, only severity of sexual abuse during latency was found to be significantly -- and negatively -- related to borderline personality scores. This finding suggests the possibility that children may react differently to sexual abuse at different developmental periods. Because the correlation between severity of sexual abuse during latency and borderline personality scores was negative, composite severity scores across developmental periods may not be the most appropriate variable in the model. Severity and form of sexual abuse within developmental periods should be examined more closely. A composite that incorporates sexual victimization from ages 0 to 18 may need to be adjusted depending on when the victimization occurred. For example, because one study (Kendall-Tackett et al., 1993) found that adolescents are more likely than younger children to exhibit suicidal and self-mutilating gestures, it may be that occurrence and severity of abuse during adolescence should be weighted more heavily than severity during earlier developmental periods with regard to prediction of borderline personality disorder. Finkelhor and Baron (1986), in their investigation of risk factors for the occurrence of sexual abuse, suggest that different risk factors create vulnerability at different stages of childhood. A child's needs and environments change with different developmental stages. Similarly, different sexual abuse factors may produce different effects based on the developmental stages during which sexual abuse factors occur.

Another factor that may affect the relationship between childhood sexual abuse and borderline personality disorder is dissociation. Herman, Perry, and van der Kolk (1989) found a significant correlation between scores on a borderline personality disorder scale and a scale of dissociation in their investigation of childhood trauma and borderline personality. Furthermore, in a clinical sample of male and female individuals who carried diagnoses of a personality disorder or bipolar II disorder, van der Kolk, Perry, and Herman (1991) found a significant and positive relationship between severity of sexual abuse and dissociation. Given the oft-found relationship between dissociation and sexual abuse, the use of dissociation by individuals who have been sexually

abused may affect the relationship between sexual abuse and borderline personality disorder. This observation appears more likely with the addition of the ninth criterion for borderline personality in the DSM-IV (discussed below), which includes dissociative symptoms. It is reasonable to conclude that individuals with a history of sexual abuse who score high on a dissociative scale would be more likely to meet criteria for borderline personality disorder compared with those who score low on a dissociative scale.

Although parental support was examined in the model, the presence of a relationship with an affirming, supportive, and stable adult was not assessed or accounted for in the model. Research has demonstrated that this relationship may buffer the development of negative aftereffects from traumatic situations. Two subjects reported that such a relationship was helpful. For example, one subject said, "If it wasn't for my foster parents, I would still be in an abusive situation." Direct questions with regard to whether or not any such relationship was present in subjects' lives would be useful.

It is important to note that the sample size was also relatively small. There was considerable variability within the sample on a number of characteristics. Although this variability is ideal in many ways, a larger sample may have provided different findings given the number of possible outliers. For example, three of the subjects were diagnosed by their therapists and themselves as having multiple personality disorder. Interestingly, none of these subjects met criteria for borderline personality disorder, but their sexual abuse composite severity scores were high. However, it should be noted that the correlation coefficients were run again without the three subjects who were diagnosed with multiple personality disorder. Because the degree of relationship remained virtually identical with these subjects removed, the path analysis was not run again. Although analyses on this sample did not reveal significant findings with regard to age and the frequency of borderline personality disorder, there did appear to be a trend in the direction of younger subjects more often meeting criteria for borderline personality. Replication with a larger sample may lead to different findings and it may be determined that age is a factor that should be controlled for in analyses involving borderline personality. Because age may be related to the prevalence of borderline personality disorder, studies should examine

whether or not subjects ever met criteria for borderline personality disorder in their lifetime, not just currently.

Several methodological issues are worth discussing as well. The sample in this project consisted only of females. Inclusion of male subjects may have produced different results. Additionally, the sample used in this project was a clinical sample. Herman, Russell, and Trocki (1986) found that clinical populations tend to have experienced more severe abuse than nonclinical samples. Thus, although there was variability in severity of abuse, the severity likely was skewed in the direction of higher severity. Furthermore, the sample involved only individuals who had histories of childhood sexual abuse. This clearly increases the average severity levels of sexual abuse compared to samples with a combination of abused and nonabused individuals. This brings up the possibility that the presence of sexual abuse contributes to the probability of developing borderline symptomatology, but that severity of sexual abuse fails to predict the relationship between borderline personality disorder and childhood sexual abuse after a certain level of severity is reached. This may explain why Herman, Perry, and van der Kolk (1989) as well as Weaver (1991) found significant relationships between severity of sexual abuse and borderline personality disorder. Their samples included individuals who did not have histories of childhood sexual abuse. Thus, some individuals had composite severity scores of 0 and the average severity of sexual abuse for the samples probably was lower than the average severity of sexual abuse in this project's sample. The occurrence of sexual abuse automatically increases the composite severity score and may have predicted the presence of borderline personality disorder more than differences in severity of those who had been sexually abused.

It is worth mentioning that this project relied on retrospective reports of abuse, family dynamics, and coping strategies. Herman and Schatzow (1987) were able to illustrate that corroborative evidence often supported retrospective reports of abuse. Nevertheless, subjects' current perceptions of previous support, family dynamics, and how they coped may have been influenced by any number of factors since the abuse (e.g., change in family structure, changes due to therapy, recurrent abuse, etc.). A multimodal, multimethod assessment that incorporates independent, corroborative data would be useful in providing a

more complete, and possibly more accurate assessment of childhood experiences of adults. Furthermore, whenever possible, research should investigate the relationship between developmental levels, contextual factors, abuse variables, and outcome symptomatology in child samples.

It should be noted that assessment of borderline personality was based on an interview developed for the DSM-III-R. The DSM-IV added a ninth criterion, "transient, stress-related paranoid ideation or severe dissociative symptoms" (American Psychiatric Association, 1994). The number of criteria necessary to make a diagnosis -- 5 -- remained the same. An examination of number of borderline criteria met by the sample, listed in Table 4, reveals that six subjects met four criteria. It is probable that more subjects may have been diagnosed with borderline personality if the ninth criterion had been assessed as well, since several subjects volunteered that they had experienced dissociative episodes and fearful periods where they would not leave their home because they were afraid someone would harm them.

Another issue that may have influenced the outcome of this research is how sexual abuse was quantified. The composite of severity simply tallied the presence of eight possible factors. Thus, there was a cap of eight within each developmental period. This form of quantification did not account for all forms or incidents of sexual abuse. In effect, there was a limit as to how many incidents of abuse were assessed. There also was no difference in quantification based on whether there were two or five perpetrators, how many perpetrators were relatives, or the degree of relationship between perpetrator and victim besides whether or not the perpetrator was a relative. Thus, a score of 8 in any developmental period could mean that an individual was abused on three occasions by two different perpetrators who used force and penetration or many incidents of sexual abuse involving penetration, force, and several perpetrators with any given incident of sexual abuse. Thus, the quantification of severity of abuse may be more useful if it encompasses a broader range. For example, perhaps number of perpetrators could be categorized as one, two to five, six to ten, and ten or more yielding scores of 0, 1, 2, and 3, respectively. Furthermore, rather than determining whether or not the perpetrator is a relative, perhaps it would be more useful to quantify level of familiarity and closeness of the

perpetrator on a Likert-type scale. Similarly, broader ranges of duration and compound abuse should be utilized in future analyses.

Furthermore, the composite of severity of sexual abuse in this project was based on an assumption that various abuse factors contribute equally to the severity of abuse. However, it is conceivable that individual factors that comprise sexual abuse may contribute differentially to the outcome of abuse. A principal components analysis of various severity elements (e.g., use of threat or force, degree of relationship to perpetrator, penetration, duration, etc.) on predictor and criterion variables might suggest a more accurate way of measuring overall severity.

Better instruments that assess sexual abuse need to be developed. The Finkelhor Family Experiences Survey does not assess for all types of sexual abuse. For example, there is no way of knowing whether or not rituals were involved unless the subject volunteered such information. In this project, two subjects revealed that they were victims of Satanic ritual abuse and two subjects reported that they were forced into bestiality as well as sexual acts with other children. This information was not directly assessed, but volunteered after the structured interview. Furthermore, outcomes of sexual abuse were not assessed. One subject reported that she had become pregnant as a result of a rape. Several subjects had testified in court and/or been removed from their homes. The structured interview also did not adequately assess some subjects' environmental background. For example, one subject had been raised in an orphanage and several subjects had been placed in multiple foster homes.

Another point worth considering is how interim events impact how an individual copes with past trauma. There was no assessment on whether or not subjects were currently in sexually or physically abusive relationships or experiencing other traumatic events in their lives. It is conceivable and even likely that current symptomatology could be related to recent events as well, be they positive or negative. Thus, an account of interim and current events may have qualified results of this project.

Prospective, longitudinal research would be especially helpful in partialling out the various developmental influences of childhood sexual abuse. This research would significantly aid in the determination of how children react to and cope with sexual abuse at different developmental stages as well as how the

environment responds to children with histories of sexual abuse at different developmental stages. Longitudinal research also would enable investigation of the development of borderline personality disorder as well as differential effects of age on borderline personality disorder. A large sample of individuals diagnosed with borderline personality could be categorized and compared by age group (e.g., 18-25, 26-35, etc.). Clearly, there are ethical considerations with regard to prospective studies of childhood sexual abuse. One could not determine the presence of abuse and keep from intervening for the well-being of the child. One possibility, suggested by Finkelhor and Baron (1986), would be to follow up on participants from previous generations who had participated in research unrelated to sexual abuse that examined various individual, family, and environmental factors and determine whether the participants had been sexually abused during childhood. Prospective research that targets populations at risk for the occurrence of sexual abuse based on factors listed by Finkelhor and Baron (1986) may be especially fruitful in elucidating the relationship between developmental levels, sexual abuse, individual and contextual factors, and psychological outcomes.

Future research should include more refined assessment instruments with regard to the nature and scope of childhood sexual abuse as well as other forms of childhood victimization. Such research should continue to investigate specific, abuse-related outcomes as well as global outcome. Thus, assessment of psychosexual development, intimate relationships, attributions of the abuse, dissociation, and identity issues should occur. Additionally, a thorough clinical interview reflective of DSM-IV diagnoses or general checklists of psychological symptomatology such as the Brief Symptom Inventory should be used to assess for global outcomes. Larger samples should be used in future research to enable investigation of categories of abuse and outcome within and across developmental stages. There is a continued need for more comparative epidemiological research to determine generalizability of findings with clinical samples. As difficult as it is to assess for all victimization experiences and outcomes, qualitative research and intensive case study analyses may highlight which factors are most important to assess. Lastly, in regard to future research, the importance of developing better statistics to analyze this area of research cannot be underestimated. Finkelhor and Dziuba-Leatherman (1994), in their

review of literature and national statistics on various forms of childhood victimization, indicated that current statistical analyses do not adequately capture the scope, nature, and trends of childhood victimization and outcomes.

The introduction to this project reviewed a model developed to explore the relationship between childhood sexual abuse and borderline personality disorder. This model was based on the concept of developmental psychopathology, which postulates that various pathways can lead to a given outcome and various outcomes are possible from any given event. In this case, childhood sexual abuse was viewed as contributing to one possible pathway of several toward the outcome of borderline personality disorder and borderline personality disorder as one of several possible outcomes of childhood sexual abuse. The results of this project did not support the model that was developed. Aside from methodological limitations of the study, another reason the model failed to predict borderline personality disorder may be that there are several pathways between childhood sexual abuse and borderline personality disorder that cannot be captured in one model. This supports the basic premise of developmental psychopathology in that development of outcomes is not linear. Developmental psychopathology helps explain why findings from various studies are mixed. For example, some studies have found a relationship between duration and severity of abuse (e.g., Weaver, 1991) and others have not (e.g., Briere and Zaidi, 1989). The overall sample in this project is very complex regarding demographic characteristics, therapy history, Axis I diagnoses, frequency and range of abuse, borderline dimensional scores, and lifetime experiences. Given the complexity of the sample, it is reasonable to conclude that several pathways between sexual abuse and outcome, as well as sexual abuse and borderline personality in particular, were represented within the sample and contributed to the relative lack of significant findings in the project. Although severity of childhood sexual abuse did not predict borderline personality disorder, it is important to note that this finding does not refute claims that childhood sexual abuse and borderline personality disorder are related. Approximately 33% of the sample, all of whom had been sexually abused, met criteria for borderline personality disorder. This percentage is higher than what would be expected in a combined sample of inpatient and outpatient subjects.

Clearly, the issue of the relationship between childhood sexual abuse and borderline personality disorder is complex. Hypothesizing pathways between childhood sexual abuse and borderline personality remains worthy of investigation to determine areas of intervention that may prevent the development of borderline personality and assist individuals in coping effectively with sexual abuse. This research project has highlighted several areas that merit further investigation.

References

Alexander, P.C. & Lupfer, S.L. (1987). Family characteristics and long-term consequences associated with sexual abuse. Archives of Sexual Behavior, 16(3), 235-245.

American Psychiatric Association. (1987). Diagnostic and statistical manual of mental disorders. (3rd ed. revised). Washington, D.C.: The American Psychiatric Association.

American Psychiatric Association. (1994). Diagnostic and statistical manual of mental disorders. (4th ed.). Washington, D.C.: The American Psychiatric Association.

Barnard, C.P. & Hirsch, C. (1985). Borderline personality and victims of incest. Psychological Reports, 57, 715-718.

Bemporad, J.R., Smith, H.F., Hanson, G., & Cicchetti, D. (1982). Borderline syndromes in childhood: Criteria for diagnosis. American Journal of Psychiatry, 139(5), 596-602.

Briere, J. (1988). Controlling for family variables in abuse effects research: A critique of the 'partialling' approach. Journal of Interpersonal Violence, 3(1), 80-89.

Briere, J. (1992). Child abuse trauma: Theory and treatment of the lasting effects. Newbury Park: Sage Publications.

Briere, J. & Runtz, M. (1986). Suicidal thoughts and behaviours in former sexual abuse victims. Canadian Journal of Behavioural Sciences, 18(4), 413-423.

Briere, J. & Runtz, M. (1987). Post sexual abuse trauma: Data and implications for clinical practice. Journal of Interpersonal Violence, 2(4), 367-379.

Briere, J. & Zaidi, L.Y. (1989). Sexual abuse histories and sequelae in female psychiatric emergency room patients. American Journal of Psychiatry, 146(12), 1602-1606.

Brown, G.R. & Anderson, B. (1991). Psychiatric morbidity in adult inpatients with childhood histories of sexual and physical abuse. American Journal of Psychiatry, 148(1), 55-61.

Browne, A. & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. Psychological Bulletin, 99(1), 66-77.

Bryer, J.B., Nelson, B.A., Miller, J.B., & Krol, P.A. (1987). Childhood sexual and physical abuse as factors in adult psychiatric illness. American Journal of Psychiatry, 144(11), 1426-1430.

Cauwels, J.M. (1992). Imbroglio: Rising to the challenge of borderline personality disorder. New York: W.W. Norton and Company.

Cicchetti, D. (1987). Developmental psychopathology in infancy: Illustration from the study of maltreated youngsters. Journal of Consulting and Clinical Psychology, 55, 837-845.

Edwards, J.J. & Alexander, P.C. (1992). The contribution of family background to the long-term adjustment of women sexually abused as children. Journal of Interpersonal Violence, 7(3), 306-320.

Egeland, B., Sroufe, L.A., & Erickson, M. (1983). The developmental consequence of different patterns of maltreatment. Child Abuse and Neglect, 7, 459-469.

Feinauer, L.L. (1989). Comparison of long-term effects of child abuse by type of abuse and by relationship of the offender to the victim. American Journal of Family Therapy, 17(1), 48-56.

Finkelhor, D. (1980). Risk factors in the sexual victimization of children. Child Abuse & Neglect, 4: 265-273.

Finkelhor, D. (1984). Child sexual abuse: New theory and research. New York: The Free Press.

Finkelhor, D. (1987). The trauma of child sexual abuse: Two models. Journal of Interpersonal Violence, 2(4), 348-366.

Finkelhor, D. (1988). The trauma of child sexual abuse: Two models. In G.E. Wyatt & G.J. Powell (Eds.). Lasting effects of child sexual abuse (pp. 61-82).. Newbury Park: Sage Publications.

Finkelhor, D. & Baron, L. (1986). Risk factors for child sexual abuse. Journal of Interpersonal Violence, 1(1), 43-71.

Finkelhor, D. & Dziuba-Leatherman, J. (1994). Victimiztion of children. American Psychologist, 49(3), 173-183.

Finkelhor, D., Hotaling, G., Lewis, I.A., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. Child Abuse and Neglect, 14, 19-28.

Friedrich, W. N. (1990). Psychotherapy of sexually abused children and their families. New York: W.W. Norton and Company.

Gunderson, J.G. (1984). Borderline personality disorder. Washington, D.C.: American Psychiatric Press, Inc.

Gunderson, J.G., Kolb, J.E., & Austin, V. (1981). The diagnostic interview for borderline patients. American Journal of Psychiatry, 138, 896-903.

Gunderson, J.G. & Zanarini, M.C. (1989). Pathogenesis of borderline personality. (Series Eds: Tasman, A., Hales, R.E., and Frances, A.) American Psychiatric Press Review of Psychiatry, Vol. 8. American Psychiatric Press, Inc. Washington, D.C.

Herman, J.L. (1992). Trauma and recovery: The aftermath of violence - from domestic abuse to political terror. United States of America: Basic Books.

Herman, J.L., Perry, C., & van der Kolk, B.A. (1989). Childhood trauma in borderline personality disorder. American Journal of Psychiatry, 146(4), 490-495.

Herman, J., Russell, D. & Trocki, K. (1986). Long-term effects of incestuous abuse in childhood. American Journal of Psychiatry, 143(10), 1293-1296.

Kendall-Tackett, K.A., Williams, L.M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. Psychological Bulletin, 113(1), 164-180.

Lanktree, C., Briere, J., & Zaidi, L. (1991). Incidence and impact of sexual abuse in a child outpatient sample: The role of direct inquiry. Child Abuse and Neglect, 15, 447-453.

Leitenberg, H., Greenwald, E., & Cado, S. (1992). A retrospective study of long-term methods of coping with having been sexually abused during childhood. Child Abuse and Neglect, 16, 399-407.

Links, P.S. (Ed.) (1990). Family environment and borderline personality disorder. Washington, D.C: American Psychiatric Press, Inc.

Links, P.S. & Blum, H.M. (1990). Family environment and borderline personality disorder: Development of etiologic models. In P.S. Links (Ed.). Family environment and borderline personality disorder (pp. 1-24). Washington, D.C: American Psychiatric Press, Inc.

Links, P.S., Boiago, I., Huxley, G., Steiner, M., & Mitton, J.E. (1990). Sexual abuse and biparental failure as etiologic models in borderline personality disorder. In P.S. Links (Ed.). Family environment and borderline personality disorder (pp. 1-24). Washington, D.C: American Psychiatric Press, Inc.

Loranger, A. (1988). Personality disorder examination. New York: DV Communications.

Ludolph, P.S., Westen, D., Misle, B., Jackson, A., Wixom, J., & Wiss, C. (1990). The borderline diagnosis in adolescents: Symptoms and developmental history. American Journal of Psychiatry, 147(4), 470-476.

Moos, R. & Moos, B. (1986). The family environment scale manual (2nd edition). California: Consulting Psychology Press.

Ogata, S.N., Silk, K.R., & Goodrich, S. (1990). The childhood experience of the borderline patient. In P.S. Links (Ed.). Family environment and borderline personality disorder (pp. 85-103). Washington, D.C: American Psychiatric Press, Inc.

Ogata, S.N., Silk, K.R., Goodrich, S., Lohr, N.E., Westen, D., & Hill, E. (1990). Childhood sexual and physical abuse in adult patients with borderline personality disorder. American Journal of Psychiatry, 147(8), 1008-1013.

Olson, D.H., Portner, J., & Bell, R. (1982). FACES II: Family Adaptability and Cohesion Evaluation Scales. St. Paul: Family Social Science, University of Minnesota.

Parker, H. & Parker, S. (1986). Father-daughter sexual abuse: An emerging perspective. American Journal of Orthopsychiatry, 56, 531-549.

Paveza, G.J. (1987, July). Risk factors in father-daughter child sexual abuse: Findings from a case-control study. Paper presented at the Third National Family Violence Research Conference, Durham, NH.

Peters, S.D., Wyatt, G.E., & Finkelhor, D. (1986). Prevalence. In D. Finkelhor (Ed.), A sourcebook on child sexual abuse. Beverly Hills: Sage Publications.

Riskind, J., Beck, A., Berchick, R., Brown, G., & Steer, R. (1987). Reliability of DSM-III diagnoses for major depression and generalized anxiety disorders using the structured clinical interview for DSM-III. Archives of General Psychiatry, 44, 817-820.

Russell, D.E.H. (1983). The incidence and prevalence of intrafamilial and extrafamilial sexual abuse of female children. Child Abuse and Neglect, 7, 133-146.

Rutter, M. (1983). Stress, coping, and development: Some issues and some questions. In N. Garmezy & M. Rutter (Eds.), Stress, coping, and development in children (pp. 1-41). New York: McGraw-Hill.

Soloff, P.H. & Millward, J.W. (1983). Developmental histories of borderline patients. Comprehensive Psychiatry, 40, 37-44.

Spitzer, R., Williams, J., & Gibbon, M. (1986). Structured clinical interview for DSM-III-R-nonpatient version. Biometrics research department, New York State Psychiatric Institute.

Terr, L.C. (1991). Childhood traumas: An outline and overview. American Journal of Psychiatry, 148(1), 10-20.

Troy, M. & Sroufe L.A. (1987). Victimization among preschoolers: Role of attachment relationship history. Journal of the American Academy of Child and Adolescent Psychiatry, 26, 166-172.

Tsai, M., Feldman-Summers, S., & Edgar, M. (1979). Childhood molestation: Variables related to differential impacts on psychosexual functioning in adult women. Journal of Abnormal Psychology, 88(4), 407-417.

van der Kolk, B.A., Perry, C., & Herman, J.L. (1991). Childhood origins of self-destructive behavior. American Journal of Psychiatry, 148(12), 1665-1671.

Weaver, T.L. (1991). Early family environments and vulnerability factors associated with borderline personality disorder. Unpublished master's thesis. Virginia Polytechnic Institute and State University, Blacksburg, Virginia.

Weaver, T.L. & Clum, G.A. (1993). Early family environments and traumatic experiences associated with borderline personality disorder. Journal of Consulting and Clinical Psychology, 61 (6), 1068-1075.

Westen, D., Ludolph, P., Misle, B., Ruffins, S., & Block, J. (1990). Physical and sexual abuse in adolescent girls with borderline personality disorder. American Journal of Orthopsychiatry, 60(1), 55-66.

Widiger, T.A. & Frances, A.J. (1989). Epidemiology, diagnosis, and comorbidity of borderline personality disorder. (Series Eds: Tasman, A.; Hales, R.E.; and Frances, A.) American Psychiatric Press Review of Psychiatry, Volume 8 (1989).). American Psychiatric Press, Incl. Washington, D.C. Pages 8-24.

Widiger, T.A. & Weissman, M.M. (1991). Epidemiology of borderline personality disorder. Hospital and Community Psychiatry, 42(10), 1015-1021.

Williamson, J.M., Borduin, C.M., & Howe, B.A. (1991). The ecology of adolescent maltreatment: A multilevel examination of adolescent physical abuse, sexual abuse, and neglect. Journal of Consulting and Clinical Psychology, 59(3), 449-457.

Wolfe, V.V., Gentile, C., & Wolfe, D.A. (1989). The impact of sexual abuse on children: A PTSD formulation. Behavior Therapy, 20, 215-228.

Wozencraft, T., Wagner, W., & Pellegrin, A. (1991). Depression and suicidal ideation in sexually abused children. Child Abuse and Neglect, 15, 505-511.

Wyatt, G.E. & Mickey, M.R. (1987). Ameliorating the effects of child sexual abuse: An exploratory study of support by parents and others. Journal of Interpersonal Violence, 2(4), 403-414.

Wyatt, G.E. & Newcomb, M. (1990). Internal and external mediators of women's sexual abuse in childhood. Journal of Consulting and Clinical Psychology, 58(6), 758-767.

Zanarini, M.C., Gunderson, J.G., Marino, M.F., Schwartz, E.O., & Frankenburg, F.R. (1989). Childhood experiences of borderline patients. Comprehensive Psychiatry, 30(1), 18-25.

Table 1
Borderline Personality and Sexual Abuse Symptom Similarities

| Borderline Personality | Sexual Abuse |
|---|---|
| Pervasive pattern of instability of self-image, interpersonal relationships, and mood, present in a variety of contexts. | |
| At least 5 of the following: | |
| pattern of unstable intense interpersonal relationships characterized by alternating between extremes of overidealization and devaluation | discomfort in interpersonal relationships; marital problems; |
| impulsiveness in at least two areas that are potentially self-damaging, e.g., spending, sex, substance use, shoplifting, reckless driving, binge eating | precocious sexual activity; aggressive sexual behaviors; promiscuity; drug or alcohol abuse; criminal involvement; delinquency; eating and sleeping disorders |
| affective instability: marked shifts from baseline mood to depression, irritability, or anxiety, usually lasting a few hours and only rarely more than a few days | depression; anxiety; fear |
| inappropriate, intense anger or lack of control of anger, e.g., frequent displays of temper, constant anger, recurrent physical fights | anger, hostility; aggressive behavior; identification with the aggressor |
| recurrent suicidal threats, gestures, or behavior, or self-mutilating behavior | self-mutilation; suicide |
| marked and persistent identity disturbance manifested by uncertainty about at least two of the following: self-image, sexual orientation, long-term goals or career choice, type of friends desired, preferred values | confusion about sexual identity employment instability |
| chronic feelings of emptiness or boredom | sense of differentness from others; feelings of isolation and stigma |
| frantic efforts to avoid real or imagined abandonment | extreme dependency; clinging |

Table 2
Sample Demographics

| Characteristic | Virginia Inpatient | Virginia Outpatient | Oregon Outpatient | Total Sample |
|---|---|---|---|---|
| [N (%)] | 17 (41.46) | 13 (31.71) | 11 (26.83) | 41 (100) |
| Age [Mean (SD)] | 29.18 (7.52) | 33.39 (10.63) | 40.00 (10.84) | 33.42 (10.27) |
| Race [N (%)] | | | | |
| Caucasian | 15 (88.24) | 13 (100) | 10 (90.91) | 38 (92.68) |
| Hispanic | 1 (5.88) | 0 (0) | 0 (0) | 1 (2.43) |
| Native American | 1 (5.88) | 0 (0) | 1 (9.09) | 2 (4.89) |
| Marital Status [N (%)] | | | | |
| Married | 5 (29.41) | 2 (15.38) | 4 (36.36) | 11 (26.83) |
| Separated | 7 (41.18) | 4 (30.77) | 1 (9.09) | 12 (29.27) |
| Divorced | 3 (17.65) | 3 (23.08) | 5 (45.45) | 11 (26.83) |
| Never Married | 2 (11.76) | 4 (30.77) | 1 (9.09) | 7 (17.67) |
| Employment [N (%)] | | | | |
| Unemployed | 10 (58.82) | 9 (69.23) | 7 (63.64) | 26 (63.42) |
| Employed (Ft or pt) | 4 (23.53) | 3 (23.08) | 3 (27.27) | 10 (24.39) |
| Disabled | 1 (5.88) | 1 (7.69) | 1 (9.09) | 3 (7.32) |
| Homemaker | 2 (11.76) | 0 (0) | 0 (0) | 2 (4.87) |
| Education [N (%)] | | | Mean(SD): | 12.88 (1.86) |
| Partial High | 2 (11.76) | 0 (0) | 1 (9.09) | 3 (7.32) |
| Complete High | 4 (23.53) | 4 (30.77) | 3 (27.27) | 11 (26.83) |
| Partial College | 3 (17.65) | 3 (23.08) | 5 (45.45) | 11 (26.83) |
| College Grad | 1 (5.88) | 1 (7.69) | 1 (9.09) | 3 (7.32) |
| Graduate Degree | 0 (0) | 2 (5.38) | 0 (0) | 2 (4.89) |
| G.E.D. | 7 (41.18) | 3 (23.08) | 1 (9.09) | 11 (26.83) |

Table 3
Therapy history, sample abuse and borderline characteristics

| Characteristic | Virginia Inpatient | Virginia Outpatient | Oregon Outpatient | Total Sample |
|---|---|---|---|---|
| [N (%)] | 17 (41.46) | 13 (31.71) | 11 (26.83) | 41 (100) |
| Therapy (Mos.) [Mean (SD)] | 21.41 (29.1) | 59.69 (75.51) | 82.72 (72.29) | 50 (63.47) |
| Hospitalizations [Mean (SD)] | 3.176 (3.13) | .85 (1.52) | 1.27 (2.10) | 1.93 (2.62) |
| Sexual Abuse [N (%)] | | | | |
| Child | 10 (58.82) | 7 (53.85) | 10 (90.91) | 27 (65.85) |
| Latent | 13 (76.47) | 13 (100) | 11 (100) | 37 (90.24) |
| Adolescent | 16 (94.12) | 11 (84.62) | 9 (81.82) | 36 (87.80) |
| Sexual Abuse Severity [Mean (SD)] | | | | |
| Child | 3.69 (3.68) | 3.64 (3.30) | 5.91 (2.51) | 4.27 (3.32) |
| Latent | 6.77 (.725) | 5.24 (3.15) | 6.91 (.83) | 6.17 (2.22) |
| Adolescent | 4.85 (2.48) | 6.06 (2.02) | 5.0 (2.83) | 5.39 (2.41) |
| Composite | 15.31 (5.12) | 14.94 (6.17) | 17.82 (4.79) | 15.83 (5.50) |
| Borderline Personality [N (%)] | 9 (52.94) | 2 (15.38) | 2 (18.18) | 13 (31.71) |
| Dimension [Mean (SD)] | 9.69 (5.33) | 13.29 (6.05) | 11.64 (4.03) | 11.7 (5.44) |

Table 4
Frequencies and percentages of borderline criteria and symptomatology

Number of Borderline Criteria Met by Sample

| Number of Criteria | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|---|
| Subjects | | | | | | | | | |
| N | 2 | 8 | 2 | 10 | 6 | 5 | 3 | 3 | 2 |
| % | 4.88 | 19.51 | 4.88 | 24.39 | 14.63 | 12.20 | 7.32 | 7.32 | 4.88 |

Borderline Symptoms Met by Sample

| Symptom | N | % |
|---|---|---|
| Unstable, intense interpersonal relationships | 20 | 48.78 |
| Impulsiveness in at least two self-damaging areas | 17 | 41.46 |
| Affective instability | 16 | 39.02 |
| Inappropriate, intense anger or lack of control of anger | 24 | 58.54 |
| Recurrent suicidality or self-mutilating behavior | 15 | 36.59 |
| Marked and persistent identity disturbance | 22 | 53.66 |
| Chronic feelings of emptiness or boredom | 21 | 51.22 |
| Frantic efforts to avoid real or imagined abandonment | 5 | 12.20 |

Table 5
Diagnostic Characteristics of Sample

| DSM-III-R Diagnosis | N | % |
|---|---|---|
| Major Depression | 20 | 48.78 |
| Bipolar Disorder, manic | 1 | 2.44 |
| Dysthymia | 7 | 17.07 |
| Alcohol Dependence | 6 | 14.63 |
| Non-alcohol Substance Dependence | 7 | 17.07 |
| Panic Disorder without Agoraphobia | 6 | 15.63 |
| Panic Disorder with Agoraphobia | 8 | 19.51 |
| Agoraphobia without hx of Panic Disorder | 2 | 4.88 |
| Social Phobia | 16 | 39.02 |
| Simple Phobia | 18 | 43.90 |
| Obsessive Compulsive Disorder | 3 | 7.32 |
| Generalized Anxiety Disorder | 5 | 12.20 |
| Post-traumatic Stress Disorder | 24 | 58.54 |
| Somatization Disorder | 3 | 7.32 |
| Hypochondriasis | 3 | 7.32 |
| Anorexia Nervosa | 1 | 2.44 |
| Bulimia Nervosa | 8 | 19.51 |

Table 6
Correlation Matrix, Means, and Standard Deviations

| | Family Dysfunction | Risk Factors | Abuse Composite | Coping | Support |
|---|---|---|---|---|---|
| Risk Factors | .421# | | | | |
| Abuse Composite | .182 | .029 | | | |
| Coping | .198 | .040 | -.034 | | |
| Support | -.372 | -.538* | -.289 | .062 | |
| Borderline Dimension | .037 | -.158 | -.141 | .291 | .198 |
| Borderline Category | .087 | -.278 | -.104 | .254 | .238 |
| X | 9.46 | 3.02 | 15.83 | 4.96 | .512 |
| SD | 5.48 | 1.59 | 5.50 | 1.46 | .75 |

*p<.01
#p<.1

Note: Means and Standard Deviations of Family Dysfunction components are as follows (X (SD)): Cohesion (3.1 (2.9)), Conflict (5.7 (2.8)), and Control (6.8 (1.5)).

Table 7
Summary of Hierarchical Regression Analysis for Variables Predicting Borderline Dimensional Scores (N=41)

| Variable | B | SE B | Beta | p |
|---|---|---|---|---|
| Equation 1 | | | | |
| Family Dysfunction | .12 | .17 | .13 | .48 |
| Risk Factors | -.72 | .60 | -.21 | .24 |
| Equation 2 | | | | |
| Family Dysfunction | .16 | .18 | .16 | .38 |
| Risk Factors | -.76 | .60 | -.22 | .22 |
| Sex Abuse Composite | -.16 | .16 | -.16 | .32 |
| Equation 3 | | | | |
| Family Dysfunction | .11 | .18 | .11 | .55 |
| Risk Factors | -.53 | .67 | -.16 | .47 |
| Sex Abuse Composite | -.12 | .17 | -.12 | .49 |
| Coping | .98 | .60 | .27 | .11 |
| Perceived Support | .77 | 1.46 | .11 | .60 |

Note. $R^2$ = .04 for Equation 1; change in $R^2$ = .02 for Equation 2 (ps >.05). $R^2$ = .06 for Equation 2; change in $R^2$ = .08 for Equation 3 (ps > .05).

Table 8
Direct, Indirect, and Total Effects (Beta Weights) of Predictor Variables on Borderline Dimensional Scores

| Variable | Direct Effect | Indirect Effect | Total Effect |
|---|---|---|---|
| Family Dysfunction | .11 | .03 | .14 |
| Risk Factors | -.16 | .01 | -.15 |
| Sex Abuse Composite | -.12 | .04 | -.08 |

Table 9
Number and Percentage of Borderline and Nonborderline Subjects by Age Group

| | Nonborderline | Borderline |
|---|---|---|
| Ages 18-35 | 15 (37%) | 11 (27%) |
| Ages 36 and higher | 13 (32%) | 2 (5%) |

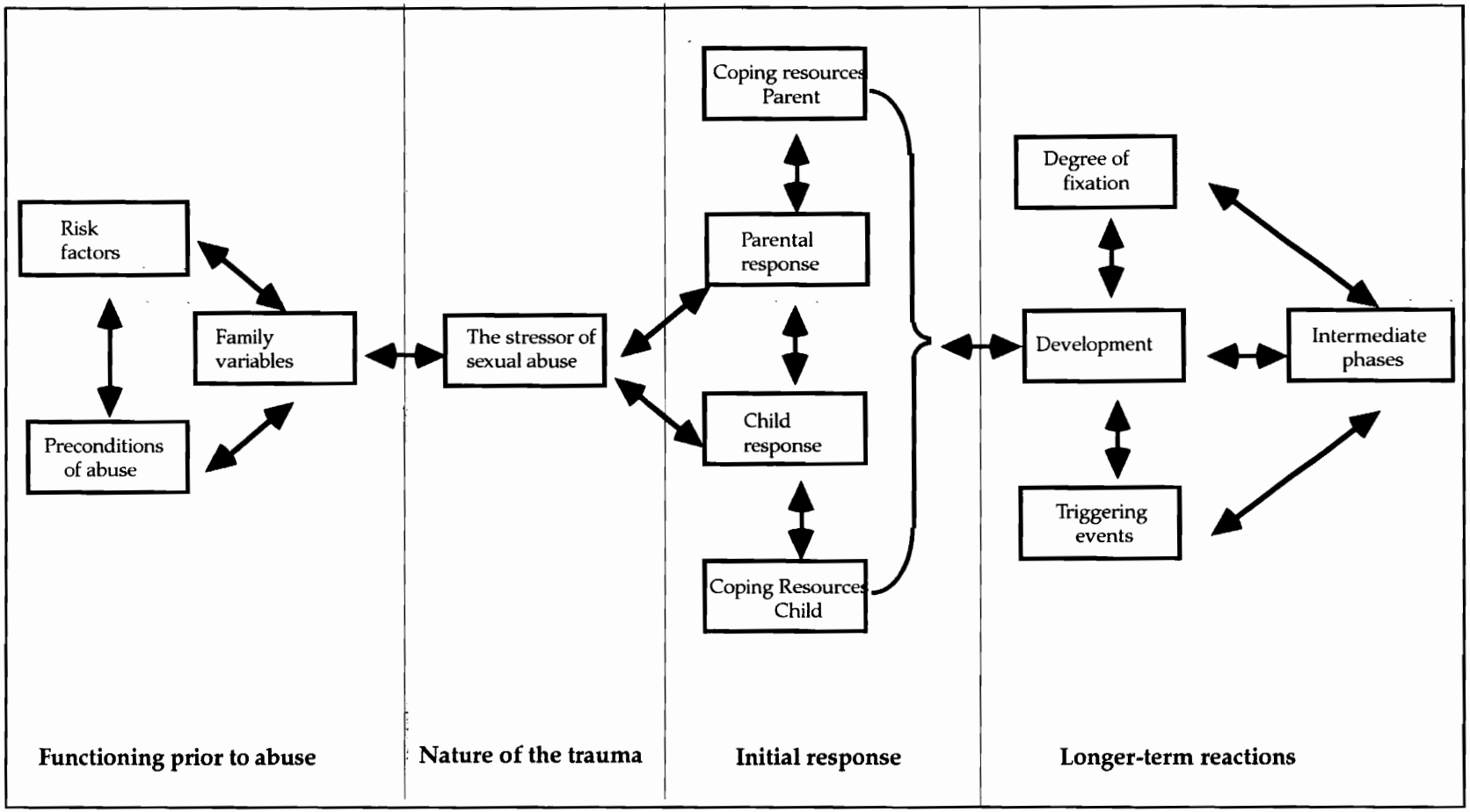


Figure 1. Friedrich's model

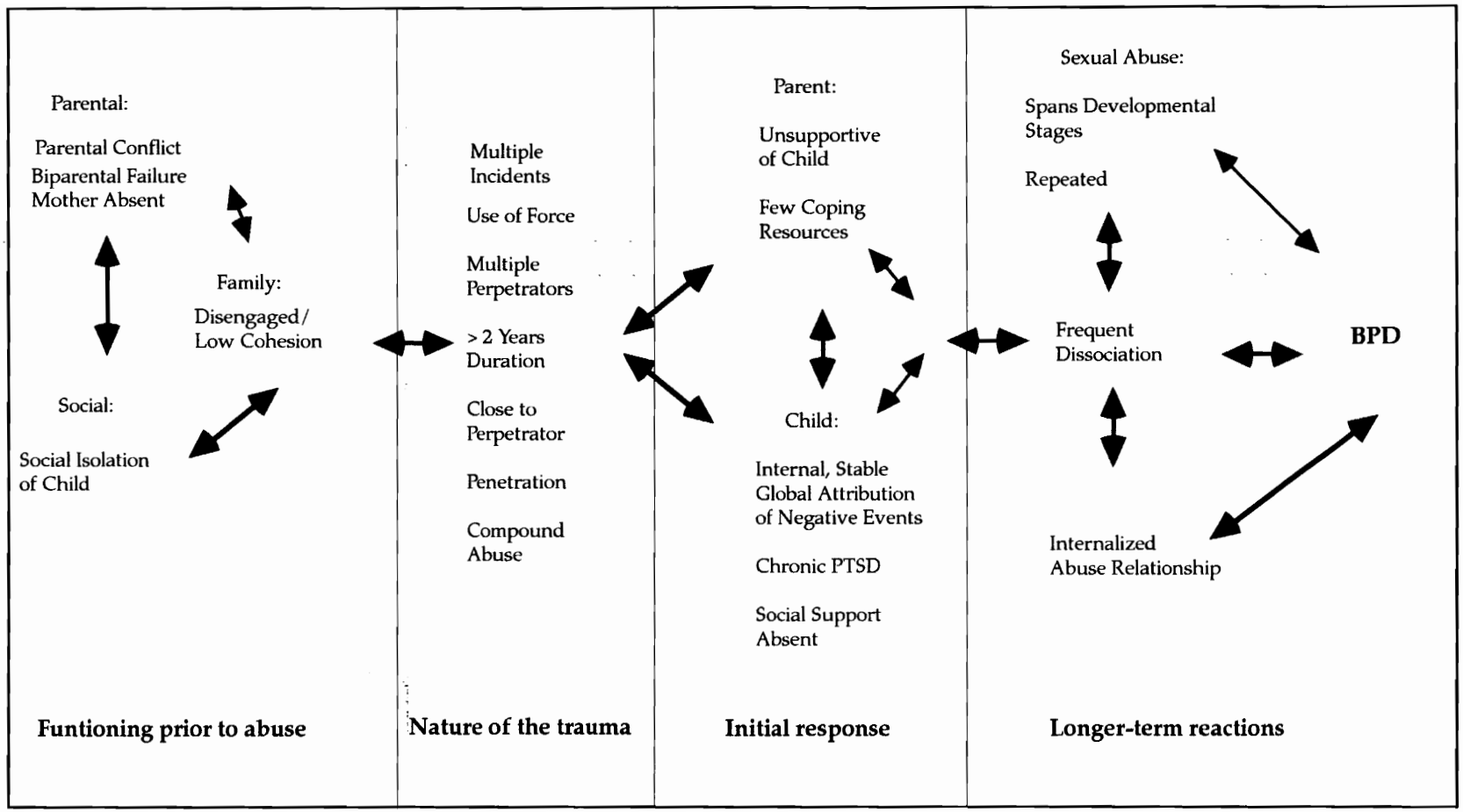


Figure 2. Integrated model of the relationship between childhood sexual abuse and borderline personality disorder

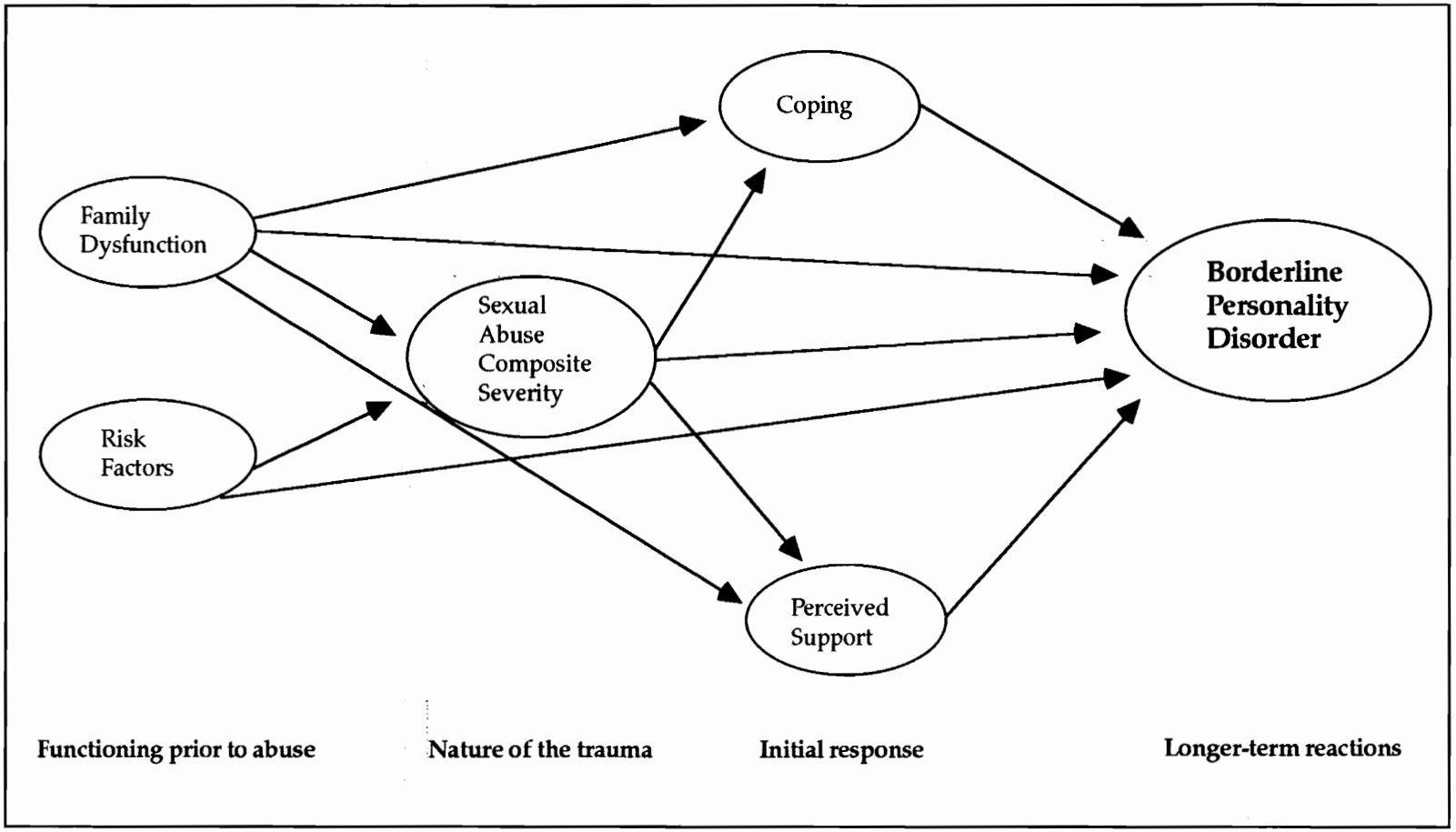


Figure 3. Path model linking childhood sexual abuse to borderline personality disorder.

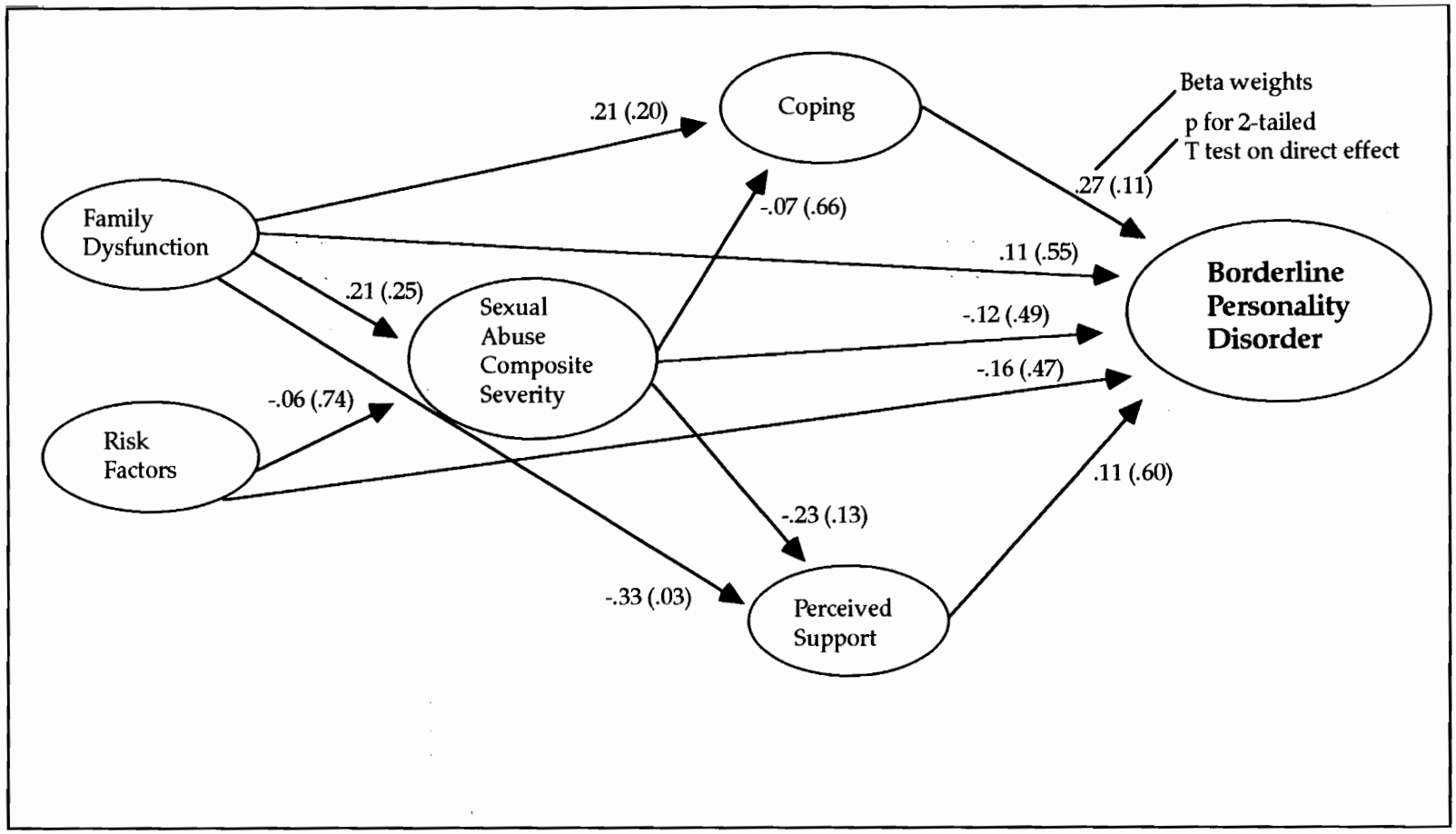


Figure 4. Path analysis results predicting borderline dimensional scores

# Appendix

Forms

Protocol for Referral Sources

Introduction to Potential Subjects

Permission to be Contacted

Informed Consent Form

Permission to Contact Therapist

Measures

Structured Clinical Interview for DSM-III-R
(Spitzer, Williams, Gibbon, & First, 1992)

Family Environment Scale (FES)
(Moos & Moos, 1986)

Finkelhor's Family Experiences Survey
(Finkelhor, 1979)

Personality Disorder Examination, Borderline Personality Portion
(Loranger, 1988)

Virginia Tech
VIRGINIA POLYTECHNIC INSTITUTE
AND STATE UNIVERSITY

Psychological Services Center

Department of Psychology
3110 Prices Fork Road
Blacksburg, Virginia 24060
(703) 231-6914 Fax: (703) 231-3652

Dear Mental Health Professional.

I would like to ask for your help. I am conducting research for my dissertation on the influences of childhood experiences and early family environment on adult women. More specifically, I would like to determine the effects of childhood sexual abuse and early family environment on adult functioning. What I need from you is referrals for the project.

Essentially, any woman 18 or older with a history of childhood sexual abuse is eligible, as long as the following conditions apply:

1) She must be in therapy, currently, but not necessarily for abuse issues
2) She must not be currently psychotic
3) She must not be in severe abreaction to the point that questions about her abuse will be detrimental
4) She must not be mentally retarded

It is important for me to examine the full range of possible experiences of childhood sexual abuse. Thus, women with ANY type of sexual abuse, by one or more perpetrators ranging from strangers to relatives, with any level of severity of the sexual abuse, is eligible. A wide variety of presenting problems, diagnoses, and family of origin environments is needed, as well.

If you have a client who you believe would be a good candidate for the project and she meets the above criteria, please follow the protocol described below. I believe this will be a worthwhile experience for her.

Protocol

Once the person is identified as a candidate for the project, briefly describe the project and give her the handout entitled "An Introduction." Determine her willingness to hear more about the project and discuss the possibility of her participation with project staff. If she appears agreeable, have her complete and sign the form, "Permission to be Contacted." Please make sure the phone number or appropriate contact information is included. Make a copy of the form for your records and place the original in the agreed upon area.

I truly appreciate your help and cooperation in this matter. Should you have any questions or comments, do not hesitate to contact me at the Psychological Services Center in Blacksburg: 703/231-6914. I would like to keep the communication channels open between us.

Sincerely,

Peg Warren, M.S.
Graduate Clinician

Thomas H. Ollendick, PhD
Director of Clinical Training

*A Land-Grant University–The Commonwealth Is Our Campus*
*An Equal Opportunity / Affirmative Action Institution*

Virginia Tech
VIRGINIA POLYTECHNIC INSTITUTE
AND STATE UNIVERSITY

Psychological Services Center

Department of Psychology
3110 Prices Fork Road
Blacksburg, Virginia 24060
(703) 231-6914 Fax: (703) 231-3652

An Introduction

Hello!

We are interested in how childhood experiences and early family environment influence people's lives. Much still needs to be known about the subject. We hope to determine how best to identify people's needs and help individuals who had negative childhood experiences or family environments by conducting the project. Some people are not negatively affected by negative childhood experiences and family environments while others are. We would like to determine what has helped people and what has not.

We would like the to have the chance to describe our project and to ask for your participation. If you participate, you will receive $15. Your participation is completely voluntary -- your therapy will not be affected based on whether or not you participate. Also, you will not have to answer any questions that you do not want to and you may tell us that you wish to stop at any time.

The project consists of a detailed interview about current difficulties you may be experiencing, your family, and childhood sexual abuse and physical abuse. When we ask about abuse, we'll be asking yes, no questions or ask for a rating about the experience you had. You will not be required to retell or relive your experiences. In addition, we will ask you to complete two questionnaires on how you have dealt with the experience and your early family environment. If you have difficulty reading, the questionnaires will be read to you. It is anticipated that the interview will last from 1 and 1/2 to 3 and 1/2 hours and the questionnaires will take approximately 30 to 45 minutes to complete. Thus, the entire process is expected to take about 2 to 4 hours.

Your responses will be completely confidential. The only time we would have to break your confidentiality is if you were in danger of hurting yourself or someone else. Only project staff will have access to your materials and all materials have an identification number rather than your name on them. We would, however, like to give you the opportunity to allow us to speak with your therapist about your current difficulties and your childhood. Your permission is optional and will not affect your project participation or your therapy.

Please allow us the chance to explain this better either by phone or in person. If you are willing, simply complete and sign the form entitled "Permission to be Contacted." Signing this form does not mean that you are willing to participate. It only means that you are willing to talk with us about the project and to decide whether or not you will participate. This should take only 5 minutes of your time.

Thanks,

Peg Warren, MS
Graduate Clinician

Thomas H. Ollendick, PhD
Director of Clinical Training

*A Land-Grant University–The Commonwealth Is Our Campus*
*An Equal Opportunity / Affirmative Action Institution*

Virginia Tech
VIRGINIA POLYTECHNIC INSTITUTE
AND STATE UNIVERSITY

**Psychological Services Center**

Department of Psychology
3110 Prices Fork Road
Blacksburg, Virginia 24060
(703) 231-6914 Fax: (703) 231-3652

Permission to be Contacted

I, _____, agree to be contacted by Peg Warren

Print Your Name Here

or, if not possible, other qualified project staff for the purposes of discussing the project on Influences of Childhood Experiences and Early Family Environment on Adults. I understand that I am not obligated to participate by signing this form. Rather, I am agreeing only to let my therapist, _____,

Print Therapist's Name

give Peg Warren my name solely for purposes of discussing the project. I understand that discussing the project will take approximately 5 minutes, or more if I want it to.

Signature: _____ Date: _____

Phone number: _____

Best days and times to reach me: _____

_____ I do not have a phone, but I am willing to meet with you in person to discuss the project. Please contact my therapist to determine the time.

Mental Health Facility: _____

Virginia Tech
VIRGINIA POLYTECHNIC INSTITUTE
AND STATE UNIVERSITY

Psychological Services Center

Department of Psychology
3110 Prices Fork Road
Blacksburg, Virginia 24060
(703) 231-6914 Fax: (703) 231-3652

# INFORMED CONSENT FORM

TITLE OF EXPERIMENT: Influences of Childhood Experiences and Early Family Environment on Adults

1. PURPOSE OF EXPERIMENT:

You are invited to participate in a study about childhood family environment and experiences, such as abuse, and their impact on women's lives.

2. PROCEDURE TO BE FOLLOWED IN THE STUDY:

To accomplish the goals of this project, you will be asked to participate in an interview and complete two questionnaires. The interviews will cover topics such as how you see yourself and relationships with other people, any problems you may be experiencing currently, and possible experiences of sexual and physical violence which you may have experienced in your life. The questionnaires include a number of questions about family life in early childhood as well as questions about how you coped with negative childhood sexual experiences. It is anticipated that the interview will last from 1 and 1/2 to 3 and 1/2 hours and the questionnaires will take approximately 30 to 45 minutes to complete. Thus, the entire process is expected to take from 2 to 4 hours, approximately.

3. CONFIDENTIALITY OF THE RESULTS:

The results of this study will be kept strictly confidential. At no time will the researchers release your responses or results to anyone other than the individuals working on the project without your written consent. The only exception to this policy of confidentiality is as follows. If you indicate at any time during the session that you are a danger to yourself or to someone else, your therapist will be informed of this information so that he or she can provide you with the type of support or help that you may need.

The information you provide will not have your name associated with it. The consent form is the only paper with your name. All other materials will have only a participant number to identify you during analyses and write-up of the research.

The interview portion of this study will be audiotaped. These tapes will be listened to by project staff for research purposes only. Your name will not be written on this audiotape and the tape will be erased within one month.

4. DISCOMFORTS AND RISKS FROM PARTICIPATING IN THE STUDY:

Participation in this study may involve some discomfort after answering sensitive questions about your childhood or life experiences. In addition, self disclosure of experiences of sexual or physical abuse can cause some persons to feel uneasy, sad, or upset in some other ways. In the event that this happens to you, you are not alone. The researcher, a graduate student in clinical psychology trained to help process feelings, is available to talk with you about your feelings. In addition, should you choose, you could continue talking about your feelings with your therapist.

It is important for you to realize that you do not have to answer any questions during the interview or on the questionnaires that you do not want to. You also may stop participating in the study at any time should you be feeling uncomfortable, which will in no way affect your status in therapy.

5. EXPECTED BENEFITS

Participation provides the investigators the opportunity to contribute to the understanding of the relationship between early family environment and childhood abuse experiences and difficulties experienced as an adult.

6. FREEDOM TO WITHDRAW:

You are free to withdraw from participation in this project at any time without penalty. Participating or not participating in this study will in no way affect your treatment in therapy.

7. FINANCIAL COMPENSATION:

For participation in this study you will receive $15.

8. USE OF RESEARCH DATA:

The information from this research may be used for scientific or educational purposes. It may be presented at scientific meetings and/or published and republished in professional journals or books, or used for any other purpose which Virginia Tech's Department of Psychology considers proper in the interest of education, knowledge, or research.

9. APPROVAL OF RESEARCH:

This research project has been approved by the Human Subjects Committee of the Department of Psychology and by the Institutional Review Board of Virginia Tech. This research has also been approved by the appropriate authorities of the agency in which you are receiving therapy: _____.

10. SUBJECTS' PERMISSION:

1. I have read and understand the above description of the study. I have had an opportunity to ask questions and have had them all answered. I hereby acknowledge the above and give my voluntary consent for participation in this study.

2. I also understand that if I participate I may withdraw at any time without penalty.

3. I understand that should I have any questions about this research and its conduct, I should contact any of the following:

| | |
|---|---|
| Primary researcher: Peg Warren, MS | Phone: 703/231-6914 |
| Faculty Advisor: Thomas H. Ollendick, PhD | Phone: 703/231-8148 |
| Chair, HSC: R.J. Harvey, PhD | Phone: 703/231-7030 |
| Chair, IRB: Ernest B. Stout, PhD | Phone: 703/231-6077 |

Participant's Signature: _____ Date: _____

Please print name clearly: _____

Participant ID #: _____

Virginia Tech
VIRGINIA POLYTECHNIC INSTITUTE
AND STATE UNIVERSITY

**Psychological Services Center**

Department of Psychology
3110 Prices Fork Road
Blacksburg, Virginia 24060
(703) 231-6914 Fax: (703) 231-3652

Permission to Contact Therapist

I, _____, agree to let qualified project staff
Print Your Name Here

contact my therapist, _____, at _____,
Print Therapist Name Print Clinic Name

for the purposes of providing my therapist with information about me based on my participation in this project that may aid in my treatment. I understand that the information will be related to how I am doing now as well as what my childhood was like. Furthermore, I understand that granting this permission is voluntary and in no way affects my therapy or my project participation.

Signature: _____ Date: _____

Interviewer: _____

*A Land-Grant University–The Commonwealth Is Our Campus*
*An Equal Opportunity · Affirmative Action Institution*

8/1/86

I.D.# ___ ___ ___ - ___ ___

# STRUCTURED CLINICAL INTERVIEW FOR DSM-III-R - NON-PATIENT VERSION

## S C I D - NP

Robert L. Spitzer, M.D. and Janet B. W. Williams, D.S.W.,
& Miriam Gibbon, M.S.W.

Informant's Name: _____

Relationship to Proband: _____

Proband's Name: _____

Date of Interview: ____/____/____

Rater's Name: _____

Rater is: Interviewer _____

Observer _____

---

The development of the SCID has been supported in part by
NIMH Contract #278-83-0007(DB) and NIMH Grant #1 RO1 MH40511-01.

For citation: Spitzer, Robert L. and Williams, Janet B.W. & Gibbon,
"Structured Clinical Interview for DSM-III-R -
Non-patient Version (SCID-NP, 8/1/86)"
Biometrics Research Department
New York State Psychiatric Institute
722 West 168th Street
New York, New York 10032

SCID-NP 8/1/86 Overview

INTRODUCTION FOR INITIAL INTERVIEW

I'm going to be asking you about problems or difficulties you may have had, and I'll be making some notes as we go along. Do you have any questions before we begin?

DEMOGRAPHIC DATA

| | | |
|---|---|---|
| | SEX: | 1 male<br>2 female |
| How old are you? | AGE: | __ __ |
| Are you married?<br>IF NO: Were you ever?<br>(Any children?) | MARITAL STATUS (most recent): | 1 married (or living together 1+ years)<br>2 separated<br>3 divorced/annulled<br>4 widowed<br>5 never married |

Where do you live? _____

Who do you live with? _____

What kind of work do you do? (Do you work outside of your home?) _____

Are you working now? _____

-> IF YES: How long have you worked there? _____

IF LESS THAN 6 MONTHS: Why did you leave your last job? _____

Have you always done that kind of work? _____

-> IF NO: Why is that? What kind of work have you done? _____

IF UNKNOWN: Has there ever been a period of time when you were unable to work or go to school? _____

IF YES: When? Why was that? _____

IF NOT OBVIOUS FROM WORK HISTORY: How far did you get in school? _____

IF FAILED TO COMPLETE A PROGRAM IN WHICH THEY WERE ENROLLED: Why didn't you finish? _____

## PAST PERIODS OF PSYCHOPATHOLOGY

Have you ever seen anybody for emotional or psychiatric problems?

Treatment for emotional problems with a physician or mental health professional — 1 NO / 2 YES

IF YES: What was that for? (What treatment did you get? Any medication?) _____

IF NO: Was there ever a time when you, or someone else, thought you should see someone because of the way you were feeling or acting? _____

Have you ever been a patient in a psychiatric hospital?

IF YES: What was that for?

IF GIVES AN INADEQUATE ANSWER, CHALLENGE GENTLY: e.g., "Wasn't there something else? People usually don't go to psychiatric hospitals just because they are tired or nervous."

IF NO EVIDENCE OF PAST PSYCHOPATHOLOGY: Thinking back over your whole life, when were you the most upset?

(Why? What was that like? How were you feeling?)

Hospitalized for emotional problems

PSYCHOPATHOLOGY DURING PAST MONTH

Now I would like to ask you about the past month. How have things been going for you?

Has anything happened that has been especially hard for you?

What about difficulties at work or with your family?

How has your mood been?

What about your physical health? (Do you take any medications now?) USE INFORMATION TO CODE AXIS III.

What have your drinking habits been like? _____

Have you taken any drugs? (What about marijuana, cocaine, other street drugs?) _____

IF REPORTS CURRENT PSYCHOPATHOLOGY:

ENVIRONMENTAL CONTEXT AND POSSIBLE PRECIPITANTS

What was going on in your life when this (CURRENT PSYCHOPATHOLOGY) began? _____

Did anything happen or change just before all this started? (Do you think this had anything to do with your [CURRENT PROBLEMS])? _____

DIAGNOSTIC IMPRESSION (SO FAR) (AXIS II OPTIONAL): _____

# NOTES

## MOOD SYNDROMES

IN THIS SECTION, MAJOR DEPRESSIVE, MANIC, AND DYSTHYMIC SYNDROMES ARE EVALUATED. THE DIAGNOSES ARE MADE IN D. MOOD DISORDERS, FOLLOWING C. PSYCHOTIC DISORDERS.

| CURRENT MAJOR DEPRESSIVE SYNDROME | MDS CRITERIA | |
|---|---|---|
| Now I am going to ask you some questions about your mood. | A. At least 5 of the following symptoms have each been present during the same two-week period; at least one of the symptoms was either (1) depressed mood, or (2) loss of interest or pleasure.<br><br>NOTE: DO NOT INCLUDE SXS THAT ARE CLEARLY DUE TO A PHYSICAL CONDITION, MOOD-INCONGRUENT DELUSIONS OR HALLUCINATIONS, INCOHERENCE OR MARKED LOOSENING OF ASSOCIATIONS. | |
| In the last month... ...has there been a period of time when you were feeling depressed or down most of the day nearly every day? (What was that like?)<br><br>IF YES: How long did it last? (As long as two weeks?) | (1) depressed mood most of the day, nearly every day (either by subjective account, e.g., feels "down" or "low," or observed by others to look sad or depressed) | ? 1 2 3 |
| ...what about not being interested in most things or unable to enjoy the things you used to? (What was that like?)<br><br>IF YES: Was it nearly every day? How long did it last? (As long as two weeks?) | (2) loss of interest or pleasure in all or almost all activities nearly every day (either by subjective account or observed by others to be apathetic) | ? 1 2 3<br>IF NEITHER ITEM (1) NOR ITEM (2) IS CODED "3," GO TO PAST MDS, A. 5 |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

During this time...

| | | | | | |
|---|---|---|---|---|---|
| ..did you lose or gain any weight? (How much?)<br><br>IF NO: How was your appetite? (What about compared to your usual appetite? Did you have to force yourself to eat? Eat [less/more] than usual? Was that nearly every day?) | (3) significant weight loss or weight gain when not dieting or binge eating (e.g., more than 5% of body weight in a month); or decrease or increase in appetite nearly every day | ? | 1 | 2 | 3 |
| ..how were you sleeping? (Trouble falling asleep, waking frequently, trouble staying asleep, waking too early, sleeping too much? How many hours a night compared to usual? Was that nearly every night?) | (4) insomnia or hypersomnia nearly every day | ? | 1 | 2 | 3 |
| ..were you so fidgety or restless that you were unable to sit still? (If I had seen you, would I have noticed it? Was that nearly every day?)<br><br>IF NO: What about the opposite — talking or moving more slowly than is normal for you? (If I had seen you, would I have noticed it? Was that nearly every day?) | (5) psychomotor agitation or retardation nearly every day (observable by others and not merely subjective feelings of restlessness or being slowed down) | ? | 1 | 2 | 3 |
| ..what was your energy like? (Tired all the time? Nearly every day?) | (6) fatigue or loss of energy nearly every day | ? | 1 | 2 | 3 |
| ..how did you feel about yourself? (worthless?) (Nearly every day?)<br><br>IF NO: What about feeling guilty about things you had done or not done? (Nearly every day?) | (7) feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick) | ? | 1 | 2 | 3 |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or tr

During this time...

| | | |
|---|---|---|
| ..did you have trouble thinking or concentrating? (Nearly every day?)<br><br>IF NO: Was it hard to make decisions about everyday things? (Nearly every day?) | (8) diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or observed by others) | ? 1 2 3 |
| ..were things so bad that you were thinking you would be better off dead or thinking about hurting yourself? (Nearly every day?)<br><br>(Did you do anything to hurt yourself?) | (9) thoughts that he or she would be better off dead, or suicidal ideation, nearly every day; a suicide attempt | ? 1 2 3 |

AT LEAST FIVE OF THE ABOVE SXS [A (1-9)] ARE CODED "3" AND AT LEAST ONE OF THESE IS ITEM (1) OR (2)

1 3

GO TO PAST MDS, A. 5

ETIOLOGIC ROLE OF AN ORGANIC FACTOR IN FULL DEPRESSIVE SYNDROME

| | | |
|---|---|---|
| Just before this began, were you physically ill? (What did the doctor say?)<br><br>Were you taking any drugs or medicines? (Any change in the amount you were taking?)<br><br>Drinking a lot? (Any change?)<br><br>IF YES TO ANY OF THESE QUESTIONS, DETERMINE IF THE DEPRESSIVE EPISODE WAS PRECIPITATED AND SUSTAINED BY AN ORGANIC FACTOR. | B.(1) An organic etiology has been ruled out, i.e., either there was no new organic factor (or change in a pre-existing organic factor) that precipitated the disturbance, or the disturbance has persisted for at least one month beyond the cessation of the precipitating organic factor.<br><br>IF ORGANIC FACTOR, DESCRIBE: | ? 1 3<br><br>R/O ORG MOOD SYN — GO TO PAST MDS A. 5<br><br>NO ORG ETIOLOGY CONTINUE |

IF DURATION OF DEPRESSION HAS BEEN RELATIVELY BRIEF: Did this begin soon after someone close to you died?

IF YES, DETERMINE IF ANY DEPRESSIVE EPISODE WAS NOT DUE TO UNCOMPLICATED BEREAVEMENT. IF SO, CODE "3".

B.(2) Not a normal reaction to the loss of a loved one (Uncomplicated Bereavement). (NOTE: Morbid preoccupation with worthlessness, suicidal ideation, marked functional impairment or psychomotor retardation, or prolonged duration, suggest bereavement complicated by Major Depression.)

| ? | 1 | 3 |
|---|---|---|
| | R/O UNCOMP. BEREAVEMENT<br>GO TO PAST MDS, A. 5 | CURRENT EPISODE NOT DUE TO UNCOMP BEREAVEMENT |

CURRENT

MAJOR DEPRESSIVE SYNDROME

CRITERIA A AND B ARE CODED "3"

| 1 | 3 |
|---|---|
| GO TO PAST MDS, A. 5 | CURRENT MDS |

CHRONOLOGY

| | | | |
|---|---|---|---|
| Age at onset of Current Major Depressive Episode | | ___ | ___ |
| Duration of Current Major Depressive Episode | ___ | ___ | ___ |

PAST MAJOR DEPRESSIVE SYNDROME

IF CURRENTLY DEPRESSED, ASK: Has there ever been another time(s) when you were depressed and had the problems (SXS) that I just asked you about?

IF NOT CURRENTLY DEPRESSED, ASK: Has there ever been a time(s) in the past when you were depressed and had the problems (SXS) that I just asked you about?

IF NO EVIDENCE TO SUGGEST PAST MDS, CHECK HERE AND GO TO CURRENT MS, A.9 ____.

MDS CRITERIA

A. At least 5 of the following symptoms have each been present during the same two-week period; at least one of the symptoms was either (1) depressed mood, or (2) loss of interest or pleasure.

Were you feeling depressed or down most of the day, nearly every day? (What was that like?)

IF YES: When was that? How long did it last? (As long as two weeks?)

(1) depressed mood most of the day, nearly every day (either by subjective account, e.g., feels "down" or "low," or observed by others to look sad or depressed)

? 1 2 3

Were you uninterested in most things or unable to enjoy the things you used to? (What was that like?)

IF YES: When was that? Was it nearly every day? How long did it last? (As long as two weeks?)

Have you had more than one time like that?

IF MORE THAN ONE: Which time was the worst?

(2) loss of interest or pleasure in all or almost all activities nearly every day (either by subjective account or observed by others to be apathetic)

? 1 2 3

IF NEITHER ITEM (1) NOR (2) IS CODED "3," GO TO CURRENT MANIC SYND., A.9

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

FOCUS ON THE WORST EPISODE
THAT THE SUBJECT CAN REMEMBER

During that time...

| | | | | | |
|---|---|---|---|---|---|
| ..did you lose or gain any weight? (How much?)<br><br>IF NO: How was your appetite? (What about compared to your usual appetite? Did you have to force yourself to eat? Eat [less/more] than usual? Was that nearly every day? | (3) significant weight loss or weight gain when not dieting or binge eating (e.g., more than 5% of body weight in a month); or decrease or increase in appetite nearly every day | ? | 1 | 2 | 3 |
| ..how were you sleeping? (Trouble falling asleep, waking frequently, trouble staying asleep, waking too early, sleeping too much? How many hours a night compared to usual? Was that nearly every night?) | (4) insomnia or hypersomnia nearly every day | ? | 1 | 2 | 3 |
| ..were you so fidgety or restless that you were unable to sit still? (If I had seen you, would I have noticed it? Was that nearly every day?)<br><br>IF NO: What about the opposite — talking or moving more slowly than is normal for you? (If I had seen you, would I have noticed it? Was that nearly every day?) | (5) psychomotor agitation or retardation nearly every day (observable by others and not merely subjective feelings of restlessness or being slowed down) | ? | 1 | 2 | 3 |
| ..what was your energy like? (Tired all the time? Nearly every day?) | (6) fatigue or loss of energy nearly every day | ? | 1 | 2 | 3 |
| ..how did you feel about yourself? (worthless?) (Nearly every day?)<br><br>IF NO: What about feeling guilty about things you had done or not done? (Nearly every day?) | (7) feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick) | ? | 1 | 2 | 3 |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or tr

During that time...

| | | | | | |
|---|---|---|---|---|---|
| ..did you have trouble thinking or concentrating? (Nearly every day?)<br>IF NO: Was it hard to make decisions about everyday things? (Nearly every day?) | (8) diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or observed by others) | ? | 1 | 2 | 3 |
| ..were things so bad that you were thinking you would be better off dead or thinking about hurting yourself? (Nearly every day?)<br>(Did you do anything to hurt yourself?) | (9) thoughts that he or she would be better off dead, or suicidal ideation, nearly every day; a suicide attempt | ? | 1 | 2 | 3 |
| | AT LEAST FIVE OF THE ABOVE SXS ARE CODED "3" AND AT LEAST ONE OF THESE IS ITEM (1) OR (2) | | 1 | | 3 |

IF NOT ALREADY ASKED: Has there been any other time when you were (depressed/OWN EQUIVALENT) and had even more of the symptoms that I just asked you about?

IF NO: GO TO CURRENT MANIC SYNDROME, PAGE A. 9.

IF YES: RECODE SXS A (1-9) FOR WORST EPISODE.

ETIOLOGIC ROLE OF AN ORGANIC FACTOR IN FULL DEPRESSIVE SYNDROME

| | | | | |
|---|---|---|---|---|
| Just before this began, were you physically ill? (What did the doctor say?)<br>Were you taking any drugs or medicines? (Any change in the amount you were taking?)<br>Drinking a lot? (Any change?)<br>IF YES TO ANY OF THESE QUESTIONS, DETERMINE IF THE DEPRESSIVE EPISODE WAS PRECIPITATED AND SUSTAINED BY AN ORGANIC FACTOR. | B.(1) An organic etiology has been ruled out; i.e., either there was no new organic factor (or change in a pre-existing organic factor that precipitated the disturbance, or the disturbance has persisted for at least one month beyond the cessation of the precipitating organic factor.<br>IF ORGANIC FACTOR, DESCRIBE: | ? | 1 | 3 |
| | | | R/O ORG MOOD SYN<br>GO TO CURRENT MANIC SYND., A. 9 | NO ORG ETIOL<br>CONTINUE |

?=inadequate information

IF DURATION OF DEPRESSION HAS BEEN RELATIVELY BRIEF: Did this begin soon after someone close to you died?

IF YES, DETERMINE IF ANY DEPRESSIVE EPISODE WAS NOT DUE TO UNCOMPLICATED BEREAVEMENT. IF SO, CODE "3".

B.(2) Not a normal reaction to the loss of a loved one (Uncomplicated Bereavement). (NOTE: Morbid preoccupation with worthlessness, suicidal ideation, marked functional impairment or psychomotor retardation, or prolonged duration, suggest bereavement complicated by Major Depression.)

NOTE: CODE "3" IF AT LEAST ONE EPISODE IS NOT UNCOMPLICATED BEREAVEMENT

| ? | 1 | 3 |
|---|---|---|
| | R/O UNCOMP. BEREAVEMENT<br>GO TO CURRENT MANIC SYND., A. 9 | AT LEAST ONE EPISODE NOT DUE TO UNCOMP BEREAVEMENT |

PAST
MAJOR DEPRESSIVE SYNDROME
CRITERIA A AND B ARE CODED "3"

| 1 | 3 |
|---|---|
| GO TO CURRENT MANIC SYND., A. 9 | PAST MDS |

CHRONOLOGY

How old were you when you first had these symptoms for at least two weeks?

How many separate times were you (depressed/OWN EQUIVALENT) nearly every day for at least two weeks and had several of the symptoms that you described, like (SXS OF WORST EPISODE)?

| | | |
|---|---|---|
| Age at onset of First Major Depressive Episode | | ___ ___ |
| Duration of First Major Depressive Episode | ___ | ___ ___ |
| Number of episodes of Major Depression | | ___ ___ |

CURRENT MANIC SYNDROME

MANIC SYNDROME CRITERIA

In the last month, has there been a period of time when you were feeling so good or hyper that other people thought you were not your normal self or you were so hyper that you got into trouble? (Did anyone say you were manic?)

IF UNCLEAR: Was that more than just feeling good?

IF NO: What about being so irritable that you would shout at people or start fights or arguments?

What was that like?

How long did that last?

When were you the most (OWN EQUIVALENT FOR EUPHORIA OR IRRITABILITY)?

FOR THE WORST PERIOD OF CURRENT EPISODE, ASK ABOUT ASSOCIATED SXS

(During this time...)

..how did you feel about yourself?

(More self-confident than usual?)

(Any special powers or abilities?)

A. One or more distinct periods lasting at least one week (or any duration if marked impairment in occupational functioning or in usual social activities or relationships with others) when mood was abnormally and persistently elevated, expansive, or irritable.

? 1 2 3

GO TO PAST MANIC SYND., A. 13

DATE:

IF IRRITABLE MOOD ONLY, CHECK HERE AFTER CODING "3" ABOVE ___

B. During the period of mood disturbance, at least three of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:

(1) inflated self-esteem (grandiosity, which may be delusional) ? 1 2 3

During this time...

| | | | | | |
|---|---|---|---|---|---|
| ..did you need less sleep than usual?<br><br>IF YES: Did you still feel rested? | (2) decreased need for sleep, e.g., feels rested after only three hours of sleep | ? | 1 | 2 | 3 |
| ..were you more talkative than usual? (People had trouble stopping you or understanding you? People had trouble getting a word in edgewise?) | (3) more talkative than usual or pressure to keep talking | ? | 1 | 2 | 3 |
| ..were your thoughts racing through your head? | (4) flight of ideas or subjective experience that thoughts are racing | ? | 1 | 2 | 3 |
| ..did you have trouble concentrating because any little thing going on around you could get you off the track? | (5) distractibility, i.e., attention too easily drawn to unimportant or irrelevant external stimuli | ? | 1 | 2 | 3 |
| ..how did you spend your time? (Work, friends, hobbies?)<br><br>Were you so active that your friends or family were concerned about you?<br><br>IF NO: Were you physically restless? How bad was it? | (6) increase in activity (either socially, at work, or sexually) or physical restlessness | ? | 1. | 2 | 3 |
| ..did you do anything that could have caused trouble for you or your family? (Buying things you didn't need?) (Anything sexual that was unusual for you?) (Reckless driving?) | (7) excessive involvement in activities that have a high potential for painful consequences which is not recognized, e.g., buying sprees, sexual indiscretions, foolish business investments, reckless driving | ? | 1 | 2 | 3 |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

| | | | |
|---|---|---|---|
| | AT LEAST THREE "B" SXS ARE CODED "3" (FOUR IF MOOD ONLY IRRITABLE) | 1 | 3 |
| | | GO TO PAST MANIC SYND., A. 13 | |
| IF NOT KNOWN: At that time, did you have serious problems at home or at work (school) because you were (SYMPTOMS) or did you have to be admitted to the hospital? | C. The episode of mood disturbance was sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or hospitalization was necessary to prevent harm to self or others.<br><br>DESCRIBE: | 1<br>HYPO-MANIC | 3<br>MANIC |
| ETIOLOGIC ROLE OF AN ORGANIC FACTOR IN FULL MANIC SYNDROME<br><br>Just before this began, were you taking any drugs or medicines? (Any change in the amount you were taking?)<br><br>Drinking a lot? (Any change?)<br><br>IF YES TO ANY OF THESE QUESTIONS, DETERMINE IF THE MANIC EPISODE WAS PRECIPITATED AND SUSTAINED BY AN ORGANIC FACTOR. | D. Except for somatic antidepressant treatment (e.g., drugs, ECT), an organic etiology has been ruled out; i.e., either there was no new organic factor (or change in a preexisting organic factor) that precipitated the disturbance, or the disturbance has persisted for at least one month beyond the cessation of the precipitating organic factor.<br><br>IF ORGANIC FACTOR, DESCRIBE: | ? 1<br>R/O ORG MOOD SYN<br>GO TO PAST MANIC SYND., A. 13 | 3<br>NO ORG ETIOL<br>CONTINUE |
| | CURRENT MANIC SYNDROME<br>A, B, C and D are coded "3" | 1<br>GO TO PAST MANIC SYND., A. 13 | 3<br>CURRENT MANIC SYND. |

CHRONOLOGY

| | | | |
|---|---|---|---|
| Age at onset of Current Manic Episode | | ___ | ___ |
| Duration of Current Manic Episode | ___ | ___ | ___ |

Have there been other times in the past when you have been like this?

IF YES:

| | | | |
|---|---|---|---|
| How old were you when you first had these symptoms for at least one week (or had to go to the hospital?) | Age at Onset of first manic episode | ___ | ___ |
| | Duration of First Manic Episode | ___ | ___ | ___ |
| How many separate times were you (manic/ OWN EQUIVALENT) for a week (or hospitalized)? | Number of episodes of manic syndrome | ___ | ___ |

PAST MANIC SYNDROME

IF CURRENT MANIC SYNDROME, CHECK HERE AND GO TO DYSTHYMIC SYNDROME, A.16 ___

Have you ever had a time when you were feeling so good or hyper that other people thought you were not your normal self or you were so hyper that you got into trouble? (Did anyone say you were manic?)

IF UNCLEAR: Was that more than just feeling good?

IF NO: What about being so irritable that you would shout at people or start fights or arguments?

When was that? What was it like?

MANIC SYNDROME CRITERIA

A. One or more distinct periods lasting at least one week (or any duration if marked impairment in occupational functioning or in usual social activities or relationships with others) when mood was abnormally and persistently elevated, expansive, or irritable. ? 1 2 3

GO TO DYS-THYMIC SYND., A. 16

DATE:

IF IRRITABLE MOOD ONLY, CHECK HERE AFTER CODING "3" ABOVE ___

During that time...
(USE WORST OR MOST RECENT EPISODE)

B. During the period of mood disturbance, at least three of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:

..how did you feel about yourself?

(More self-confident than usual?)

(Any special powers or abilities?)

(1) inflated self-esteem (grandiosity, which may be delusional) ? 1 2 3

..did you need less sleep than usual?

IF YES: Did you still not feel tired or sleepy?

(2) decreased need for sleep, e.g., feels rested after only three hours of sleep ? 1 2 3

During that time...

| | | | | | |
|---|---|---|---|---|---|
| ..were you more talkative than usual? (People had trouble stopping you or understanding you? People had trouble getting a word in edgewise?) | (3) more talkative than usual or pressure to keep talking | ? | 1 | 2 | 3 |
| ..were your thoughts racing through your head? | (4) flight of ideas or subjective experience that thoughts are racing | ? | 1 | 2 | 3 |
| ..did you have trouble concentrating because any little thing going on around you could get you off the track? | (5) distractibility, i.e., attention too easily drawn to unimportant or irrelevant external stimuli | ? | 1 | 2 | 3 |
| ..how did you spend your time? (Work, friends, hobbies?)<br><br>Were you so active that your friends or family were concerned about you?<br><br>IF NO: Were you physically restless? How bad was it? | (6) increase in activity (either socially, at work, or sexually) or physical restlessness | ? | 1 | 2 | 3 |
| ..did you do anything that could have caused trouble for you or your family? (Buying things you didn't need?) (Anything sexual that was unusual for you?) (Reckless driving?) | (7) excessive involvement in activities that have a high potential for painful consequences which is not recognized, e.g., buying sprees, sexual indiscretions, foolish business investments, reckless driving | ? | 1 | 2 | 3 |
| | AT LEAST THREE "B" SXS ARE CODED "3" (FOUR IF MOOD ONLY IRRITABLE) | | 1 | | 3 |

GO TO DYSTHYMIC SYND. A.16

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or tru

IF NOT KNOWN: At that time, did you have serious problems at home or at work (school) because you were (SYMPTOMS) or did you have to be admitted to the hospital?

C. The episode of mood disturbance was sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or hospitalization was necessary to prevent harm to self or others.

| 1 | 3 |
|---|---|
| HYPO-MANIC | MANIC |

ETIOLOGIC ROLE OF AN ORGANIC FACTOR IN FULL MANIC SYNDROME

Just before this began, were you taking any drugs or medicines? Drinking a lot?

IF YES TO EITHER OF THESE QUESTIONS, DETERMINE IF MANIC EPISODE WAS PRECIPITATED OR SUSTAINED BY AN ORGANIC FACTOR.

D. Except for somatic antidepressant treatment (e.g., drugs, ECT), an organic etiology has been ruled out; i.e., either there was no new organic factor (or change in a pre-existing organic factor) that precipitated the disturbance, or the disturbance has persisted for at least one month beyond the cessation of the precipitating organic factor.

IF ORGANIC FACTOR, DESCRIBE:

| ? | 1 | 3 |
|---|---|---|
| | R/O ORG MOOD SYN | NO ORG ETIOL CONTINUE |
| | GO TO DYS-THYMIC SYND. A. 16 | |

PAST MANIC SYNDROME
Criteria A, B, C, & D
ARE CODED "3"

| 1 | 3 |
|---|---|
| GO TO DYS-THYMIC SYND., A16 | PAST MS |

CHRONOLOGY

How old were you when you first had these problems or had to go to the hospital because you were (OWN EQUIVALENT/MANIC)?

Age at onset of first Manic episode ___ ___

Duration of first Manic episode ___ ___ ___

How many separate times were you (HIGH/OWN EQUIVALENT) and had several of these problems for a week or more (or were hospitalized)?

Number of episodes of Manic Syndrome (CODE 97 IF TOO INDISTINCT OR NUMEROUS TO COUNT) ___ ___

DYSTHYMIC SYNDROME CRITERIA

CURRENT OR PAST
DYSTHYMIC SYNDROME

| | | | | | |
|---|---|---|---|---|---|
| IF NO CURRENT OR PAST MAJOR DEPRESSIVE SYNDROME: During the past couple of years, have you been bothered by depressed mood most of the day, more days than not? IF NO: Have you ever had a period of two years or more like this? | A. | A two year period where there has been depressed mood most of the day, more days than not (either by subjective account, e.g., feels "down" or "low," or is observed by others to look sad or depressed) and at least two of the following: | ? | 1 | 2 | 3 |
| IF CURRENT OR PAST MAJOR DEPRESSIVE SYNDROME: Other than the (MAJOR DEPRESSIVE SYNDROME) we've already talked about, during the past couple of years, have you been bothered by depressed mood most of the day, more days than not? IF NO: Have you ever had a period of two years or more like this (other than MDS already talked about)? | | | GO TO NEXT MODULE | | | |
| During these periods of (OWN EQUIVALENT FOR MILD DEPRESSION), do you often... | | | | | | |
| ...lose your appetite? (What about overeating?) | | (1) poor appetite or overeating | ? | 1 | 2 | 3 |
| ...have trouble sleeping or sleep too much? | | (2) insomnia or hypersomnia | ? | 1 | 2 | 3 |
| ...have little energy to do things or feel tired alot? | | (3) low energy or fatigue | ? | 1 | 2 | 3 |
| ...feel down on yourself? (feel worthless, or a failure?) | | (4) low self-esteem | ? | 1 | 2 | 3 |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

During these periods, do you often...

| | | |
|---|---|---|
| ...have trouble concentrating or making decisions? | (5) poor concentration or difficulty making decisions | ? 1 2 3 |
| ...feel pessimistic about the future? | (6) pessimism | ? 1 2 3 |
| | AT LEAST TWO DEPRESSIVE SXS ARE CODED "3" | 1 3<br>GO TO NEXT MODULE |
| What is the longest period of time in the two year period that you felt OK (NO DYSTHYMIC SXS)? | B. For the two years, never without these symptoms for more than three months at a time.<br><br>CODE "1" IF NORMAL MOOD FOR MORE THAN TWO MONTHS AT A TIME | ? 1 3<br>GO TO NEXT MODULE |
| When did all this begin? (COMPARE WITH DATE OF ONSET OF FIRST MDS, A. 8.) | C. During the first two years of the disturbance, no clear evidence of a major depressive episode. NOTE: There may have been a prior major depressive episode provided that there was a full remission (no significant signs or symptoms for six months) prior to the development of the Dysthymia. In addition, after two years of Dysthymia, major depressive episodes may be superimposed, in which case both diagnoses are given.<br><br>CODE "3" IF NO MDS IN FIRST TWO YEARS | ? 1 2 3<br>GO TO NEXT MODULE |

| | | ? | 1 | 3 |
|---|---|---|---|---|
| IF NOT ALREADY CLEAR: RETURN TO THIS ITEM AFTER COMPLETING THE PSYCHOTIC DISORDERS SECTION. | D. No psychotic symptoms, and not the residual phase of Schizophrenia. | ? | 1 | 3 |
| EXPLORE POSSIBLE ETIOLOGIC ROLE OF SUBSTANCE USE | | | | |
| Have you been taking any drugs or medicines during this time? | E. Not sustained by a specific organic factor or substance, e.g., prolonged administration of an anti-hypertensive medication.<br>IF ORGANIC FACTOR, DESCRIBE: | ? | 1<br>R/O ORG MOOD SYN | 3<br>NO ORG ETIOL CONTINUE |
| | CURRENT OR PAST DYSTHYMIC SYNDROME Criteria A, B, C, D, AND E ARE CODED "3" | | 1<br>GO TO NEXT MODULE | 3<br>DYSTHYMIC SYNDROME |
| CHRONOLOGY | | | | |
| IF UNCLEAR: During the past two years, have you had (DYSTHYMIC EPISODES)? | Has met criteria for Dysthymic Disorder during past two years (current) | ? | 1 | 3 |
| When did you last have (Dysthymic Disorder)? | Age when last had Dysthymic Disorder | | ____ | ____ |
| How old were you when you first had (Dysthymic Disorder)? | Age of onset of Dysthymic Disorder | | ____ | ____ |

ADJUSTMENT DISORDER (CURRENT OR PAST)

THIS SECTION SHOULD BE SKIPPED IF THE CURRENT OR PAST DISTURBANCE MEETS THE CRITERIA FOR ANY SPECIFIC AXIS I DSM-III DIAGNOSIS

INFORMATION OBTAINED FROM OVERVIEW OF PRESENT ILLNESS WILL USUALLY BE SUFFICIENT TO RATE THE CRITERIA

| | ADJUSTMENT DISORDER CRITERIA | |
|---|---|---|
| (Do you think that [STRESSOR] had anything to do with your getting [SYMPTOMS]?) | A. A reaction to an identifiable psychosocial stressor, that occurs within three months of the onset of the stressor.<br><br>DESCRIBE: | ? 1 2 3<br>GO TO CH.DIS. J.1 |
| (What effect has [SYMPTOMS] had on you and your ability to do things?) | B. The maladaptive nature of the reaction is indicated by either of the following:<br>(1) impairment in occupational functioning or in usual social activities or relationships with others<br>(2) symptoms that are in excess of a normal and expectable reaction to the stressor | ? 1 2 3<br>GO TO CH.DIS. J.1 |
| (Have you had this kind of reaction many times before?)<br><br>(Were you having these [SYMPTOMS] even before [STRESSOR] happened?) | C. The disturbance is not merely one instance of a pattern of overreaction to stress or an exacerbation of one of the mental disorders previously described. | ? 1 2 3<br>GO TO CH.DIS. J.1 |
| (How long has it been now since [STRESSOR AND COMPLICATIONS ARISING FROM THE STRESSOR]?) | D. The maladaptive reaction has persisted for at least one week, but not for more than six months after the stressor (and its environmental consequences) has ceased. | ? 1 2 3<br>GO TO CH.DIS. J.1 |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

E. The disturbance does not meet the criteria for any specific mental disorder or Uncomplicated Bereavement. ? 1 3

GO TO CH.DIS. J.1

CURRENT OR PAST ADJUSTMENT DISORDER CRITERIA A, B, C, D, AND E ARE CODED "3" 1 3

GO TO CH.DIS. J.1

AD-JUST-MENT DIS-ORDER

CODE SUBTYPE BASED ON PREDOMINANT SYMPTOMS

1 WITH DEPRESSED MOOD
(e.g., depressed mood, tearfulness, hopelessness)

2 WITH ANXIOUS MOOD
(e.g., nervousness, worry, jitteriness)

3 WITH MIXED EMOTIONAL FEATURES
(e.g., various combinations of anxiety, depression or other emotions)

4 WITH DISTURBANCE OF CONDUCT
(conduct in which there is violation of the rights of others or of major age-appropriate societal norms and rules)

5 MIXED DISTURBANCE OF EMOTIONS AND CONDUCT
(e.g., depression and disturbance of conduct)

6 WITH WORK (OR ACADEMIC) INHIBITION
(inhibition in work or academic functioning in an individual whose previous work or academic functioning has been adequate)

7 WITH WITHDRAWAL
(social withdrawal without significant depression or anxious mood)

8 WITH PHYSICAL COMPLAINTS
(physical symptoms such as headache, backache, other aches and pains, or fatigue

9 NOT OTHERWISE SPECIFIED

PSYCHOTIC SCREENING

THIS MODULE IS FOR DETERMINING WHETHER NON-ORGANIC PSYCHOTIC SYMPTOMS HAVE BEEN PRESENT AT ANY TIME DURING THE SUBJECT'S LIFE. (IN SOME CLINICAL AND RESEARCH SETTINGS SUBJECTS WITH A HISTORY OF NON-ORGANIC PSYCHOTIC SYMPTOMS WILL BE EXCLUDED.)

FOR ANY PSYCHOTIC SYMPTOMS CODED "3," DETERMINE WHETHER THE SYMPTOM IS "NOT ORGANIC" OR WHETHER THERE IS A POSSIBLE OR DEFINITE ORGANIC CAUSE. THE FOLLOWING QUESTIONS MAY BE USEFUL IF THE OVERVIEW HAS NOT ALREADY PROVIDED THE INFORMATION: When you were (PSYCHOTIC SXS), were you taking any drugs or medicines? Drinking a lot? Physically ill?

IF HAS NOT ACKNOWLEDGED PSYCHOTIC SXS: Now I am going to ask you about unusual experiences that people sometimes have.

IF HAS ACKNOWLEDGED PSYCHOTIC SXS: You have told me about (PSYCHOTIC EXPERIENCES). Now I am going to ask you more about those kinds of things.

DELUSIONS
A false personal belief based on incorrect inference about external reality and firmly sustained in spite of what almost everyone else believes and in spite of what constitutes incontrovertible and obvious proof or evidence to the contrary. Code overvalued ideas (an unreasonable and sustained belief that is maintained with less than delusional intensity) as "2."

Did it ever seem that people were talking about you or taking special notice of you?

What about receiving special messages from people or from the way things were arranged around you, or from the newspaper, radio or TV?

Delusions of reference, i.e., personal significance is falsely attributed to objects or events in environment

DATES:

DESCRIBE:

| ? | 1 | 2 | 3 |
|---|---|---|---|
| | 1 | | 3 |
| | POSS/DEF ORG | | NOT ORG |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

| | | |
|---|---|---|
| What about anyone going out of the way to give you a hard time, or trying to hurt you?<br><br>IF YES: Do you know why this happened to you? | Persecutory delusions, i.e., the individual (or his or her group) is being attacked, harassed, cheated, persecuted, or conspired against.<br><br>DATES:<br><br>DESCRIBE: | ? 1 2 3<br>1 3<br>POSS/DEF ORG NOT ORG |
| Did you ever feel that you were especially important in some way, or that you had powers to do things that other people couldn't do? | Grandiose delusions, i.e., content involves exaggerated power, knowledge or importance<br><br>DATES:<br><br>DESCRIBE: | ? 1 2 3<br>1 3<br>POSS/DEF ORG NOT ORG |
| Did you ever feel that parts of your body had changed or stopped working (when your doctor said there was nothing wrong with you)? (What did your doctor say?) | Somatic delusions, i.e., content involves change or disturbance in body functioning<br><br>DATES:<br><br>DESCRIBE: | ? 1 2 3<br>1 3<br>POSS/DEF ORG NOT ORG |
| | Other delusions, e.g., delusions of guilt, jealousy, nihilism, poverty<br><br>DATES:<br><br>DESCRIBE: | ? 1 2 3<br>1 3<br>POSS/DEF ORG NOT ORG |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

HALLUCINATIONS (PSYCHOTIC)
A sensory perception without external stimulation of the relevant sensory organ. (CODE "2" FOR HALLUCINATIONS WITHOUT DELUSIONAL INTERPRETATION.)

Did you ever hear things that other people couldn't hear, such as noises, or the voices of people whispering or talking?

What did you hear?

Auditory hallucinations when fully awake and heard either inside or outside of head.

DATES:

DESCRIBE:

? 1 2 3

1 3

POSS/DEF ORG NOT ORG

Did you ever have visions or see things that other people couldn't see?

Visual hallucinations

DATES:

DESCRIBE:

? 1 2 3

1 3

POSS/DEF ORG NOT ORG

Other hallucinations, e.g., gustatory, olfactory

DATES:

DESCRIBE:

? 1 2 3

1 3

POSS/DEF ORG NOT ORG

A non-organic psychotic symptom has been present at some time

? 1 2 3

GO TO NEXT MODULE

EXPLORE DETAILS AND DESCRIBE DIAGNOSTIC SIGNIFICANCE (E.G., SUBSTANCE-INDUCED PSYCHOTIC DISORDER, SCHIZOPHRENIA, PSYCHOTIC MOOD DISORDER, OR A TRANSIENT SX OF A NONPSYCHOTIC DISORDER, SUCH AS BORDERLINE PERSONALITY DISORDER OR POST-TRAUMATIC STRESS DISORDER)

DESCRIBE:

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

DIAGNOSIS OF MOOD DISORDER

Go to next module if there has never been a mood syndrome (major depression, mania, hypomania, dysthymia). This section is for making mood disorder diagnoses after the presence of a mood syndrome has been established and psychotic features have been ruled in or out.

| | | | |
|---|---|---|---|
| Bipolar Disorder, with or without psychotic features<br>One or more manic episodes, with or without major depressive episodes | ? | 1 | 3 |
| Major Depression, with or without psychotic features<br>No history of manic or unequivocal hypomanic episodes | ? | 1 | 3 |
| Dysthymic Disorder<br>No history of manic or unequivocal hypomanic episodes during the two year period of the disorder | ? | 1 | 3 |
| Cyclothymic Disorder<br>Dysthymic and hypomanic episodes alternating during the two year period of the disorder | ? | 1 | 3 |
| Bipolar Disorder, NOS<br>Residual category for hypomanic episodes that are not part of Bipolar Disorder or Cyclothymia | ? | 1 | 3 |
| Depressive Disorder, NOS<br>Residual category for disorders with depressive features that do not meet the criteria for any other specific Affective Disorder or Adjustment Disorder with Depressed Mood.<br>Examples: Major depressive episode superimposed on residual Schizophrenia, intermittent dysthymic episodes, non-stress-related depressive episodes that do not meet criteria for a major depressive episode | ? | 1 | 3 |

PSYCHOACTIVE SUBSTANCE DEPENDENCE

ALCOHOL DEPENDENCE (LIFETIME) — CRITERIA

What are your drinking habits like? (How much do you drink?)

Was there ever a period in your life when you drank too much? (Has alcohol ever caused problems for you?)

IF YES: What problems did it cause?

Has anyone ever objected to your drinking?

IF YES: Why?

IF NO SUGGESTION THAT EVER DRANK ALCOHOL EXCESSIVELY OR HAD ALCOHOL-RELATED PROBLEMS, CHECK HERE AND SKIP TO E. 6 (NON-ALCOHOL PSDA) ___.

When in your life were you drinking the most?

(How long did it last?)

Now I am going to ask you several questions about that time.

IF CAN'T IDENTIFY A PARTICULAR PERIOD, REPHRASE EACH QUESTION TO BEGIN WITH "Have you ever..."

A. At least three of the following:

| | | | | | |
|---|---|---|---|---|---|
| Did you often spend a lot of time making sure that you had alcohol available or thinking about drinking? | (1) When not actually using alcohol, a lot of time spent looking forward to use of or arranging to get alcohol | ? | 1 | 2 | 3 |
| Did you often find that when you started drinking you ended up drinking much more than you thought you would?<br>IF NO: What about drinking for a much longer period of time than you thought you would? | (2) Alcohol often taken in larger amounts or over a longer period than the individual intended | ? | 1 | 2 | 3 |

| | | | | | |
|---|---|---|---|---|---|
| Did you find that you needed to drink a lot more in order to get high than you did when you first started drinking?<br><br>IF NO: What about finding that when you drank the same amount, it had much less effect than before? | (3) Tolerance: need for increased amounts of alcohol in order to achieve intoxication or desired effect, or diminished effect with continued use of the same amount | ? | 1 | 2 | 3 |
| Did you ever have the shakes when you cut down or stopped drinking (that is, your hands shook so much that other people would have been able to notice it)? | (4) Characteristic withdrawal symptoms, such as coarse tremor ("shakes"), seizures, DTs. (Do not include simple "hangover.") | ? | 1 | 2 | 3 |
| IF HAD WITHDRAWAL SXS: After not drinking for a few hours or more, did you often drink to keep yourself from getting the shakes or becoming sick?<br><br>IF NO: What about drinking when you were having the shakes or feeling sick so that you would feel better? | (5) Alcohol often taken to relieve or avoid withdrawal symptoms | ? | 1 | 2 | 3 |
| Did you try to cut down or stop drinking alcohol?<br><br>IF YES: Did you ever actually stop drinking altogether?<br><br>(How many times did you try to cut down or stop altogether?)<br><br>IF NO: Did you want to stop or cut down?<br><br>IF YES: Is this something you kept worrying about or was it just a passing concern? | (6) Persistent desire or repeated efforts to cut down or control alcohol use | ? | 1 | 2 | 3 |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

| | | | | | |
|---|---|---|---|---|---|
| Did you have a time when you were often intoxicated or high or very hungover, when you were doing something important, like being at school or work, or taking care of children?<br><br>IF NO: What about missing something important, like staying away from school or work or missing an appointment because you were intoxicated, high or very hungover?<br><br>(Did you ever drink while doing something where it was dangerous to drink at all?) | (7) Frequent intoxication or impairment by alcohol use when expected to fulfill social or occupational obligations, or when alcohol use is hazardous (e.g., doesn't go to work because hungover or high, goes to work high, drives when drunk) | ? | 1 | 2 | 3 |
| Did you drink so often that you started to drink instead of working or spending time at hobbies or with your family or friends? | (8) Important social, occupational, or recreational activity given up or reduced because it was incompatible with the use of alcohol | ? | 1 | 2 | 3 |
| NOT ALREADY KNOWN: Did your drinking cause problems with other people, such as with family members or people at work?<br><br>IF NOT ALREADY KNOWN: Did your drinking cause psychological problems, like making you depressed?<br><br>IF NOT ALREADY KNOWN: Did your drinking ever cause physical problems or make a physical problem worse?<br><br>IF YES TO ANY OF ABOVE: Did you keep on drinking anyway? | (9) Continued alcohol use despite a persistent social, occupational, psychological, or physical problem that is caused or exacerbated by the use of alcohol | ? | 1 | 2 | 3 |
| | AT LEAST THREE OF THE ABOVE SYMPTOMS ARE CODED "3" | | 1 | | 3 |

GO TO N-A PSD. E-6

IF UNCLEAR: For how long a time were you having (SXS OF ALCOHOL DEPENDENCE

B. Some symptoms of the disturbance have persisted for at least one month, or have occurred repeatedly over a longer period of time.

7 1 3

GO TO NON-ALC. PSD, E. 6

CURRENT OR PAST ALCOHOL DEPENDENCE CRITERIA A AND B ARE CODED "3"

1 3

GO TO NON-ALC. PSD, E.6

ALCOHOL DEPENDEN

CHRONOLOGY

| | | | |
|---|---|---|---|
| **IF UNCLEAR: During the past month, have you had (LIST OF ALCOHOL DEPENDENCE SXS CODED "3")?** | **Has met criteria for Alcohol Dependence during past month (Current)** | 1 | 3 |
| **When did you last have problems with alcohol?** | **Age when last met criteria for Alcohol Dependence** | ___ | ___ |
| How old were you when you first had (LIST OF ALCOHOL DEPENDENCE SXS CODED "3")? | Age at onset of Alcohol Dependence | ___ | ___ |

NON-ALCOHOLIC PSYCHOACTIVE SUBSTANCE DEPENDENCE (LIFETIME)

Now I am going to ask you about your use of drugs or medicines.

SHOW DRUG LIST TO SUBJECT.

Have you ever taken any of these to get high, to sleep better or to change your mood?

IF A DRUG THAT IS SOMETIMES PRESCRIBED: Was that prescribed or did you take it on your own?

IF PRESCRIBED: Did you take more than was prescribed? Did you ever get hooked (become dependent) on a drug that was prescribed for you?

IF EVER HAS TAKEN ANY OF THESE DRUGS ON OWN OR MORE THAN WAS PRESCRIBED OR BECAME DEPENDENT: Have you taken these more than five times (on your own)? Have you used marijuana more than twenty times? (Have you ever used any of these drugs nearly every day for more than a week?)

SCREENING FOR DRUG USE: ? 1 2 3

Either (1), (2), or (3):

(1) has used cannabis more than twenty times, or nearly every day for more than a week

(2) has taken other non-alcoholic drug(s) on his or her own (or more than was prescribed), to sleep or to alter mood or thinking, more than five times or nearly every day for more than a week

(3) reports becoming dependent on a prescribed drug

GO TO NEXT MODULE

CHECK DRUG CLASS AT OR ABOVE SCREENING THRESHOLD AND NOTE SPECIFIC DRUG USED

SPECIFIC DRUG USED ("MULTIPLE" IF A VARIETY OF DRUGS WITHIN A CLASS)

____ Sedatives-hypnotics-anxiolytics (e.g., quaalude, seconal, valium, librium, "downers") _____

____ Cannabis (e.g., marijuana, THC, "grass," "weed," "reefer," "pot," hashish) _____

____ Stimulants (e.g., amphetamine, "speed," "uppers") _____

?=inadequate information 1=absent or false

SCID 8/1/86 Non-Alcohol PSDA E. 7

| DRUG CLASS | SPECIFIC DRUG USED ("MULTIPLE" IF A VARIETY OF DRUGS WITHIN A CLASS) |
|---|---|
| ____ Opioids (e.g., heroin, morphine, methadone, darvon, opium, codeine, demerol, percodan) | _____ _____ _____ |
| ____ Cocaine ("coke," "crack") | |
| ____ Hallucinogens-PCP (e.g., LSD, "acid," mescaline, peyote, psilocybin, STP, "angel dust," "peace pill") | _____ _____ |
| ____ Other (e.g., steroids, "glue," nonprescription diet and sleeping pills) | _____ |

INQUIRE ABOUT POLY DRUG USE:

Was there a period of at least six months when you were using a lot of different drugs, with or without alcohol (other than tobacco), and not mainly one drug?

IF YES, USE POLY COLUMN BELOW FOR POLY DRUG USE.

| ASK ABOUT EACH ITEM ACROSS THE DRUG CATEGORIES CHECKED ABOVE. CODE "1," "2," OR "3." QUESTIONS SHOULD BE FOCUSED ON THE TIME PERIOD WHEN THE SUBJECT WAS TAKING THE LARGEST AMOUNTS OF THE DRUG. | SED.-HYPN.-ANX. | CANNABIS | STIMULANTS | OPIOIDS | COCAINE | HALL-PCP | POLY | OTH |
|---|---|---|---|---|---|---|---|---|
| A. At least three of the following: | | | | | | | | |
| Did you often spend a lot of time making sure that you had (DRUG) available or thinking about using (DRUG)? | | | | | | | | |
| (1) When not actually using drug, a lot of time spent looking forward to use of or arranging to get drug | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ |

7=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

| | SED.-HYPN.-ANX. | CANN ABIS | STIMU LANTS | OPI. OIDS | COCA INE | HALL-PCP | POLY | OTH |
|---|---|---|---|---|---|---|---|---|
| Did you often find that when you started using (DRUG) you ended up taking much more of it than you thought you would?<br>IF NO: What about using it over a much longer period of time than you thought you would? | | | | | | | | |
| (2) Drug often taken in larger amounts or over a longer period than the individual intended | — | — | — | — | — | — | — | — |
| Did you find that you needed to use a lot more (DRUG) in order to get high than you did when you first started taking it?<br>IF NO: What about finding that when you used the same amount, it had much less effect than before? | | | | | | | | |
| (3) Tolerance: need for increased amounts of drug in order to achieve intoxication or desired effect, or diminished effect with continued use of the same amount | — | — | — | — | — | — | — | — |
| Have you ever had withdrawal symptoms, that is, felt sick when you cut down or stopped using (DRUG)?<br>IF YES: What symptoms did you have? IF UNCLEAR WHETHER SYMPTOMS REPRESENT WITHDRAWAL, CONSULT DSM-III-R CRITERIA FOR WITHDRAWAL SYNDROMES | | | | | | | | |
| (4) Characteristic withdrawal symptoms | — | — | — | — | — | — | — | — |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

| | SED.-HYPN.-ANX. | CANNABIS | STIMULANTS | OPIOIDS | COCAINE | HALL-PCP | POLY | OTH |
|---|---|---|---|---|---|---|---|---|
| IF HAD WITHDRAWAL SXS: After not using (DRUG) for a few hours or more, did you often use it or some other drug to keep yourself from getting sick (WITHDRAWAL SXS)? What about using (DRUG) when you were feeling sick (WITHDRAWAL SXS) so that you would feel better? | | | | | | | | |
| (5) Drug often taken to relieve or avoid withdrawal symptoms | — | — | — | — | — | — | — | — |
| Did you try to cut down or stop using (DRUG)? | | | | | | | | |
| IF YES: Did you ever actually stop taking (DRUG) altogether? | | | | | | | | |
| (How many times did you try to cut down or stop altogether? | | | | | | | | |
| IF NO: Did you want to stop or cut down? | | | | | | | | |
| IF YES: Is this something you kept worrying about or was it just a passing concern? | | | | | | | | |
| (6) Persistent desire or repeated efforts to cut down or control drug use | — | — | — | — | — | — | — | — |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

CHRONOLOGY

| | | | | |
|---|---|---|---|---|
| IF UNCLEAR: During the past month, have you had (LIST OF NON-ALCOHOL SUBSTANCE DEPENDENCE SXS CODED "3")? | Has met criteria for Non-Alcohol Substance Dependence during past month (Current) | ? | 1 | 3 |
| When did you last have problems with (DRUG)? | Age when last met criteria for Non-Alcohol Substance Dependence | | ___ | ___ |
| How old were you when you first had (LIST OF NON-ALCOHOL SUBSTANCE DEPENDENCE CODED "3")? | Age at onset of Non-alcohol Substance Dependence | | ___ | ___ |

CHECK HERE IF EVER BECAME DEPENDENT ON A PRESCRIBED DRUG ___

SPECIFY DRUG: _____

ANXIETY DISORDERS (Current or Past)

| PANIC DISORDER | PANIC DISORDER CRITERIA | |
|---|---|---|
| Have you ever had a panic attack, when you suddenly felt frightened, anxious or extremely uncomfortable?<br><br>IF YES: Tell me about it. When does that happen? (Have you ever had one when you didn't expect to at all?) | A. At some time during the disturbance, one or more panic attacks (discrete periods of intense discomfort or fear) that were (1) unexpected, i.e., did not occur immediately before or upon exposure to a situation that almost always caused anxiety, and (2) not triggered by situations in which the individual was the focus of others' attention. | ? 1 2 3<br>GO TO AWOPD, F. 6 |
| Have you ever had four attacks like that in a four-week period?<br><br>IF NO: Did you worry a lot about having another one? (How long did you worry?) | B. Either four attacks, as defined in criterion A, occurred within a four-week period, or one or more attacks were followed by a period of at least a month of persistent fear of having another attack. | ? 1 2 3<br>GO TO AWOPD, F. 6 |
| When was the last bad one (EXPECTED OR UNEXPECTED)?<br><br>Now I am going to ask you about that attack. What was the first thing you noticed? Then what? | C. At least four of the following symptoms developed during at least one of the attacks: | |
| During that attack... | | |
| ..were you short of breath? (Have trouble catching your breath?) | (1) shortness of breath (dyspnea) or smothering sensations | ? 1 2 3 |
| ..did you feel as if you were choking? | (2) choking | ? 1 2 3 |
| ..did your heart race, pound or skip? | (3) palpitations or accelerated heart rate (tachycardia) | ? 1 2 3 |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

During that attack...

| | | |
|---|---|---|
| ..did you have chest pain or pressure? | (4) chest pain or discomfort | ? 1 2 3 |
| ..did you sweat? | (5) sweating | ? 1 2 3 |
| ..did you feel dizzy, unsteady, or like you might faint? | (6) dizziness, unsteady feelings, or faintness | ? 1 2 3 |
| ..did you have nausea or upset stomach or the feeling that you were going to have diarrhea? | (7) nausea or abdominal distress | ? 1 2 3 |
| ..did things around you seem unreal or did you feel detached from things around you or detached from part of your body? | (8) depersonalization or derealization | ? 1 2 3 |
| ..did you have tingling or numbness in parts of your body? | (9) numbness or tingling sensations (paresthesias) | ? 1 2 3 |
| ..did you have flushes (hot flashes) or chills? | (10) flushes (hot flashes) or chills | ? 1 2 3 |
| ..did you tremble or shake? | (11) trembling or shaking | ? 1 2 3 |
| ..were you afraid that you might die? | (12) fear of dying | ? 1 2 3 |
| ..were you afraid you were going crazy or might lose control? | (13) fear of going crazy or of doing something uncontrolled | ? 1 2 3 |

<u>AT LEAST FOUR "C" SXS ARE CODED "3"</u> 1 3

<u>NOTE:</u> ATTACKS INVOLVING FOUR OR MORE SYMPTOMS ARE PANIC ATTACKS; ATTACKS INVOLVING FEWER THAN FOUR SYMPTOMS ARE LIMITED SYMPTOM ATTACKS (SEE AGORAPHOBIA WITHOUT HISTORY OF PANIC DISORDER, F. 6).

GO TO AWOPD, F. 6

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

When you have bad attacks, how long does it take from when it begins to when you have most of the symptoms? (Is it often less than ten minutes?)

D. During at least some of the attacks, at least four of the "C" symptoms developed suddenly and increased in intensity within ten minutes of the beginning of the first "C" symptom noticed in the attack.

? 1 2 3

GO TO AWOPD F. 6

Just before you began having panic attacks, were you taking any drugs, stimulants or medicines?

IF YES: Did you keep having the attacks after you stopped?

Were you physically ill? (What did the doctor say?)

IF YES: Did you ever have these attacks when you weren't (taking any drugs or medicines, physically ill?)

E. An organic etiology (e.g., Amphetamine or Caffeine Intoxication, hyperthyroidism) has been ruled out, i.e. either there was no new organic factor (or change in a pre-existing organic factor) that precipitated the disturbance, or the disturbance has persisted for at least one month beyond the cessation of the precipitating organic factor.

? 1 3

GO TO AWOPD F. 6

NOTE: Mitral valve prolapse may be an associated condition but does not rule out a diagnosis of Panic Disorder.

NOTE: CODE "3" IF SUBSTANCE USE OR PHYSICAL ILLNESS WAS NOT ETIOLOGIC TO PANIC ATTACKS.

CURRENT OR PAST PANIC DISORDER. CRITERIA A, B, C, D, AND E ARE CODED "3"

1 3

GO TO AWOPD, F. 6 | PANIC DISORDER

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

PANIC DISORDER SUBTYPES-

WITH AGORAPHOBIA

IF NOT OBVIOUS FROM OVERVIEW: **Were there situations or places that you avoided because you were afraid you might have an attack?**

**(Tell me all the things you avoided, or could do only by forcing yourself).**

What about...

...being at home alone?

...shopping alone in a big store?

...walking far from home alone?

...crossing busy or wide streets alone?

...being alone in a crowded place—like a movie theatre, a church, or a restaurant?

...using public transportation—like a bus, train, or subway—or driving a car?

IF NOT OBVIOUS: **What effect did avoiding (AGORAPHOBIC SITUATIONS) have on your life?**

Fear of being in places or situations from which escape might be difficult (or embarrassing), or in which help might not be available, in the event of a panic attack. As a result of this fear, there are either travel restrictions or need for a companion when away from home; or there is endurance of agoraphobic situations despite intense anxiety. Common agoraphobic situations include being outside of the home alone, being in a crowd or standing in a line, being on a bridge, traveling in a bus, train, or car.

| 1 | 3 |
|---|---|
| PANIC DIS. WITH-OUT AGORA-PHOBIA | PANIC DIS. WITH AGORA-PHOBIA |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

CHRONOLOGY

| | | |
|---|---|---|
| IF UNCLEAR: During the past month, how many panic attacks have you had? | Has met criteria for Panic Disorder (with or without Agoraphobia) during past month, i.e., at least 4 panic attacks or persistent fear of having a panic attack | ? 1 3 |
| When did you last have (ANY SX OF PANIC DISORDER)? | Age when last had Panic Disorder | — — |
| How old were you when you first started having a lot of panic attacks (or worried all the time that you might have one)? | Age at onset of Panic Disorder (at least four attacks over a four week period or one or more attacks followed by persistent fear of having another attack) | — — |

AGORAPHOBIA WITHOUT HISTORY OF PANIC DISORDER (AWOPD)

SKIP IF EVER MET CRITERIA FOR PANIC DISORDER OR IF PSYCHOTIC (DELUSIONS, HALLUCINATIONS, DISORGANIZED SPEECH) DURING PAST MONTH, OR IF IN RESIDUAL PHASE OF SCHIZOPHRENIA.

Were you ever afraid of going out of the house alone, being in crowds or certain public places like tunnels, bridges, buses or trains?

What were you afraid could happen?

AGORAPHOBIA WITHOUT HISTORY OF PANIC DISORDER (AWOPD) CRITERIA

A. Fear of being in places or situations from which escape might be difficult (or embarrassing), or in which help might not be available, in the event of sudden incapacitation. Common agoraphobic situations include being outside of the home alone, being in a crowd or standing in a line, being on a bridge, traveling in a bus, train, or car.

? 1 2 3

GO TO SOCIAL PHOBIA, F. 8

IF FEAR OF INCAPACITATION IS RELATED TO A SPECIFIC SYMPTOM, CHECK BELOW:

___ becoming dizzy or falling

___ depersonalization or derealization

___ loss of bladder or bowel control

___ fear of cardiac distress

___ other (Specify:_____)

Tell me all the things you avoided (or could only do by forcing yourself).

(How often did you go outside of your house alone?)

(Did you often need a companion?)

(What effect did avoiding these situations or places have on your life?)

B. As a result of this fear, there are either travel restrictions or need for a companion when away from home; or there is endurance of agoraphobic situations despite intense anxiety.

? 1 2 3

GO TO SOCIAL PHOBIA, F. 8

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

CURRENT OR PAST
AGORAPHOBIA WITHOUT HISTORY
OF PANIC DISORDER, CRITERIA
A AND B ARE CODED "3"

| 1 | 3 |
|---|---|
| GO TO SOCIAL PHOBIA F. 8 | AGORA-PHOBIA WITHOUT HISTORY OF PANIC DIS-ORDER |

CHRONOLOGY

| | | | | |
|---|---|---|---|---|
| IF UNCLEAR: During the past month, have you avoided (PHOBIC SITUATIONS)? | Has met criteria for Agoraphobia without History of Panic Disorder during past month (Current) | ? | 1 | 3 |
| When did you last avoid (PHOBIC SITUATIONS)? | Age when last had Agoraphobia without History of Panic Disorder | | __ __ | |
| How old were you when you first had this problem? | Age at onset of Agoraphobia without History of Panic Disorder | | __ __ | |

SOCIAL PHOBIA

SKIP IF PSYCHOTIC (DELUSIONS, HALLUCINATIONS, DISORGANIZED SPEECH) DURING PAST MONTH, OR IF IN RESIDUAL PHASE OF SCHIZOPHRENIA.

Is there anything that you were ever afraid to do or felt uncomfortable doing in front of other people, like speaking, eating or writing?

Anything else?

What are (were) you afraid will (would) happen when _____?

SOCIAL PHOBIA CRITERIA

A. A persistent fear of one or more situations (the phobic situations) in which the individual is exposed to possible scrutiny by others and fears that he or she may do something or act in a way that will be humiliating or embarrassing. Examples include: unable to continue talking while speaking in public, choking on food when eating in front of others, unable to urinate in a public lavatory, hand trembling when writing in front of others, saying foolish things or not being able to answer questions in social situations.

? 1 2 3

GO TO SIMPLE PHOBIA, F. 11

PHOBIC SITUATIONS(S) Check:

___ public speaking
___ eating in front of others
___ writing in front of others
___ generalized (most social situations)
___ other (Specify:_____)

IF NOT ALREADY CLEAR: RETURN TO THIS ITEM AFTER COMPLETING INTERVIEW.

B. If an Axis III or another Axis I disorder is present, the fear in "A" is unrelated to it, e.g., the fear is not of having a panic attack (Panic Disorder), stuttering (Stuttering), trembling (Parkinson's disease), exhibiting abnormal eating behavior (Anorexia Nervosa or Bulimia Nervosa).

? 1 2 3

GO TO SIMPLE PHOBIA, F. 11

| | | |
|---|---|---|
| Do (did) you always feel anxious when you (CONFRONT PHOBIC STIMULUS)? | C. During some phase of the disturbance, exposure to the specific phobic stimulus (or stimuli) almost invariably provokes an immediate anxiety response. | ? 1 2 3<br>GO TO SIMPLE PHOBIA, F.11 |
| Do (did) you go out of your way to avoid _____ ?<br><br>IF NO: How hard is (was) it for you to _____? | D. The phobic situation(s) is avoided, or endured with intense anxiety. | ? 1 2 3<br>GO TO SIMPLE PHOBIA, F.11 |
| IF NOT OBVIOUS: How important is (was) it to you to be able to _____ ?<br><br>(How bothered are (were) you that you are (were) afraid of _____ ?) | E. The fear or the avoidant behavior interferes with occupational functioning or with usual social activities or relationships with others, or there is marked distress about having the fear. | ? 1 2 3<br>GO TO SIMPLE PHOBIA, F. 11 |
| Do you think that you are (were) more afraid of (PHOBIC ACTIVITY) than you should be (have been) or than makes (made) sense? | F. The individual recognizes that his or her fear is excessive or unreasonable. | ? 1 2 3<br>GO TO SIMPLE PHOBIA, F. 11 |
| | CURRENT OR PAST SOCIAL PHOBIA CRITERIA A, B, C, D, E, AND F ARE CODED "3" | 1 3<br>GO TO SIMPLE PHOBIA, F. 11 / SOCIAL PHOBIA |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

CHRONOLOGY

| | | | | |
|---|---|---|---|---|
| IF UNCLEAR: During the past month, have you been bothered by (SOCIAL PHOBIA ACTIVITY)? | Has met criteria for Social Phobia during past month (Current) | ? | 1 | 3 |
| When were you last bothered by (SOCIAL PHOBIA ACTIVITY)? | Age when last had a Social Phobia | | — — | |
| How old were you when you first were bothered by (SOCIAL PHOBIA ACTIVITY)? | Age at onset of Social Phobia | | — — | |

SIMPLE PHOBIA

SKIP IF PSYCHOTIC (DELUSIONS, HALLUCINATIONS, DISORGANIZED SPEECH) DURING PAST MONTH, OR IF IN RESIDUAL PHASE OF SCHIZOPHRENIA.

Have there ever been other things that you have been especially afraid of, like heights, seeing blood, closed places, or certain kinds of animals?

What are (were) you afraid will (would) happen when _____ ?

SIMPLE PHOBIA CRITERIA

A. A persistent fear of a circumscribed stimulus (object or situation), other than of having a panic attack (as in Panic Disorder) or of humiliation or embarrassment in certain social situations (as in Social Phobia).

? 1 2 3

GO TO OBS-COMP. F. 13

PHOBIC OBJECT(S) OR SITUATIONS(S). Check:

___ animals
___ heights
___ closed spaces
___ blood/injury
___ other: _____

Do (did) you always feel anxious when you (CONFRONTED PHOBIC STIMULUS)?

B. During some phase of the disturbance, exposure to the specific phobic stimulus (or stimuli) almost invariably provokes an immediate anxiety response.

? 1 2 3

GO TO OBS-COMP. F. 13

Do (did) you go out of your way to avoid _____?

How hard is (was) it for you to _____ ?

C. The object or situation is avoided, or endured with intense anxiety.

? 1 2 3

GO TO OBS-COMP. F.13

IF NOT OBVIOUS: How important is (was) it to you to be able to _____ ?

(How bothered are (were) you that you are (were) afraid of _____?)

D. The fear or the avoidant behavior interferes with occupational functioning or with usual social activities or relationships with others, or there is marked distress about having the fear.

? 1 2 3

GO TO OBS-COMP. F.13

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

| | | |
|---|---|---|
| Do you think you are (were) more afraid of _____ than you should be or than makes (made) sense? | E. The individual recognizes that his or her fear is excessive or unreasonable. | ? 1 2 3<br>GO TO OBS-COMP. F. 13 |
| IF NOT ALREADY CLEAR: RETURN TO THIS ITEM AFTER COMPLETING SECTION ON OBSESSIVE COMPULSIVE DISORDER. | F. The phobic stimulus is unrelated to the content of the obsessions of Obsessive Compulsive Disorder. | ? 1 2 3<br>GO TO OBS-COMP. F. 13 |
| | CURRENT OR PAST SIMPLE PHOBIA CRITERIA A, B, C, D, E, AND F ARE CODED "3" | ? 1 3<br>GO TO OBS-COMP. F. 13 / SIMPLE PHOBIA |

CHRONOLOGY

| | | |
|---|---|---|
| IF UNCLEAR: During the past month, have you been bothered by (SIMPLE PHOBIA)? | Has met criteria for Simple Phobia during past month (Current) | ? 1 3 |
| When were you last bothered by (SIMPLE PHOBIA)? | Age when last had Simple Phobia | — — |
| How old were you when you first were bothered by (SIMPLE PHOBIA)? | Age at onset of Simple Phobia | — — |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or tru

OBSESSIVE COMPULSIVE DISORDER

Now I would like to ask you if you have ever been bothered by thoughts that didn't make any sense and kept coming back to you even when you tried not to have them?

IF YES: DISTINGUISH FROM BROODING ABOUT PROBLEMS (SUCH AS HAVING A PANIC ATTACK) OR ANXIOUS RUMINATION ABOUT REALISTIC DANGERS: What are (were) they? (What about awful thoughts, like actually hurting someone even though you didn't want to, or being contaminated by germs or dirt?)

OBSESSIVE COMPULSIVE DISORDER CRITERIA

A. Either obsessions or compulsions:

Obsessions: (1), (2), (3), and (4):

| | | | | |
|---|---|---|---|---|
| (1) Recurrent and persistent ideas, thoughts, impulses, or images that are experienced as intrusive, unwanted, and senseless or repugnant (at least initially). | ? | 1 | 2 | 3 |
| (2) The individual attempts to ignore or suppress them or to neutralize them with some other thought or action. | ? | 1 | 2 | 3 |
| (3) The individual recognizes that the obsessions are the product of his or her own mind and not imposed from without (as in thought insertion). | ? | 1 | 2 | 3 |
| (4) If another Axis I disorder is present, the content of the obsession is unrelated to it, i.e., do not include thoughts about food in the presence of an Eating Disorder, thoughts about drugs in the presence of a Psychoactive Substance Use Disorder, or guilty thoughts in the presence of a Major Depression. | ? | 1 | 2 | 3 |

OBSESSIONS

DESCRIBE:

(continue to next page)

Is (was) there anything that you have (had) to do over and over again and can't (couldn't) resist doing, like washing your hands again and again, or checking something several times to make sure you have (had) done it right?

IF YES: What do (did) you have to do? What are (were) you afraid would happen if you don't (didn't) do it? How many times do (did) you have to ___? How much time do (did) you spend each day _____?

IF UNCLEAR: Do you think that you (DO COMPULSIVE BEHAVIOR) more than you should? (Do you think [COMPULSION] makes sense?)

Compulsions: (1), (2) and (3):

(1) Repetitive, purposeful, and intentional behavior that is performed according to certain rules or in a stereotyped fashion. ? 1 2 3

(2) The behavior is not an end in itself, but is designed to neutralize or prevent discomfort or some dreaded event or situation. However, either the activity is not connected in a realistic way with what it is designed to neutralize or prevent, or it is clearly excessive. ? 1 2 3

(3) The individual recognizes that the behavior is excessive or unreasonable. ? 1 2 3

COMPULSIONS

DESCRIBE:

IF NEITHER OBSESSIONS NOR COMPULSIONS, GO TO GAD, F. 16. OTHERWISE, CONTINUE.

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

What effect does (did) this (OBSESSION OR COMPULSION) have on your life? Does (did) _____ bother you a lot?

How much time do (did) you spend (OBSESSION OR COMPULSION)?

Does (did) anyone in your family, or your friends, have to go out of their way because of your [OBSESSION OR COMPULSION]?)

B. The obsessions or compulsions cause marked distress, or are time-consuming (take more than an hour a day), or interfere with occupational functioning or with usual social activities or relationships with others.

DESCRIBE:

| ? | 1 | 2 | 3 |
|---|---|---|---|
| | GO TO GAD IF. 16 | | |

CURRENT OR PAST OBSESSIVE COMPULSIVE DISORDER, CRITERIA A AND B ARE CODED "3"

| 1 | 3 |
|---|---|
| GO TO GAD, IF. 16 | OBSESSIVE COMPULSIVE DISORDER |

CHRONOLOGY

IF UNCLEAR: During the past month, did the (OBSESSIONS OR COMPULSIONS) have any effect on your life or bother you a lot?

Has met criteria for Obsessive Compulsive Disorder during past month (Current)

| ? | 1 | 3 |
|---|---|---|

When were you last bothered by (ANY OBSESSIONS OR COMPULSIONS)?

Age when last had Obsessive Compulsive Disorder ___ ___

How old were you when the (OBSESSIONS OR COMPULSIONS) first had any effect on your life or bothered you a lot?

Age at onset of Obsessive Compulsive Disorder (criteria A and B) ___ ___

GENERALIZED ANXIETY DISORDER

GENERALIZED ANXIETY DISORDER CRITERIA

**SKIP IF PSYCHOTIC (DELUSIONS, HALLUCINATIONS, DISORGANIZED SPEECH) DURING PAST MONTH, OR IF IN RESIDUAL PHASE OF SCHIZOPHRENIA.**

**Have you ever had a period of time where you worried alot that bad things might happen? When was this? What did you worry about? (Any other worries?) (How realistic were these worries?)**

**How long did this go on for? IF SIX MONTHS OR MORE: Would you say you were worrying most of the time (more days than not)?**

**A. During a six month period, the individual has been bothered more days than not by unrealistic or excessive worry (apprehensive expectation) about two or more life circumstances, e.g., worry about possible misfortune to child (who is in no danger) and worry about finances (for no good reason).**

? 1 2 3

GO TO NEXT MODULE

CODE BASED ON PREVIOUS INFORMATION. REVISE AT END OF INTERVIEW IF NECESSARY.

**B. If another Axis I disorder is present, the focus of the worry in "A" above is unrelated to it, e.g., the worry is not about having a panic attack (as in Panic Disorder), being contaminated (as in Obsessive-Compulsive Disorder), or gaining weight (as in Anorexia Nervosa).**

? 1 2 3

GO TO NEXT MODULE

**Now I am going to ask you some questions about other symptoms that often go along with being worried or nervous. Thinking about how you felt during that period...**

**C. At least six of the following eighteen symptoms have often been present when anxious during the six months (DO NOT INCLUDE SXS PRESENT ONLY DURING PANIC ATTACKS):**

Motor tension

**...did (do) you often tremble, twitch or feel shaky?** — (1) trembling, twitching or feeling shaky — ? 1 2 3

**...did (do) your muscles often feel tense, sore, or achy?** — (2) muscle tension, aches or soreness — ? 1 2 3

| | | | | | |
|---|---|---|---|---|---|
| ...did (do) you often feel physically restless—couldn't (can't) sit still? | (3) restlessness | ? | 1 | 2 | 3 |
| ...did (do) you often tire easily? | (4) easy fatigability | ? | 1 | 2 | 3 |
| | Autonomic hyperactivity | | | | |
| ...did (do) you often feel short of breath? (have trouble getting your breath?) | (5) shortness of breath or smothering sensations | ? | 1 | 2 | 3 |
| ...did (does) your heart often pound or race? | (6) palpitations or accelerated heart rate (tachycardia) | ? | 1 | 2 | 3 |
| ...did (do) you often sweat a lot? Were (are) your hands often cold or clammy? | (7) sweating, or cold, clammy hands | ? | 1 | 2 | 3 |
| ...did (does) your mouth often feel dry? | (8) dry mouth | ? | 1 | 2 | 3 |
| ...did (do) you often feel dizzy or lightheaded? | (9) dizziness or lightheadedness | ? | 1 | 2 | 3 |
| ...was (is) your stomach often upset, or did (do) you have nausea or diarrhea? | (10) nausea, diarrhea or other abdominal distress | ? | 1 | 2 | 3 |
| ...did (do) you often have flushes (hot flashes) or chills? | (11) flushes (hot flashes) or chills | ? | 1 | 2 | 3 |
| ...did (do) you urinate more often than usual? | (12) frequent urination | ? | 1 | 2 | 3 |
| ...did (do) you often have trouble swallowing, or get a lump in your throat? | (13) trouble swallowing or lump in throat | ? | 1 | 2 | 3 |
| | Vigilance and scanning | | | | |
| ...did (do) you often feel keyed up or on edge? | (14) feeling keyed up or on edge | ? | 1 | 2 | 3 |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

| | | |
|---|---|---|
| ...did (do) sudden noises often startle you? | (15) exaggerated startle response | ? 1 2 3 |
| ...were (are) you often so nervous you had (have) trouble concentrating? | (16) difficulty concentrating or mind going blank because of anxiety | ? 1 2 3 |
| ...did (do) you often have trouble falling or staying asleep? | (17) trouble falling or staying asleep | ? 1 2 3 |
| ...were (are) you often irritable or especially impatient? | (18) irritability | ? 1 2 3 |
| | AT LEAST SIX "C" SXS ARE CODED "3" | 1 3 |
| | | GO TO NEXT MODULE |
| CODE BASED ON PREVIOUS INFORMATION. | D. The disturbance does not occur only during the course of a psychotic disorder | ? 1 3 |
| | | GO TO NEXT MODULE |
| Were (have) you (been) taking any drugs? Were (have) you (been) physicall ill? IF YES: EXPLORE POSSIBLE RELATIONSHIP BETWEEN ORGANIC FACTOR AND ANXIETY | E. Not sustained by a specific organic factor (e.g., hyperthyroidism, Caffeine Intoxication). | ? 1 3 |
| | | GO TO NEXT MODULE |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

CURRENT OR PAST GENERALIZED ANXIETY. CRITERIA A, B, C, D, AND E ARE CODED "3"

| 1 | 3 |
|---|---|
| GO TO NEXT MODULE | GENERALIZED ANXIETY DISORDER |

CHRONOLOGY

IF UNCLEAR: During the past month, have you been bothered by (GENERALIZED ANXIETY DISORDER)?

Has met criteria for GAD during past month (current) ? 1 3

When were you last bothered by (GAD)? Age when last had GAD ___ ___

How old were you when you first were bothered by (GAD)? Age at onset of GAD ___ ___

| POST-TRAUMATIC STRESS DISORDER | POST-TRAUMATIC STRESS DISORDER CRITERIA | |
|---|---|---|
| Have you ever had an experience that was really frightening or traumatic, like having your life threatened, seeing someone dead or badly hurt, or having your house burn down?<br><br>IF YES: What was the experience? When did it happen? | A. An event that is outside the range of usual human experience and that is potentially psychologically traumatic, e.g., serious threat to one's life or personal physical integrity, destruction of one's home or community, or seeing another person who is mutilated, dying or dead, or the victim of physical violence.<br><br>DESCRIBE: | ? 1 2 3<br><br>GO TO NEXT MODULE |
| Did (EXPERIENCE OF CRITERION A) keep coming back to you in some way? For example... | B. During some phase of the illness, the traumatic event is persistently reexperienced in at least one of the following ways: | |
| ..did you think about it when you didn't want to, even when there was nothing there to remind you of it? | (1) recurrent and intrusive distressing recollections of the event without any awareness of environmental stimuli that trigger the reaction | ? 1 2 3 |
| ..what about having dreams about it? | (2) recurrent distressing dreams of the event | ? 1 2 3 |
| ..what about finding yourself acting or feeling as though you were back at that time? | (3) sudden acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative [flashback] episodes, even those that occur upon awakening or when intoxicated)<br><br>DESCRIBE: | ? 1 2 3 |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

| | | |
|---|---|---|
| ..did you feel a lot worse when you were in a situation that reminded you of _____? | (4) intense psychological distress at exposure to events that symbolize or resemble an aspect of the traumatic event. | ? 1 2 3 |

DESCRIBE:

| | |
|---|---|
| AT LEAST ONE "3" SX IS CODED "3" → | 1 3 |

GO TO NEXT MODULE

C. Persistent avoidance of stimuli associated with the trauma or numbing of responsiveness (not present before the trauma), as indicated by at least three of the following:

Since (THE TRAUMA)...

| | | |
|---|---|---|
| .. did you make a special effort to avoid thinking about what happened or getting upset about it? | (1) deliberate efforts to avoid thoughts or feelings associated with the trauma | ? 1 2 3 |
| ..did you stay away from things that would remind you of it? | (2) deliberate efforts to avoid activities or situations that arouse recollections of the trauma | ? 1 2 3 |
| ..did you have trouble remembering some important part of what happened? | (3) inability to recall an important aspect of the trauma (psychogenic amnesia) | ? 1 2 3 |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

Since (THE TRAUMA)...

| | | | | | |
|---|---|---|---|---|---|
| ..were you much less interested in things that used to be important to you, like sports, hobbies, social activities? | (4) markedly diminished interest in significant activities | ? | 1 | 2 | 3 |
| ..did you feel distant or cut off from others? | (5) feeling of detachment or estrangement from others | ? | 1 | 2 | 3 |
| ..did you no longer feel strongly about things, or feel "numb," or feel that you were not able to have loving feelings for people close to you? | (6) restricted range of affect, e.g., "numbing," unable to have loving feelings | ? | 1 | 2 | 3 |
| ...did you feel that your future would be shortened? | | ? | 1 | 2 | 3 |

AT LEAST THREE "C" SXS ARE CODED "3"

1 3

GO TO NEXT MODULE

D. Persistent symptoms of increased arousal (not present before the trauma) as indicated by at least two of the following:

Since (THE TRAUMA)...

| | | | | | |
|---|---|---|---|---|---|
| ..did you have trouble sleeping? (What kind of trouble?) | (1) difficulty falling or staying asleep | ? | 1 | 2 | 3 |
| ..were you unusually irritable? What about outbursts of anger? | (2) irritability or outbursts of anger | ? | 1 | 2 | 3 |
| ..did you have trouble concentrating? | (3) difficulty concentrating | ? | 1 | 2 | 3 |
| ..were you watchful or on guard even when there was no reason to be? | (4) hypervigilance | ? | 1 | 2 | 3 |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

| | | |
|---|---|---|
| ..were you jumpy or easily startled, like by sudden noises? | (5) exaggerated startle response | ? 1 2 3 |
| ...did you have physical symptoms of anxiety when you were in a situation that reminded you of _____? | | ? 1 2 3 |
| | AT LEAST TWO "D" SX ARE CODED "3" | 1 3<br>GO TO NEXT MODULE |
| Did the ("B" SXS) and the ("C" SXS) and the ("D" SXS) all happen together for at least one month?<br><br>IF NO, DETERMINE IF THEY OCCURRED WITHIN A SIX-MONTH PERIOD: When were these different things happening? | E. "B," "C," and "D" symptoms all occurred together for at least one month | 1 2 3<br>GO TO NEXT MODULE |
| | CURRENT OR PAST POST-TRAUMATIC STRESS DISORDER. CRITERIA A, B, C, D, AND E ARE CODED "3" | 1 3<br>GO TO NEXT MODULE / POST-TRAUMATIC STRESS DISORDER |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

CHRONOLOGY

| | | | | |
|---|---|---|---|---|
| IF UNCLEAR: during the past month, have you had (PTSD)? | Has had Post-traumatic Stress Disorder during past month (current) | ? | 1 | 3 |
| When did you last have (ANY SX OF PTSD CODED "3")? | Age when last had Post-traumatic Stress Disorder | | __ __ | |
| How old were you when you first had (PTSD SYNDROME)? | Age at onset of Post-traumatic Stress Disorder | | __ __ | |

?=inadequate information 1=absent or false 3=threshold or true

SOMATOFORM DISORDERS (CURRENT AND PAST)

SKIP TO NEXT MODULE IF PSYCHOTIC (DELUSIONS, HALLUCINATIONS, DISORGANIZED SPEECH) DURING PAST MONTH, OR IF IN RESIDUAL PHASE OF SCHIZOPHRENIA.

SCREENING QUESTIONS NOTES

Over the last several years, what has your physical health been like?

How often have you had to go to a doctor because you weren't feeling well? (What for?)

(Was the doctor always able to find out what was wrong, or were there times when the doctor said there was nothing wrong, but you were still convinced that something was wrong?)

(Do you worry much about your physical health? Does your doctor think you worry too much?)

IF NOTHING SUGGESTS THE POSSIBILITY OF A SOMATOFORM DISORDER, CHECK HERE ___ AND GO TO NEXT MODULE.

SOMATIZATION DISORDER

How old were you when you first started to have a lot of physical problems or illnesses?

SOMATIZATION CRITERIA

A. The predominant disturbance is many physical complaints or a belief that he or she has been sickly, for several years and beginning before the age of 30.

? 1 2 3

GO TO HYPOCHONDRIASIS, G. 6

Age at onset ___ ___

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

FOR EACH SYMPTOM REPORTED, DETERMINE THAT THE FOUR CRITERIA FOR SIGNIFICANCE ARE MET BY SUCH QUESTIONS AS:

Did you tell a doctor about (SYMPTOM)?

What was his diagnosis? (What did he say was causing it?)

Did he find anything abnormal when he took tests or x-rays?

When you had (SYMPTOM) were you taking any medicine, drugs or alcohol?

IF HAS HAD PANIC ATTACKS: Was that only when you were having a panic attack?

Did you take any medicine for it?

Did it interfere with your life a lot?

Now I am going to ask about specific physical symptoms you may have had.

Have you ever had a lot of trouble with...

B. At least 13 symptoms from the list of symptoms below. To count a symptom as significant, the following criteria must be met:

1. no organic pathology or pathophysiologic mechanism (e.g., a physical disorder or the effects of injury, medication, drugs or alcohol) has been found to account for the symptom, or when there is related organic pathology, the complaint or resulting social or occupational impairment is grossly in excess of what would be expected from the physical findings

2. not occurring only during a panic attack

3. has caused the individual to take medicine (other than aspirin), see a doctor, or alter lifestyle

SYMPTOM LIST

Gastrointestinal

| | | | | | |
|---|---|---|---|---|---|
| ..vomiting (when you weren't pregnant)? | (1) vomiting (other than during pregnancy) | ? | 1 | 2 | 3 |
| ..abdominal or belly pain (not counting times when you were menstruating)? | (2) abdominal pain (other than when menstruating) | ? | 1 | 2 | 3 |
| ..nausea—feeling sick to your stomach but not actually vomiting? | (3) nausea (other than motion sickness) | ? | 1 | 2 | 3 |
| ..excessive gas or bloating of your stomach or abdomen? | (4) bloating (gassy) | ? | 1 | 2 | 3 |
| ..loose bowels or diarrhea | (5) diarrhea | ? | 1 | 2 | 3 |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or tru

| | | | | | |
|---|---|---|---|---|---|
| Have there been any foods that you couldn't eat because they made you sick? What are they? | (6) intolerance of (gets sick on) several different foods | ? | 1 | 2 | 3 |
| | <u>Pain</u> | | | | |
| Have you ever had... | | | | | |
| ..pain in your arms or legs other than in the joints? | (7) pain in extremities | ? | 1 | 2 | 3 |
| ..a lot of trouble with back pain? | (8) back pain | ? | 1 | 2 | 3 |
| ..pain in your joints? | (9) joint pain | ? | 1 | 2 | 3 |
| ..pain when you urinate? | (10) pain during urination | ? | 1 | 2 | 3 |
| ..pain anywhere else (other than headaches)? | (11) other pain (other than headaches) | ? | 1 | 2 | 3 |
| | <u>Cardiopulmonary (other than during panic attacks)</u> | | | | |
| Have you ever been bothered by... | | | | | |
| ..shortness of breath | (12) shortness of breath when not exerting oneself | ? | 1 | 2 | 3 |
| ..your heart race, pound or skip? | (13) palpitations | ? | 1 | 2 | 3 |
| ..chest pain? | (14) chest pain | ? | 1 | 2 | 3 |
| ..dizziness? | (15) dizziness | ? | 1 | 2 | 3 |
| | <u>Conversion or pseudoneurological (other than during panic attacks)</u> | | | | |
| Have you ever... | | | | | |
| ..had a period of amnesia, that is, a period of several hours or days when you couldn't remember anything afterwards about what happened during that time? | (16) amnesia | ? | 1 | 2 | 3 |
| ..had trouble swallowing? | (17) difficulty swallowing | ? | 1 | 2 | 3 |
| ..lost your voice for more than a few minutes? | (18) loss of voice | ? | 1 | 2 | 3 |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

| Have you ever... | | | | | |
|---|---|---|---|---|---|
| ..been completely deaf for a period of time? | (19) deafness | ? | 1 | 2 | 3 |
| ..had double vision for a period of time? | (20) double vision | ? | 1 | 2 | 3 |
| ..had blurred vision (when you didn't need glasses)? | (21) blurred vision | ? | 1 | 2 | 3 |
| ..been completely blind for more than a few seconds? | (22) blindness | ? | 1 | 2 | 3 |
| ..had fainting spells or been unconscious? | (23) fainting or loss of consciousness | ? | 1 | 2 | 3 |
| ..had a seizure or convulsion? | (24) seizure or convulsion | ? | 1 | 2 | 3 |
| ..had trouble walking? | (25) trouble walking | ? | 1 | 2 | 3 |
| ..been paralyzed or had periods of weakness when you couldn't lift or move things that you could normally? | (26) paralysis or muscle weakness | ? | 1 | 2 | 3 |
| ..been completely unable to urinate for a whole day (other than after childbirth or surgery)? | (27) urinary retention or difficulty urinating | ? | 1 | 2 | 3 |
| | Psychosexual symptoms for the major part of individual's life after opportunities for sexual activity | | | | |
| Now I'm going to ask you some questions about sex. | | | | | |
| Have you ever had a burning sensation in your sexual organs or rectum (other than during intercourse)? | (28) burning sensation in sexual organs or rectum (other than during intercourse) | ? | 1 | 2 | 3 |
| Would you say that your sex life has been important to you or could you have gotten along as well without it? | (29) sexual indifference | ? | 1 | 2 | 3 |
| Has having sex often been physically painful for you? | (30) pain during intercourse | ? | 1 | 2 | 3 |
| FOR MEN: Have you often had any other sexual problem, like not being able to have an erection? | (31) impotence | ? | 1 | 2 | 3 |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

| | | | | | |
|---|---|---|---|---|---|
| | Female reproductive symptoms judged by the individual to occur more frequently or severely than in most women | | | | |
| Other than during your first year of menstruation, have you had very painful periods? | (32) painful menstruation | ? | 1 | 2 | 3 |
| IF YES: More than most women? | | | | | |
| Other than during your first year of menstruation (or during menopause), have you had irregular periods? | (33) irregular menstrual periods | ? | 1 | 2 | 3 |
| IF YES: More than most women? | | | | | |
| What about too much bleeding during your periods? | (34) excessive menstrual bleeding | ? | 1 | 2 | 3 |
| IF YES: More than most women? | | | | | |
| IF HAS GIVEN BIRTH: Did you vomit throughout any pregnancy? | (35) vomiting throughout pregnancy | ? | 1 | 2 | 3 |
| | AT LEAST 13 "B" SXS ARE CODED "3" | | 1 | | 3 |
| | CURRENT OR PAST SOMATIZATION DISORDER CRITERIA A AND B ARE CODED "3" | | 1 | | 3 |

CHRONOLOGY

| | | | | | |
|---|---|---|---|---|---|
| IF UNCLEAR: During the past month, have you been bothered by (SOMATIZATION DISORDER)? | Has met criteria for SOMATIZATION DISORDER during past month (current) | ? | 1 | SOMATIZATION DISORDER | 3 |
| When were you last bothered by (SOMATIZATION DISORDER)? | Age when last had SOMATIZATION DISORDER | ___ | | ___ | |
| How old were you when you first were bothered by (SOMATIZATION DISORDER)? | Age at onset of SOMATIZATION DISORDER | ___ | | ___ | |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

| HYPOCHONDRIASIS | HYPOCHONDRIASIS CRITERIA | |
|---|---|---|
| Have you ever feared that you had a serious disease?<br><br>What do (did) you think is (was) wrong? | A. The predominant disturbance is preoccupation with the fear of having, or the belief that one has, a serious disease, based on the individual's interpretation of physical signs or sensations as evidence of physical illness. (DO NOT INCLUDE MISINTERPRETATION OF PHYSICAL SXS OF PANIC ATTACK.)<br><br>DESCRIBE: | ? 1 2 3<br>GO TO UNDIFF. SOMATO-FORM, G. 8 |
| Have (had) you been to a doctor for these symptoms?<br><br>What tests were done?<br><br>What did the doctor say was wrong? | B. Appropriate physical evaluation does not support the diagnosis of any physical disorder that can account for the physical signs or sensations or the individual's unwarranted interpretation of them, AND the symptoms in "A" are not only symptoms of panic attacks. | ? 1 2 3<br>GO TO UNDIFF. SOMATO-FORM, G. 8 |
| Were you reassured by what the doctor said? (Did you feel better when he told you that ...?) | C. The fear of having, or belief that one has a disease, persists despite medical reassurance. | ? 1 2 3<br>GO TO UNDIFF. SOMATO-FORM, G. 8 |
| (When did all this begin?) | D. Duration of the disturbance is at least six months. | ? 1 2 3<br>GO TO UNDIFF. SOMATO-FORM, G. 8 |

?=inadequate information 1=absent or false 3=threshold or true

| | | 1 | 3 |
|---|---|---|---|
| | **CURRENT OR PAST HYPOCHONDRIASIS. CRITERIA A, B, C, AND D ARE CODED "3"** | GO TO UNDIFF. SOMATO-FORM, G. 8 | HYPO-CHON-DRIA-SIS |

**CHRONOLOGY**

| | | ? | 1 | 3 |
|---|---|---|---|---|
| **IF UNCLEAR: During the past month, have you been bothered by (HYPOCHONDRIASIS)?** | **Has met criteria for HYPOCHONDRIASIS during past month (current)** | | | |

| | | | |
|---|---|---|---|
| **When were you last bothered by (HYPOCHONDRIASIS)?** | **Age when last had HYPOCHONDRIASIS** | ___ | ___ |
| **How old were you when you first were bothered by (HYPOCHONDRIASIS)?** | **Age at onset of HYPOCHONDRIASIS** | ___ | ___ |

UNDIFFERENTIATED SOMATOFORM DISORDER

INFORMATION OBTAINED FROM OVERVIEW OF PRESENT ILLNESS AND SOMATOFORM SCREENING QUESTIONS WILL USUALLY BE SUFFICIENT TO CODE THESE ITEMS. ASK ADDITIONAL QUESTIONS IF NECESSARY.

UNDIFFERENTIATED SOMATOFORM DISORDER CRITERIA

A. The predominant disturbance is multiple physical complaints, e.g., pain, fatigue, loss of appetite. ? 1 2 3

DESCRIBE:

GO TO NEXT MODULE

B. Either (1) or (2):

(1) after appropriate evaluation, no organic pathology or pathophysiologic mechanism (e.g., a physical disorder or the effects of injury, medication, drugs or alcohol) has been found to account for the physical complaints ? 1 2 3

(2) when there is related organic pathology, the physical complaints or resulting social or occupational impairment are grossly in excess of what would be expected from the physical findings ? 1 2 3

GO TO NEXT MODULE

(When did all this begin?)

C. Duration of the disturbance is at least six months. ? 1 2 3

GO TO NEXT MODULE

D. Not occurring only during the course of another Somatoform Disorder, a Sexual Dysfunction, Mood Disorder, Anxiety Disorder, Sleep Disorder or psychotic disorder. ? 1 3

GO TO NEXT MODULE

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

CURRENT OR PAST UNDIFFERENTIATED SOMATOFORM DISORDER, CRITERIA A, B, C, AND D ARE CODED "3"

| 1 | 3 |
|---|---|
| GO TO NEXT MODULE | UNDIFF. SOMATO-FORM DISOR-DER |

CHRONOLOGY

| | | ? | 1 | 3 |
|---|---|---|---|---|
| IF UNCLEAR: During the past month, have you been bothered by (UNDIFFERENTIATED SOMATOFORM DISORDER)? | Has met criteria for UNDIFFERENTIATED SOMATOFORM DISORDER during past month (current) | | | |

| | | | |
|---|---|---|---|
| When were you last bothered by (UNDIFFERENTIATED SOMATOFORM DISORDER)? | Age when last had UNDIFFERENTIATED SOMATOFORM DISORDER | ___ | ___ |
| How old were you when you first were bothered by (UNDIFFERENTIATED SOMATOFORM DISORDER)? | Age at onset of UNDIFFERENTIATED SOMATOFORM DISORDER | ___ | ___ |

EATING DISORDERS (CURRENT AND PAST)

| ANOREXIA NERVOSA | ANOREXIA NERVOSA CRITERIA | |
|---|---|---|
| Now I would like to ask you some questions about your eating habits and your weight. | | |
| Have you ever had a time when you weighed much less than other people thought you ought to weigh?<br><br>IF YES: How old were you then? How much did you weigh? How tall were you? | A. Refusal to maintain body weight over a minimal normal weight for age and height, e.g., weight loss leading to maintenance of body weight 15% below expected; failure to make expected weight gain during period of growth, leading to body weight 15% below expected. | ? 1 2 3<br>GO TO BULIMIA NERVOSA, H. 3 |
| At that time, were you very afraid that you could become fat? | B. Intense fear of becoming obese, even when underweight. | ? 1 2 3<br>GO TO BULIMIA NERVOSA, H. 3 |
| At your lowest weight, how did you think you looked? (Did you still feel too fat or that part of your body was too fat?) | C. Disturbance in the way in which one's body weight, size, or shape is experienced, e.g., claiming to "feel fat" even when emaciated, belief that one area of the body is "too fat" even when obviously underweight. | ? 1 2 3<br>GO TO BULIMIA NERVOSA, H. 3 |
| FOR FEMALES: Before this time, were you having your periods? Did they stop? (For how long?) | D. In females, absence of at least three consecutive menstrual cycles when otherwise expected to occur (primary or secondary amenorrhea). (A woman is considered to be amenorrheic if her periods occur only following hormone, e.g., estrogen, administration.) | ? 1 2 3<br>GO TO BULIMIA NERVOSA, H. 3 |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

CURRENT OR PAST ANOREXIA NERVOSA. CRITERIA A, B, C, AND D ARE CODED "3"

| 1 | 3 |
|---|---|
| GO TO BULIMIA NERVOSA H. 3 | ANOREXIA NERVOSA |

CHRONOLOGY

| | | | | |
|---|---|---|---|---|
| IF UNCLEAR: During the past month, have you had (SXS OF ANOREXIA NERVOSA)? | Has met symptomatic criteria for Anorexia Nervosa during past month (criteria A, B, and C) | ? | 1 | 3 |
| When did you last have (ANY SX OF ANOREXIA NERVOSA CODED "3")? | Age when last had Anorexia nervosa | | __ | __ |
| How old were you when you first began to have (SXS OF ANOREXIA NERVOSA)? | Age at onset of Anorexia Nervosa | | __ | __ |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

| BULIMIA NERVOSA | BULIMIA NERVOSA CRITERIA | |
|---|---|---|
| Have you ever had eating binges during which you ate a lot of food in a short period of time? | A. Recurrent episodes of binge-eating (rapid consumption of a large amount of food in a discrete period of time). | ? 1 2 3<br>GO TO NEXT MODULE |
| During these binges, did you feel that your eating was out of control? | B. During the eating binges there is a feeling of lack of control over the eating behavior. | ? 1 2 3<br>GO TO NEXT MODULE |
| Did you do anything to counteract the effects of the binges? (Like making yourself vomit, taking laxatives, strict dieting, fasting, or exercising a lot?) | C. The individual regularly engages in either self-induced vomiting, use of laxatives, strict dieting, fasting, or vigorous exercise in order to prevent weight gain. | ? 1 2 3<br>GO TO NEXT MODULE |
| During this time, did you have eating binges as often as twice a week for three months? | D. A minimum average of two binge-eating episodes per week for at least three months. | ? 1 2 3<br>GO TO NEXT MODULE |
| Are you a lot more concerned about your weight and body shape than most people (your age)? | E. Persistent overconcern with body shape and weight. | ? 1 2 3<br>GO TO NEXT MODULE |

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

CURRENT OR PAST
BULIMIA NERVOSA CRITERIA
A, B, C, D AND E ARE CODED
"3"

| 1 | 3 |
|---|---|
| GO TO NEXT MODULE | BULIMIA NERVOSA |

CHRONOLOGY

| | | | 1 | 3 |
|---|---|---|---|---|
| IF UNCLEAR: During the past month, have you had (SXS OF BULIMIA NERVOSA)? | Has met symptomatic criteria for Bulimia Nervosa during past month (criteria A, B, C, D, and E) | ? | | |
| When did you last have (ANY SX OF BULIMIA NERVOSA CODED "3")? | Age when last had Bulimia Nervosa | | __ | __ |
| How old were you when you first began to have (SXS OF BULIMIA NERVOSA)? | Age at onset of Bulimia Nervosa | | __ | __ |

?=inadequate information 1=absent or false 3=threshold or true

CHILDHOOD DISORDERS



Now I am going to ask you specifically about your childhood and adolescence. Do you remember having any emotional or behavioral problems as a child or teenager? IF YES: What kinds of problems? (IF DESCRIPTION OF PROBLEMS SUGGESTS ONE OF THE DISORDERS ALREADY COVERED, RETURN TO THE APPROPRIATE SECTION AND DETERMINE WHETHER MET CRITERIA)

Now I am going to ask you specific questions about certain problems that children and adolescents sometimes experience.....

SEPARATION ANXIETY DISORDER

For diagnosis, at least three symptoms must be present for at least two weeks.

When you were in Elementary School, Junior High, or High School, di you ever:

| | | |
|---|---|---|
| .....Feel so nervous or afraid to go to school that you were reluctant to go, wouldn't go, or had to be taken by force? | NO | YES |
| .....Did you feel physically ill at these times (e.g., stomachaches, headaches, vomiting, nausea)? Was this only on school days (on separation days)? Did it happen on weekends too? | NO | YES |
| .....Were you reluctant (or refused to) sleep away from home or sleep alone at night? | NO | YES |
| .....Did you have nightmares about being away from your parents, getting kidnapped, or about your parents going away or getting hurt? | NO | YES |
| .....Did you get scarey feelings when your parents weren't around? Did you want to be around them all of the time? | NO | YES |
| .....Did you get afraid that something bad might happen to your mother/father when he/she was not close by? Or that she/he wouldn't come back? | NO | YES |
| .....Did you get afraid that something bad was going to happen to you when your mother/father wasn't close by, like getting lost, kidnapped, killed? | NO | YES |
| .....Was it scarey for you to be home alone? Did you try to avoid it? Did you get upset if your mother/father was not in the same room as you? | NO | YES |
| .....Did you feel sad, upset, or empty when you were not with your mother/father? Did you feel so bad that you couldn't pay attention in school? Couldn't do homework or play? | NO | YES |
| THREE symptoms present at least TWO weeks..... | NO | YES → SAD |

How old were you when these problems began? _____

How long did they go on for? _____

IF NOT OBVIOUS:

| | | |
|---|---|---|
| Did they begin before your started to menstruate (women)/grow hair in your armpits and pubic area (men)? | NO | YES |

OVERANXIOUS DISORDER

For diagnosis, at least four symptoms must be present for at least six months.

When you were in Elementary School, Junior High, or High School

| | | |
|---|---|---|
| .....Did you worry alot about things before they happened? Worry about many different things? | NO | YES |
| .....Did you worry alot about things that already happened-whether you did or said the right thing? | NO | YES |
| .....Did you feel that you had to be good at every thing or most things? | NO | YES |
| .....Did you need a lot of reassurance from your parents/teachers? | NO | YES |
| .....Did you have physical symptoms or complaints (e.g., headaches, stomaches, etc.), but a medical reason could not be found? | NO | YES |
| .....Were you very self-conscious? | NO | YES |
| .....Did you feel "uptight" a lot, like you could not relax? | NO | YES |
| FOUR symptoms present at least SIX months..... | NO | YES → OAD |

How old were you when these problems began? _____

How long did they go on for? _____

IF NOT OBVIOUS:

| | | |
|---|---|---|
| Did this occur before you began to menstruate (women)/grow hair in your armpits and pubic hair (men)? | NO | YES |

J.4

AVOIDANT DISORDER

For diagnosis, each of the three symptoms must be present for at least six months.

**When you were in Elementary School, Junior High, or High School:**

| | | |
|---|---|---|
| ___Did you feel very shy or scared around people you didn't know? | NO | YES |
| ___Did you almost always stay away from places where there were people you didn't know? | NO | YES |
| ___Did you like being with your family and other people that you knew? | NO | YES |
| EACH OF THE ABOVE SYMPTOMS PRESENT FOR AT LEAST SIX MONTHS_____ | NO | YES → Avoidant Disorder |

How old were you when these problems began? _____

How long did they go on for? _____

IF NOT OBVIOUS:

| | | |
|---|---|---|
| Did this occur before you began to menstruate (women)/grow hair in your armpits and pubic hair (men)? | NO | YES |

ATTENTION DEFICIT - HYPERACTIVITY DISORDER

For diagnosis, symptoms must be present for at least six months and onset must be prior to age 7.

When you were 6 or 7 years old:

| | | |
|---|---|---|
| Remaining Seated<br><br>Did you have trouble staying in your seat? at school? at home (e.g., during dinner)? | NO | YES |
| Fidgety<br><br>Could you sit still or were you always moving in your chair? | NO | YES |
| Difficulty Playing Quietly<br><br>Could you play quietly? Did you? Was it hard to play quietly? Did you get into trouble because of this? | NO | YES |
| Talks Excessively<br><br>Did you talk a lot? All the time? More than other kids? Was it a problem? | NO | YES |
| Shifts Activities<br><br>Did you do one thing and then something else without finishing the first thing? Was it hard to stay with one thing for long? (DESCRIBE) | NO | YES |
| Difficulty Sustaining Attention<br><br>Did you have trouble paying attention? Keeping your mind on school work, games? Did your friends have this problem? Was it even harder for you? | NO | YES |
| Difficulty Following Instructions<br><br>Did you have trouble finishing things...homework, chores? Did you have trouble following instructions? What about things that had to be done in a certain order...with different steps? | NO | YES |

| | | |
|---|---|---|
| Easily Distracted<br>Could almost anything get your mind off of what you were doing? in school? in a game? even if you were talking to someone? | NO | YES |
| Interrupts or Intrudes<br>Did you talk when others were talking without waiting till they were finished? a lot? Did you interrupt other children's games? | NO | YES |
| Blurts out Answers<br>Did you give answers to questions before someone finished asking? Did you call out answers in school without the teacher calling on you? | NO | YES |
| Difficulty Waiting Turn<br>Was it hard to wait your turn when you played with other kids? Did you? | NO | YES |
| Acts Before Thinking<br>Did you get into trouble (or get hurt) because you rushed into things without thinking about what might happen? (e.g., ran into street without looking) | NO | YES |
| Messy or Sloppy<br>Were you messy or sloppy? A lot? | NO | YES |
| Loses Things<br>Did you lose things (i.e., toys, books, etc.)? A lot? | NO | YES |
| Doesn't Listen<br>Did your mother (teacher) complain that you were not listening (or daydreaming)? A lot? | NO | YES |
| -- Symptoms present at least six months..... | NO | YES<br>ADDH |

How old were you when these problems began? _____

How long did they go on for? _____

## FES

There are 90 statements in this questionnaire. They are statements about families. You are to decide whether each statement is true or false of how your family was before you were sexually abused. If you think the statement was **true or mostly true** of your family, circle the word "True." If you think the statement was **false or mostly false** about your family, circle the word "False." You may feel that some of the statements were true for some family members and false for others. Select "True" if the statement was true for **most** members. Select "False" if the statement was false for **most** family members. If the members were evenly divided, decide what was the stronger overall impression and answer accordingly.

Remember, we would like to know what your family seemed like to **you**. So do not try to figure out how other members saw your family, but do give us your general impression of your family for each statement.

True False 1. Family members really helped and supported one another.
True False 2. Family members often kept their feelings to themselves.
True False 3. We fought a lot in our family.
True False 4. We didn't do things on our own very often in our family.
True False 5. We felt it was important to be the best at whatever you did.
True False 6. We often talked about political and social problems.
True False 7. We spent most weekends and evenings at home.
True False 8. Family members attended church, synagogue, or Sunday School fairly often.
True False 9. Activities in our family were pretty carefully planned.
True False 10. Family members were rarely ordered around.
True False 11. We often seemed to be killing time at home.
True False 12. We said anything we wanted to around home.
True False 13. Family members rarely became openly angry.
True False 14. In our family, we were strongly encouraged to be independent.
True False 15. Getting ahead in life was very important in our family.
True False 16. We rarely went to lectures, plays, or concerts.
True False 17. Friends often came over for dinner or to visit.
True False 18. We didn't say prayers in our family.
True False 19. We were generally very neat and orderly.
True False 20. There were very few rules to follow in our family.
True False 21. We put a lot of energy into what we did at home.
True False 22. It was hard to "blow off steam" at home without upsetting somebody.
True False 23. Family members sometimes got so angry they threw things.
True False 24. We thought things out for ourselves in our family.

True False 25. How much money a person made was not important to us.
True False 26. Learning about new and different things was very important in our family.
True False 27. Nobody in our family was active in sports, Little League, bowling, etc.
True False 28. We often talked about the religious meaning of Christmas, Passover, or other holidays.
True False 29. It was often hard to find things when you needed them in our household.
True False 30. There was one family member who made most of the decisions.
True False 31. There was a feeling of togetherness in our family.
True False 32. We told each other about our personal problems.
True False 33. Family members hardly ever lost their tempers.
True False 34. We came and went as we wanted to in our family.
True False 35. We believed in competition and "may the best man win."
True False 36. We were not that interested in cultural activities.
True False 37. We often went to the movies, sports events, camping, etc.
True False 38. We didn't believe in heaven or hell.
True False 39. Being on time was very important in our family.
True False 40. There were set ways of doing things at home.
True False 41. We rarely volunteered when something had to be done at home.
True False 42. If we felt like doing something on the spur of the moment we often just picked up and went.
True False 43. Family members often criticized each other.
True False 44. There was very little privacy in our family.
True False 45. We always strove to do things just a little better the next time.
True False 46. We rarely had intellectual discussions.
True False 47. Everyone in our family had a hobby or two.
True False 48. Family members had strict ideas about what was right and wrong.
True False 49. People changed their minds often in our family.
True False 50. There was a strong emphasis on following rules in our family.
True False 51. Family members really backed each other up.
True False 52. Someone usually got upset if you complained in our family.
True False 53. Family members sometimes hit each other.
True False 54. Family members almost always relied on themselves when a problem came up.
True False 55. Family members rarely worried about job promotions, school grades, etc.
True False 56. Someone in our family played a musical instrument.
True False 57. Family members were not very involved in recreational activities outside work or school.
True False 58. We believed there were some things you just had to take on faith.

True False 59. Family members made sure their rooms were neat.
True False 60. Everyone had an equal say in family decisions.
True False 61. There was very little group spirit in our family.
True False 62. Money and paying bills were openly talked about in our family.
True False 63. If there was a disagreement in our family, we tried hard to smooth things over and keep the peace.
True False 64. Family members strongly encouraged each other to stand up for their rights.
True False 65. In our family, we didn't try that hard to succeed.
True False 66. Family members often went to the library.
True False 67. Family members sometimes attended courses or took lessons for some hobby or interest (outside of school).
True False 68. In our family each person had different ideas about what was right and wrong.
True False 69. Each person's duties were clearly defined in our family.
True False 70. We could do whatever we wanted to in our family.
True False 71. We really got along well with each other.
True False 72. We were usually careful about what we said to each other.
True False 73. Family members often tried to one-up or out-do each other.
True False 74. It was hard to be by yourself without hurting someone's feelings in our household.
True False 75. "Work before play" was the rule in our family.
True False 76. Watching T.V. was more important than reading in our family.
True False 77. Family members went out a lot.
True False 78. The Bible was a very important book in our home.
True False 79. Money was not handled very carefully in our family.
True False 80. Rules were pretty flexible in our household.
True False 81. There was plenty of time and attention for everyone in our family.
True False 82. There were a lot of spontaneous discussions in our family.
True False 83. In our family, we believed you didn't ever get anywhere by raising your voice.
True False 84. We were not really encouraged to speak up for ourselves in our family.
True False 85. Family members were often compared with others as to how well they were doing at work or school.
True False 86. Family members really liked music, art, and literature.
True False 87. Our main form of entertainment was watching T.V. or listening to the radio.
True False 88. Family members believed that if you sinned you would be punished.
True False 89. Dishes were usually done immediately after eating.
True False 90. You couldn't get away with much in our family.

**Family Experiences Survey**

Part A

1. In what religion were you raised?
   1. Roman Catholic
   2. Eastern Orthodox
   3. Episcopalian
   4. Congregationalist
   5. Methodist
   6. Presbyterian
   7. Other Protestant: _____
   8. Jewish
   9. No religion
   10. Other: _____
2. What is your predominant ethnic background (no more than 2)
   1. Irish
   2. Italian
   3. German
   4. French-Canadian
   5. Polish
   6. Other Eastern European
   7. Black
   8. Spanish
   9. English
   10. Scotch
   11. Other: _____
3. In the first 12 years of your life, did you live mostly in (pick the one you lived longest):
   1. a farm
   2. a town of under 5,000
   3. a town of between 5,000 and 25,000
   4. a town of between 25,000 and 100,000
   5. a town of between 100,000 and 500,000
   6. a town larger than 500,000

We would like to gather some information about members of your family.

4. First, about your father:
   a. Is he:
      1. Living with your mother
      2. Divorced or separated from her
      3. Widowed
      4. Living apart for some other reason
      5. Deceased

(Father, continued)

   b. What is (was) his year of birth? (If unsure, put current age or approximate age) _____
   c. Was there any time before you were 16 when you did not live with him?
      1. Yes 2. No
      If yes, give your age, e.g., 6 to 10
      Age _____ to _____
   d. When you last lived with him, how close did you feel to him?
      1. Very close
      2. Close
      3. Somewhat close
      4. Not close
      5. Distant

5. Did you also have a stepfather?
   1. Yes 2. No
   a. Is your stepfather:
      1. Living with your mother
      2. Divorced or separated from her
      3. Widowed
      4. Living apart for some other reason
      5. Deceased
   b. What is (was) his year of birth? (If unsure, put current age or approximate age) _____
   c. Was there any time before you were 16 when you did not live with him?
      1. Yes 2. No
      If yes, give your age, e.g., 6 to 10
      Age _____ to _____
   d. When you last lived with him, how close did you feel to him?
      1. Very close
      2. Close
      3. Somewhat close
      4. Not close
      5. Distant

6. Now, about your mother
   a. Is she:
      1. Living with your father
      2. Divorced or separated from him
      3. Widowed
      4. Living apart for some other reason
      5. Deceased

(Mother, continued)

b. What is (was) her year of birth? (If unsure, put current age or approximate age) _____

c. Was there any time before you were 16 when you did not live with her?

1. Yes 2. No

If yes, give your age, e.g., 6 to 10

Age _____ to _____

d. When you last lived with her, how close did you feel to her?

1. Very close
2. Close
3. Somewhat close
4. Not close
5. Distant

7. Did you also have a stepmother?

1. Yes 2. No

a. Is your stepmother:

1. Living with your father
2. Divorced or separated from him
3. Widowed from him
4. Living apart for some other reason
5. Deceased

b. What is (was) her year of birth? (If unsure, put current age or approximate age) _____

c. Was there any time before you were 16 when you did not live with her?

1. Yes 2. No

If yes, give your age, e.g., 6 to 10

Age _____ to _____

d. When you last lived with her, how close did you feel to her?

1. Very close
2. Close
3. Somewhat close
4. Not close
5. Distant

Now, about your brothers (If none, go to no. 12)

Start with Oldest Brother, and work down to youngest.

8. a. Oldest brother, is he:

1. A natural brother
2. A stepbrother
3. A half-brother (one parent in common)

(Oldest brother, continued)

4. An adopted brother

b. What is his year of birth? (If unsure, put current age or approximate age)

_____

c. Was there any time before you were 16 when you did not live with him?

1. Yes 2. No

If Yes, give your age, e.g., 6 to 10

Age _____ to _____

d. When you last lived with him how close did you feel toward him?

1. Very close
2. Close
3. Somewhat close
4. Not close
5. Distant

9. Next brother (If none, go to no. 12)

a. Is he:

1. A natural brother
2. A stepbrother
3. A half-brother (one parent in common)
4. An adopted brother

b. What is his year of birth? (If unsure, put current age or approximate age)

_____

c. Was there any time before you were 16 when you did not live with him?

1. Yes 2. No

If Yes, give your age, e.g., 6 to 10

Age _____ to _____

d. When you last lived with him how close did you feel toward him?

1. Very close
2. Close
3. Somewhat close
4. Not close
5. Distant

10. Next brother (If none, go to no. 12)

a. Is he:

1. A natural brother
2. A stepbrother
3. A half-brother (one parent in common)
4. An adopted brother

b. What is his year of birth? (If unsure, put current age or approximate age)

_____

(Next brother, continued)

c. Was there any time before you were 16 when you did not live with him?
   1. Yes 2. No
   If Yes, give your age, e.g., 6 to 10
   Age _____ to _____

d. When you last lived with him how close did you feel toward him?
   1. Very close
   2. Close
   3. Somewhat close
   4. Not close
   5. Distant

11. Next brother (If none, go to no. 12)

a. Is he:
   1. A natural brother
   2. A stepbrother
   3. A half-brother (one parent in common)
   4. An adopted brother

b. What is his year of birth? (If unsure, put current age or approximate age)
   _____

c. Was there any time before you were 16 when you did not live with him?
   1. Yes 2. No
   If Yes, give your age, e.g., 6 to 10
   Age _____ to _____

d. When you last lived with him how close did you feel toward him?
   1. Very close
   2. Close
   3. Somewhat close
   4. Not close
   5. Distant

Now about your sisters (if none, go to no. 16)

Start with the Oldest Sister, and work down to the Youngest.

12. a. Oldest sister, is she:
   1. A natural sister
   2. A stepsister
   3. A half-sister(one parent in common)
   4. An adopted sister

b. What is her year of birth? (If unsure, put current age or approximate age)
   _____

(Oldest sister, continued)

c. Was there any time before you were 16 when you did not live with her?
   1. Yes 2. No
   If Yes, give your age, e.g., 6 to 10
   Age _____ to _____

d. When you last lived with her how close did you feel toward her?
   1. Very close
   2. Close
   3. Somewhat close
   4. Not close
   5. Distant

13. Next sister (if none, go to no. 16)

a. Is she:
   1. A natural sister
   2. A stepsister
   3. A half-sister(one parent in common)
   4. An adopted sister

b. What is her year of birth? (If unsure, put current age or approximate age)
   _____

c. Was there any time before you were 16 when you did not live with her?
   1. Yes 2. No
   If Yes, give your age, e.g., 6 to 10
   Age _____ to _____

d. When you last lived with her how close did you feel toward her?
   1. Very close
   2. Close
   3. Somewhat close
   4. Not close
   5. Distant

14. Next sister (if none, go to no. 16)

a. Is she:
   1. A natural sister
   2. A stepsister
   3. A half-sister(one parent in common)
   4. An adopted sister

b. What is her year of birth? (If unsure, put current age or approximate age)
   _____

c. Was there any time before you were 16 when you did not live with her?
   1. Yes 2. No
   If Yes, give your age, e.g., 6 to 10
   Age _____ to _____

(Next Sister, continued)

d. When you last lived with her how close did you feel toward her?
   1. Very close
   2. Close
   3. Somewhat close
   4. Not close
   5. Distant

15. Next sister (if none, go to no. 16)
   a. Is she:
      1. A natural sister
      2. A stepsister
      3. A half-sister(one parent in common)
      4. An adopted sister

(Next Sister, continued)

b. What is her year of birth? (If unsure, put current age or approximate age)
   _____

c. Was there any time before you were 16 when you did not live with her?
   1. Yes 2. No
   If Yes, give your age, e.g., 6 to 10
   Age _____ to _____

d. When you last lived with her how close did you feel toward her?
   1. Very close
   2. Close
   3. Somewhat close
   4. Not close
   5. Distant

16. Which of these family members were you living with at age 12?

| | | |
|---|---|---|
| a. Father | e. 1st brother | i. 1st sister |
| b. Stepfather | f. 2nd brother | j. 2nd sister |
| c. Mother | g. 3rd brother | k. 3rd sister |
| d. Stepmother | h. 4th brother | l. 4th sister |

## Part B

The rest of this interview applies to your family when you were age 12. All questions should be answered with reference to the members of your family when you were age 12 (unless otherwise indicated). That means when a question asks about your "father," it means the father (or stepfather) you lived with when you were 12. If you did not live with one or both parents when you were 12, answer for that parent at some earlier age when you were living with him or her.

17. What were your parents' occupations when you were 12?

| Father | Mother | |
|---|---|---|
| 1 | 1 | Semiskilled or unskilled worker (factory worker, hospital aide, truck driver, etc.) |
| 2 | 2 | Skilled worker or foreman (machinist, carpenter, cook) |
| 3 | 3 | Farmer (owner-operator or renter) |
| 4 | 4 | Clerical or sales (but not manager) |
| 5 | 5 | Proprietor, except farm (owner of a business) |
| 6 | 6 | Professional (architect, teacher, nurse) or managerial position (department head, store manager) |
| 0 | 0 | No occupation outside home |
| X | X | Don't know |

18. When you were 12, which of the following came closest to your parents annual income before taxes?

| Father | Mother | |
|---|---|---|
| 0 | 0 | Not employed |
| 1 | 1 | Less than $4,000 |
| 2 | 2 | $4,000 to $5,999 |

| | | |
|---|---|---|
| 3 | 3 | $6,000 to $7,999 |
| 4 | 4 | $8,000 to $9,999 |
| 5 | 5 | $10,000 to $11,999 |
| 6 | 6 | $12,000 to $14,999 |
| 7 | 7 | $15,000 to $19,999 |
| 8 | 8 | $20,000 to $29,999 |
| 9 | 9 | $30,000 and over |
| X | X | Don't know |

19. What was the highest level of education attained by your parents?

| Father | Mother | |
|---|---|---|
| 1 | 1 | Some grade school |
| 2 | 2 | Completed grade school |
| 3 | 3 | Some high school |
| 4 | 4 | Completed high school |
| 5 | 5 | High school and some other training but not college |
| 6 | 6 | Some college |
| 7 | 7 | Completed college |
| 8 | 8 | Some graduate work |
| 9 | 9 | Graduate degree (M.D., M.A.) |

20. How many of your grandparents were born in the United States?
    1. 1  2. 2  3. 3  4. 4  0. None

21. Did either of your parents grow up on a farm?
    1. Mother  2. Father  3. Both  4. Neither

22. How many bedrooms were there in the house your family lived in when you were 12?

    _____

23. How many people were living in the house at the time? _____

24. At age 12, did you share a bedroom with:

1. No one, had own bedroom
2. One brother
3. More than one brother

4. One sister
5. More than one sister
6. One or more brothers and sisters

7. One or both parents
8. Someone else
9. Other combination

_____

25. Did any other people live with you for more than a year while you were growing up, besides mother, father, sisters and brothers? (Circle as many as apply)

a. Grandfather b. Grandmother c. Uncle d. Aunt
e. Other relative f. Other nonrelative (e.g., boarder, housekeeper, etc.)

26. When you were 12, did you have;
1. Many good friends 2. A few good friends 3. One or two good friends
4. No good friends

27. Answer the following questions about the set of parents you had when you were 12. How true was this of your mother and father?

**1 = never 2 = rarely 3 = sometimes 4 = often 5 = very often**

| | Father<br>__ no father | Mother<br>__ no mother |
|---|---|---|
| a. Influenced other people or took charge of things | 1 2 3 4 5 | 1 2 3 4 5 |
| b. Was ambitious, worked hard | 1 2 3 4 5 | 1 2 3 4 5 |
| c. Lacked energy | 1 2 3 4 5 | 1 2 3 4 5 |
| d. Had problems with relatives | 1 2 3 4 5 | 1 2 3 4 5 |
| e. Was tense, nervous, worried | 1 2 3 4 5 | 1 2 3 4 5 |
| f. Was ill | 1 2 3 4 5 | 1 2 3 4 5 |
| g. Drank heavily | 1 2 3 4 5 | 1 2 3 4 5 |
| h. Complained about finances | 1 2 3 4 5 | 1 2 3 4 5 |
| i. Kissed you | 1 2 3 4 5 | 1 2 3 4 5 |
| j. Hugged you | 1 2 3 4 5 | 1 2 3 4 5 |
| k. Put you on his/her lap | 1 2 3 4 5 | 1 2 3 4 5 |
| l. Roughhoused or played tickling games with you | 1 2 3 4 5 | 1 2 3 4 5 |

28. When you were 12 how happy would you say your parents marriage was?
1. Unhappy
2. Not very happy
3. Somewhat happy
4. Happy
5. Very happy
x. Not applicable. Only one parent

29. How often do you remember your parents:

| Kissing | Hugging | Holding Hands | |
|---|---|---|---|
| 1 | 1 | 1 | Never |
| 2 | 2 | 2 | Rarely |
| 3 | 3 | 3 | Somet imes |
| 4 | 4 | 4 | Often |
| 5 | 5 | 5 | Very often |
| x | x | x | Not applicable |

30. Would your father and mother have agreed or disagreed with the following statments? (Circle number from 1 to 4 to indicate degree of Agreement or Disagreement.)

__ No father __ No mother

A. Children should never be allowed to talk back to their parents or they will lose respect from them.

| | | | | | | |
|---|---|---|---|---|---|---|
| Father | Agree | 1 | 2 | 3 | 4 | Disagree |
| Mother | Agree | 1 | 2 | 3 | 4 | Disagree |

B. In making family decisions, parents ought to take children's opinions into account.

| | | | | | | |
|---|---|---|---|---|---|---|
| Father | Agree | 1 | 2 | 3 | 4 | Disagree |
| Mother | Agree | 1 | 2 | 3 | 4 | Disagree |

C. Women should not be placed in positions of authority over men.

| | | | | | | |
|---|---|---|---|---|---|---|
| Father | Agree | 1 | 2 | 3 | 4 | Disagree |
| Mother | Agree | 1 | 2 | 3 | 4 | Disagree |

31. Every family has different, sometimes unspoken, rules about personal contact among family members. Think about your family when you were twelve. Who would you do these things with?

| | Mother | Father | Sister closest in age | Brother closest in age |
|---|---|---|---|---|
| If you were going on a trip, who would you: | | | | |
| a. Hug good bye: | Yes No | Yes No | Yes No | Yes No |
| b. Kiss goodbye: | Yes No | Yes No | Yes No | Yes No |
| c. Kiss on the lips goodbye: | Yes No | Yes No | Yes No | Yes No |

| | Mother | Father | Sister closest in age | Brother closest in age |
|---|---|---|---|---|
| In your house when you were getting up in the morning, who could: | | | | |
| d. See you in your underwear without embarrassing you? | Yes No | Yes No | Yes No | Yes No |
| e. See you naked without embarrassing you? | Yes No | Yes No | Yes No | Yes No |
| f. Go into the bathroom if you were already there without embarrassing you? | Yes No | Yes No | Yes No | Yes No |
| g. Who could you tell a dirty joke to? | Yes No | Yes No | Yes No | Yes No |
| h. Who could you tell about a sexual experience you had? | Yes No | Yes No | Yes No | Yes No |
| i. If you were in your bedroom alone who could enter without knocking? | Yes No | Yes No | Yes No | Yes No |

32. The next series of questions are about how and when you learned about sex. How old were you when you first learned about the following things? Where did you learn them from? If you can't remember exactly how old, make an approximate guess. In case of several sources of learning, circle all that apply.
Source: (Code for answers below)

| | | | | |
|---|---|---|---|---|
| 1. Mother | 2. Father | 3. Brother | 4. Sister | 5. Friend (same sex) |
| 6. Friend (opposite sex) | | 7. Sex education course | | 8. Other adult |
| 9. Book or magazine | | 10. Self-discovery | | 11. Other or don't know |

| | Age you first learned | Source you learned it from |
|---|---|---|
| A. That men and women have different sexual organs | _____ | 1 2 3 4 5 6 7 8 9 10 11 |
| B. That babies result from sexual intercourse | _____ | 1 2 3 4 5 6 7 8 9 10 11 |
| C. That your parents engaged in sexual intercourse | _____ | 1 2 3 4 5 6 7 8 9 10 11 |
| D. How to obtain and use contraceptives | _____ | 1 2 3 4 5 6 7 8 9 10 11 |
| E. How to cope with menstruation | _____ | 1 2 3 4 5 6 7 8 9 10 11 |
| F. How to arouse a sexual partner | _____ | 1 2 3 4 5 6 7 8 9 10 11 |
| G. How to arouse yourself | _____ | 1 2 3 4 5 6 7 8 9 10 11 |

## Part C

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. Although these are often important events, very little is actually known about them. We would like you to try to remember the sexual experiences you had while growing up. By "sexual," we mean a broad range of things, anything from playing "doctor" to sexual intercourse -- in fact, anything that might have seeemed "sexual" to you.

### Ages 0 - 6

Choose three sexual experiences -- or however many up to three -- that you had before the age of 6 (up to and including kindergarten) with other children (a person 16 or younger), including friends, strangers, brothers, sisters, and cousins. Pick the most important to you and answer the following questions:

_____ No such experience (go to next section)

| | Experience #1 | Experience #2 | Experience #3 |
|---|---|---|---|
| 1. About how old were you at the time: | _____ | _____ | _____ |
| 2. Approximate age(s) of other person(s): | _____ | _____ | _____ |
| 3. Sex of the other person(s): (1=male, 2=female) | 1 2 | 1 2 | 1 2 |
| 4. Other person's relationship to you: | | | |
| 1. Stranger | 1 | 1 | 1 |
| 2. Person you knew, but not friend | 2 | 2 | 2 |
| 3. Friend | 3 | 3 | 3 |
| 14. Niece or nephew | 14 | 14 | 14 |
| 5. Cousin | 5 | 5 | 5 |
| 8. Brother | 8 | 8 | 8 |
| 9. Sister | 9 | 9 | 9 |
| 15. Other: _____ | 15 | 15 | 15 |
| 5. What happened? (1 = yes, 0 = no) | **yes no** | **yes no** | **yes no** |
| a. An invitation or request to do something sexual | 1 0 | 1 0 | 1 0 |
| b. Kissing and hugging in a sexual way | 1 0 | 1 0 | 1 0 |
| c. Other person showing his/her sex organs to you | 1 0 | 1 0 | 1 0 |
| d. You showing your sex organs to other person | 1 0 | 1 0 | 1 0 |
| e. Other person fondling you in a sexual way | 1 0 | 1 0 | 1 0 |
| f. You fondling other person in a sexual way | 1 0 | 1 0 | 1 0 |
| g. Other person touching your sex organs | 1 0 | 1 0 | 1 0 |
| h. You touching other person's sex organs | 1 0 | 1 0 | 1 0 |
| i. Intercourse, but without attempting penetration | 1 0 | 1 0 | 1 0 |
| j. Intercourse | 1 0 | 1 0 | 1 0 |

k. Other: Please mention:

#1: _____

#2: _____

#3: _____

| | | | |
|---|---|---|---|
| 6. Who started this (1=self, 2=other person) | 1 2 | 1 2 | 1 2 |
| 7. Did other person(s) threaten or force you? 1 = yes; 2 = a little; 3 = no | 1 2 3 | 1 2 3 | 1 2 3 |
| 8. Did you threaten or force other person(s)? 1 = yes; 2 = a little; 3 = no | 1 2 3 | 1 2 3 | 1 2 3 |
| 9. About how many times did you have a sexual experience with this person(s)? | _____ | _____ | _____ |
| 10. Over how long a time did this go on? (give number of months) | _____ | _____ | _____ |
| How old were you when you stopped having sexual experiences with this person(s)? | _____ | _____ | _____ |
| 11. Which of these would best describe your reaction at the time of the experience? 1. Fear 2. Shock 3. Surprise 4. Interest 5. Pleasure | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 12. Who did you tell about this experience, at the time? | | | |
| 1. No one | 1 | 1 | 1 |
| 2. Mother | 2 | 2 | 2 |
| 3. Father | 3 | 3 | 3 |
| 4. Other adult | 4 | 4 | 4 |
| 5. Brother/Sister | 5 | 5 | 5 |
| 6. Friend | 6 | 6 | 6 |
| 13. How did your mother react? If you did not tell her, how do you think she would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all | | | |
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| 14. How did your father react? If you did not tell him, how do you think he would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all | | | |
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| 15. How did another adult react? If you did not tell him/her, how do you think s/he would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all | | | |
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| 16. How did your brother/sister react? If you did not tell him/her, how do you think s/he would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all | | | |
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| 17. How did your friend react? If you did not tell him/her, how do you think s/he would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all | | | |
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| 18. In retrospect, would you say this sexual experience was: 1. Positive; 2. Mostly Positive; 3. Neutral; 4. Mostly Negative; 5. Negative | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |

Now we want to ask you to think of three sexual experiences -- or however many up to three -- that you had before the age of 6 (up to and including kindergarten) with an adult (a person 17 or older), including friends, strangers, brothers, sisters, cousins, aunts, uncles, mother, father, grandparents, or friends of the family. Pick the most important to you and answer the following questions:

_____ No such experience (go to next section)

| | Experience #1 | Experience #2 | Experience #3 |
|---|---|---|---|
| 1. About how old were you at the time: | _____ | _____ | _____ |
| 2. Approximate age(s) of other person(s): | _____ | _____ | _____ |
| 3. Sex of the other person(s): (1=male, 2=female) | 1 2 | 1 2 | 1 2 |
| 4. Other person's relationship to you: | | | |
| 1. Stranger | 1 | 1 | 1 |
| 2. Person you knew, but not friend | 2 | 2 | 2 |
| 3. Friend | 3 | 3 | 3 |
| 4. A friend of your parents | 4 | 4 | 4 |
| 5. Cousin | 5 | 5 | 5 |
| 6. An uncle or aunt | 6 | 6 | 6 |
| 7. A grandparent | 7 | 7 | 7 |
| 8. Brother | 8 | 8 | 8 |
| 9. Sister | 9 | 9 | 9 |
| 10. Father | 10 | 10 | 10 |
| 11. Stepfather | 11 | 11 | 11 |
| 12. Mother | 12 | 12 | 12 |
| 13. Stepmother | 13 | 13 | 13 |
| 14. Neice or nephew | 14 | 14 | 14 |
| 15. Other: _____ | 15 | 15 | 15 |

| 5. What happened? (1 = yes, 0 = no) | yes | no | yes | no | yes | no |
|---|---|---|---|---|---|---|
| a. An invitation or request to do something sexual | 1 | 0 | 1 | 0 | 1 | 0 |
| b. Kissing and hugging in a sexual way | 1 | 0 | 1 | 0 | 1 | 0 |
| c. Other person showing his/her sex organs to you | 1 | 0 | 1 | 0 | 1 | 0 |
| d. You showing your sex organs to other person | 1 | 0 | 1 | 0 | 1 | 0 |
| e. Other person fondling you in a sexual way | 1 | 0 | 1 | 0 | 1 | 0 |
| f. You fondling other person in a sexual way | 1 | 0 | 1 | 0 | 1 | 0 |
| g. Other person touching your sex organs | 1 | 0 | 1 | 0 | 1 | 0 |
| h. You touching other person's sex organs | 1 | 0 | 1 | 0 | 1 | 0 |
| i. Intercourse, but without attempting penetration | 1 | 0 | 1 | 0 | 1 | 0 |
| j. Intercourse | 1 | 0 | 1 | 0 | 1 | 0 |

k. Other: Please mention:

#1: _____

#2: _____

#3: _____

| | | | |
|---|---|---|---|
| 6. Who started this (1=self, 2=other person) | 1 2 | 1 2 | 1 2 |
| 7. Did other person(s) threaten or force you? 1 = yes; 2 = a little; 3 = no | 1 2 3 | 1 2 3 | 1 2 3 |
| 8. Did you threaten or force other person(s)? 1 = yes; 2 = a little; 3 = no | 1 2 3 | 1 2 3 | 1 2 3 |
| 9. About how many times did you have a sexual experience with this person? | _____ | _____ | _____ |
| 10. Over how long a time did this go on? (give number of months) | _____ | _____ | _____ |
| How old were you when you stopped having sexual experiences with this person(s)? | _____ | _____ | _____ |

11. Which of these would best describe your reaction at the time of the experience?
    1. Fear 2. Shock 3. Surprise 4. Interest 5. Pleasure

| | | | |
|---|---|---|---|
| | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 12. Who did you tell about this experience, at the time? | | | |
| 1. No one | 1 | 1 | 1 |
| 2. Mother | 2 | 2 | 2 |
| 3. Father | 3 | 3 | 3 |
| 4. Other adult | 4 | 4 | 4 |
| 5. Brother/Sister | 5 | 5 | 5 |
| 6. Friend | 6 | 6 | 6 |
| 13. How did your mother react? If you did not tell her, how do you think she would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all | | | |
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| 14. How did your father react? If you did not tell him, how do you think he would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all | | | |
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| 15. How did another adult react? If you did not tell him/her, how do you think s/he would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all | | | |
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| 16. How did your brother/sister react? If you did not tell him/her, how do you think s/he would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all | | | |
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| 17. How did your friend react? If you did not tell him/her, how do you think s/he would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all | | | |
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| 18. In retrospect, would you say this sexual experience was: 1. Positive; 2. Mostly Positive; 3. Neutral; 4. Mostly Negative; 5. Negative | | | |
| | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |

**Ages 7 - 12**

Choose three sexual experiences -- or however many up to three -- that you had between the ages of 7 and 12 (approximately from first to sixth grade) with other children (a person 16 or younger), including friends, strangers, brothers, sisters, and cousins. (If this relationship was described in a previous section, do not repeat it). Pick the most important to you and answer the following questions:

_____ No such experience (go to next section)

| | Experience #1 | Experience #2 | Experience #3 |
|---|---|---|---|
| 1. About how old were you at the time: | _____ | _____ | _____ |
| 2. Approximate age(s) of other person(s): | _____ | _____ | _____ |
| 3. Sex of the other person(s): (1=male, 2=female) | 1 2 | 1 2 | 1 2 |

4. Other person's relationship to you:

| | | | |
|---|---|---|---|
| 1. Stranger | 1 | 1 | 1 |
| 2. Person you knew, but not friend | 2 | 2 | 2 |
| 3. Friend | 3 | 3 | 3 |
| 14. Niece or nephew | 14 | 14 | 14 |
| 5. Cousin | 5 | 5 | 5 |
| 8. Brother | 8 | 8 | 8 |
| 9. Sister | 9 | 9 | 9 |
| 15. Other: _____ | 15 | 15 | 15 |

| 5. What happened? (1 = yes, 0 = no) | yes | no | yes | no | yes | no |
|---|---|---|---|---|---|---|
| a. An invitation or request to do something sexual | 1 | 0 | 1 | 0 | 1 | 0 |
| b. Kissing and hugging in a sexual way | 1 | 0 | 1 | 0 | 1 | 0 |
| c. Other person showing his/her sex organs to you | 1 | 0 | 1 | 0 | 1 | 0 |
| d. You showing your sex organs to other person | 1 | 0 | 1 | 0 | 1 | 0 |
| e. Other person fondling you in a sexual way | 1 | 0 | 1 | 0 | 1 | 0 |
| f. You fondling other person in a sexual way | 1 | 0 | 1 | 0 | 1 | 0 |
| g. Other person touching your sex organs | 1 | 0 | 1 | 0 | 1 | 0 |
| h. You touching other person's sex organs | 1 | 0 | 1 | 0 | 1 | 0 |
| i. Intercourse, but without attempting penetration | 1 | 0 | 1 | 0 | 1 | 0 |
| j. Intercourse | 1 | 0 | 1 | 0 | 1 | 0 |

k. Other: Please mention:

#1: _____

#2: _____

#3: _____

| | | | |
|---|---|---|---|
| 6. Who started this (1=self, 2=other person) | 1 2 | 1 2 | 1 2 |
| 7. Did other person(s) threaten or force you? 1 = yes; 2 = a little; 3 = no | 1 2 3 | 1 2 3 | 1 2 3 |
| 8. Did you threaten or force other person(s)? 1 = yes; 2 = a little; 3 = no | 1 2 3 | 1 2 3 | 1 2 3 |

9. About how many times did you have a sexual experience with this person?

_____ _____ _____

10. Over how long a time did this go on? (give number of months)

_____ _____ _____

How old were you when you stopped having sexual experiences with this person(s)?

_____ _____ _____

11. Which of these would best describe your reaction at the time of the experience?
1. Fear 2. Shock 3. Surprise 4. Interest 5. Pleasure

| | | | |
|---|---|---|---|
| | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |

12. Who did you tell about this experience, at the time?

| | | | |
|---|---|---|---|
| 1. No one | 1 | 1 | 1 |
| 2. Mother | 2 | 2 | 2 |
| 3. Father | 3 | 3 | 3 |
| 4. Other adult | 4 | 4 | 4 |
| 5. Brother/Sister | 5 | 5 | 5 |
| 6. Friend | 6 | 6 | 6 |

13. How did your mother react? If you did not tell her, how do you think she would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all

| | | | |
|---|---|---|---|
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |

14. How did your father react? If you did not tell him, how do you think he would have reacted?
1. Very 2. Mildly 3. A little 4. Not at all

| | | | |
|---|---|---|---|
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |

15. How did another adult react? If you did not tell him/her, how do you think s/he would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all

| | | | |
|---|---|---|---|
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |

16. How did your brother/sister react? If you did not tell him/her, how do you think s/he would have reacted?
1. Very 2. Mildly 3. A little 4. Not at all

| | | | |
|---|---|---|---|
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |

17. How did your friend react? If you did not tell him/her, how do you think s/he would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all

| | | | |
|---|---|---|---|
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |

18. In retrospect, would you say this sexual experience was:
1. Positive; 2. Mostly Positive; 3. Neutral; 4. Mostly Negative; 5. Negative

| | | |
|---|---|---|
| 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |

Now we want to ask you to think of three sexual experiences -- or however many up to three -- that you had between the ages of 7 and 12 (approximately from first to sixth grade) with an adult (a person 17 or older), including friends, strangers, brothers, sisters, cousins, aunts, uncles, mother, father, grandparents, or friends of the family. (If this relationship was described in a previous section, do not repeat it). Pick the most important to you and answer the following questions:

_____ No such experience (go to next section)

| | Experience #1 | Experience #2 | Experience #3 |
|---|---|---|---|
| 1. About how old were you at the time: | _____ | _____ | _____ |
| 2. Approximate age(s) of other person(s): | _____ | _____ | _____ |
| 3. Sex of the other person(s): (1=male, 2=female) | 1 2 | 1 2 | 1 2 |
| 4. Other person's relationship to you: | | | |
| 1. Stranger | 1 | 1 | 1 |
| 2. Person you knew, but not friend | 2 | 2 | 2 |
| 3. Friend | 3 | 3 | 3 |
| 4. A friend of your parents | 4 | 4 | 4 |
| 5. Cousin | 5 | 5 | 5 |
| 6. An uncle or aunt | 6 | 6 | 6 |
| 7. A grandparent | 7 | 7 | 7 |
| 8. Brother | 8 | 8 | 8 |
| 9. Sister | 9 | 9 | 9 |
| 10. Father | 10 | 10 | 10 |
| 11. Stepfather | 11 | 11 | 11 |
| 12. Mother | 12 | 12 | 12 |
| 13. Stepmother | 13 | 13 | 13 |
| 14. Neice or nephew | 14 | 14 | 14 |
| 15. Other: _____ | 15 | 15 | 15 |

| 5. What happened? (1 = yes, 0 = no) | yes | no | yes | no | yes | no |
|---|---|---|---|---|---|---|
| a. An invitation or request to do something sexual | 1 | 0 | 1 | 0 | 1 | 0 |
| b. Kissing and hugging in a sexual way | 1 | 0 | 1 | 0 | 1 | 0 |
| c. Other person showing his/her sex organs to you | 1 | 0 | 1 | 0 | 1 | 0 |
| d. You showing your sex organs to other person | 1 | 0 | 1 | 0 | 1 | 0 |
| e. Other person fondling you in a sexual way | 1 | 0 | 1 | 0 | 1 | 0 |
| f. You fondling other person in a sexual way | 1 | 0 | 1 | 0 | 1 | 0 |
| g. Other person touching your sex organs | 1 | 0 | 1 | 0 | 1 | 0 |
| h. You touching other person's sex organs | 1 | 0 | 1 | 0 | 1 | 0 |
| i. Intercourse, but without attempting penetration | 1 | 0 | 1 | 0 | 1 | 0 |
| j. Intercourse | 1 | 0 | 1 | 0 | 1 | 0 |

k. Other: Please mention:

#1: _____

#2: _____

#3: _____

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 6. Who started this (1=self, 2=other person) | 1 | 2 | | 1 | 2 | | 1 | 2 | |
| 7. Did other person(s) threaten or force you? 1 = yes; 2 = a little; 3 = no | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 |
| 8. Did you threaten or force other person(s)? 1 = yes; 2 = a little; 3 = no | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 |

9. About how many times did you have a sexual experience with this person?

_____ _____ _____

10. Over how long a time did this go on? (give number of months)

_____ _____ _____

How old were you when you stopped having sexual experiences with this person(s)?

_____ _____ _____

11. Which of these would best describe your reaction at the time of the experience?

1. Fear 2. Shock 3. Surprise 4. Interest 5. Pleasure

1 2 3 4 5 1 2 3 4 5 1 2 3 4 5

12. Who did you tell about this experience, at the time?

| | | | |
|---|---|---|---|
| 1. No one | 1 | 1 | 1 |
| 2. Mother | 2 | 2 | 2 |
| 3. Father | 3 | 3 | 3 |
| 4. Other adult | 4 | 4 | 4 |
| 5. Brother/Sister | 5 | 5 | 5 |
| 6. Friend | 6 | 6 | 6 |

13. How did your mother react? If you did not tell her, how do you think she would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all

| | | | |
|---|---|---|---|
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |

14. How did your father react? If you did not tell him, how do you think he would have reacted?

1. Very 2. Mildly 3. A little 4. Not at all

| | | | |
|---|---|---|---|
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |

15. How did another adult react? If you did not tell him/her, how do you think s/he would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all

| | | | |
|---|---|---|---|
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |

16. How did your brother/sister react? If you did not tell him/her, how do you think s/he would have reacted?

1. Very 2. Mildly 3. A little 4. Not at all

| | | | |
|---|---|---|---|
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |

17. How did your friend react? If you did not tell him/her, how do you think s/he would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all

| | | | |
|---|---|---|---|
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |

18. In retrospect, would you say this sexual experience was:

1. Positive; 2. Mostly Positive; 3. Neutral; 4. Mostly Negative; 5. Negative

| | | |
|---|---|---|
| 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |

**Ages 13 - 18**

Choose three sexual experiences -- or however many up to three -- that you had between the ages of 13 and 18 (approximately from seventh to twelfth grade) with other children (a person 16 or younger), including friends, strangers, brothers, sisters, and cousins. (If this relationship was described in a previous section, do not repeat it). Pick the most important to you and answer the following questions:

_____ No such experience (go to next section)

| | Experience #1 | Experience #2 | Experience #3 |
|---|---|---|---|
| 1. About how old were you at the time: | _____ | _____ | _____ |
| 2. Approximate age(s) of other person(s):` | _____ | _____ | _____ |
| 3. Sex of the other person(s): (1=male, 2=female) | 1 2 | 1 2 | 1 2 |
| 4. Other person's relationship to you: | | | |
| 1. Stranger | 1 | 1 | 1 |
| 2. Person you knew, but not friend | 2 | 2 | 2 |
| 3. Friend | 3 | 3 | 3 |
| 14. Niece or nephew | 14 | 14 | 14 |
| 5. Cousin | 5 | 5 | 5 |
| 8. Brother | 8 | 8 | 8 |
| 9. Sister | 9 | 9 | 9 |
| 15. Other: _____ | 15 | 15 | 15 |

| 5. What happened? (1 = yes, 0 = no) | yes | no | yes | no | yes | no |
|---|---|---|---|---|---|---|
| a. An invitation or request to do something sexual | 1 | 0 | 1 | 0 | 1 | 0 |
| b. Kissing and hugging in a sexual way | 1 | 0 | 1 | 0 | 1 | 0 |
| c. Other person showing his/her sex organs to you | 1 | 0 | 1 | 0 | 1 | 0 |
| d. You showing your sex organs to other person | 1 | 0 | 1 | 0 | 1 | 0 |
| e. Other person fondling you in a sexual way | 1 | 0 | 1 | 0 | 1 | 0 |
| f. You fondling other person in a sexual way | 1 | 0 | 1 | 0 | 1 | 0 |
| g. Other person touching your sex organs | 1 | 0 | 1 | 0 | 1 | 0 |
| h. You touching other person's sex organs | 1 | 0 | 1 | 0 | 1 | 0 |
| i. Intercourse, but without attempting penetration | 1 | 0 | 1 | 0 | 1 | 0 |
| j. Intercourse | 1 | 0 | 1 | 0 | 1 | 0 |

k. Other: Please mention:

#1: _____

#2: _____

#3: _____

| | | | |
|---|---|---|---|
| 6. Who started this (1=self, 2=other person) | 1 2 | 1 2 | 1 2 |
| 7. Did other person(s) threaten or force you? 1 = yes; 2 = a little; 3 = no | 1 2 3 | 1 2 3 | 1 2 3 |
| 8. Did you threaten or force other person(s)? 1 = yes; 2 = a little; 3 = no | 1 2 3 | 1 2 3 | 1 2 3 |
| 9. About how many times did you have a sexual experience with this person? | _____ | _____ | _____ |
| 10. Over how long a time did this go on? (give number of months) | _____ | _____ | _____ |
| How old were you when you stopped having sexual experiences with this person(s)? | _____ | _____ | _____ |
| 11. Which of these would best describe your reaction at the time of the experience? 1. Fear 2. Shock 3. Surprise 4. Interest 5. Pleasure | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 12. Who did you tell about this experience, at the time? | | | |
| 1. No one | 1 | 1 | 1 |
| 2. Mother | 2 | 2 | 2 |
| 3. Father | 3 | 3 | 3 |
| 4. Other adult | 4 | 4 | 4 |
| 5. Brother/Sister | 5 | 5 | 5 |
| 6. Friend | 6 | 6 | 6 |
| 13. How did your mother react? If you did not tell her, how do you think she would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all | | | |
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| 14. How did your father react? If you did not tell him, how do you think he would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all | | | |
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| 15. How did another adult react? If you did not tell him/her, how do you think s/he would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all | | | |
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| 16. How did your brother/sister react? If you did not tell him/her, how do you think s/he would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all | | | |
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| 17. How did your friend react? If you did not tell him/her, how do you think s/he would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all | | | |
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| 18. In retrospect, would you say this sexual experience was: 1. Positive; 2. Mostly Positive; 3. Neutral; 4. Mostly Negative; 5. Negative | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |

Now we want to ask you to think of three sexual experiences -- or however many up to three -- that you had between the ages of 13 and 18 (approximately from seventh to twelfth grade) with an adult (a person 17 or older), including friends, strangers, brothers, sisters, cousins, aunts, uncles, mother, father, grandparents, or friends of the family. (If this relationship was described in a previous section, do not repeat it). Pick the most important to you and answer the following questions:

_____ No such experience (go to next section)

| | Experience #1 | Experience #2 | Experience #3 |
|---|---|---|---|
| 1. About how old were you at the time: | _____ | _____ | _____ |
| 2. Approximate age(s) of other person(s): | _____ | _____ | _____ |
| 3. Sex of the other person(s): (1=male, 2=female) | 1 2 | 1 2 | 1 2 |
| 4. Other person's relationship to you: | | | |
| 1. Stranger | 1 | 1 | 1 |
| 2. Person you knew, but not friend | 2 | 2 | 2 |
| 3. Friend | 3 | 3 | 3 |
| 4. A friend of your parents | 4 | 4 | 4 |
| 5. Cousin | 5 | 5 | 5 |
| 6. An uncle or aunt | 6 | 6 | 6 |
| 7. A grandparent | 7 | 7 | 7 |
| 8. Brother | 8 | 8 | 8 |
| 9. Sister | 9 | 9 | 9 |
| 10. Father | 10 | 10 | 10 |
| 11. Stepfather | 11 | 11 | 11 |
| 12. Mother | 12 | 12 | 12 |
| 13. Stepmother | 13 | 13 | 13 |
| 14. Neice or nephew | 14 | 14 | 14 |
| 15. Other: _____ | 15 | 15 | 15 |
| 5. What happened? (1 = yes, 0 = no) | **yes no** | **yes no** | **yes no** |
| a. An invitation or request to do something sexual | 1 0 | 1 0 | 1 0 |
| b. Kissing and hugging in a sexual way | 1 0 | 1 0 | 1 0 |
| c. Other person showing his/her sex organs to you | 1 0 | 1 0 | 1 0 |
| d. You showing your sex organs to other person | 1 0 | 1 0 | 1 0 |
| e. Other person fondling you in a sexual way | 1 0 | 1 0 | 1 0 |
| f. You fondling other person in a sexual way | 1 0 | 1 0 | 1 0 |
| g. Other person touching your sex organs | 1 0 | 1 0 | 1 0 |
| h. You touching other person's sex organs | 1 0 | 1 0 | 1 0 |
| i. Intercourse, but without attempting penetration | 1 0 | 1 0 | 1 0 |
| j. Intercourse | 1 0 | 1 0 | 1 0 |
| k. Other: Please mention: | | | |
| #1: _____ | | | |
| #2: _____ | | | |
| #3: _____ | | | |
| 6. Who started this (1=self, 2=other person) | 1 2 | 1 2 | 1 2 |
| 7. Did other person(s) threaten or force you? 1 = yes; 2 = a little; 3 = no | 1 2 3 | 1 2 3 | 1 2 3 |
| 8. Did you threaten or force other person(s)? 1 = yes; 2 = a little; 3 = no | 1 2 3 | 1 2 3 | 1 2 3 |

9. About how many times did you have a sexual experience with this person?

_____ _____ _____

10. Over how long a time did this go on? (give number of months)

_____ _____ _____

How old were you when you stopped having sexual experiences with this person(s)?

_____ _____ _____

11. Which of these would best describe your reaction at the time of the experience?
1. Fear 2. Shock 3. Surprise 4. Interest 5. Pleasure

| | | | |
|---|---|---|---|
| | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |

12. Who did you tell about this experience, at the time?

| | | | |
|---|---|---|---|
| 1. No one | 1 | 1 | 1 |
| 2. Mother | 2 | 2 | 2 |
| 3. Father | 3 | 3 | 3 |
| 4. Other adult | 4 | 4 | 4 |
| 5. Brother/Sister | 5 | 5 | 5 |
| 6. Friend | 6 | 6 | 6 |

13. How did your mother react? If you did not tell her, how do you think she would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all

| | | | |
|---|---|---|---|
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |

14. How did your father react? If you did not tell him, how do you think he would have reacted?
1. Very 2. Mildly 3. A little 4. Not at all

| | | | |
|---|---|---|---|
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |

15. How did another adult react? If you did not tell him/her, how do you think s/he would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all

| | | | |
|---|---|---|---|
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |

16. How did your brother/sister react? If you did not tell him/her, how do you think s/he would have reacted?
1. Very 2. Mildly 3. A little 4. Not at all

| | | | |
|---|---|---|---|
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |

17. How did your friend react? If you did not tell him/her, how do you think s/he would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all

| | | | |
|---|---|---|---|
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |

18. In retrospect, would you say this sexual experience was:
1. Positive; 2. Mostly Positive; 3. Neutral; 4. Mostly Negative; 5. Negative

| | | | |
|---|---|---|---|
| | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |

Finally, we would like you to think of any sexual experience that occurred to you after the age of 18, which you did not consent to. That is, a sexual experience which was forced upon you, or done against your will, or which you didn't want to happen. (Once again, do not repeat describing a relationship you described earlier). Pick the three most important and answer the following questions:

_____ No such experience (go to next section)

| | Experience #1 | Experience #2 | Experience #3 |
|---|---|---|---|
| 1. About how old were you at the time: | _____ | _____ | _____ |
| 2. Approximate age(s) of other person(s): | _____ | _____ | _____ |
| 3. Sex of the other person(s): (1=male, 2=female) | 1 2 | 1 2 | 1 2 |
| 4. Other person's relationship to you: | | | |
| 1. Stranger | 1 | 1 | 1 |
| 2. Person you knew, but not friend | 2 | 2 | 2 |
| 3. Friend | 3 | 3 | 3 |
| 4. A friend of your parents | 4 | 4 | 4 |
| 5. Cousin | 5 | 5 | 5 |
| 6. An uncle or aunt | 6 | 6 | 6 |
| 7. A grandparent | 7 | 7 | 7 |
| 8. Brother | 8 | 8 | 8 |
| 9. Sister | 9 | 9 | 9 |
| 10. Father | 10 | 10 | 10 |
| 11. Stepfather | 11 | 11 | 11 |
| 12. Mother | 12 | 12 | 12 |
| 13. Stepmother | 13 | 13 | 13 |
| 14. Neice or nephew | 14 | 14 | 14 |
| 15. Other: _____ | 15 | 15 | 15 |

| 5. What happened? (1 = yes, 0 = no) | yes | no | yes | no | yes | no |
|---|---|---|---|---|---|---|
| a. An invitation or request to do something sexual | 1 | 0 | 1 | 0 | 1 | 0 |
| b. Kissing and hugging in a sexual way | 1 | 0 | 1 | 0 | 1 | 0 |
| c. Other person showing his/her sex organs to you | 1 | 0 | 1 | 0 | 1 | 0 |
| d. You showing your sex organs to other person | 1 | 0 | 1 | 0 | 1 | 0 |
| e. Other person fondling you in a sexual way | 1 | 0 | 1 | 0 | 1 | 0 |
| f. You fondling other person in a sexual way | 1 | 0 | 1 | 0 | 1 | 0 |
| g. Other person touching your sex organs | 1 | 0 | 1 | 0 | 1 | 0 |
| h. You touching other person's sex organs | 1 | 0 | 1 | 0 | 1 | 0 |
| i. Intercourse, but without attempting penetration | 1 | 0 | 1 | 0 | 1 | 0 |
| j. Intercourse | 1 | 0 | 1 | 0 | 1 | 0 |

k. Other: Please mention:

#1: _____

#2: _____

#3: _____

| | | | |
|---|---|---|---|
| 6. Who started this (1=self, 2=other person) | 1 2 | 1 2 | 1 2 |
| 7. Did other person(s) threaten or force you? 1 = yes; 2 = a little; 3 = no | 1 2 3 | 1 2 3 | 1 2 3 |
| 8. Did you threaten or force other person(s)? 1 = yes; 2 = a little; 3 = no | 1 2 3 | 1 2 3 | 1 2 3 |

9. About how many times did you have a sexual experience with this person?

_____ _____ _____

10. Over how long a time did this go on? (give number of months)

_____ _____ _____

How old were you when you stopped having sexual experiences with this person(s)?

_____ _____ _____

11. Which of these would best describe your reaction at the time of the experience?

1. Fear 2. Shock 3. Surprise 4. Interest 5. Pleasure

| | | |
|---|---|---|
| 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |

12. Who did you tell about this experience, at the time?

| | | | |
|---|---|---|---|
| 1. No one | 1 | 1 | 1 |
| 2. Mother | 2 | 2 | 2 |
| 3. Father | 3 | 3 | 3 |
| 4. Other adult | 4 | 4 | 4 |
| 5. Brother/Sister | 5 | 5 | 5 |
| 6. Friend | 6 | 6 | 6 |

13. How did your mother react? If you did not tell her, how do you think she would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all

| | | | |
|---|---|---|---|
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |

14. How did your father react? If you did not tell him, how do you think he would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all

| | | | |
|---|---|---|---|
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |

15. How did another adult react? If you did not tell him/her, how do you think s/he would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all

| | | | |
|---|---|---|---|
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |

16. How did your brother/sister react? If you did not tell him/her, how do you think s/he would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all

| | | | |
|---|---|---|---|
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |

17. How did your friend react? If you did not tell him/her, how do you think s/he would have reacted? 1. Very 2. Mildly 3. A little 4. Not at all

| | | | |
|---|---|---|---|
| a. Angry | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| b. Supportive | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |

18. In retrospect, would you say this sexual experience was:
1. Positive; 2. Mostly Positive; 3. Neutral; 4. Mostly Negative; 5. Negative

| | | |
|---|---|---|
| 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |

## Part D

Everyone gets into conflicts with other people and sometimes these lead to physical blows, such as hitting really hard, kicking, punching, stabbing, throwing someone down, etc. The following questions ask about how often these things happened to you, and how often you saw them happen to others.

0=Never 1=Once 2=Twice 3=3-5 time s4=6-10 times 5=11-20 times 6=More than 20 times X=N/A

Try to remember how often these events happened when you were 6 years old or younger.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| a. One of my brothers or sisters did this to me | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |
| b. A brother or sister did that to another brother or sister | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |
| c. I did to a brother or sister | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |
| d. My father did to me | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |
| e. My father did to a brother or sister | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |
| f. My mother did to me | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |
| g. My mother did to a brother or sister | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |
| h. Father did to mother | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |
| i. Mother did to father | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |

Try to remember how often these events happened when you were from 7 to 12 years old.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| a. One of my brothers or sisters did this to me | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |
| b. A brother or sister did that to another brother or sister | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |
| c. I did to a brother or sister | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |
| d. My father did to me | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |
| e. My father did to a brother or sister | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |
| f. My mother did to me | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |
| g. My mother did to a brother or sister | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |
| h. Father did to mother | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |
| i. Mother did to father | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |

Try to remember how often these events happened when you were from 13 to 18 years old.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| a. One of my brothers or sisters did this to me | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |
| b. A brother or sister did that to another brother or sister | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |
| c. I did to a brother or sister | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |
| d. My father did to me | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |
| e. My father did to a brother or sister | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |
| f. My mother did to me | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |
| g. My mother did to a brother or sister | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |
| h. Father did to mother | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |
| i. Mother did to father | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X |

## Personality Disorder Examination, Borderline Portion

Now let me ask some questions about the kind of person you are. How would you describe your personality?
Have you always been like that?
*If no:* When did you change?
What were you like before?

**Marked and persistent identity disturbance manifested by uncertainty about self-image.**

**1.** 0 1 2 0 1 2 ?

Are you so different at different times that you don't know what to expect of yourself?
*If yes:* Tell me about it.
Are you so different with different people or in different situations that you don't behave like the same person?
*If yes*: Give me some examples.
*If no*: Have others told you that you're like that?
*If yes*: Why do you think they've said that?
Do you think one of your problems is that you're not sure what kind of person you are?
*If yes*: How does that affect your life?

**Marked and persistent identity disturbance manifested by uncertainty about long-term goal or career choice.**

**2.** 0 1 2 0 1 2 ?

What are your long-term goals in life?
Do they change often?
*If yes:* Tell me about it.
*Not asked of homemakers, adolescents, students, and those who have never or almost never worked.*
Do you often wonder whether you've made the right choice of job or career?
*If yes:* How does that affect you?
*Asked only of homemakers.*
Do you often wonder whether you've made the right choice in becoming a homemaker?
*If yes*: How does that affect you?
*Adolescents, students, and those who have never or almost never worked.*
Have you made up your mind about what kind of job or career you would like to have?
*If no*: How does that affect you?

**Marked and persistent identity disturbance manifested by uncertainty about preferred values.**

**3.** 0 1 2 0 1 2 ?

Do you have trouble deciding what's morally right and wrong?
*If yes*: How does that affect you or the way you live your life?
Do you have trouble deciding what's important in life?
*If yes*: How does that affect you or the way you live your life?

**Marked and persistent identity disturbance manifested by uncertainty about type of friends desired.**

**4.** 0 1 2 0 1 2 ?

Do you have a lot of trouble deciding what type of friends you should have?
*If yes*: Does that have an effect on your life or cause any problems for you?
*If yes*: Give me some examples.
Does the kind of people you have as friends keep changing?

*If yes*: Tell me about it.

**A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of overidealization and devaluation.**

**5.** 0 1 2 0 1 2 ?

Do you get into intense and stormy relationships with other people with lots of ups and downs? I mean, where your feelings about them run "hot" and "cold," or change from one extreme to the other.

*If yes*: In those relationships do you often find yourself alternating between admiring and despising the same person?

*If yes*: Give me some examples.

In how many different relationships has this happened?

**Inappropriate, intense anger or lack of control of anger.**

**6.** 0 1 2 0 1 2 ?

Do you sometimes feel very angry without a good reason?

*If yes*: Give me some examples.

*If no*: Have people ever told you that you're a very angry person?

*If yes*: Why do you think they've said that?

Do you ever lose your temper and have tantrums or angry outbursts?

*If yes*: Give me some examples.

Do you ever throw, break, or smash things?

*If yes*: Give me some examples.

Do you ever hit or assault people?

*If yes*: Give me some examples.

**Chronic feelings of emptiness or boredom.**

**7.** 0 1 2 0 1 2 ?

Do you often feel bored or empty inside?

*If yes*: Does that upset you or cause any problems for you?

*If yes*: Tell me about it.

**Affective instability: marked shifts from baseline mood to depression, irritability, or anxiety, usually lasting a few hours and only rarely more than a few days.**

**8.** 0 1 2 0 1 2 ?

Do you often change from your usual mood to feeling very irritable, very depressed, or very nervous?

*If yes*: When that happens how long do you usually stay that way?

Give me some examples of what it's like when you're feeling that way.

**Frantic efforts to avoid real or imagined abandonment (Do not include suicidal or self-mutiliating behavior).**

**9.** 0 1 2 0 1 2 ?

Do you ever find yourself frantically trying to do something to stop someone close to you from abandoning you?

*If yes*: Give me some examples.

**Impulsiveness in sex.**

**10.** 0 1 2 0 1 2 ?

*Asked only of those who have been married.*

Do you ever get into sexual relationships quickly or impulsively?

*If yes*: Give me some examples.
Does this cause any problems for you or get you into trouble?
*If yes*: Tell me about it.
*Asked only of those who have never been married.*
Have you had sexual relations with anyone?
*If yes*: Do you ever get into sexual relationships quickly or impulsively?
*If yes*: Give me some examples.
Does this cause any problems for you or get you into trouble?
*If yes*: Tell me about it.

**Marked and persistent identity disturbance manifested by uncertainty about sexual orientation.**

**11.** 0 1 2 0 1 2 ?
Have you ever been uncertain whether you prefer a sexual relationship with a man or a woman?
*If yes*: Tell me about it.
Does this ever upset or bother you? *If yes*: Tell me about it.

**Impulsiveness in at least two areas that are potentially self-damaging.**

**12.** 0 1 2 0 1 2 ?
Have you ever had a problem with gambling or spending too much money?
*If yes*: Tell me about it.
*If no*: Have others said that you do?
*If yes*: Why do you think they've said that?
Have you ever been drunk, "stoned," on marijuana, abused drugs or used them to get high?
*If yes*: How often?
Has that caused any problems for you or for others?
*If yes*: Tell me about it.
*If no*: Have others said there was a problem?
*If yes*: Why do you think they have?
Have you ever gone on eating binges to the point that it was a problem for you or others were concerned about you?
*If yes*: Tell me more about it.

**Recurrent suicidal threats, gestures, or behavior, or self-mutilating behavior.**

**13.** 0 1 2 0 1 2 ?
Have you ever threatened to commit suicide?
*If yes*: How many times?
Tell me about it.
Have you ever actually made a suicide attempt or gesture?
*If yes*: How many times?
Tell me about it.
Have you ever deliberately cut yourself, smashed your fist through a window, burned yourself, or hurt yourself in some other way (not counting suicide attempts or gestures)?
*If yes*: Tell me about it.

# VITA

Name: Margaret Koch Warren

Birthdate: January 17, 1967

Professional Address: Delaunay Family of Services
5215 N. Lombard Street
Portland, OR 97203
(503) 285-9871

Home Address: 903 N.E. 106th Ave.
Vancouver, WA 98664
(360) 604-0433

Education:

August, 1989 to present: Ph.D. Candidate in Psychology
Department of Psychology
Virginia Polytechnic Institute

M.S. in Psychology awarded in February, 1992

Thesis Title: An Analysis of Different Aspects of Test Anxiety in Children

Thesis Chair: Thomas H. Ollendick, Ph.D.

Dissertation Title: The Causal Link between Childhood Sexual Abuse, Contextual Factors, and Borderline Personality Disorder: A Path Analytic Model. (In progress).

Dissertation Chair: Thomas H. Ollendick, Ph.D.

August, 1985 to May, 1989: B.S.F.S. (Bachelor of Science in the Foreign Service) Degree in Comparative and Regional Studies, Cum Laude

School of Foreign Service
Georgetown University

Clinical Experience:

September, 1994 to present: Psychology Intern, Delaunay Family of Services, Portland, OR. Conduct psychological assessments as well as individual and family outpatient therapy sessions with adults and children, co-facilitate adolescent survivors' group and play/music therapy group for young children.
Primary Supervisors: Jennifer Stolz, Ph.D., Lisa Gabardi, Ph.D., Susan Preston, Ph.D.

June, 1993 to July, 1994: Psychology Extern, Southwestern Virginia Mental Health Institute, Marion, VA. Conducted psychological assessments and mental status examinations and provided individual and group therapy sessions for adult and adolescent inpatients at a state psychiatric facility.
Supervisor: Richard W. Mears, Ph.D.

August, 1993 to May, 1994: Graduate Supervisor, Psychological Services Center and Child Study Center, Virginia Polytechnic Institute and State University, Blacksburg, Virginia. Requested by the director of clinical psychology program to assist with co-supervision of a practicum team composed of first-, second-, and fourth-year students. Included individual and group supervision of child and adult cases.
Supervisor: Richard M. Eisler

August, 1992 to May, 1993: Graduate Clinician, Psychological Services Center and Child Study Center, Virginia Polytechnic and State University, Blacksburg, Virginia. Assessment and treatment of a variety of clinical problems, primarily with women, at an outpatient clinical training facility. Supervision of first- and second-year

graduate clinicians at the training facility and in the public school system.
Supervisors: Thomas H. Ollendick, Ph.D. and Ellie T. Sturgis, Ph.D.

June, 1992 to December, 1992: Emergency Services Clinician, RAFT Community Crisis Center, Blacksburg, Virginia. Worked relief hours. Provided crisis intervention, crisis counseling of adults and children, and evaluated individuals for psychiatric hospitalization, involuntarily committing when necessary.
Supervisors: Dennis Cropper, Ph.D. and Kathy Pollock, M.S.

June, 1991 to June, 1992: Mental Health Clinician Extern, Mental Health Services of the New River Valley, Montgomery County Clinic, Christiansburg, Virginia. Assessment and treatment of diversity of clinical problems with children and adults (primarily women) at an outpatient community mental health clinic. Treatment included individual, couples, family, and group therapy as well as parent training.
Supervisors: Dennis Cropper, Ph.D. and Linda Felts, LCSW

August, 1991 to May, 1992: Intern with School Psychologist, Montgomery County Public Schools, Montgomery County, Virginia. NIMH project. Counseling of emotionally disturbed children in elementary, middle, and high schools on an individual and group basis.
Supervisors: Thomas H. Ollendick, Ph.D. and Barbara Reasor, M.A.

August, 1989 to May, 1991: Graduate Clinician, Psychological Services Center and Child Study Center, Virginia Polytechnic Institute and State University, Blacksburg, Virginia. Assessment and treatment of a variety of clinical problems

with children and adults at an outpatient clinical training facility. Included Attention-Deficit Disorder evaluations and parent training groups for parents of children with Attention-Deficit Disorder.
Supervisors: Jack W. Finney, Ph.D., Ross Greene, Ph.D., Russell T. Jones, Ph.D., and Carolyn Pickett, Ph.D.

1988 to 1989: Telephone Counselor, Families and Children in Trouble hotline. Washington, D.C. Crisis counseling for the general public via telephone.

Research Experience:

October, 1993 to present: Conducted dissertation research with a clinical sample of sexually abused women to determine the relationship between childhood sexual abuse, family characteristics, and borderline personality disorder. Diagnostic, personality, and sexual victimization interviews as well as self-reports on coping and family environment were utilized.
Principal Investigator: Margaret K. Warren, M.S.

January, 1993 to July, 1993: Assisted with diagnostic, personality, and sexual victimization interviews with battered women in shelters.
Principal Investigator: Terri L. Weaver, M.S.

June to September, 1992: Conducted group hypnosis sessions for data collection to investigate childhood experiences and hypnotizability.
Principal Investigators: Helen Crawford, Ph.D., Ellie Sturgis, Ph.D., and Margaret K. Warren, M.S.

Fall, 1991 to Spring, 1992: Assisted with diagnostic interviews and self-reports of adolescent inpatients to determine the relationship between depression and

conduct disorder in adolescent psychiatric inpatients.
Principal Investigator: Thomas H. Ollendick, Ph.D.

Spring, 1991: Assisted with diagnostic and attachment interviews of college students to determine relationship between separation anxiety and attachment.
Principal Investigator: Cynthia Lease, M.S.

January to September, 1990: Assisted with diagnostic interviews and self-reports of parents and children who were in car accidents to investigate Posttraumatic Stress Disorder.
Principal Investigator: Jane Keppel, M.S.

Teaching Experience:

April 22, 1994: "Childhood Emotional Abuse and Neglect: Definitions, Effects, and Implications for Professionals." Conducted a four-hour workshop for school teachers, child protective services workers, and mental health professionals on identifying and intervening in cases of psychological maltreatment. Sponsored by the Child Abuse Prevention Coalition of Montgomery County.

Fall, 1992 and Fall, 1993: Basic Clinical Skills Training. Conducted four-week classes with first-year clinical psychology students to teach rudimentary skills such as reflective listening, clinical interviewing, and case conceptualization.

Spring, 1992: "Test Anxiety in the Classroom: Not Just an Educational Problem." Conducted workshops in Montgomery County Schools on how teachers can minimize students' test anxiety. Assembled and distributed informational packets on test anxiety for students and teachers.

August, 1989 to May, 1990: Introductory Psychology Laboratory Instructor. Virginia Polytechnic Institute and State University, Blacksburg, Virginia. Graduate Teaching Assistantship. Lectured on supplementary reading materials and facilitated discussion.

Professional Presentations:

"Test Anxiety and Negative Affectivity in Children" by Margaret K. Warren, M.S. and Thomas H. Ollendick, Ph.D. Poster session presented at the Virginia Psychological Association conference in October, 1993.

"An Analysis of Different Aspects of Test Anxiety in Children" by Margaret K. Warren, M.S., Thomas H. Ollendick, Ph.D., and Hunter Hill. Poster session presented at the Southeastern Psychological Association conference in March, 1992.

"Depression in Adolescents: A Time Course Analysis" by David Jaquess, M.A., Mark Weist, Ph.D., David Hamilton, Ph.D., Thomas H. Ollendick, Ph.D., Margaret K. Warren, M.S., Cynthia Lease, M.S., and Sara Mattis. Poster session presented at the Southeastern Psychological Association conference in March, 1992.

Professional Affiliations:
Student Affiliate, American Psychological Association, Division 12

Professional Honors and Awards:
National Institute of Mental Health fellow, August, 1990 to June, 1992.
Phi Kappa Phi member, April, 1991 to April, 1994.