

**FACTORS CONTRIBUTING TO THE LONG-TERM ADJUSTMENT OF  
COLLEGE WOMEN ABUSED AS CHILDREN**

by

Kerri Weise Augusto

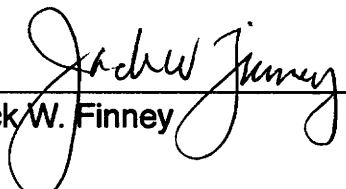
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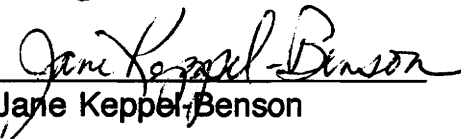
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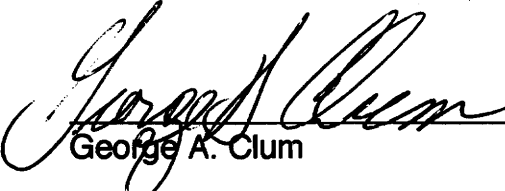
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(ABSTRACT)

The current study examines psychological correlates of childhood maltreatment, including adult attachment, attributional style, perceived family environment, and current social support and demonstrates their main effects and interactions for predicting long-term psychological distress. Further, this study expands upon past research by broadly defining childhood maltreatment, to include sexual, physical, and psychological aspects of maltreatment. This perspective enables the examination of abuse main effects as well as the interactional effect of the various types of abuse.

Three hundred and twenty college women completed the Family Experiences Survey, Conflict Tactics Scale, Childhood Maltreatment Interview - Revised, Social Support Questionnaire, Insecure Attachment Inventory, Bell Object Relations Reality Testing Inventory, Mental Health Inventory, and Brief Symptom Inventory. One hundred and twenty eight women reported a history of maltreatment.

Multiple regressions and a discriminant analysis showed attributional style, attachment, and specific maltreatment experiences significantly contributed to the prediction of psychological distress in adulthood. A significant interaction was noted for psychological abuse and attributional style. Further, the unique combinations of specific maltreatment experiences significantly predicted differences in paranoia and depression in the group of maltreated women.

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## DEDICATION

I dedicate this work to Mr. Peter Amati, who once told a 16 year old girl that she was not smart enough to succeed, and to my husband, Jonathan Augusto, who at the age of 17, believed in me enough to tell Mr. Amati he was wrong.

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Three hundred and twenty young women left traces of themselves upon the pages of this dissertation. As voluntary participants in a research study, many of these women chose to share with me the details of their personal

traumas. Each of them helped me learn something new about the trauma of childhood maltreatment. To each of these unnamed women, I send my deepest thanks, and my hope for a more gentle and peaceful future.

## Introduction

In 1961, Kempe and his colleagues introduced the concept of the "battered child." Since that time, professionals in the mental health field have become increasingly aware of the millions of children who are maltreated in our society each year. In 1992, an estimated 2,936,000 children were reported to Child Protective Service agencies as alleged victims of child maltreatment. Of these children, an estimated 993,000 were substantiated victims of maltreatment. These numbers represent an increase from 14 cases of substantiated abuse per 1000 children in 1991 to 16 cases of substantiated abuse per 1000 children in 1992 (McCurdy & Daro, 1994). A recent national survey (McCurdy & Daro, 1994) suggests that this apparent increase in the number of reported and substantiated cases of child maltreatment has grown steadily over the past eight years, along with a steady increase in the number of confirmed abuse-related childhood deaths. Clearly, the problem of childhood maltreatment is not a social condition that can be ignored.

Like other victims, abused children experience significant psychological distress. Unlike adults, however, these children are traumatized during a critical developmental period in which they are acquiring general coping and affiliative skills and forming assumptions about themselves and their world. Thus, children's reactions to the trauma of abuse can have a marked impact upon both their psychological and social development. For instance, following the initial impact of the trauma, a child often develops new coping behaviors (e.g.,

dissociation or social withdrawal) which are intended to preserve stability and safety and/or to decrease the pain experienced as a result of the victimization. These early cognitive and/or behavioral accommodations may persist into adulthood, when they may no longer be effective in helping the individual achieve her goals.

In addition, interpersonal sequelae of child abuse may continue when the individual maintains cognitive beliefs that were conditioned during the period of victimization (e.g., distrust of others or low self-esteem) or when she generalizes reactions to ongoing maltreatment or abuse-related distress (e.g., avoidance or ingratiation). Given the individual's history, the development of such reactions is understandable; however, the responses may be self-defeating, for they interfere with effective interpersonal functioning and often reduce the person's access to critical social resources such as support and acceptance.

As a result of the reciprocal influence of abuse and individual functioning, a complete understanding of the effects of childhood maltreatment requires consideration not only of the immediate impact of the abuse on victims but also an examination of the long-term impact of abuse on psychological functioning. This current paper is designed to further our understanding of the long-term effects of childhood maltreatment.<sup>1</sup>

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<sup>1</sup> Throughout this document the terms "abuse" and "maltreatment" will be used interchangeably to refer to the improper treatment of one individual by another.

Review of the Literature  
Types of Childhood Maltreatment

Physical Abuse

To date, there is no widely accepted definition of what behaviors constitute physical abuse. Thresholds for parental violence vary considerably in our society, with some parents rejecting all forms of physical punishment and others maintaining fairly "liberal" attitudes toward the differentiation between discipline and abuse. These varied points of view have complicated the process of defining the limits of physical abuse. However, it is well-accepted that a substantial number of children are maltreated by their parents to a point where the majority of people would label the behavior as abuse. Physical abuse, defined as a type of maltreatment that involves physical acts that cause physical injury to a child, is responsible for claiming the lives of more than three children per day in the United States alone (National Center for Child Abuse and Neglect, 1994).

Following two large national studies, Gelles and Straus (1987) concluded that the rate of severe parent-child violence in the United States held steady at 11-14% for over a decade. These figures were substantiated by statistics from the National Center on Child Abuse and Neglect (1992) which indicated that an estimated 790,000 children in the United States were involved in investigations of alleged child physical abuse and neglect annually. Of these children, approximately 750 died at the hands of their parents (McCurdy & Daro, 1994).

These statistics, though high, may under-represent the total number of incidents of physical abuse, as many cases of abuse are likely to go unreported. Retrospective studies of college students indicated that, when asked to respond to an anonymous questionnaire, up to 20 percent of university students report experiences of parental violence leading to physical injury (Graziano & Namaste, 1990). Similarly, up to 9 percent of students who utilized university counseling centers for non-crisis assistance report histories of significant physical child abuse when asked about such experiences on intake questionnaires (Braver, Bumberry, Green, & Rawson, 1992).

In addition to reporting biases, under-reporting of physical abuse is likely because of the limits imposed by poor operational definitions of abuse and methodological limitations of survey studies. For example, in one study (Graziano & Namaste, 1990), abuse was defined as spanking to the point of extreme pain and physical injury. This definition necessarily excluded victims of other forms of physical maltreatment. In another study (e.g., Braver, Bumberry, Green, & Rawson, 1992) in which data was collected in counseling centers, students were told that the information on their questionnaires would be shared with their counselors. In such situations, students might have been reluctant to spontaneously identify themselves as survivors of physical abuse for a variety of reasons - including a need to normalize the abuse, deny feelings of shame, maintain family loyalty, or discount the impact of the experience. Furthermore, clients who had experienced severe forms of

maltreatment may have dissociated the event from awareness, thus making accurate self-report impossible. Although accurate rates of occurrence may not be available, it is clear that physical maltreatment and its effects are significant social problems that impact a large number of individuals.

In the past several years, a considerable amount of research has focused on elucidating the short-term consequences of physical abuse and describing the behavior and treatment of the physically abusive adult (Malinosky-Rummell & Hansen, 1993). In contrast, little attention has been directed toward the understanding of long-term consequences of childhood physical abuse. Malinosky-Rummell and Hansen (1993) recently reviewed these limited findings and concluded that physically abused individuals were more likely than non-abused individuals to experience aggressive behavior, emotional problems, and interpersonal problems. Research with college students has suggested that individuals who reported experiences of physical abuse as children were more likely than their non-abused peers to inflict and receive dating violence (Bernard & Bernard, 1983; Laner & Thompson, 1982). Adults who report childhood physical abuse have been shown to be more likely to become involved in abusive marital relationships (Kalmus, 1984; Straus, Gelles, & Steinmetz, 1980), to display symptoms of anxiety and depression and to report interpersonal sensitivity (Briere & Runtz, 1988; Chu & Dill, 1990).

Taken together, these findings suggest that childhood physical abuse can have serious long-term consequences for victims. However, few studies have controlled for the effects of multiple traumas, including other forms of abuse. It is possible, therefore, that the supposed effects of physical abuse may actually reflect reactions to the combined effects of physical abuse and other forms of childhood maltreatment. Hence, the results of the few available long-term outcome studies must be interpreted with caution.

### Sexual Abuse

Despite the fact that sexual abuse constitutes only about seventeen percent of all child abuse reports (less than half the incidence of physical abuse) (McCurdy & Daro, 1994), this topic appears to be receiving considerable attention from researchers and laypersons alike. Sexual abuse articles are substantially favored over articles concerning other forms of abuse, in professional journals such as Child Abuse and Neglect (Finkelhor, in Briere, 1992), and the details of sexual abuse have become the major focus of the current television talk-shows and general entertainment. This attention has yielded many more insights about consequences of sexual maltreatment relative to other forms of abuse. When sexual abuse is defined as sexual contact ranging from fondling to intercourse, between a child in mid-adolescence or younger and a person at least five years older, the sexual victimization rate for females is reported to range from 20 to 30% for females (see reviews by Conte, 1990; Finkelhor, Hotaling, Lewis & Smith, 1990). As with physical

abuse, these incidence rates most likely are underestimates due to the difficulties inherent in the conduct of sexual abuse research, high rates of dissociation, repression, denial, and the refusal by both children and adults to report such abuse (Geffner, Rosenbaum, & Hughes, 1988).

Long-term effects attributable to the experience of childhood sexual abuse are significant and varied. Research has linked a number of social problems to sexual abuse in childhood, including substance abuse/chemical dependency, suicidal behavior, eating disorders, and dissociative disorders (Briere, 1989; Courtois, 1988; Finkelhor, 1990). Symptoms such as depression, anxiety, nightmares, and intrusive thoughts have been commonly documented among abuse survivors, prompting many researchers and clinicians to advocate a posttraumatic stress disorder conceptualization for post-abuse sequelae (Briere & Runtz, 1987; Roth & Lebowitz, 1988). Other long-term effects of sexual abuse appear to be interpersonal in nature (Conte & Schuerman, 1987), often leading to associations with Axis-II diagnostic categories (e.g., borderline personality disorder or avoidant personality disorder) (Herman & van der Kolk, 1987). In all, researchers maintain that experiences of childhood sexual abuse can have long-standing and pervasive negative consequences for women.

### Psychological Abuse

Psychological abuse, though one of the most common forms of maltreatment, remains one of the more neglected areas of investigation in the field of abuse. This relative lack of public or professional attention

to psychological maltreatment may be attributed to the difficulty encountered in establishing uniform definitions of the construct as well as standards for determining its existence and impact (Hart, Germain, & Brassard, 1987). Authors vary in the terminology used to describe this form of maltreatment. Frequently used terms include "psychological maltreatment" (e.g. Hart, Germain, & Brassard, 1987), "emotional abuse," and "mental injury" (NCCAN, 1994). Each of these concepts overlaps with the others, but there are some differences among them. Without a clear theoretical explication of the commonalities and differences in concepts, it is challenging to decide which term best captures the intended behavioral event. Some authors have approached this dilemma by lamenting the absence of clear definitions and measures, but they then proceed to discuss the topic without providing the operational definitions that guided their work (Gross & Keller, 1992). Garbarino, Guttman and Seely (1986) reviewed the definitions of psychological maltreatment and attempted to provide an all-encompassing definition for the condition. They indicated that a child who has been subjected to concerted attacks, by an adult, upon his/her sense of safety and personal worth, is a victim of psychological maltreatment. To further operationalize these attacks, Garbarino et. al. (1986) identified five distinct forms of psychiatrically destructive behaviors often engaged in by caretakers: 1) rejecting (i.e., pushing the child away); 2) isolating (i.e., depriving the child of social contacts outside the family); 3) terrorizing (i.e., threatening the child with physical or psychological harm); 4) ignoring (i.e., avoiding

the child) ; and 5) corrupting (i.e., teaching the child to behave in an antisocial manner, encouraging him/her to develop socially unacceptable interests).

As in the case of physical abuse, contemporary social norms seem to tolerate caregivers delivering a certain amount of psychological harm before this behavior is deemed abusive. For example, occasional ignoring does not, by contemporary social standards, constitute abusive behavior. It is difficult to determine when psychological attacks delivered by caregivers become abusive. One criterion which has been applied to this situation is the chronicity of the behavior. However, such a definition still leaves open the question of just how chronic psychological attacks need to be before the behavior is considered "abusive." Straus (1990) suggested that thresholds be specified to categorize behavior as psychologically abusive. For example, an annual frequency of 10 or more occurrences of verbal aggression is considered mild abuse, 20 or more occurrences is considered moderate abuse, and more than 25 occurrences is classified as severe abuse. These thresholds incorporate a consideration of the rate of psychological abuse reported in a 1988 study by the National Center On Child Abuse and Neglect. Although these criteria produce a rate of psychological abuse that is somewhat higher than the NCCAN rate, Straus argues that the NCCAN rate is restricted to cases known to human service professionals (Straus, 1990).

Psychological maltreatment has rarely been the direct target of research attention. More commonly, inferences about the long-term

impact of psychological abuse are derived from research targeting physical and/or sexual maltreatment. The rationale for these inferences is that many of the behaviors listed in the working definition of psychological abuse are not unique to this form of maltreatment. Terrorizing, for example, is often considered to be a component of both sexual and physical maltreatment. As noted by Briere (1992), psychological maltreatment is likely to be an inherent part of all forms of childhood maltreatment, since a great many of the long-term effects of maltreatment involve psychological factors. However, researchers are beginning to take an interest in the effects of psychological maltreatment when it occurs independent of other forms of maltreatment. These limited studies suggested that psychological abuse was linked to later depression, low self-esteem, pessimistic attributional styles, anxiety, and dissociation (Briere & Runtz, 1988; Gross & Keller, 1992).

#### Childhood Maltreatment: An Integrated Conceptualization

Despite a plethora of clinical and research evidence showing that childhood maltreatment, in general, is associated with a variety of severe long-term sequelae, no specific diagnosis or constellation of symptoms appears unique to experience of abuse. Moreover, the effects of specific forms of abuse are often reported without consideration of the possible impact of other forms of maltreatment that a child might also experience in a given family. Physical, sexual, and psychological maltreatment frequently occur together; thus, an investigation of the interactive effects of combined abuse is warranted (Briere, 1992). Recent research by

Briere and Runtz (1990), for example, highlighted the confusion that may develop when researchers attempt to examine a single form of maltreatment, independent of other abusive experiences. In this study, physical, psychological, and sexual abuse were identified and each type of abuse was independently correlated with later psychological symptomatology. When each type of abuse was examined separately, controlling for all others, the number of unique psychological correlates for each abuse type was reduced significantly. Similarly, in a study of physical and psychological maltreatment, Gross and Keller (1992) indicated that the presence of psychological abuse was critical to the prediction of low self-esteem and depression following experiences of physical abuse. Such findings suggest a need to examine not only individual contributions of various forms of maltreatment but also the interactions among varied maltreatment experiences.

Briere (1992) criticized research in the field of childhood maltreatment, stating that the field has become "balkanized," resulting in a lop-sided and overly competitive view of abuse that does not serve the best interest of victims. Several individuals (e.g., Brassard, Germain, & Hart, 1987; Briere, 1992) have suggested researchers step back and consider abuse using a more generalized perspective. The current study will consider all three forms of maltreatment in an attempt to incorporate a broader, more unified perspective on child abuse, one that seeks to study the commonalties in all aspects of the problem, as well as any abuse-specific effects on long-term psychological functioning. Unless otherwise

specified, the term “childhood maltreatment” will henceforth refer to this more unified perspective.

### Psychosocial Consequences of Childhood Maltreatment

Studies of child maltreatment have clearly documented negative long-term effects incurred by victims (e.g. Briere & Runtz, 1988; Kendall-Tackett, Williams, & Finkelhor, 1993; Malinosky-Rummell & Hansen, 1993). Although researchers have generally agreed that maltreatment has a traumatic impact on psychosocial functioning, there is some dispute as to what extent these effects result from the family background of the abuse victim as opposed to the abuse itself (Finkelhor, 1984; Malinosky-Rummell & Hansen, 1993; Pelletier & Handy, 1986; Trepper & Barrett, 1986).

Early abuse researchers hypothesized that psychosocial adjustment was associated primarily with the degree of trauma incurred during the sexual victimization itself (Trepper & Barrett, 1986). Empirical validation of this hypothesis focused primarily on identifying the specific characteristics of abuse that appeared to be most strongly related to the level of trauma experienced by the victim. For example, in a study of sexual abuse, Browne and Finkelhor (1986) observed that the frequency and duration of the abuse, the nature of the victim/perpetrator relationship, the presence of penetration, and the degree of force used against the victim were significantly related to long-term adjustment. Similarly, physical abuse exhibited by mothers has been strongly correlated with the conduct of later nonviolent criminal behaviors (Pfouts,

Schopler, & Henley, 1981), suicidal behavior, anxiety, and depression (Briere & Runtz, 1988; Chu & Dill, 1990). Studies emphasizing abuse characteristics have typically addressed family variables in terms of family constellation (e.g. stepfather present/absent, single-parent family), as opposed to focusing on the interpersonal interactional patterns within the family of origin.

An alternative perspective to the emphasis on abuse characteristics acknowledges the contributions of unique abuse conditions but also proposes that long-term adjustment may reflect the independent contribution of dysfunctional family relations (e.g., Alexander & Lupfer, 1987; Kalmuss, 1984; McCord, 1983). More specifically, researchers in the field of sexual abuse have consistently observed that parental conflict (Edwards & Alexander, 1992; Pelletier & Handy, 1986), paternal dominance (Alexander & Lupfer, 1987), lack of family cohesion (Alexander, 1992), lack of parental supportiveness (Everson, Hunter, Runyon, Edelson, & Coulter, 1989; Long & Jackson, 1994; Wyatt & Mickey, 1987), and family isolation (Harter, Alexander & Neimeyer, 1988) make unique and independent contributions to the psychosocial adjustment of abuse survivors. In the area of physical abuse, parental conflict (McCord, 1983; Yesavage, Becker, Werner, Patton, Seeman, Brunsting, & Mills, 1983), sibling violence, and sibling aggression (Gully, Dengerink, Pepping, & Bergstrom, 1981) have been linked to increases in later psychosocial distress.

## Theoretical Review

In discussing the specific long-term effects of childhood maltreatment Briere (1992) broadly distinguished between "psychological responses" and "relationships". In the former category, cognitive distortions, depression, anxiety, and impaired self-reference were cited as potential long-term outcomes of child maltreatment. In the latter category, abuse effects were discussed in terms of disturbed interpersonal relationships, marked by varying degrees of aggression, avoidance, and dependency (Briere, 1992). The current study examines both of these categories of abuse effects and attempts to further the understanding of these outcomes by providing theoretically based explanations for these occurrences. More specifically, this study attempts to explain the emergence of specific long-term abuse correlates according to theories of attachment and learned helplessness.

The following sections will review the basic principles of these theories and their relationships to childhood maltreatment.

### Attachment Theory

Numerous investigators have identified an impaired ability to relate to self as constituting an outcome of childhood maltreatment (Briere, 1989; Cole & Putnam, 1992; Courtois, 1988; McCann & Pearlman, 1990). In this context, the sense of self is defined as "an inference derived from one's experience that organizes the experience into a sense of individuality, unity, and continuity...emerging out of transactions between the individual and others and gaining emotional

significance from the important relationships of early childhood" (Cole & Putnam, 1992, p. 176). The development of self is widely understood to be one of the earliest tasks confronted by the infant and young child (Bowlby, 1988; Cole & Putnam, 1992). Because this process unfolds in the context attachment, a brief discussion of attachment theory across the life span will follow.

#### Attachment patterns in childhood.

Attachment theory posits that the newborn infant possesses a system of species-characteristic behavior that have evolved to allow her to distinguish the primary caregiver so that s/he can differentially direct attachment behaviors toward the caregiver (Ainsworth, 1989). As cognitive development continues, interactions with the primary caregiver become internally represented in the form of expectations about the accessibility and responsiveness of the caregiver and the ability of the infant to elicit specific behaviors from the caregiver (Ainsworth, 1989; Bowlby, 1988). According to Bowlby (1988) these expectations form a "working model," from which personality develops. On the basis of early experiences with the caregiver, the infant develops expectations about her own role in relationships (worthy and able to get the attention of others, versus unworthy and unable to get necessary attention), and others' roles in relationships (trustworthy, available, caring and responsive, versus untrustworthy, inaccessible, uncaring and unresponsive). The development of this internal working model for

relationships provides the child with a model for learning both care-giving and care-receiving behaviors (Sroufe & Fleeson, 1986).

The working model includes both affective and cognitive components (Alexander, 1985) and therefore functions to describe how incoming interpersonal information is attended to and perceived, to determine which affects are experienced, and to mediate behavior with others in important relationships (Zeanah & Zeanah, 1989). Therefore, there is a transactional relationship between the internal working model and the types of interpersonal experiences that are encoded into the concept of self.

Perhaps the most “classic” studies of attachment are those that have used the “Strange Situation, a paradigm characterized by separations and reunions of a toddler and his/her primary caregiver. From observing these interactions, researchers have been able to reliably identify three distinct patterns of parent-child interactions, each distinguished by a specific toddler behavior pattern: 1) secure, 2) insecure-avoidant, and 3) insecure-resistant (Ainsworth, Blehar, Waters, & Wall, 1978). Secure children (whose mothers are responsive and attentive) typically use the caregiver as a base for exploration of the environment. Separation is met with significant protest, and reunion is marked by the child's greeting the caregiver and immediately seeking physical contact with him/her. Insecure-avoidant children (whose mothers tend to be cold and rejecting) avoid their caregiver both upon separation and reunion. Insecure-resistant children (whose mothers are

inconsistent and role-reversing) show a combination of clinging and anger toward their caregiver and have difficulty being comforted upon reunion. Secure attachment in toddlerhood is believed to be associated with increased competence, empathy, and popularity among peers. Insecure attachment patterns, in contrast, have been associated with neediness, frustration, helplessness, emotional insulation, and antisocial behavior (Main & Cassidy, 1988).

Several researchers have noted difficulty in relying solely on these three patterns to explain attachment (Main & Solomon, 1986). In response, Main and Solomon have proposed one additional pattern of insecure attachment: "disorganized/disoriented." According to the model, this child experiences the caregiver as both the source of her anxiety and the solution to her anxiety. As a result, separation and reunion result in a diverse array of behaviors, many of which appear contradictory (e.g., approach while avoiding looking at the caregiver). This child is likely to evidence undirected expressions of fear or distress and disoriented expressions. It is presumed that the caregiver of the disorganized child can be characterized by an unresolved trauma such as loss or abuse in childhood (Main & Cassidy, 1988).

Studies of pre-school and school-age children have suggested that attachment patterns to specific caregivers are stable throughout childhood (Alexander, 1992). Infant-mother attachment appears to be more predictive of later interactions with strangers than infant-father

attachment; however, secure attachment with both parents predicts the most favorable outcome (Main & Weston, 1981).

### Attachment patterns in adolescence and adulthood

Using structured interviews and self-report questionnaires, a number of researchers have attempted to demonstrate the continuity of this attachment (i.e. internal working model for relationships) into adulthood (Bartholomew & Horowitz, 1991; Hazan & Shaver, 1987; Sperling & Berman, 1994; West & Sheldon-Keller, 1994). In most cases, the primary attachment to a parent is believed to persist into adulthood, regardless of the fact that parents penetrate fewer aspects of the adult-child's life (Ainsworth, 1994). However, it is likely that a new primary attachment is formed when a sexual pair bond is established (Ainsworth, 1994). This latter bond is what is generally referred to in the literature on "adult attachment."

Sperling and Berman (1994) define adult attachment as follows:

the stable tendency of an individual to make substantial efforts to seek and maintain proximity to and contact with one or a few specific individuals who provide the subjective potential for physical and/or psychological safety and security. This stable tendency is regulated by internal working models of attachment, which are cognitive-affective-motivational schemata built from the individual's experience in his or her interpersonal world (p. 8).

This definition necessarily implies that adult attachment is not relationship security, but rather that it is the potential for relationship

security. Hence, attachment with adults does not insure felt security (Ainsworth, 1989). In fact, individuals may experience their relationships as irritating and upsetting; however, the perception of potential security maintains the relationship. Further, this definition reminds us that the internal working model developed via an adult affectional bond, is a representation in the mind that includes aspects of the self, the attachment figure, and the affects that connect the two figures, that is derived from one's prior history of attachment relationships and current interactions between the self and the attachment figure.

This emphasis on the history of attachment reflects the most common conceptualization of adult attachment as a stable individual difference, often termed "attachment style" (Sperling & Berman, 1994). Attachment styles refer to particular internal working models of attachment that determine people's behavioral responses to real or imagined separation and reunion from their attachment figures. These internal working models are thought to be consistent across time and across relationships, and are thought to reflect the initial attachment experience to the primary caregiver (Sperling & Berman, 1994).

Bowlby (1977) described three patterns of insecure attachment styles observed among adolescent and adult clinical populations: 1) anxious attachment, 2) compulsive self-reliance, and 3) compulsive caregiving. Anxiously attached individuals were described as perpetually anxious and worried over the availability of their attachment figures. Behaviorally, these individuals were dependent on others for decision

making and problem solving, exhibited frequent and urgent care-seeking behaviors, and reacted intensely to anticipated or actual separations. Bowlby believed that this pattern developed from experiences that caused anxiety and doubt about the availability and responsiveness of early caregivers. In contrast, individuals who exhibited compulsive self-reliance demonstrated strong needs for self-sufficiency, were distrustful of close relationships and, as a result, avoided significant involvement with others. Interestingly, Bowlby suggested that the experiences leading up to compulsive self-reliance did not differ from those leading to anxious attachment. What differed was the reaction of the child. In the case of compulsive self-reliance, the individual responded to anxiety by inhibiting feelings of attachment, blunting desires for close relations and love. Persons characterized as having compulsive care-giving patterns typically were prematurely placed in a position of responsibility for others, and subsequently responded as the caregiver in all relationships, rejecting all attempts to provide them with attention or care (Bowlby, 1977).

#### Attachment and psychopathology

Because attachment patterns are presumed to be a relatively stable part of one's self-system, insecure attachment patterns have been implicated as contributing factors for many of the emotional and behavioral difficulties exhibited by clients (Bowlby, 1988; West & Sheldon, 1988). Studies that have specifically addressed physically abused children identified avoidant, resistant, and disorganized

attachment patterns as far more prevalent than secure patterns (Carlson, Cicchetti, Barnett, & Braunwald, 1989; Egeland & Sroufe, 1981). To date, the role that insecure models of attachment may play in the development and maintenance of adult psychopathology has been primarily elaborated through developmentally focused case studies (Lyddon, Bradford, & Nelson, 1993). The few studies available to corroborate empirically the relationship between adult attachment and psychological distress, however, appear to support such a relationship. Armsden and Greenberg (1987), for example, studied both parent and peer attachment relationships in college students and concluded that secure attachment in both relationships significantly predicted greater self-satisfaction and fewer symptoms in response to negative life events than did insecure attachment patterns. Lapsley, Rice, and FitzGerald (1990) correlated secure parent and peer attachment with successful college adjustment and social identity formation. Using a clinical population Becker, Bell, and Billington (1987) demonstrated a strong linear relationship between the degree of insecure attachment and the severity of disordered eating among bulimic college women. These results were then replicated by Heesacker and Neimeyer in 1990.

#### Attachment and childhood maltreatment

In the simplest terms, parental neglect or maltreatment of a child may be seen as a punitive response to basic attachment needs, one that may result in a deficient "working model of the self" (Bowlby, 1988). The development of self is ultimately a social phenomenon in which the

developing child internalizes the perceptions and expectations of others and defines his or her identity in terms of a growing differentiation from his/her primary care taker (Putnam, 1990). Parental neglect or maltreatment distorts this critical input, disrupting the secure and loving base from which secure children can explore the world and take on challenges (Bowlby, 1988). Childhood maltreatment, therefore, is likely to lead to insecure attachment patterns in childhood. Maltreatment, then, may be associated with an individual having a diminished capacity to meet one's own needs in appropriate ways, to monitor oneself or others, and/or to seek help.

Adult survivors of childhood maltreatment often experience a disruption in the sense of self (Alexander & Lupfer, 1987; Briere, 1992; Putnam, 1990; McCann & Pearlman, 1990). This disturbance may take the form of chronic low self-esteem and a sense of incapacity to affect the world (McCann & Pearlman, 1990), or it may manifest as a general confusion regarding one's own feelings and desires (Kendall-Tackett, Williams, & Finkelhor, 1993). Bowlby's model (1988) suggested that the active rejection of a caregiver (as is experienced by the maltreated child) necessarily resulted in a sense of self as unworthy, undeserving, and bad. One might expect that a compulsively self-reliant adult would be best able to protect the self because of her ability to develop strategies for deactivating the attachment system. In contrast, an adult classified as anxious attached or compulsive care-giving would be expected to

experience significant disturbances in response to experiences of child maltreatment.

In addition to disturbances in self, the maltreated individual often reports a sense of social isolation and estrangement from others (Briere, 1989; Kobak & Sceery, 1988). It is likely that the compulsive self-reliant individual would be most likely to evidence these difficulties, given his/her propensity for mistrust of others. Brennan, Shaver, and Tobey (1991) suggested that this avoidance of significant attachment may result in compulsive sexuality in an attempt to avoid the anxiety associated with emotional bonding while maintaining physical contact with others.

Attachment styles appear to exert an influence on the long-term effects of childhood maltreatment. The assumption has been made that insecure attachment frequently precedes childhood maltreatment experiences. However, it is possible that the abuse itself, as well as the responses of significant others upon disclosure may cause a sudden erosion of trust in previously securely attached children (Alexander, 1992). Similarly, it may be possible that the effects of an insecure attachment relationship can be counteracted by another supportive intervening attachment relationship, such as with a supportive partner (Egeland, Jacobvitz, & Sroufe, 1988). These are hypotheses that await investigation using longitudinal methods.

## Learned Helplessness Theory

A second theory which appears to have some explanatory power for the long-term effects of childhood maltreatment is the theory of learned helplessness. In particular, the revised learned helplessness theory suggests that attributional styles may affect long term psychological symptomatology in response to negative life events. The current study will explore attributional style as a contributing factor to long-term adjustment following abusive childhood experiences.

The following sections will review learned helplessness theory, noting the most recent revisions, and emphasizing the effects of attributional style.

### The revised learned helplessness theory

The earliest research on learned helplessness indicated that when an organism is exposed to uncontrollable negative events it will often react with a characteristic passivity, termed helplessness (Seligman & Maier, 1967). Seligman later proposed the phenomenon of helplessness as a model for human depression (Miller & Seligman, 1975). Generalizing from experiments in which helplessness was induced in animals, Seligman proposed that depressed individuals experienced life as uncontrollable, resulting in the development of feelings of hopelessness about change for the better and an inability to cope with problems in the present. Further, Seligman observed that depressed individuals often appeared unmotivated, showed low levels of

response initiation, and exhibited pervasive sadness, much like the effects seen in animals with induced helplessness.

The major difficulty with this original proposition is its failure to account for individual differences in resistance to helplessness and its inability to account for the chronicity and generality of depressive reactions to bad events. In 1978, Abramson, Seligman, and Teasdale proposed a reformulation of this original model, suggesting that individual differences in the way people characteristically explain bad events accounts for the individual differences in depressive tendencies in response to bad events (Burns & Seligman, 1991). According to this reformulation, the reasons individuals use to explain bad events can be classified along three distinct dimensions: internal-external, stable-unstable, and global-specific. The model predicted that individuals who characteristically produce explanations that are internal (e.g., "It's my fault."), stable (e.g., "This always happens"), and global (e.g., "Everything is terrible") were the most likely to experience depression in response to a bad event. It was assumed that the internalization produces self-esteem deficits, the stability aspect of the explanation is responsible for the chronicity of depressive deficits, and the global nature of the explanation allowed for helplessness deficits to become generalized. Individuals who characteristically made internal, stable, and global explanations about negative events were said to have a "pessimistic explanatory style" and, according to this reformulated model, would be at risk for development of cognitive, motivational, and affective deficits that

are characteristic of a depressive episode whenever they confronted an important negative event. In contrast, individuals who made external, unstable, and specific explanations about bad events were less likely to experience loss of self-esteem and more likely to respond with a transient and circumscribed affective reaction to that event. A series of studies of explanatory style have provided empirical support for this theoretical model, suggesting that pessimistic attributional styles can be used to predict both depression and anxiety in adults (Alloy, Peterson, Abramson, & Seligman, 1984; Mikulincer, 1986;1988; Pasahow, 1980; Peterson & Seligman, 1984; Sacks & Bugental) .

#### Learned helplessness and childhood maltreatment.

Perceptions of helplessness during experiences of maltreatment may be realistic given the fact that childhood maltreatment occurred when the victim was typically unable to resist or defend against the abuser. By virtue of an inferior social status, training for obedience, smaller physical size, and lesser strength, the child-victim had few real options to avoid or escape from exploitation by an adult. Resistance was often impossible and unsuccessful, and escape was typically temporary and occurred only after the uncontrollable event had occurred (Briere, 1992). Very often these experiences were chronic; hence, feelings of hopelessness regarding the future were likely (stable attribution). Similarly, a child who was maltreated for reasons unknown to her, may have misinterpreted the maltreatment experience as being comprised of punishment for inherent badness (internal attribution). Alternatively,

feelings of inherent badness may have resulted from what Finkelhor and Browne (1985) term "stigmatization," the messages that the victim directly receives from the abuser (e.g., "You asked for it." "You are being punished for being bad."), or indirectly from our victim-blaming society (e.g., "Why didn't you tell somebody?" "What did you do?"). In either case, the internalization of these messages left the child (and later, the adult) feeling guilt, shame, and self-blame (internal attribution). As a further outcome of this repeated abusive experience coupled with a lack of control of the trauma, an individual likely experienced a growing assumption that she was without recourse under a widening variety of circumstances . Therefore, the child could not only come to accept the extent to which avoidance of maltreatment was beyond his control, but he may also have generalized this assumption to other, less uncontrollable, events, and responded accordingly (global attribution).

This hypothesis of global attributions of helplessness is indirectly supported by studies indicating that sexually abused women often experience a perceived inability to control what happens to their own bodies (Peterson & Seligman, 1984), and are often vulnerable to revictimization due to their inability to see themselves as capable of developing nonexploitative relationships (Finkelhor & Browne, 1985; Summitt, 1983).

#### Purpose of the Present Project

The current study examines psychological correlates of abuse, including adult attachment, attributional style, perceived family

environment, and current social support, and demonstrates their main effects and interactions for predicting long-term psychological distress. Further, the current study expands upon past research by examining childhood maltreatment, broadly defined to include sexual, physical, and psychological aspects of maltreatment. This perspective enables the examination of abuse main effects as well as the interactional effect of the varied types of abuse.

## Hypotheses

1. Maltreated women evidence greater psychological distress than non-maltreated women.
2. Maltreated women differ from non-maltreated women on dimensions of attachment.
3. Maltreated women evidence greater pessimistic attributional styles than non-maltreated women.
- 4a. Person variables (attributional style and dimensions of attachment) and environmental variables (family characteristics, maltreatment experiences, and current social support) have a significant impact on long-term symptomatology of adult women, beyond what can be explained by demographics alone.
- 4b. The interaction of maltreatment and attributional style is significant beyond the main effect for either of these two variables.
5. Psychological symptomatology is greater for women experiencing a combination of sexual or physical abuse and psychological abuse, compared to the symptomatology of individuals experiencing either sexual or physical abuse alone.

## Methods and Materials

### Subjects

The participants consisted of 320 college undergraduates. One hundred and twenty-eight women reported having experienced some form of childhood maltreatment. The remaining 192 women served as controls, as they had experienced no maltreatment experiences. Subjects ranged in age from 18 to 25, with a mean age of 19.87 years. Three subjects indicated that they were married, but all other subjects reported being single. Two hundred and forty-eight subjects were Caucasian, 39 were African American, 31 were Asian, and 2 subjects were Hispanic. One hundred and seven subjects were Catholic, 5 were Jewish, 77 were Protestant, 45 were Agnostic, and 86 reported some other religious orientation. Two hundred and sixty subjects reported being from middle SES families, while 6 subjects reported being from lower SES families, and 54 subjects reported being from upper SES families. Four subjects were eliminated from the study: One subject became upset when asked to identify an attachment figure and asked to leave. A second individual failed to complete the back sides of several questionnaires, and the remaining two persons refused to answer any questions regarding childhood maltreatment because they deemed the questions "too personal."

## Procedure

### Recruitment

All respondents were recruited from the Introductory Psychology pool at Virginia Polytechnic Institute and State University. Two folders were presented to student volunteers. The first requested volunteers who had experienced childhood maltreatment and who would be willing to complete several questionnaires regarding these experiences (see Appendix A). The second asked for female volunteers over the age of 18 who would be willing to complete a series of questionnaires regarding their early family environment (see Appendix B). Students were asked to place their initials (no names) next to a specified group testing time. Extra credit was awarded to all participants, according to the Introductory Psychology credit guidelines: One extra credit point given for each hour or part of an hour required to complete the questionnaires.

### Data Collection

Upon arrival, subjects were given an informed consent form which detailed the content of the questionnaires (see Appendix C). Once they had returned the consent form, they were given a packet of questionnaires and assigned a subject number. Questionnaires were divided into two packets, each requiring approximately 1-1/2 hours to complete. Half of the subjects were given packet one to start, and the other half were given packet two. Upon completion of one packet, subjects were required to take a 15 minute break to reduce fatigue and prevent response sets. Upon completion of the second set of

questionnaires, subjects were given course extra-credit slips, and a thank you letter which provided telephone numbers for several campus counseling resources and for the primary investigator (see Appendix D). One subject contacted the primary investigator following data collection to request a personal referral for psychotherapy services. This subject was given a referral to a therapist at the University Counseling Center.

### Measures (see Appendix E)

#### Demographics

Subjects were asked to complete a demographic sheet assessing age, sex, marital status, family size, birth order, religion, socioeconomic status of family, highest level of education attained by mother and father, presence/absence of step-parents, and parental relationship status during childhood.

#### Abuse Variables

##### Sexual abuse.

Sexual abuse was assessed using a modification of the Family Experiences Survey (FES; Finkelhor, 1979). The FES is a self-report instrument comprised of a combination of forced-choice and free response questions. The structure of the FES requires reporting of sexual experiences in four categories: 1) a child under the age of 12 with another child ; 2) a child under the age of 12 with another person who is over the age of 16; 3) a child over the age of 12 with an adult family member or relative; and 4) a child over the age of 12 and under the age of 18, with another individual. For the purpose of this study, only those

experiences involving sexual body contact (ranging from fondling to intercourse) between an individual age 16 or younger and a person at least five years older was considered an instance of sexual abuse (Finkelhor, 1979).

Each abusive experience was assessed for characteristics which have been demonstrated to be most predictive of severity of outcome in women who have been sexually abused (Kendall-Tackett, Williams, and Finkelhor, 1993). Specifically, the FES assessed the frequency and duration of the abuse, the perceived emotional impact on the subject, the presence of force, the presence of penetration, the number of perpetrators, and the relationship between the perpetrator and the subject (Browne & Finkelhor, 1986). Women were allowed to report up to three distinct experiences in each category. Each reported incident of sexual abuse was “scored” according to the following guidelines:

1) score one point if abuse occurred.; 2) score one point if the perpetrator was related to the victim; 3) score one point if force was present; 4) score one point if the abuse occurred for more than one year; 5) score one point if the abuse involved. A subtotal of 5 points could be given to any single abuse experience. A total “Sexual Abuse Score” was tallied for each subject by adding the subtotals for each reported event.

#### Physical abuse.

The Conflict Tactics Scale (CTS; Straus, 1979) was used to determine the presence of childhood physical maltreatment. The CTS is

a 19-item scale designed to assess individual responses to conflictual situations within the family. Respondents were asked to indicate on a 7-point Likert scale the number of times, ranging from "never" to "more than 20", that specific behaviors were used to resolve family conflicts. These behaviors included acts of verbal aggression, physical violence, and reasoning. Concurrent validity of the CTS has been examined by comparing reports obtained separately from husbands and wives and from parents and their children. Cronbach's alpha for the CTS has been calculated to be between .42 and .88 for the three subscales.

For the purposes of this study, responses were used to determine the presence of physical abuse. As such, the questions of interest involved incidences of physical aggression ranging from throwing objects to using a knife or gun. Following the procedures outlined by Straus (1990), a severity weighted scale was used to calculate a "physical abuse score." This methodology takes into account not only how often each act occurred, but also the injury producing potential of each act, as determined by researchers in the physical abuse field (Straus, 1990). Women who reported no physically abusive experiences were given a score of zero.

#### Psychological abuse.

Psychological maltreatment in childhood was assessed using a modified version of the Childhood Maltreatment Interview Schedule (CMIS; Briere, 1992). The CMIS is a self-report, free-response measure which asks respondents to report on the frequency with which their

parent or primary caregiver engaged in specific abusive behaviors. Although the measure inquires about psychological, sexual, and physical abuse, only the former scale was used in this study. The items designed to tap psychological maltreatment represent the following operational definition: "acts of rejecting, degrading, terrorizing, isolating, corrupting, exploiting, denying essential stimulation, or providing inconsistent parenting, all of which may impair a child's development of self and social competence" (Briere, 1992).

Following the logic of Gross and Keller (1992) respondents were asked to indicate the frequency of each abusive experience. Subjects were asked to indicate whether the behavior "never occurred," occurred "once a year," "twice a year," "3 to 5 times a year," "6 to 10 times a year," "11 to 20 times a year," or "over 20 times a year." For the purposes of this study, subjects were considered psychologically abused if they indicated that caretakers ever encouraged illegal drug use, expelled the child from the home, forced the child to observe violence, or seriously threatened to seriously hurt or kill the child, someone she cared about, or her pet. Subjects were also considered psychologically abused if three or more other statements were endorsed as occurring "over 20 times a year."

### Supportive Relationships

Supportive relationships were assessed in three ways in the current study. Current social support was examined both qualitatively and quantitatively using the Social Support Questionnaire (SSQ; Sarason & Levine, 1983). The SSQ is a 12-item scale designed to

assess perceived availability of support and satisfaction with available support. To assess availability, subjects are asked to list people available in times of need. For each item assessing availability of support, subjects indicate their satisfaction with support received on a 6-point scale ranging from "very dissatisfied" (1) to "very satisfied" (6). Total scores were obtained for number of supporters and for subjective quality of support, the first two measures of support. Sarason et al. (1983) reported test-retest reliability coefficients of .90 for number and .83 for subjective quality, or "satisfaction." Internal consistency coefficients for number and satisfaction were .97 and .94, respectively.

The third dimension of support which was assessed in this study concerned specific qualities of individuals deemed as significant supporters. The Significant Other Inventory Revised (SOIR; Larus-McShane, Kiesler, & Murray, 1991) was used to obtain this information. The SOIR is a 45 item scale, designed to identify and measure the qualities that make other people significant. This self-report measure asks subjects to list any 3 to 6 significant others and to rate them on several Likert scale items. Both positive and negative aspects of relationships are reflected in the items. While the first part of the instrument allows great freedom in selection of significant others, a second part of the SOIR directs subjects to think specifically about those significant others who make them feel bad about themselves in some way. Subjects then rated this second set of significant others on the same 45 items.

The SOIR is comprised of five factors: 1) all inclusive approval; 2) unavoidable contact; 3) disappointing disapproval; 4) influence and guidance; and 5) sharing and support. Cronbach's alpha for each of these factors ranges from .74 to .85.

### Family Environment Characteristics

Childhood family environments were assessed using the Assessing Environments III scale (AEIII; Berger & Knutson, 1984). The AEIII is a 164 item questionnaire designed to assess self-reported descriptors of childhood environments. Specifically, this instrument consists of 15 content specific scales designed to investigate punitive childhood experiences of adults and adolescents. These scales include: 1) father, which assesses irritable, aggressive, and anti-social behaviors of the respondent's father; 2) mother, which assesses whether the respondent describes her mother as depressed or neurotic, or as having received treatment for emotional or psychological problems; 3) marital discord, which assesses acrimonious interactions between the respondent's parents which are consistent with descriptors of marital relationships in abusive families; 4) family isolation; 5) community involvement; 6) potential economic stress; 7) peer relations; 8) perception of discipline; 9) shared parenting; 10) positive orientation to education; 11) age inappropriate demands; 12) negative family atmosphere; 13) positive parental contact; 14) parental rejection; and 15) physical punishment. Test-retest reliability coefficients for the AEIII range from .64 to .89.

### Attributional Style

The Expanded Attributional Style Questionnaire (EASQ; Peterson & Villanova, 1988) was used to assess explanatory style, a personal attribute posited by the reformulated learned helplessness model to be directly related to deficits associated with depression and helplessness. The EASQ asks subjects to imagine that a hypothetical event has happened to them, to provide a cause for each event, and to rate each cause on a scale of 1 to 7 for internality, stability, and globality. Subjects receive scores for each of these dimensions. Reliabilities for the dimension scores have proven to be adequate, ranging from .66 to .88.

### Attachment

Two measures of attachment were used in this study. The first, the Insecure Attachment Inventory (IAI; West & Sheldon, 1988) is a 40 item, self-report measure designed to assess adult patterns of insecure attachment. Based on Bowlby's descriptions of insecure attachment, the IAI provides scores for four scales: compulsive care-seeking, compulsive self-reliance, compulsive care-giving, and angry withdrawal. The first three of these patterns correspond directly to Bowlby's classification scheme of insecure attachment whereas angry withdrawal represents a generalized pattern of anger toward significant attachment figures. "Attachment figure" in this measure refers to a peer who is not a member of the family of origin with whom the respondent has had a special relationship for at least six months (West & Sheldon, 1988). This

definition represents a special case of attachment that involves a shift from the primacy of parent as attachment figure.

The IAI asks respondents to indicate on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), the degree to which they feel each item relates to them. Test development and psychometric data were derived from a sample of undergraduate students. Alpha coefficients for the four scales ranged from .87 to .88, suggesting a high degree of internal consistency. Interscale correlational patterns suggested that the four scales were consistent with the theoretical constructs they purported to measure and also suggested that patterns may be differentiated in terms of distant, detached patterns (compulsive self-reliance, angry withdrawal) and close, enmeshed patterns (compulsive care-giving, compulsive care-seeking.)

The second measure of attachment used in this study was the Bell Object Relations Reality Testing Inventory (BORRTI; Bell, 1991). Although the BORRTI items were first derived from the object relations framework, it has been used as a measure of attachment because, like the IAI, it focuses on how formative relationships with early caregivers can become incorporated into the sense of self and influence subsequent development and relationships (Lyddon, Bradford, & Nelson, 1993). Unlike the IAI, however, the BORRTI assesses current function deficits resulting from earlier relationship patterns. Further, the BORRTI has the advantage of having been standardized on both nonclinical and clinical samples of young adults. Specifically, the BORRTI consists of 90

true-false items designed to test ego functioning and reality testing. For the purposes of this study, the 45 items assessing reality testing were omitted (Becker, Bell, and Billington, 1987). The remaining items will be used to assess four object relations scales: alienation, insecure attachment, egocentricity, and social incompetence. "Alienation" involves issues of basic trust and gratification in relationships as well as interpersonal instability and withdrawal tendencies. "Insecure attachment" measures difficulties with separations and potential abandonment in relationships as well as maladaptive patterns evoked by these issues, including jealousy, guilt, and hypervigilance for signs of threat to the relationship. "Egocentricity" assesses mistrust of the motivation of others as well as tendencies to relate to others in a manipulative and controlling way. "Social incompetence" measures shyness and uncertainty about how to interact with others, to make friends, and to relate to the opposite sex.

Bell et. al. (1986) reported a high degree of discriminant and concurrent validity for the BORRTI object relations scales based on their ability to discriminate previously identified clinical populations and to correlate positively with various measures of pathology. The four subscales have been shown to have a high degree of internal consistency. Coefficient alphas ranged from .78 to .90. Spearman Brown split-half reliabilities also ranged from .78 to .90 (Bell et al., 1986).

## Psychological Symptomatology

Psychological symptom patterns were assessed using the Brief Symptom Inventory (BSI; Derogatis, 1993) and the Mental Health Inventory (MHI; Veit & Ware, 1983).

The BSI is a 53-item self-report inventory requiring subjects to rate their experiences of various symptom patterns on a 5-point scale, ranging from 1 (not at all) to 5 (extremely). The BSI scores result in a profile that includes nine primary symptom dimensions and three global indices of distress. The nine symptom dimensions include:

1) somatization; 2) obsessive-compulsive; 3) interpersonal sensitivity; 4) depression; 5) anxiety; 6) hostility; 7) phobic anxiety; 8) paranoid ideation; and 9) psychoticism. The three global indices include:

1) global severity index; 2) positive symptom total; and 3) positive symptom distress index. Cronbach's alpha was calculated to be between .71 and .85 for all nine primary subscales, and a test-retest coefficient of .90 was found for the global severity index. Standard T-score norms are provided for a variety of samples, including college students (Cochran & Hale, 1985).

For the purposes of this study, the BSI was used to assess the presence of specific psychological symptoms and to classify maltreated subjects as clinically "symptomatic" and "asymptomatic." The latter condition was determined by following the guidelines proposed by Derogatis (1993): a global severity index score greater than or equal to a

T score of 63, or a T score greater than or equal to 63 on any two primary dimension scores will qualify a subject as "symptomatic."

The MHI is a 38-item measure of psychological distress and well-being which was developed for use in general populations. The measure yields scores on five factors: 1) anxiety; 2) depression; 3) emotional ties; 4) general positive affect; and 5) loss of behavioral/emotional control. Scores on each of these five factors are added together to comprise two higher order factor scores of psychological distress and well-being. The difference of psychological well-being and psychological distress comprises the total MHI score. The instrument has shown high internal consistency (ranging from .83 to .96) and stability over a one year period.

## Results

### Preliminary Considerations

Several analyses involved psychological distress as a dependent variable. Two measures of psychological distress were used in this investigation: 1) The MHI investigated mental health over the past 6 months (Low scores indicate psychological distress.); and 2) The BSI investigated mental health over the past 2 weeks (High scores indicate psychological distress.). Because these two measures were found to be significantly correlated ( $r = -.65020$ ,  $p < .001$ ), scores on the MHI were chosen to represent psychological distress in all subsequent analyses, unless otherwise specified.

### Descriptive Data

Three hundred and twenty college women were recruited for this study. Of these women, 128 reported having experienced some form of childhood maltreatment, while the remaining 192 women reported no childhood maltreatment. Demographic information for these two groups is summarized in Table 1.

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Insert Table 1 here

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The results of a two-tailed t-test revealed no significant differences in age between maltreated ( $M = 19.87$ ,  $SD = 2.50$ ) and Non-maltreated women ( $M = 19.47$ ,  $SD = 1.28$ ;  $t = 1.84$ ,  $df = 318$ ,  $p < .07$ ). A series of chi-square analyses were performed to determine whether there were any

Table 1

Demographics for Maltreated and Non-maltreated Women

<b>Characteristic</b>	<b>Maltreated</b>	<b>Non-maltreated</b>
<b>N</b>	128	192
<b>Age</b>		
Mean (SD)	19.87 (2.50)	19.47 (1.28)
<b>Siblings</b>		
None	16	17
One	52	88
2 to 5	56	85
6 to 10	4	2
<b>Birth Order</b>		
First/Only	85	129
Middle	11	16
Youngest	32	47
<b>Religion</b>		
Catholic	40	67
Jewish	1	4
Protestant	35	42
Other	33	53
None	19	26
<b>SES</b>		
Low	4	2
Middle	101	159
High	23	31
<b>Mother's Education</b>		
Less than high school	5	4
High school graduate	21	22
Advanced training (not college)	43	68
College graduate	38	55
Some graduate school	6	6
Graduate degree	15	37

Table 1 continued.

<b>Characteristic</b>	<b>Maltreated</b>	<b>Non-maltreated</b>
<b>Father's Education</b>		
Less than high school	6	1
High school graduate	5	13
Advanced training (not college)	37	42
College graduate	34	66
Some graduate school	5	11
Graduate degree	41	59
<b>Biological Father</b>		
Married to biological mother	86	146
Divorced or separated	32	31
Widowed	0	3
Apart for another reason	4	3
Deceased	6	9
<b>Biological Mother</b>		
Married to biological father	84	146
Divorced or separated	33	31
Widowed	7	8
Apart for another reason	4	4
Deceased	0	3
<b>Stepfather</b>		
Present	24	15
Absent	104	177
<b>Stepmother</b>		
Present	21	20
Absent	107	172

significant differences between maltreated and non-maltreated women on relevant demographic variables. At an alpha level of .05, no significant differences were found for age, birth order, number of siblings, religion, socioeconomic status, mother's level of education, or presence of biological father, biological mother, or step-mother during childhood. However, chi-square values reached significance on variables examining the presence of a step-father during childhood and father's level of education. These results are summarized in Table 2.

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Insert Table 2 here

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Significant chi-square analyses were further analyzed using the statistical package, EXACON (Bergman & El-Khoury, 1987), which allows for the interpretation of observed single cell frequencies in relation to the corresponding frequencies that would be expected due to chance alone. Specifically, this analysis assessed whether maltreated women and/or Non-maltreated women were significantly over- or under-represented among the members of any specific subgroups from the general categories of "stepfather" and "father's education." Because hypotheses were not set a priori, only those results that were significant at the alpha level of  $p < .01$  are reported (see Table 3).

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Insert Table 3 here

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Table 2

Demographic Differences Between Maltreated and Non-maltreated College Women

Variable Name <sup>a</sup>	df	Chi-square
Birth Order	4	0.121
only child		
first born		
middle child		
last born		
other		
Number of Siblings	3	3.249
Religion	4	2.281
Socioeconomic Status	2	2.073
Mother's Education	8	9.865
Father's Education	8	14.525*
Biological Father	5	10.075
Biological Mother	5	10.723
Stepmother	1	2.466
Stepfather	1	8.585**

\*p = .05

\*\*p &lt; .01

<sup>a</sup> Unless otherwise specified, the levels of these variables are the same as the levels listed in Table 1.

Table 3

Exact Cell-Wise Analyses of Demographic Variables in Maltreated and Non-maltreated Groups of College Women

Variable	Maltreated Women		Non-maltreated Women	
	Observed Frequency	Expected Frequency	Observed Frequency	Expected Frequency
<b>Stepfather</b>				
Present	24	15	15	23
Absent	104	112	177	168
<b>Father's Education</b>				
Some high school	11	17.48	13	6.53
Advanced Training (not college)	59	50.97	11	19.03
Graduate degree	41	33.49	5	12.51

Note. All observed frequencies are significant at an alpha level of  $p < .01$ .

Analyses suggest that maltreated women were more highly represented in the sub category "stepfather present" than would be expected by chance, while non-abused women were significantly under-represented in this category, and over-represented in the sub category, "stepfather absent." As will be discussed further in the discussion section, this result was consistent with previous research demonstrating that the presence of step-fathers can be a risk factor for child abuse.

However, with regard to the level of reported paternal education, subjects reporting experiences of childhood maltreatment were significantly over-represented in the subcategories, "advanced training" and "graduate degree," and under-represented in the sub category, "some high school." This result was counter to recent results showing that SES, as indicated here by the proxy variable "education level", is negatively correlated with sexual abuse.

#### Between Group Analyses: Comparisons Between Maltreated and Non-maltreated Groups

Hypothesis 1 predicted a relationship between maltreatment and psychological distress. A one-way t-test was calculated to investigate this hypothesis, and results supported the prediction that maltreated women ( $M = 1.074$ ;  $SD = 1.12$ ) would evidence significantly poorer mental health than non-maltreated women ( $M = .634$ ;  $SD = 1.24$ ;  $t = -3.305$ ,  $df = 318$ ,  $p < .001$ ).

To protect against spurious findings resulting from multiple tests in subsequent analyses, a multivariate analysis of variance (MANOVA) was

performed to test hypotheses 2 and 3. Hypothesis 2 investigated the effect of group (maltreated, non-maltreated) on the dependent variable of attachment dimensions. Hypothesis 3 explored the effect of group on attributional style. In the first analysis, there was a significant group effect ( $\lambda = .942$ ,  $F(8, 311) = 2.372$ ,  $p < .05$ ), indicating differences in one or more dimensions of attachment between groups. The group effects for attributional style, however, ( $\lambda = .993$ ,  $F(3, 316) = .721$ ,  $p < .539$ ) were not significant at a .05 alpha level, indicating that any univariate findings with respect to group on attributional style should not be interpreted.

The significant MANOVA for attachment was followed by one-tailed t-tests, using Bonferroni critical values. Table 4 illustrates the results of these analyses.

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Insert Table 4 here

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Significance was obtained on the "alienation" dimension, indicating that maltreated women were more likely than non-maltreated women to indicate a basic lack of trust in relationships. Significant results on the "insecure attachment" dimension indicated that maltreated women were more likely than non-maltreated women to be very sensitive to rejection and easily hurt by others. Significant findings on the "egocentricity" dimension suggested that maltreated women were more likely than non-maltreated women to mistrust the motivations of others, to see others as existing only in relation to oneself, and to accept the idea

Table 4

## Differences Between Maltreated and Non-maltreated Groups on Dimensions of Attachment

Attachment Dimension	Maltreated Group Mean [SD]	Non-maltreated Group Mean [SD]	df	t-value
Alienation	51.211 [10.632]	47.104 [9.960]	318	3.516***
Insecure Attachment	53.609 [11.592]	49.901 [10.966]	318	2.896**
Egocentricity	51.617 [9.446]	48.948 [8.979]	318	2.551**
Social Incompetence	52.125 [8.338]	49.13 [9.256]	318	2.948**
Compulsive Self-Reliance	16.031 [5.665]	15.104 [5.269]	318	1.496
Compulsive Care-Seeking	15.242 [5.206]	14.083 [4.802]	318	2.045*
Angry Withdrawal	16.789 [6.758]	16.073 [6.063]	318	0.988
Compulsive Care-Giving	23.617 [4.628]	22.922 [5.047]	318	1.248

\* $p < .05$ .\*\* $p < .01$ .\*\*\* $p = .001$ .

that others are to be manipulated for one's own self-centered aims. Significant differences on the "social incompetence" dimension indicated that maltreated women were more likely than non-maltreated women to report shyness, nervousness, uncertainty about how to interact with members of the opposite sex, and difficulty in making friends. Similarly, significant differences on the dimension of compulsive care-seeking suggested that maltreated women were more likely than non-maltreated women to experience life as a series of problems to be overcome, to feel helpless in the face of these problems, and to become extremely dependent on their primary attachment figures for solving life's problems and directing all of life's interactions.

### Overall Analyses

To determine the overall predictive ability of the variables, a series of multiple linear regression analyses, using psychological distress (MHI scores) as the outcome variable, were initially performed using the MAXR regression procedure. The MAXR method selects one variable at a time from the list of predictor variables and makes comparisons by removing one variable and replacing it with another at each step to determine which variable yields the greatest increase in  $R^2$  at that step. Comparisons continue until the model that yields the greatest increase in  $R^2$  is produced. The criterion for selecting the best model is based on the  $R^2$  value and determination of best fit (e.g., Mallows's  $C_p$  statistic). Table 5 depicts summary statistics for each predictor variable used in the study.

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Insert Table 5 here

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First, a separate regression analysis (MAXR) was performed separately on each block and on the block of demographic variables. Second, independent variables from this initial MAXR analysis were retained if they were significant at the .10 alpha level. This level was chosen in order to allow all variables that might account for unique variance in outcome to enter the equation, thereby controlling for Type II error. The level of significance for the overall model was maintained at a .05 alpha level. These MAXR analyses resulted in a twenty variable model. The twenty variables in the equation that met the .10 criterion for block entry analysis are depicted in Table 6.

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Insert Table 6 here

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Third, to test hypothesis 4a, the predictive value of these 20 variables (each re-assigned to its original block) was assessed using a hierarchical block-wise regression analysis procedure (Pedhauzer, 1982) to yield the final model. Blockwise regression, a conservative forward selection procedure, was used in an effort to control for Type I errors which may occur with such a large number of independent variables relative to the size of the subject pool. The hierarchical procedure, in which the block of demographic variables was entered first,

Table 5

Summary Statistics for Outcome and Predictor Variables (N = 320)

Variable	Mean	Standard Deviation
<b>Outcome</b>		
MHI	0.89	1.18
<b>Predictor</b>		
AGE	19.63	1.88
MART	1.02	0.15
SIBS	2.38	0.04
BIRTH	2.21	1.29
RELG	2.86	1.47
SES	2.15	0.41
MOMED	6.31	1.72
DADED	7.07	1.68
BIDAD	1.46	0.06
STDAD	0.12	0.02
BIMOM	1.4	0.04
STMOM	0.13	0.33
INT	4.54	0.66
STBL	4.09	0.73
GLBL	4.27	4.59
APRV	65.72	12.77
UCNTC	9.52	5.44
DISA	23.3	11.61
INVL	61.82	9.61
SHAR	30.34	5.1
ALN	48.75	10.41
IATCH	51.38	11.35
EGOT	50.02	9.25
SINC	50.33	9.01
DAD	4.46	1.3
MOM	0.74	0.88
SHPAR	1.88	1.28
POSED	4.02	1.02
MRDISC	3.03	0.85
ISLT	0.95	0.77
POPRT	2.78	1.28
SSQ	5.34	0.97

Table 5 continued.

Variable	Mean	Standard Deviation
SSN	4.14	1.54
PHYSA	26.34	66.46
PSYCA	1.15	0.36
SEXA	3.51	9.64
CSRL	2.22	0.77
CSEK	2.07	0.71
AGWDL	2.34	0.91
CCGV	3.31	0.69

**Abbreviations:**

MART= marital status; SIBS= number of siblings; BIRTH = birth order;  
 SES= socioeconomic status; MOMED = highest level of education achieved by  
 mother; DADED = highest level of education received by father;  
 BIDAD = proximity of biological father in childhood; STDAD = presence  
 of stepfather in childhood; BIMOM = proximity of biological mother in  
 childhood; STMOM = presence of stepmother in childhood; INT = internal  
 attributional style; STBL = stable attributional style; GLBL = global  
 attributional style; APRV = global approval; UCNTC = unavoidable contact;  
 DISA = disappointing disapproval; INFL = influence; SHAR = sharing;  
 ALN = alienation; IATCH = insecure attachment; EGOT = egocentricity;  
 SINC = social incompetence; DAD = father's mental health;  
 MOM = mother's mental health; SHPAR = shared parenting;  
 POSED = positive attitude toward education; MRDISC = marital discord;  
 ISLT = family isolation; POPRT = positive parenting; SSQ = perceived  
 quality of social support; SSN = number of current supportive others;  
 PHYSA = physical maltreatment; PSYCA = psychological maltreatment;  
 SEXA = sexual maltreatment; CSRL = compulsive self-reliance;  
 CSEK = compulsive care-seeking; AGWDL = angry withdrawal;  
 CCGV = compulsive caregiving

Table 6

Summary of Component MAXR Analyses for Variables Predicting Psychological Distress in College Women

Component Name	Variables	F	df	R-squared
<b>Demographics</b>		<b>4.16</b>	<b>[2,317]</b>	<b>0.0256</b>
	BIRTH	4.44		
	SES	4.17		
<b>Support</b>		<b>18.25</b>	<b>[3,316]</b>	<b>0.1476</b>
	DISA	16.33		
	SSN	8.59		
	SSQ	10.43		
<b>Abuse</b>		<b>17.59</b>	<b>[2,317]</b>	<b>0.0999</b>
	SEXA	16.16		
	PSYCA	13.86		
<b>Attachment</b>		<b>28.36</b>	<b>[6,313]</b>	<b>0.3522</b>
	CSRL	5.87		
	AGWDL	4.67		
	ALN	5.53		
	IATCH	15.19		
	SINC	6.49		
	EGOT	2.64		
<b>Attribution</b>		<b>9.1</b>	<b>[3,316]</b>	<b>0.0796</b>
	INT	3.73		
	STBL	15.29		
	GLBL	2.79		

Table 6 continued

Component Name	Variables	<u>F</u>	<u>df</u>	<u>R-squared</u>
<b>Family</b>		<b>10.17</b>	<b>[4,315]</b>	<b>0.1144</b>
	MOM	2.41		
	SHPAR	17.56		
	POSED	5.12		
	ISLT	2.69		

**Abbreviations:**

BIRTH = birth order; SES = socioeconomic status; DISA = disappointing disapproval; SSN = number of current supportive others; SSQ = perceived Quality of current social support; SEXA = sexual maltreatment; PSYCA = psychological maltreatment; CSRL = compulsive self-reliance; AGWDL = angry withdrawal; ALN = alienation; IATCH = insecure attachment; SINC = social incompetence; EGOT = egocentricity; INT = internal attributional style; STBL = stable attributional style; GLBL = global attributional style; MOM = mother's mental health; SHPAR = shared parenting; POSED = positive attitude toward education; ISLT = family isolation

assessed the unique contribution of person and environmental blocks, controlling for the effect of demographics. Block variables were entered in the order of their  $R^2$  values (as depicted in Table 6), entering them with the largest  $R^2$  value first. Thus, the order of the variables was as follows: Demographics, Attachment, Support, Family, Abuse, and Attribution. Table 7 summarizes the results of this block analysis, and Table 8 shows the correlation matrix for variables that comprised the final model.

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Insert Tables 7 and 8 here

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Results indicated that 39% of the variance was predicted with three blocks (11 variables). The attachment block accounted for 35% of the variance, with all variables maintaining an inverse relationship with psychological distress (i.e., the more psychological distress, the poorer the attachment relationships). Predictor variables comprising the maltreatment block accounted for an additional 2% of the variance in psychological distress, with both variables maintaining an inverse relationship with psychological distress (i.e., the more psychological distress, the more severe the maltreatment history). When the attribution block was added to the equation, an additional 2% of the variance was accounted for. In this case, both stable and internal attributions maintained an inverse relationship with psychological distress (i.e., the more psychological distress, the more severe the maltreatment history). When the attribution block was added to the equation, an additional 2%

Table 7

Summary of Blockwise Regression For Components Predicting Psychological Distress in College Women: Final Model

Component	Variable	<u>B</u>	<u>SE B</u>	<u>F</u>	<u>df</u>	<u>p</u>	<u>R-squared</u>
<b><u>Attachment</u></b>				<b>18.12</b>	<b>[6,313]</b>		<b>0.359</b>
	CSRL	-0.019	0.011	2.85		.092	
	AGWDL	-0.021	0.009	4.27		.039	
	ALN	-0.012	0.007	3.34		.068	
	IATCH	-0.024	0.006	13.93		.001	
	SINC	-0.015	0.007	5.01		.025	
	EGOT	-0.009	0.007	2.02		.156	
<b><u>Abuse</u></b>				<b>3.81</b>	<b>[2,317]</b>		<b>0.376</b>
	SEXA	-0.015	0.006	6.5		.011	
	PSYCA	-0.137	0.158	0.76		.385	
<b><u>Attribution</u></b>				<b>2.96</b>	<b>[3, 316]</b>		<b>0.393</b>
	INT	-0.139	0.084	2.73		.099	
	STBL	-0.092	0.079	1.39		.239	
	GLBL	0.022	0.011	3.53		.061	
<b><u>Total Model</u></b>							<b>0.3932</b>

**Abbreviations:**

CSRL = compulsive self-reliance; AGWDL = angry withdrawal;  
 ALN = alienation; IATCH = insecure attachment; SINC = social incompetence;  
 EGOT = egocentricity; SEXA = sexual maltreatment; PSYCA = psychological  
 maltreatment; INT = internal attributional style; STBL = stable attributional;  
 style; GLBL = global attributional style

Table 8

Correlation Matrix for Variables Predicting Psychological Distress

N = 320

	CSRL	AGWDL	IATCH	EGOT	SINC	ALN	SEXA	PSYCA	INT	STBL	GLBL
CSRL	*	0.421 <sup>b</sup>	0.208	0.204 <sup>b</sup>	0.137 <sup>b</sup>	0.355	0.156 <sup>b</sup>	0.126 <sup>a</sup>	0.114 <sup>a</sup>	0.146	-0.04
AGWDL	*	*	0.422	0.288 <sup>b</sup>	0.207 <sup>b</sup>	0.314	0.089	0.14 <sup>a</sup>	0.115 <sup>a</sup>	0.148	-0.03
IATCH	*	*	*	0.507 <sup>b</sup>	0.509 <sup>b</sup>	0.496 <sup>b</sup>	0.137	0.275	0.088	0.217	-0.02
EGOT	*	*	*	*	0.339 <sup>b</sup>	0.418 <sup>b</sup>	0.163 <sup>b</sup>	0.225 <sup>b</sup>	0.096	0.228	0.047
SINC	*	*	*	*	*	0.429 <sup>b</sup>	0.139 <sup>b</sup>	0.211 <sup>b</sup>	-0.02	0.196	-0.06
ALN	*	*	*	*	*	*	0.21	0.307	0.092	0.224	0.008
SEXA	*	*	*	*	*	*	*	0.147 <sup>b</sup>	0.021	0.173	0.003
PSYCA	*	*	*	*	*	*	*	*	0.032	0.129	0.088
INT	*	*	*	*	*	*	*	*	*	0.234 <sup>b</sup>	0.027
STBL	*	*	*	*	*	*	*	*	*	*	-0.06

<sup>a</sup> = significant at alpha level  $p < .05$

<sup>b</sup> = significant at alpha level  $p < .01$

Abbreviations:

CSRL = compulsive self-reliance; AGWDL = angry withdrawal; IATCH = insecure attachment; EGOT = egocentricity; SINC = social incompetence; ALN = alienation; SEXA = sexual maltreatment; PSYCA = psychological maltreatment; INT = internal attributional style; STBL = stable attributional style; GLBL = global attributional style

of the variance was accounted for. In this case, both stable and internal attributions maintained an inverse relationship with psychological distress (i.e., the more psychological distress, the higher the likelihood that internal and stable attributions are made). Global attributions, in contrast, maintained a positive relationship with psychological distress (i.e., the more psychological distress, the less likely that global attributions were made).

Of the attachment variables that comprised the block, the strongest predictors, in order of strength, were insecure attachment, social incompetence, angry withdrawal, alienation, compulsive self-reliance, and egocentricity. Of the variables that comprised the maltreatment block, sexual abuse appeared to be the stronger of the two variables. In the attribution block, global attributional style appeared to be the strongest of the variables, with internal attributions attributional style being the next strongest, and stable attributional style being the weakest predictor.

#### Interaction of Maltreatment and Attributional Style

In order to explore hypothesis 4b, which predicted an interaction between maltreatment and attributional style, an additional MAXR regression was calculated using all variables retained as part of the abuse category (sexual maltreatment and psychological maltreatment) and variables retained as part of the attribution category (internal, stable, and global attributional styles). Each variable was entered as a main effect, and then all possible two- and three-way interactions were

entered. Only the three-way interaction among psychological maltreatment, internal attributional style, and stable attributional style was significant ( $F(1,318) = 39.96, p < .001$ ) (see Figure 1).

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Insert Figure 1 here

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These results suggested that the interaction of internality and stability has the strongest effect on individuals who also experience psychological maltreatment. Within the group of psychologically maltreated women, those who make consistently stable and internal attributions appeared to have experienced the greatest amount of psychological distress. This interaction accounted for 11% of the variance in distress scores.

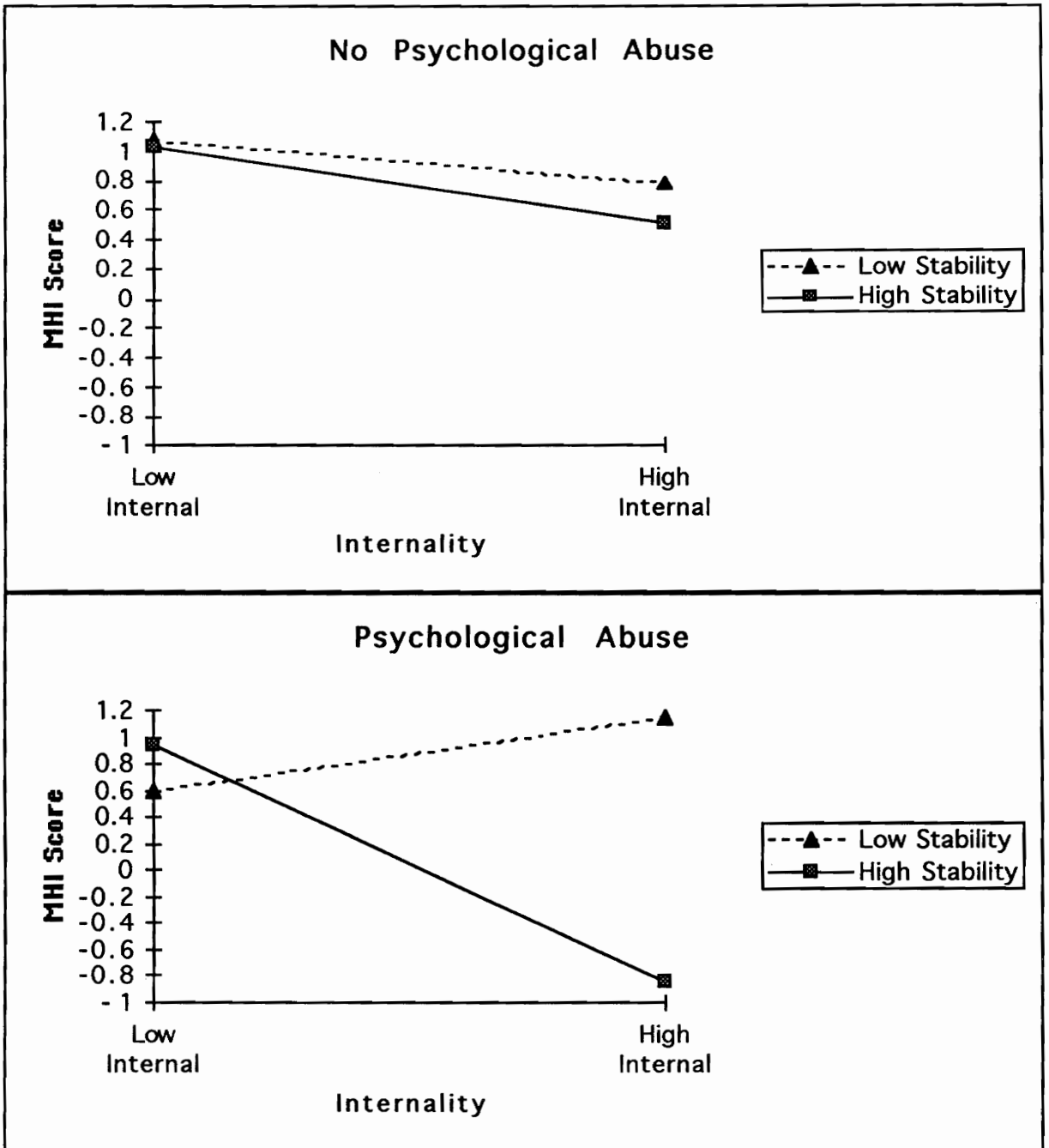
#### Effect of Combined Maltreatment Experiences

Hypothesis 5 investigated the relationship between maltreatment history and psychological distress (MHI scores). All women were categorized into one of eight groups, depending on the nature of their reported maltreatment experiences (see Table 9).

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Insert Table 9 here

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**Figure 1.** The interaction of psychological maltreatment, internal attributional style, and stable attributional style as a predictor of psychological distress in college women.

Table 9

Frequency of Reported Childhood Maltreatment Experiences in a Sample of College Women

Maltreatment Category	Frequency Count (N = 320)	Percentage of Total
(0) No maltreatment	192	60%
(1) Sexual maltreatment	51	16%
(2) Physical maltreatment	16	5%
(3) Psychological maltreatment	25	8%
(4) Sexual and Physical maltreatment	10	3%
(5) Sexual and Psychological maltreatment	9	3%
(6) Physical and Psychological maltreatment	12	4%
(7) Sexual, Physical, and Psychological maltreatment	5	1%

A one-way t-test comparing sexually maltreated women (Group 1:  $\underline{M}$  = .77, SD = 1.16) with sexually and psychologically maltreated women (Group 5:  $\underline{M}$  = .26, SD = .95) was not significant. Similarly, a comparison of physically maltreated women (Group 2:  $\underline{M}$  = .89, SD = 1.39) and women who experienced both physical and psychological maltreatment (Group 6:  $\underline{M}$  = .17, SD = 1.30) was also not significant.

Further exploration of differences between maltreatment groups was performed using chi-square analyses. Women were classified into “symptomatic” and “asymptomatic” categories for each of the symptom categories on the BSI (Cochran & Hale, 1986). No significant differences were noted for the symptom categories of “obsessive-compulsive,” “hostility,” “somatization,” “sensitivity,” “anxiety,” “phobia,” or “psychosis.” However, significant differences were noted in the symptom categories of “depression” and “paranoia.” In order to gain a fuller understanding of the nature of these differences, the EXACON procedure (Bergman & El-Khoury, 1987) was performed. The results of these analyses are presented in Table 10.

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Insert Table 10 here

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Within the category of depression, analyses suggest that, compared to the frequencies expected by chance, women who experience no form of maltreatment are significantly under-represented

Table 10

Exact Cell-Wise Analyses of Symptom Presentation in Women Reporting Different Maltreatment Histories

<i>Maltreatment Group</i>	<u>Paranoia Present</u>		<u>Paranoia Absent</u>	
	Expected	Observed	Expected	Observed
<i>None (N = 192)</i>	117.60	108	74.40	84**
<i>Sexual (N = 51)</i>	•	•	•	•
<i>Physical (N = 16)</i>	•	•	•	•
<i>Psychological (N = 25)</i>	15.31	20	9.69	5*
<i>Sexual &amp; Psychological (N = 10)</i>	6.12	9	3.88	1*
<i>Sexual &amp; Physical (N = 9)</i>	•	•	•	•
<i>Physical &amp; Psychological (N = 12)</i>	7.35	12	4.65	0**
<i>Sexual, Physical &amp; Psychological (N = 5)</i>	•	•	•	•

\* $p < .05$ .

\*\* $p < .01$

Table 10 continued.

<i>Maltreatment Group</i>	<u>Depression Present</u>		<u>Depression Absent</u>	
	Expected	Observed	Expected	Observed
<i>None (N = 192)</i>	90.60	79	101.40	113**
<i>Sexual (N = 51)</i>	•	•	•	•
<i>Physical (N = 16)</i>	•	•	•	•
<i>Psychological (N = 25)</i>	•	•	•	•
<i>Sexual &amp; Psychological (N = 10)</i>	•	•	•	•
<i>Sexual &amp; Physical (N = 9)</i>	•	•	•	•
<i>Physical &amp; Psychological (N = 12)</i>	•	•	•	•
<i>Sexual, Physical &amp; Psychological (N = 5)</i>	2.36	5	2.64	0*

\* $p < .05$

\*\* $p < .01$

in the depression category and those that experience all three forms of maltreatment (physical, sexual, and psychological) or psychological maltreatment alone are over-represented in the depression category. In the paranoia category, women with no maltreatment history are again under-represented. In contrast, women who experienced psychological abuse alone, or who experienced psychological abuse in combination with either sexual or physical abuse were significantly over-represented. These results will be discussed further in the discussion section.

### Exploratory Investigations

Following the formal hypothesis testing, a series of exploratory investigations was undertaken. To explore the relationship between person and environment variables and long-term symptomatology further, a two-group discriminant analysis was performed. The set of variables retained in the block-wise regression procedure were entered as predictor variables (sexual maltreatment, psychological maltreatment, compulsive self-reliance, angry withdrawal, insecure attachment, egocentricity, social incompetence, alienation, internal attributional style, stable attributional style, global attributional style), and the global severity index score of the BSI was used as the criterion variable. Using college student norms (Cochran & Hale, 1985), women with scores at or above 60T were classified as “symptomatic” (evidencing clinically significant levels of distress), whereas all other women were considered to be “asymptomatic” (evidencing non-clinically significant levels of distress). The BSI was used in this analysis because it has such appropriate

criterion norms. Table 11 presents the standardized discriminant coefficients for each of the selected variables in order of their magnitude. The standardized coefficient is the correlation between the variable and the function that discriminated the two BSI groups.

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Insert Table 11 here

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The eleven person and environmental variables were found to significantly contribute to the prediction of symptomatic and asymptomatic women ( $\lambda = .699$ ,  $F(11,308) = 12.032$ ,  $p < .0001$ ).

Table 11

Results of Discriminant Analysis Based on Clinically Significant Levels of Psychological Distress

N = 320

Variable	Standardized Coefficient
Egocentricity	0.492
Insecure attachment	0.442
Sexual maltreatment	0.223
Alienation	0.174
Social incompetence	0.169
Compulsive self-reliance	0.165
Stable attributional style	-0.114
Internal attributional style	-0.039
Angry withdrawal	-0.03
Global attributional style	-0.025
Psychological maltreatment	-0.007
Wilks's Lambda	.699*
Canonical Correlation	0.528873
<u>df</u>	[11,308]

\*p < .0001.

## Discussion

While most studies have explored the long-term consequences of only physical or sexual maltreatment, several investigators have begun to explore the unique effects of psychological maltreatment (Briere & Runtz, 1988; Klosinski, 1993; Moeller, Bachmann, & Moeller, 1993). These studies suggest a global association among all three forms of maltreatment and long-term symptom manifestation. However, little research has examined the effects of combined maltreatment experiences (Briere & Runtz, 1988, 1990; Claussen & Crittenden, 1991; Moeller & Bachmann, 1993; Williamson, Borduin, & Howe, 1991). The few available investigations suggest that there are symptom manifestations common to all three types of experiences, as well as specific connections between individual forms of maltreatment and smaller subsets of symptoms. Briere (1992) reviewed the literature and suggested two forms of symptom patterns resulting from abuse: psychological symptoms and relational difficulties (Briere, 1992).

The central purpose of this current study was to extend the current body of literature examining the long-term impact of multiple forms of maltreatment. Specifically, the focus of this exploration was to identify differential effects resulting from experiencing any single type of abuse or any combination of abuse. Further, this study extended the current literature by exploring the potential moderating roles of family environment and current social support, as well as the effects of

attributional style and adult attachment relationships on long-term responses to child abuse trauma.

### Demographics

Initial analyses focused on the demographic characteristics of the sample. With the exception of two major findings, there were few group differences. Consistent with research identifying risk factors for childhood abuse (Finkelhor, 1980; Giles-Sims & Finkelhor, 1984; Russell, 1986), the results of this study suggested that women who were reared in the presence of a step-father were more likely to report early abuse experiences. Although abuse was broadly operationalized to include sexual, physical and psychological forms of maltreatment, 60% of those reporting an abusive event reported some form of child sexual maltreatment. In explaining similar results, Finkelhor (1984) hypothesized that the ordinary inhibition prohibiting sex between a father and his daughter was lessened when the relationship was not a biological one. Cultural taboos would suggest this explanation is most readily applicable to the domain of sexual maltreatment; however, it may also be the case that step-fathers are less inhibited about perpetrating psychological and/or physical maltreatment since the sanctity of the family bond is reduced when step-relationships are involved. An alternative explanation, however, focuses on stress as a risk factor for abusive as well as other dysfunctional behavior. Step-families often experience adjustment difficulties when new family members attempt to assimilate into a pre-formed family unit. Such stress can be temporary or

may continue if other factors interfere with the process of assimilation. The presence of step-relationships can increase adjustment-related stress, thus increasing the likelihood of various forms of psychological and physical maltreatment as well as other dysfunctional coping patterns.

A second significant difference in the demographic analyses involved differing levels of education achieved by parental figures. Although the level of maternal education did not differ across groups, maltreated women were significantly more likely than non-maltreated women to report that their fathers had obtained graduate degrees or advanced training, and significantly less likely to report that their fathers had terminated their education after obtaining a high school diploma. These findings contradict a common belief that abuse occurs more frequently in less educated families. However, these results are not entirely surprising, since this study focused on abuse as a broadly defined phenomenon that included psychological maltreatment. Since psychological maltreatment frequently involves the use of language and manipulation to achieve destructive ends, one might expect that individuals with higher levels of education and presumably greater verbal abilities would be more "skilled" at implementing these forms of punishment.

No significant differences were found between maltreated and non-maltreated women on any other demographic variables. Hence, these groups were deemed comparable for the purpose of this investigation.

## Psychological Symptoms

Consistent with expectations, maltreated women were found to evidence more psychological distress than non-maltreated women. However, the pattern of findings was somewhat complex. In terms of variables, no significant differences emerged with regard to the unique effects of individual forms of maltreatment or to specific combinations of maltreatment experiences on the assessment of global psychological distress when these unique effects were assessed through regression analyses. However, when groups of individuals with various combinations of abuse histories were compared to one another, psychological maltreatment, alone or in combination with other forms of maltreatment, accounted for significant increases in symptoms of depression and paranoia.

Psychological maltreatment appeared to be more significantly related to problems in long-term psychological functioning than was either physical or sexual abuse. This finding is interesting given that this form of abuse has received the least empirical attention. Nevertheless, since the current conceptualization of psychological maltreatment defines it as “the concept that unifies and connects the cognitive, affective, and interpersonal problems that are related to sexual abuse, physical abuse, and all forms of neglect” (Brassard, Hart, & Hardy, 1993, p. 715), such a finding is not surprising. Claussen & Crittenden (1991) indicated psychological abuse is a repeated pattern of behavior that conveys to a child that s/he is worthless, unloved, unwanted, or only of

value in meeting another's needs. Such behavior would contribute to depression by increasing feelings of loneliness, sadness, hopelessness, worthlessness, and suicidality.

The data in this study support a relationship between abuse and depression, a finding of other studies. Briere (1992) indicates depression is the most frequently reported symptom in individuals who experience childhood maltreatment. In randomly sampled community female populations (Peters, 1988; Sedney & Brooks, 1984) as well as clinical populations (Edwards & Donaldson, 1989), childhood sexual maltreatment has been significantly related to lifetime risk for major depression. Further, there is strong evidence from both clinical and nonclinical samples that individuals with sexual abuse histories are often more self-destructive than are women without sexual abuse histories (Bagley & Ramsay, 1985; Briere, 1985; Briere & Runtz, 1990; Beitchman, Zucker, Hood, daCosta, Akman & Cassavi, 1992). In the area of physical abuse, researchers have documented significantly greater levels of depression in college women reporting histories of physical abuse than those who do not report such histories (Briere & Runtz, 1988).

It has been argued (e.g., Briere, 1992) that sexual and physical abuse inherently involve of some form of psychological abuse. Sexual maltreatment involves corruption and exploitation while physical abuse involves an element of terrorizing. In the current sample, significant symptom manifestations were not noted for those who had experienced sexual or physical abuse alone; however, when either of these two

experiences were combined with perceived psychological maltreatment, specific symptom patterns emerged. Thus the addition of psychological abuse to other types of abuse intensifies the aversiveness of the experience and, consequently, the recipient's symptomatology.

Within the context of an abusive environment, children receive direct negative messages, which may result in what Finkelhor and Browne (1985) term "stigmatization." In these instances, the messages the victim receives directly from the abuser (e.g., "You deserve this because you are bad."), or indirectly from the victim-blaming social system after the fact (e.g., "What did you do to cause this?") become internalized and lead to feelings of guilt and shame. In other situations, the child may not receive any direct messages, but must develop a cognitive schema to accommodate her ongoing experiences of abuse (e.g., pain, humiliation, etc.). These schemas may take a similar negative form of thoughts and beliefs (e.g., "I am bad and that is why this is happening to me."; "I am worthless."). Over time, the constant internalization of such messages may result in depressive cognitions and self-loathing.

In the current sample, internalized responses to abuse were accompanied by increased externalized responses in the form of paranoia. As noted above, subjects in this study showed elevations in paranoia subscale of the BSI. The degree of psychological manipulation inherent in all three forms of childhood maltreatment may contribute to this phenomenon. Research has documented many negative outcomes

related to early abuse experiences, including depression, anxiety, relational difficulties, aggression, and suicidality (Beitchmen, Zucker, Hood, daCosta, Akman & Cassavia, 1992; Briere & Runtz, 1990). Given the plethora of possible negative outcomes, it is not surprising that women who have experienced abuse might blame others for their current difficulties. Further, the exploitation and degradation involved in all forms of child abuse provide a message to the child that people will take advantage of her if given the opportunity. Early learning can therefore account for the observation that abused women report feeling as though they are being exploited. Psychological abuse involves experiences of unreliable and inconsistent parenting, deprivation of essential emotional responsiveness, exploitation, deprivation of dignity, and isolation. Sexual abuse necessarily involves exploitation, and physical abuse necessarily involves devaluing, terrorizing, and rejecting. It is not difficult to imagine how an adult who has experienced a combination of these experiences would find it difficult to trust other individuals. Although the symptoms of paranoia have been operationalized as signs of psychological distress and dysfunction, these symptoms can also be seen as having once been highly adaptive and functional beliefs that have outlasted their utility and now contribute to difficulties in relating in an adult social world.

### Attachment

There were two significant findings related to attachment. First, a comparison of maltreated and non-maltreated women suggested

differences with regard to current patterns of adult attachment. Specifically, maltreated women scored more highly on the dimensions of “alienation,” “insecure attachment,” “egocentricity,” “social incompetence,” and “compulsive care-seeking.” Taken together, these results suggest that women who have experienced childhood abuse are more likely to approach adult relationships with social insecurity marked by a lack of basic trust, the anticipation of betrayal or personal harm, and a tendency to over-react to perceived rejection. As a consequence of this insecurity, maltreated women attempt to confirm their relational security in a concrete manner, displaying urgent and frequent care-seeking behaviors (West & Sheldon, 1988).

The second significant finding suggested that there is a strong relationship between attachment and psychological distress. A series of multiple regression analyses investigated the effectiveness of several predictor variables, including attachment, as determinants of later psychological functioning. These analyses suggested that the combination of adult attachment patterns, maltreatment experiences, and attributional style accounted for 39% of the total variance in long-term psychological distress of college women. Adult attachment emerged as a particularly robust finding, accounting for 35% of the total variance in functioning. Maltreatment experiences accounted for an additional 2% of the variance, and attributional style accounted for the final 2%. Neither family environment nor current social support accounted for any significant variance in the model.

Within the category of attachment, increases in psychological distress were related to higher scores on the dimensions of “insecure attachment,” “social incompetence, and “angry withdrawal.” These findings suggest that women who reported poorer psychological functioning following experiences of child abuse are likely to have difficulty securing and enjoying interpersonal relationships because of intense social insecurity, and are likely to respond to these experiences with anger directed toward those who appear unavailable to them. This prediction is consistent with research demonstrating the prevalence of disturbed relatedness in victims of childhood maltreatment (e.g., Briere, 1991; McCann & Pearlman, 1990; McCord, 1985). Researchers have operationalized this disturbance in a number of ways, including fear of intimacy (McCann & Pearlman, 1990), interpersonal mistrust, sexual and physical aggression, poor impulse control, and manipulation (Briere, 1991). In all cases, this disturbance of social functioning is implicated as a cause of psychological distress.

These findings are also with Bowlby’s (1977) anxious attachment pattern. Bowlby (1977) hypothesized that experiences that lead the individual to doubt an attachment figure’s availability and responsiveness, cause her “to live in constant anxiety lest [she] lose [her] attachment figure and, as a result, to have a low threshold for manifesting attachment behavior” (p. 207).

Experiences of maltreatment in childhood can leave a child doubting the reliability of his/her attachment figure. If the perpetrator of

abuse is the attachment figure, then the child's sense of security is necessarily disrupted by the inconsistent responsiveness of the parent. If the perpetrator is someone other than the attachment figure and the attachment figure fails to respond to the threats against the child and to restore a sense of security, then the child is still confronted with an ambivalent understanding of the nature of relationships.

When the attachment figure is perceived as ignoring or punishing the child's need for security in the face of abuse, the threat of abuse is not diminished and a new threat accrues: the threat of loss of the necessary attachment relationship (West & Sheldon-Keller, 1994). Hence, the child is placed in a double-bind. Abuse provides a threat to security, which dictates that the child approach the attachment figure. If the attachment figure makes an unsatisfactory response to this approach, the child's security is furthered threatened, resulting in an increase in and a cessation of approach behavior. According to Bowlby (1977) successive experiences of this sort form internalized attitudes and beliefs about the self and others (schemata) that serve as working expectancy models for future interactions in a difficult interpersonal world. When these schemata are later applied to new relationships, a self-fulfilling prophecy may cause further disappointment and frustration of attachment desires to accrue. These later attachment experiences are then reinternalized and consolidated as constricted and ineffective relational styles.

In considering adult patterns of insecure attachment, West and Sheldon-Keller (1994) suggested that durable personality structures

provide a source of continuity in behavior. Specifically, these authors suggested that present cognitive or behavioral structures serve as filters for what an individual perceives and ignores, how s/he construes a situation, and the plan of action adopted. Further, these personality structures determine what types of persons and environments are sought, thereby determining the individual's environment and available attachment figures, thus completing the cycle. Taken together, these findings suggest that attachment style may have implications for the quality of relationships, relationship satisfaction, and potential revictimization.

One further consideration in reviewing the robust findings with regard to attachment involves the nature of the construct as defined by the two measures utilized in the current study. Attachment has been very broadly defined to include multiple aspects of adult interpersonal relating. Given that the women who participated in this study are in a developmental period in which a primary task is to establish intimate relationships, it is not surprising that disruptions in an interpersonal domain might significantly impact psychological functioning. Future research might aim at further defining and validating the construct of attachment as it appears in this study, and exploring the unique contributions of specific interpersonal skills and schemas in college women.

### Attributional Style

In the present study, attributional style was investigated as a personality variable which might influence the psychological functioning of college women. No significant differences were observed between maltreated and non-maltreated women on this variable. However, analyses of the interactions of stable, internal, and global attributional styles, with significant attachment and abuse predictor variables suggests that the most significant impact on long-term psychological distress occurs as a result of the interaction of psychological abuse experiences with stable and internal attributions.

Both internal and stable attributions have been linked to experiences of depression and psychological distress (Abramson, Seligman, & Teasdale, 1978; Gross & Keller, 1992). The combination of these two attributional styles with an experience of psychological maltreatment, appears highly related to the degree of psychological distress experienced by the individual. Specifically, it was found that internal and stable attributional styles do not significantly impact the level of psychological distress in nonmaltreated women. However, women who have experienced some form of psychological maltreatment and who also evidence internal and stable attributional styles, evidence higher levels of psychological distress than maltreated women who evidence internal, but not stable, attributional styles, or who fail to evidence an internal attributional style.

This interaction may reflect the fact that psychological maltreatment is likely to occur with greater frequency and for a longer

duration than either physical or sexual maltreatment alone. Hence, victims of psychological maltreatment are chronically reminded that they are "bad," and that they will always be bad. These messages are likely to generalize as internal and stable attributional styles, and to lead to subjective experiences of psychological distress.

An alternative explanation might focus on the nature of psychological abuse, as contrasted with other forms of maltreatment. Sexual and physical forms of maltreatment necessarily include direct assaults on the child's physical self. When the child's beliefs about his/her worthiness as an individual are indirectly or directly attacked, psychological maltreatment is believed to be present. It is possible that the experience of psychological maltreatment more directly relates to the development of negative attributional styles because its content is aimed directly at destroying cognitions, whereas other forms of abuse are primarily directed at physical destruction, with cognitive ramifications resulting only after the child translates physical and sexual assault into psychological attacks on the self. Psychological maltreatment, which is likely to be chronic (global), includes explicit messages that the abuse is the fault of the child (internal), and that the child is permanently bad or unworthy of better treatment (stable).

## Limitations

The major limitations to this study can be classified as theoretical limitations, design limitations, and methodological limitations. Each of these areas will be discussed below.

### Theoretical Limitations

The definition of psychological maltreatment imposes two major limitations on the current investigation. Psychological maltreatment is operationalized according to the most widely accepted definition in the current literature: “acts of rejecting, degrading, terrorizing, isolating, corrupting, exploiting, or providing inconsistent parenting” (Briere, 1992). Frequency of occurrence and severity of the event are included in the definition to differentiate instances of abuse from isolated cases of negative care-taking behaviors.

Although many have argued that severity and frequency must be taken into account lest every parent be deemed a perpetrator of child abuse, the necessary inclusion of chronicity in this operational definition confounds research efforts in this area. Researchers have consistently demonstrated the cumulative negative effects of chronic abusive experiences (Briere, 1992). It is difficult, therefore, to determine whether the distress shown to be related to psychological maltreatment is the result of this specific form of abuse, or whether it is simply a manifestation of repeated abuse experiences.

The second major theoretical limitation concerns the implication that sexual and/or physical abuse might occur in a “pure” form, without

the presence of psychological maltreatment (see Table 9). Sixteen percent of the current sample reported experiences of child sexual abuse, but denied any experiences that would qualify as psychological abuse. Five percent of the sample reported experiences of child physical abuse without psychological abuse. Given the definition of psychological maltreatment employed by this study, it would seem impossible for such experiences to occur. For example, it does not seem plausible for a child to be sexually abused without being exploited. Similarly, it is doubtful that a child who is being physically abused would not also be terrorized. One possible explanation for these apparent inconsistencies concerns the presence of inner resources. It is likely that individuals who do not report experiences of psychological maltreatment have different coping skills than those who do report psychological abuse. These coping skills might allow abused women to form beliefs that are inconsistent with feelings that are consistent with psychological abuse. Future studies should examine the role of coping styles to further explain the presence of subjectively “pure” sexual and physical abuse.

#### Design Limitations

In the current investigation, subjects were simultaneously questioned about maltreatment experiences occurring in childhood, and current levels of psychological functioning. Childhood maltreatment reports were designated as independent variables, while subjects' responses to a measure of psychological functioning were considered dependent variables. This correlational and retrospective approach to

research necessarily precludes any conclusions regarding cause and effect. Although the assumption is that reported victimization in childhood antedates current psychological functioning, the reverse is equally plausible: current psychological distress may affect subjects' retrospective reports of childhood experiences.

A similar difficulty arises in the area of attachment styles. The current study relied upon reports of adult attachment and assumed some consistency between attachments formed in childhood and those evidenced later in life. This assumption is based on Bowlby's (1977) conceptualization of the two forms of attachment. While the initial attachment patterns of infancy and childhood develop in direct response to and as a result of the caregiver's actions (or failures to act), the attachment patterns of adults arise largely from working models of the attachment figure and of the self that are built on these early childhood experiences and significantly affect the adult's new attachment relationships. The basic idea is that people will make sense of attachment situations as they make sense of anything: by organizing their perceptions and affective responses according to the categories and associations established by earlier experiences. However, this assumption ignores the possibility that further experiences may weaken these early associations in favor of others more consistent with new perceptions and feelings. In the present study, it is possible that reports of attachment styles reflect distorted cognitions and affective associations

created by a current state of psychological distress, as opposed to psychological distress being caused by early attachment experiences.

#### Methodological Limitations

The sample for this study was restricted to a college undergraduate population with relatively limited ethnic diversity, and therefore the results cannot be considered representative of the general population of college women. Further, a self-selection bias may be present, as the subjects who participated in this study were volunteers. Although two sign-up sheets were available for this study, one advertising an investigation of "Family Environments" and the other advertising a study of "Childhood Maltreatment," the majority of maltreated women responded to the latter advertisement (99 out of 128). It is possible that only the most, or least, psychologically distressed individuals volunteered. Some students may have volunteered in order to gain extra support and discuss difficulties, whereas others volunteered to demonstrate their mastery over a difficult situation. It is possible that those individuals who fell in the middle may not have been as likely to volunteer.

The division of women into maltreated and non-maltreated groups was completely dependent on the exactness of the subjects' reports of past abusive events. Yet, the accuracy of these recollections might have been mitigated by the passage of time, or might have been affected by the what Cicchetti and Rizley (1981) refer to as "influence of contemporary adaptation on recall" (p.40). The adult who experienced

severe childhood maltreatment might, by virtue of her need to avoid painful abuse memories, present as amnesic for her childhood experiences. This clinical symptom might lead to a confound in that these individuals would have been included in the “non-maltreated” group, thereby obscuring between group differences. Further distortion might have resulted from the fact that very conservative definitions were adopted for sexual, physical, and psychological maltreatment, and other forms of trauma were not assessed. In fact, two women reported multiple date rapes, and one woman reported being forced to engage in oral sex with her brother, who was two years older than she. None of these experiences met the criteria for sexual maltreatment, and therefore these women were classified as “non-maltreated.”

Although the distribution of women in maltreated and non-maltreated groups was comparable, when the maltreated group was divided into seven maltreatment subgroups, the sample size of each of the groups became very small. Larger group sizes might have revealed more significant differences between groups

### Future Directions

The most obvious solution to the difficulties presented by retrospective and correlational designs is to avoid this form of data-collection entirely. Instead, researchers might rely upon longitudinal studies whereby subjects and their families could be randomly selected and evaluated for baseline data prior to any maltreatment event, a detailed assessment of the maltreatment event could be obtained at the

time of the event, and both maltreated and control subjects could be regularly evaluated during their development. Such longitudinal studies could provide much needed data on the exact relationship between childhood maltreatment and various types of psychological dysfunction, and could better explain how preabuse functioning and family dynamics might moderate long-term abuse effects. Further, longitudinal designs are needed to validate the stability of attachment styles, and to help establish the temporal order of adult attachment, maltreatment, and psychological symptomatology. However, longitudinal designs are subject to their own limitations, including the potential effects of repeated measurement, subject attrition rates, and the high cost and difficulty inherent in following a large number of subjects for an extended period of time.

Given the constraints of retrospective studies, future research might focus on improving the measures available for researchers interested in the area of childhood maltreatment. The results of this study suggest that psychological maltreatment may play a significant role in the adjustment of women who were victimized in childhood. Hence, one task for future research might be to identify more explicitly those variables that constitute psychological maltreatment so that reliable and valid measures of this construct can be developed.

In addition to replicating the findings of this study with a larger and more ethnically diverse population of mixed gender, researchers should explore additional possible mediators. In a recent empirical review of the

literature on sexual abuse, appraisal, stress and coping, Spaccarelli (1994) proposed a mediational model predicting psychological symptoms following sexual abuse. This model incorporates several of the personal and environmental factors included in the current investigation (e.g., styles of attribution, family environment, demographic data, social support, details of abusive event), but also includes coping strategies and disclosure-related events as possible mediators, and provides a theoretical base for exploring these factors further.

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## Appendix A

### **The long-term effects of childhood abuse on college women**

This study is targeted at women, age 18 and over, who have had childhood experiences that they would consider abusive. These experiences may take the form of sexual, physical, or psychological maltreatment. There is no formal criteria for defining abuse in this study. If you believe that you were abused, then you are an appropriate subject for this study.

Participation in this study involves completing several questionnaires. These questionnaires will ask for information about your maltreatment experiences, as well as about your current relationships with significant others. Questionnaires will be completed in large group testing sessions.

Participation is expected to take approximately 3 hours. You will receive 1 experiment credit for each hour, or portion of an hour, of participation.

ALL RESPONSES WILL REMAIN CONFIDENTIAL, **AND YOU WILL REMAIN ANONYMOUS** DURING THE ENTIRE STUDY.

**\*\*\*To insure anonymity, please initial the sign up sheet in this folder, and take an appointment slip. Again, DO NOT write your name. Use only your initials.\*\*\***

**DO NOT SIGN-UP FOR THIS STUDY IF YOU HAVE PARTICIPATED IN THE EARLY ENVIRONMENTS STUDY.**

Primary Investigator: Kerri W. Augusto, M.S.

Supervising Faculty Member: Ellie T. Sturgis, Ph.D.

## Appendix B

### Early Childhood Environments

The purpose of this study is to gather information about the early childhood environments and early childhood experiences of college-age women (age 18 and over). If you participate in this study, you will be asked to complete a series of questionnaires which inquire about various aspects of your childhood environment. Topics of interest include your family's attitudes toward discipline, conflict resolution, and sex. In addition, you will be asked to complete several questionnaires which ask about your current functioning and your current relationships with significant others.

Participation is expected to take 3 hours. You will be given 1 experiment credit for each hour of participation (or part of an hour).

ALL RESPONSES WILL REMAIN CONFIDENTIAL, AND YOU WILL REMAIN ANONYMOUS DURING THE ENTIRE STUDY.

**\*\*\*To insure anonymity, please initial the sign up sheet in this folder, and take an appointment slip. Again, DO NOT write your name. Use only your initials.\*\*\***

**DO NOT SIGN-UP FOR THIS EXPERIMENT IF YOU HAVE PARTICIPATED IN THE CHILDHOOD MALTREATMENT STUDY.**

Primary Investigator: Kerri W. Augusto, M.S.

Supervising Faculty Member: Ellie T. Sturgis, Ph.D.

## Appendix C

### INFORMED CONSENT FORM

**TITLE OF EXPERIMENT:** Factors contributing to the long-term adjustment of college women abused as children  
**EXPERIMENT #** \_\_\_\_\_

#### 1. PURPOSE OF EXPERIMENT:

You are invited to participate in a study about the effects of early childhood experiences on the psychological functioning of college age women.

#### 2. PROCEDURE TO BE FOLLOWED IN THE STUDY:

To accomplish the goals of this project, you will be asked to complete several questionnaires. Some of the questionnaires are highly personal, including questions about sexual attitudes and sexual experiences. In addition, there are several questions about your family and their attitudes toward sex, discipline, and conflict resolution. It is anticipated that you will need approximately 3 hours to complete all of the questionnaires.

#### 3. ANONYMITY OF SUBJECTS AND CONFIDENTIALITY OF RESULTS:

The results of this study will be kept strictly confidential. At no time will the researchers release your results to anyone without your written consent. The information you provide will have your name removed and only a subject number will identify you during analyses and any writeup of the research.

#### 4. DISCOMFORTS AND RISKS FROM PARTICIPATING IN THE STUDY:

Participation in this study involves answering some highly personal questions. You may experience some discomfort when answering these sensitive questions about your past sexual experiences and about the ways in which your family handled discipline and conflict. In addition, self-disclosure of negative experiences can cause some persons to feel uneasy, sad, or upset in some other ways. In the event that this happens, you will be provided with a referral to the Counseling Center or Psychological Services Center so that you can continue talking about your feelings with a trained professional. You will be provided with telephone numbers for each of these service agencies, as well as for the primary investigator, a graduate student in clinical psychology, and the supervising faculty member, a clinical psychologist, both of whom will be available to discuss your concerns with you, and provide a personal referral to a professional, if you so desire.

It is important for you to realize that you may withdraw your consent and discontinue participation in this study at any time without prejudice or penalty. In addition, it is important for you to know that you do not have to answer any questions that you do not wish to answer.

#### 5. EXPECTED BENEFITS:

Your participation will provide the investigators with an opportunity to contribute to the understanding of the relationship between early family environments and childhood experiences, and psychological difficulties experienced in adulthood.

#### 6. FREEDOM TO WITHDRAW:

You are free to withdraw from participation in this study at any time without penalty.

#### 7. EXTRA CREDIT:

For participation in this study you will receive extra-credit points toward your grade in a participating psychology course. Extra credit will be allocated according to the guidelines established by the Department of Psychology at Virginia Polytechnic Institute and State University.

#### 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 reproduced in professional journals or books, or used for any other purpose that 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.

**10. SUBJECT'S PERMISSION:**

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.

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

I have been given a referral sheet including the telephone numbers of two psychological service agencies, the supervising faculty member, and of the principle investigator should I wish to continue discussing the issues addressed in this research project with a professional counselor.

I understand that should I have any questions regarding this research and its conduct, I should contact any of the persons named below.

<b>Primary researcher:</b>	Kerri W. Augusto, M.S.	<b>Phone:</b>	552-4122
<b>Faculty advisor:</b>	Ellie T. Sturgis, Ph.D.	<b>Phone:</b>	231-4008
<b>Chair, HSC:</b>	Robert J. Harvey, Ph.D.	<b>Phone:</b>	231-7030
<b>Chair, IRB:</b>	Ernest Stout, Ph.D.	<b>Phone:</b>	231-9359

SUBJECT'S SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

SUBJECT'S ID NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Appendix D

# Thank you.

Thank you for participating in this study. Your participation will provide us with an opportunity to contribute to the understanding of the relationship between early family environments and childhood experiences, and psychological difficulties experienced in adulthood.

We recognize that many of the questions we asked you to respond to were very personal. In some cases, you may have experienced discomfort when answering these sensitive questions. Although these feelings may diminish in just a short while, you may find that you would like to discuss your thoughts and feelings with a trained professional.

We would like to encourage you to contact any of the psychological service agencies listed below if you feel that you would like professional counseling. In addition, we are providing you with the telephone numbers of the primary investigators so that you might contact us if you would like us to arrange a referral for you.

---

**University Counseling Center**  
152 Henderson Hall  
231-6557

The University Counseling Center provides a variety of services to Virginia Tech students. Group and individual counseling are available for help with many concerns including educational and career planning, learning and study skills improvement, personal growth, and self-development. Appointments can be made in person or over the telephone. Services to Virginia Tech students are covered by student fees and there is no additional charge.

**Psychological Services Center**  
3110 Prices Fork Road  
231-6914

The Psychological Services Center is a clinical service, research, and training facility of the Department of Psychology of Virginia Tech. Services provided at the Psychological Services Center are directed toward the assessment, treatment, and/or prevention of a wide range of psychological and behavioral problems. A wide array of professional services are provided. The staff of the Psychological Services Center is comprised of faculty, staff, and graduate clinicians from the Department of Psychology at Virginia Tech. Appointments can be scheduled in person or by telephone. A sliding fee scale is used for clinic services.

**RAFT Community Crisis Center**  
382-1738

The RAFT is a 24-hour crisis hotline. You may call at any time to speak to a crisis worker about issues that are troubling you.

### Principal Investigators

Kerri W. Augusto, M.S.  
Primary Investigator  
552-4122

Ellie T. Sturgis, Ph.D.  
Licensed Clinical Psychologist  
231-4008

## Appendix E

### Demographics

**Instructions:** Read each question carefully, and mark your response in the answer column on the right.

**1 & 2. Age** (Mark the first digit of your age next to #1 and the second digit next to #2. For example, if you are 21 years old, you would mark "2" on line #1 and "1" on line #2.)

**3. Sex** (1 = male; 2 = female)

**4. Marital Status**

- 1 = single
- 2 = married
- 3 = divorced

**5. How many siblings (brothers/sisters) do you have?**

- 1 = None
- 2 = 1 sibling
- 3 = 2 to 5 siblings
- 4 = 6 to 10 siblings
- 5 = More than 10 siblings

**6. What is your birth order (choose one)?**

- 1 = 1st-born
- 2 = 2nd-born
- 3 = 3rd-born
- 4 = Youngest
- 5 = Other

**7. Religion:**

- 1 = Catholic
- 2 = Jewish
- 3 = Protestant
- 4 = Other
- 5 = None

**8. Family Economic Group**

- 1 = Lower
- 2 = Middle
- 3 = Upper

**9. What was the highest level of education attained by your MOTHER?** ("Mother" refers to the woman who you consider your mother-figure)

- 1 = Some grade school
- 2 = Completed grade school
- 3 = Some high school
- 4 = Completed high school
- 5 = High school and some other training, but not college
- 6 = Some college
- 7 = Completed college
- 8 = Some graduate work
- 9 = Graduate degree

**10. Using the scale above, what was the highest level of education attained by your FATHER?** ("Father" refers to the person who you consider your father-figure.)

**11. Is your biological father:**

- 1 = living with your biological mother
- 2 = divorced from or separated from her
- 3 = widowed
- 4 = living apart from your biological mother for some other reason
- 5 = deceased

**12. Do (or did) you also have a stepfather?**

- 1 = Yes, but I did not live with him.
- 2 = Yes, and I lived with him before the age of 18.
- 3 = No.

**13. Is your biological mother:**

- 1 = living with your biological father
- 2 = divorced or separated from him
- 3 = widowed
- 4 = living apart from your biological father for some other reason
- 5 = deceased

**14. Do (or did) you also have a stepmother?**

- 1 = Yes, but I did not live with her.
- 2 = Yes, and I lived with her before the age of 18.
- 3 = No.

## Family Environment Scale

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 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 seemed 'sexual' to you.

1. Did you have any of the following experiences before the age of 12 (6th grade)? (Circle all that apply.)
    - a. An invitation or request to do something sexual.
    - b. Kissing and hugging in a sexual way.
    - c. Another person showing his/her sex organs to you.
    - d. You showing your sex organs to another person.
    - e. Another person fondling you in a sexual way.
    - f. You fondling another person in a sexual way.
    - g. Another person touching your sex organs.
    - h. You touching another person's sex organs.
    - i. Intercourse, but without attempting penetration.
    - j. Intercourse.
    - k. Other:
- 
-

**Family Environment Scale**

**Choose three sexual experiences - or however many up to three - that you had before the age of 12 with other children , including friends, strangers, brothers, sisters, and cousins. Pick the three most important and answer the following questions about them. Take one experience and answer all the questions that pertain to it, and then return to answer the same questions about experience #2 and #3.**

\_\_\_\_\_ No such experience. (Go to # 17).

**With regard to experience #1....**

	<u>Experience 1</u>	<u>Experience 2</u>	<u>Experience 3</u>
2. About how old were you at the time?	_____	_____	_____
3. About how old was the other person(s)?	_____	_____	_____
4. Sex of the other person? (1=male; 2= female)	_____	_____	_____
5. Relationship to the other person(s) (Choose from the list below.)	_____	_____	_____

1. stranger
2. person you knew, but not friend
3. friend
4. niece or nephew
5. cousin
6. brother
7. sister

**6. What happened?**  
(1 = "Yes" and 2 = "No")

	<u>Experience 1</u>	<u>Experience 2</u>	<u>Experience 3</u>
a. An invitation or request to do something sexual .....	1-----2 .....	1-----2 .....	1-----2 .....
b. Kissing or hugging in a sexual way.....	1-----2 .....	1-----2 .....	1-----2 .....
c. Other person showing his/her sex organs to you.....	1-----2 .....	1-----2 .....	1-----2 .....
d. You showing your sex organs to the other person.....	1-----2 .....	1-----2 .....	1-----2 .....
e. Other person fondling you in a sexual way	1-----2 .....	1-----2 .....	1-----2 .....
f. You fondling the other person in a sexual way.....	1-----2 .....	1-----2 .....	1-----2 .....

**Family Environment Scale**

	Experience 1	Experience 2	Experience 3
g. Other person touching your sex organs.....	1-----2 .....	1-----2 .....	1-----2
h. You touching the other person's sex organs.....	1-----2 .....	1-----2 .....	1-----2
i. Intercourse . (Choose from the list below).....	_____		
0 = No penetration			
1 = Vaginal <u>or</u> Oral penetration			
2 = Anal Penetration			
3 = More than one type of penetration			
j. Other: please mention ...#1	_____		
	#2 _____		
	#3 _____		

	Experience 1		Experience 2		Experience 3	
	Me	Other	Me	Other	Me	Other
7. Who started this?	_____		_____		_____	
8. Did the other person(s) threaten or force you? (Choose from below.)	_____		_____		_____	
(0) No						
(1) A little						
(2) Yes						
9. Did you force or threaten the other person?	_____		_____		_____	
(0) No						
(1) A little						
(2) Yes						
10. About how many times did you have a sexual experience with this person?	_____		_____		_____	
(1) Once						
(2) Twice						
(3) 3 to 5 times						
(4) 6 to 10 times						
(5) More than 10 times						
11. Over how long a time did this go on?	_____		_____		_____	
(1) Single event						
(2) One week						
(3) One month						
(4) One year						
(5) More than one year						

**Family Environment Scale**

Experience 1   Experience 2   Experience 3

12. Which of these would best describe your reaction at the time of the experience? (Circle)

- 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

13. Who did you tell about this experience, at the time? (Choose a number from below)

1. no one
2. mother
3. father
4. other adult
5. brother/sister
6. friend

\_\_\_\_\_

14. If mother, how did she react?  
 (If you did not tell your mother, how do you think she would have reacted?)

- a. ANGRY.....  
 0. not at all  
 1. a little  
 2. mildly  
 3. not at all

\_\_\_\_\_

- b. SUPPORTIVE.....  
 0. not at all  
 1. a little  
 2. mildly  
 3. not at all

\_\_\_\_\_

15. If father, how did he react? (If you did not tell your father, how do you think he would have reacted?)

- a. ANGRY.....  
 0. not at all  
 1. a little  
 2. mildly  
 3. not at all

\_\_\_\_\_

- b. SUPPORTIVE.....  
 0. not at all  
 1. a little  
 2. mildly  
 3. not at all

\_\_\_\_\_

**Family Environment Scale**

Experience 1      Experience 2      Experience 3

16. In retrospect, would you say this experience was.....

- |                    |                    |
|--------------------|--------------------|
| 1. positive        | 4. mostly negative |
| 2. mostly positive | 5. negative        |
| 3. neutral         |                    |

Now go back to #1, and answer the questions about your next experience.

**IF NO MORE EXPERIENCES, CONTINUE.**

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 12 with an adult (a person over 16) including strangers, friends, or family members like cousins, aunts, uncles, brothers, sisters, mother, and/or father. Pick the three most important to you and answer the following questions.

\_\_\_\_\_ No such experience. (Go to #32).

**With regard to experience #1....**

Experience 1      Experience 2      Experience 3

17. About how old were you at the time? \_\_\_\_\_

18. About how old was the other person(s)? \_\_\_\_\_

19. Sex of the other person?  
(1= male; 2= female) \_\_\_\_\_

20. Relationship to the other person(s)  
(Choose from the list below.) \_\_\_\_\_

1. stranger
2. person you knew, but not friend
3. a friend of yours
4. a friend of your parents
5. cousin
6. brother
7. sister
8. an uncle or aunt
9. a grandparent
10. a father
11. a mother
12. a stepfather
13. a stepmother

21. What happened?  
(1 = "Yes" and 2 = "No")

Experience 1      Experience 2      Experience 3

a. An invitation or request to do something sexual ..... 1-----2 ..... 1-----2 ..... 1-----2



**Family Environment Scale**

26. Over how long a time did this go on? \_\_\_\_\_

- (1) Single event
- (2) One week
- (3) One month
- (4) One year
- (5) More than one year

27. Which of these would best describe your reaction at the time of the experience? (Circle)

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

28. Who did you tell about this experience, at the time? (Choose a number from below)

- 1. no one
- 2. mother
- 3. father
- 4. other adult
- 5. brother/sister
- 6. friend

\_\_\_\_\_

29. If mother, how did she react?  
(If you did not tell your mother, how do you think she would have reacted?)

a. ANGRY.....

- 0. not at all
- 1. a little
- 2. mildly
- 3. not at all

\_\_\_\_\_

b. SUPPORTIVE.....

- 0. not at all
- 1. a little
- 2. mildly
- 3. not at all

\_\_\_\_\_

30. If father, how did he react? (If you did not tell your father, how do you think he would have reacted?)

a. ANGRY.....

- 0. not at all
- 1. a little
- 2. mildly
- 3. not at all

\_\_\_\_\_

**Family Environment Scale**

Experience 1      Experience 2      Experience 3

- b. SUPPORTIVE..... \_\_\_\_\_
- 0. not at all
  - 1. a little
  - 2. mildly
  - 3. not at all

31. In retrospect, would you say this experience was..... \_\_\_\_\_

- 1. positive
- 2. mostly positive
- 3. neutral
- 4. mostly negative
- 5. negative

**Now go back to #17, and answer the questions about your next experience. IF NO MORE EXPERIENCES, CONTINUE.**

**Now we would like you to think of sexual experiences you had after the age of 12 with a family member or relative, including cousins, uncles, aunts, brothers, sisters, grandparents, mother or father, or a guardian or close friend of a parent. (If this relationship was described in a previous section, do not repeat it). Pick the three most important to you an answer the following questions.**

\_\_\_\_\_ No such experience. (GO TO #47)

**With regard to experience #1....**

	Experience 1	Experience 2	Experience 3
32. About how old were you at the time?	_____	_____	_____
33. About how old was the other person(s)?	_____	_____	_____
34. Sex of the other person? (1=male; 2= female)	_____	_____	_____
35. Relationship to the other person(s) (Choose from the list below.)	_____	_____	_____

- 1. a cousin
- 2. an aunt or uncle
- 3. a grandparent
- 4. a brother or sister
- 5. a parent
- 6. a step-parent
- 7. a guardian



**Family Environment Scale**

Experience 1    Experience 2    Experience 3

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

- (1) Once
- (2) Twice
- (3) 3 to 5 times
- (4) 6 to 10 times
- (5) More than 10 times

\_\_\_\_\_

41. Over how long a time did this go on?

- (1) Single event
- (2) One week
- (3) One month
- (4) One year
- (5) More than one year

\_\_\_\_\_

42. Which of these would best describe your reaction at the time of the experience? (Circle)

- 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

43. Who did you tell about this experience, at the time? (Choose a number from below)

- 1. no one
- 2. mother
- 3. father
- 4. other adult
- 5. brother/sister
- 6. friend

\_\_\_\_\_

44. If mother, how did she react?  
(If you did not tell your mother, how do you think she would have reacted?)

a. ANGRY.....

- 0. not at all
- 1. a little
- 2. mildly
- 3. not at all

\_\_\_\_\_

b. SUPPORTIVE.....

- 0. not at all
- 1. a little
- 2. mildly
- 3. not at all

\_\_\_\_\_

**Family Environment Scale**

Experience 1    Experience 2    Experience 3

45. If father, how did he react? (If you did not tell your father, how do you think he would have reacted?)

- a. ANGRY..... \_\_\_\_\_
- 0. not at all
  - 1. a little
  - 2. mildly
  - 3. not at all
- b. SUPPORTIVE..... \_\_\_\_\_
- 0. not at all
  - 1. a little
  - 2. mildly
  - 3. not at all

46. In retrospect, would you say this experience was..... \_\_\_\_\_

- 1. positive
- 2. mostly positive
- 3. neutral
- 4. mostly negative
- 5. negative

**Now go back to #32, and answer the questions about your next experience. IF NO MORE EXPERIENCES, CONTINUE.**

**Finally, we would like you to think of any sexual experience that occurred to you after the age of 12, which you did not consent to. That is, a sexual experience which was forced on 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:**

\_\_\_\_\_ No such experience. (Go to next questionnaire)

***With regard to experience #1....***

	Experience 1	Experience 2	Experience 3
47. About how old were you at the time?	_____	_____	_____
48. About how old was the other person(s)?	_____	_____	_____
49. Sex of the other person? (1=male; 2= female)	_____	_____	_____



**Family Environment Scale**

	<u>Experience 1</u>		<u>Experience 2</u>		<u>Experience 3</u>	
	Me	Other	Me	Other	Me	Other
52. Who started this?						
53. Did the other person(s) threaten or force you? (Choose from below.)						
(0) No						
(1) A little						
(2) Yes						
54. Did you force or threaten the other person?						
(0) No						
(1) A little						
(2) Yes						
55. About how many times did you have a sexual experience with this person?						
(1) Once						
(2) Twice						
(3) 3 to 5 times						
(4) 6 to 10 times						
(5) More than 10 times						
56. Over how long a time did this go on?						
(1) Single event						
(2) One week						
(3) One month						
(4) One year						
(5) More than one year						
57. Which of these would best describe your reaction at the time of the experience? (Circle)						
1 = Fear						
3 = Surprise						
5 = Pleasure						
2 = Shock						
4 = Interest						
	1	2	3	4	5	1 2 3 4 5
58. Who did you tell about this experience, at the time? (Choose a number from below)						
1. no one						
2. mother						
3. father						
4. other adult						
5. brother/sister						
6. friend						

Family Environment Scale

Experience 1      Experience 2      Experience 3

59. If mother, how did she react?  
(If you did not tell your mother,  
how do you think she would have  
reacted?)

- |                    |       |       |       |
|--------------------|-------|-------|-------|
| a. ANGRY.....      | _____ | _____ | _____ |
| 0. not at all      |       |       |       |
| 1. a little        |       |       |       |
| 2. mildly          |       |       |       |
| 3. not at all      |       |       |       |
| b. SUPPORTIVE..... | _____ | _____ | _____ |
| 0. not at all      |       |       |       |
| 1. a little        |       |       |       |
| 2. mildly          |       |       |       |
| 3. not at all      |       |       |       |

60. If father, how did he react? (If you did  
not tell your father, how do you  
think he would have reacted?)

- |                    |       |       |       |
|--------------------|-------|-------|-------|
| a. ANGRY.....      | _____ | _____ | _____ |
| 0. not at all      |       |       |       |
| 1. a little        |       |       |       |
| 2. mildly          |       |       |       |
| 3. not at all      |       |       |       |
| b. SUPPORTIVE..... | _____ | _____ | _____ |
| 0. not at all      |       |       |       |
| 1. a little        |       |       |       |
| 2. mildly          |       |       |       |
| 3. not at all      |       |       |       |

61. In retrospect, would you say this  
experience was.....

- |                    |                    |
|--------------------|--------------------|
| 1. positive        | 4. mostly negative |
| 2. mostly positive | 5. negative        |
| 3. neutral         |                    |

Now go back to #47, and answer the questions about your next experience.

**Conflict Tactics Scale**

1. Who served in the role of "father" in your life? \_\_\_\_\_  
A. Biological Father  
B. Step-Father  
C. Adoptive Father  
D. Legal Guardian  
E. Other: Who? \_\_\_\_\_  
F. No one
2. Who served in the role of "mother" in your life?  
A. Biological Mother  
B. Step-Father  
C. Adoptive Father  
D. Legal Guardian  
E. Other: Who? \_\_\_\_\_  
F. No one

=====  
*Instructions:*

1. On the attached OPSCAN sheet, please record your subject number.  
2. Record your responses to the following items on the OPSCAN sheet..  
(When clarification is requested, you may write directly in this booklet)

-----  
The following set of questions refers to conflicts which occurred between you and your father (person in #1) or mother (person in #2), and how these conflicts were settled. Answer by recording one of the numbers from the scale below for the number of times your parent(s) did these things to you, and for the number of times you did these things to your parent.

**\*If you answered "no one" for either #1 or #2, leave questions referring to this parent blank.**

- 1 = Never  
2 = Once  
3 = Two or three times  
4 = Often, but less than once a month  
5 = About once a month  
6 = More than once a month

- =====  
A. Discussed an issue calmly with him/her  
1. My father to me  
2. Me to my father  
3. My mother to me  
4. Me to my mother
- B. Got information to back up his/her side of things  
5. My father to me  
6. Me to my father  
7. My mother to me  
8. Me to my mother
- C. Brought in someone else to help settle things.  
9. My father to me  
10. Me to my father  
11. My mother to me  
12. Me to my mother
- D. Insulted or swore at him/her  
13. My father to me  
14. Me to my father  
15. My mother to me  
16. Me to my mother

- |   |  |
|---|--|
| E. Sulked or refused to talk about an issue                       | 17. My father to me<br>18. Me to my father<br>19. My mother to me<br>20. Me to my mother |
| F. Stomped out of the room or house or yard                       | 21. My father to me<br>22. Me to my father<br>23. My mother to me<br>24. Me to my mother |
| G. Cried  | 25. My father to me<br>26. Me to my father<br>27. My mother to me<br>28. Me to my mother |
| H. Did or said something to spite him/her                         | 29. My father to me<br>30. Me to my father<br>31. My mother to me<br>32. Me to my mother |
| I. Threatened to hit or throw something at him or her             | 33. My father to me<br>34. Me to my father<br>35. My mother to me<br>36. Me to my mother |
| J. Threw or smashed or hit or kicked something                    | 37. My father to me<br>38. Me to my father<br>39. My mother to me<br>40. Me to my mother |
| K. Threw something <u>at</u> him or her<br>What was thrown? _____ | 41. My father to me<br>42. Me to my father<br>43. My mother to me<br>44. Me to my mother |
| How long did this behavior continue? (#Months/Years) _____        |  |
| L. Pushed, grabbed, or shoved him/her                             | 45. My father to me<br>46. Me to my father<br>47. My mother to me<br>48. Me to my mother |
| How long did this behavior continue? (#Months/Years) _____        |  |
| M. Slapped or spanked him/her                                     | 49. My father to me<br>50. Me to my father<br>51. My mother to me<br>52. Me to my mother |
| How long did this behavior continue? (#Months/Years) _____        |  |
| N. Kicked, bit, or hit him/her with a fist                        | 53. My father to me<br>54. Me to my father<br>55. My mother to me<br>56. Me to my mother |
| How long did this behavior continue? (#Months/Years) _____        |  |
| O. Hit or tried to hit him/her with something                     | 57. My father to me<br>58. Me to my father<br>59. My mother to me<br>60. Me to my mother |
| How long did this behavior continue? (#Months/Years) _____        |  |
| P. Beat him/her up  | 61. My father to me<br>62. Me to my father<br>63. My mother to me<br>64. Me to my mother |
| How long did this behavior continue? (#Months/Years) _____        |  |
| Q. Burned or scalded him/her                                      | 65. My father to me<br>66. Me to my father<br>67. My mother to me<br>68. Me to my mother |
| How long did this behavior continue? (#Months/Years) _____        |  |

R. Threatened him/her with a knife or gun

*How long did this behavior continue? (#Months/Years)\_\_\_\_\_*

S. Used a knife or fired a gun

*How long did this behavior continue? (#Months/Years)\_\_\_\_\_*

- 69. My father to me
- 70. Me to my father
- 71. My mother to me
- 72. Me to my mother

- 73. My father to me
- 74. Me to my father
- 75. My mother to me
- 76. Me to my mother

**CMIS-R**

**Instructions:** The following survey asks about things that may have happened to you in the before the age of 16. Please rate each event according to the following scale.

- 0 = Never occurred
- 1 = Once a year
- 2 = Twice a year
- 3 = 3 to 5 times a year
- 4 = 6 to 10 times a year
- 5 = 11 to 20 times a year
- 6 = Over 20 times a year

=====

**In an average year, how often did your mother or father...**

- 5. Yell at you
- 6. Insult you
- 7. Criticize you
- 8. Try to make you feel guilty
- 9. Ridicule or humiliate you
- 10. Purposely embarass you in front of others
- 11. Make you feel like you were a bad person
- 12. Show disinterest in you
- 13. Belittle you
- 14. Call you bad names
- 15. Reject your motions toward physical affection
- 16. Make you feel less loved then your brothers and/or sisters
- 17. Refuse to help you
- 18. Expell you from the home
- 19. Frighten you
- 20. Lock you in a room, closet, or other small space
- 21. Keep you home from school to do housework
- 22. Encourage you to hurt others
- 23. Scream at you for no reason
- 24. Blame you for things you did not do

25. Seriously threatened to kill or hurt you.
26. Seriously threatened to kill or hurt someone you cared about.
27. Seriously threatened to kill or hurt your pet.
28. Threatened to leave you somewhere the frightened you or where you wouldn't be able to get home.
29. Threatened to leave and never come back.



## Significant Other Inventory- Revised

**PART I: PLEASE CAREFULLY READ THE FOLLOWING PARAGRAPH...**

Some people in your life stand out as especially important to you. Their reactions to you, or to the things you do and say, are very important. These significant people can be from the present or the past; can be living or dead; or can be people you have never actually met (authors, entertainers, etc.). You think about how these people react or might react to you.

Your feelings about these important people can be positive or negative, or even a mixture of both. But whatever your reactions to them, you clearly recognize that these people are significant. They make a difference in what you decide to do in your life and how you feel about yourself.

**NEXT...**

1. Think of the people who first came to mind when you read the paragraph. You may think of more or less than 4 significant people, but for this study please list at least 3 and no more than 6. Write their names or initials in the "NAME ROW" on the chart below in spaces labeled Person I to VI.
2. Now, fill in the column under each person's name/initials with the requested information as directed. For **IMPORTANCE**, indicate whether each person is important to you from the past (but are no longer in contact with them), or present (this year), or both.

For **ROLE**, give the role each person plays or played in your life, such as mother, grandfather, sister, uncle, friend, best friend, girl/boyfriend, teacher, coach, guidance counselor, minister, hero, etc. If more than one role applies to a person, list the role that **BEST DESCRIBES** this person. Example: Your mother may also be your friend, but "mother" best describes how you came to know her. You do not need to limit your choice of "ROLE" to the samples given.

	Person I	Person II	Person III	Person IV	Person V	Person VI
<b>WRITE NAME OR INITIALS</b> →						
<b>write correct number:</b> 1-Male 2-Female						
<b>WRITE AGE:</b> (if dead write: died)						
<b>IMPORTANCE:</b> write correct number: 1-important in past only 2-important in present 3-important in present & past						
How long have you known this person? (months/years)						
<b>ROLE:</b>						

*continued on the next page...*

## NOW...

- DO THIS FIRST: Copy all names/initials from the "NAME ROW" on the chart on page 1 to the "NAME ROW" on the charts on pages 2-5. BE SURE that the names/initials are in the same order on each page.  
EXAMPLE: If Jim is listed under "Person I" on page 1, Jim should be listed under "Person I" on each chart on pages 2-5.
- NEXT: You will answer statements about each person on your chart. The statements describe aspects of important relationships. Read the statement "saying to yourself" the name of the person you are rating in the blank space (DO NOT WRITE IN THE BLANKS).
- Use the 1-7 rating scale given on the top of the chart to rate how well that statement describes your relationship with the person you are rating. Write the number that represents your best answer in the column under the person's name/initials. EXAMPLE: If you wrote Jim in "Person I", all the answers describing Jim will be under column "Person I".
- If the person is:
  - important to you in the present (or both present and past), read the statements in the present tense. EXAMPLE: "(Jim's) approval of me is important."
  - someone you have not actually met, read the statements as you imagine the relationship would be. EXAMPLE: "(Jim's) approval of me would be important."
  - from your past or died, use the past tense and read the statements in the past as they applied when the person was having the relationship with you or when he or she was alive. EXAMPLE: "(Jim's) approval of me was important."

There are no right or wrong answers. Answer each question as honestly and accurately as you can.

## QUESTION &amp; ANSWER SECTION:

1                      2                      3                      4                      5                      6                      7  
not at all                      somewhat                      moderately                      very much  
true                      true                      true                      true

	Person I	Person II	Person III	Person IV	Person V	Person VI
WRITE NAME OR INITIALS →						
1. ____'s reactions to me have an influence on how I feel about myself						
2. I wouldn't put up with my relationship with ____, if I didn't have to.						
3. I wish ____'s approval was not so important to me.						
4. ____ make me feel good about myself.						
5. I find myself imagining that ____ would react to me in an entirely different manner.						

continued on the next page...

	1 not at all true	2	3 somewhat true	4	5 moderately true	6	7 very much true	
			Person I	Person II	Person III	Person IV	Person V	Person VI
WRITE NAME OR INITIALS ——>								
6. ____ and I see me in the same way.								
7. ____ provides me emotional support.								
8. When I am with ____ I feel prevented from doing what I really want to do.								
9. ____ provides me with practical problem-solving help.								
10. I feel anxious about what I do or don't do when I'm with ____.								
11. I could ask ____ for financial support if I needed it.								
12. ____ and I participate together in the leisure activities I enjoy (sports, movies, fishing, etc.).								
13. ____ withholds his/her approval of "who I really am."								
14. My opinion of ____ is important to him/her.								
15. I would spend more time with ____ if I could.								
16. ____'s evaluations of me are based on inaccurate and invalid perceptions of who I actually am.								
17. I try <u>not</u> to let ____ influence my personal decisions.								
18. I don't put enough into my relationship with ____.								
19. My relationship with ____ often makes it difficult to know my own real feelings.								
20. ____'s perceptions of me differ considerably from my own.								
21. I do <u>not</u> choose ____ to participate in the leisure activities I enjoy.								

*continued on the next page...*

	1 not at all true	2	3 somewhat true	4	5 moderately true	6	7 very much true	
			Person I	Person II	Person III	Person IV	Person V	Person VI
WRITE NAME OR INITIALS —>								
22. ___ helps me learn useful things about myself, even though this process is at times painful to me.								
23. ___ accepts me as "who I really am."								
24. I am careful <u>not</u> to ask ___ for any financial assistance.								
25. ___ has made me disbelieve or doubt my own worth as a person.								
26. I sometimes find myself trying <u>not</u> to think of ___.								
27. ___'s approval of me is important.								
28. ___ has an influence on the personal decisions I make.								
29. When I am with ___ I get to do what I really want to do.								
30. I try hard <u>not</u> to be like ___.								
31. It's no fun to be with ___.								
32. ___ has helped me to grow, develop and realize my potential.								
33. ___ cares little about what I think of him/her.								
34. I try to avoid contact with ___ if I can.								
35. I wouldn't change a thing about the way ___ reacts to me.								
36. When I'm not with ___ I spend a lot of time thinking about him/her.								
37. I have fun when I'm with ___.								

continued on the next page...

	1 not at all true	2	3 somewhat true	4	5 moderately true	6	7 very much true	
			Person I	Person II	Person III	Person IV	Person V	Person VI
WRITE NAME OR INITIALS →								
38. I share my accomplishments with ____.								
39. ____ is quite a contrast to who I am.								
40. I put too much into my relationship with ____.								
41. I sometimes wonder whether ____ is using me in way.								
42. I wish I didn't spend so much time with ____.								
43. I try not to let ____'s reactions to me influence how I feel about myself.								
44. I share my innermost private feelings with ____.								
45. I wish I were more like ____.								

**PART II: NOW WE ARE GOING TO ASK YOU TO THINK ABOUT YOUR SIGNIFICANT PEOPLE IN A WAY THAT MAY BE DIFFERENT FROM HOW YOU THOUGHT ABOUT THEM IN PART I.**

**PLEASE READ CAREFULLY: There are important people in your life whose reactions to you (real or imagined) make you feel bad about yourself. But these people also make a difference in what you decide to do in your life and how you feel about yourself.**

FIRST...

1. On the chart below, list the names/initials of the people who came to mind when you read this paragraph. These people can be someone you listed in Part I or others whom you did not list in Part I.
2. If you listed people below that are listed in PART I, put a \* (star) by their name/initials. **DO NOT** fill in any further information on the chart for these people. Please do fill in the chart with the requested information for the other significant people **NOT LISTED IN PART I**.

If there are no individuals who are like this in your life, skip to page 10.

	Person I	Person II	Person III	Person IV	Person V	Person VI
WRITE NAME OR INITIALS →						
write correct number: 1-Male 2-Female						
Write age: (if dead write: died)						
IMPORTANCE: write correct number: 1-important in past only 2-important in present 3-important past & present						
How long have you known this person? (in months/years)						
ROLE:						

NEXT...

1. Copy the names/initials you listed in the "NAME ROW" on the chart above to the "NAME ROW" on the charts on pages 7-9 in the Question & Answer Section.
2. Then, answer the statements for each person using the 1-7 rating scale given on each page.

Remember, you **DO NOT** have to list or rate the people you already rated in Part I.

*continued on the next page...*

## QUESTION &amp; ANSWER SECTION PART II:

1                      2                      3                      4                      5                      6                      7  
 not at all                      somewhat                      moderately                      very much  
 true                      true                      true                      true

	Person I	Person II	Person III	Person IV	Person V	Person VI
WRITE NAME OR INITIALS →						
1. ____'s reactions to me have an influence on how I feel about myself						
2. I wouldn't put up with my relationship with ____, if I didn't have to.						
3. I wish ____'s approval was not so important to me.						
4. ____ make me feel good about myself.						
5. I find myself imagining that ____ would react to me in an entirely different manner.						
6. ____ and I see me in the same way.						
7. ____ provides me emotional support.						
8. When I am with ____ I feel prevented from doing what I really want to do.						
9. ____ provides me with practical problem-solving help.						
10. I feel anxious about what I do or don't do when I'm with ____.						
11. I could ask ____ for financial support if I needed it.						
12. ____ and I participate together in the leisure activities I enjoy (sports, movies, fishing, etc.).						
13. ____ withholds his/her approval of "who I really am."						
14. My opinion of ____ is important to him/her.						
15. I could spend more time with ____ if I could.						

continued on the next page...

	1 not at all true	2	3 somewhat true	4	5 moderately true	6	7 very much true	
			Person I	Person II	Person III	Person IV	Person V	Person VI
WRITE NAME OR INITIALS →								
16. ___'s evaluations of me are based on inaccurate and invalid perceptions of who I actually am.								
17. I try <u>not</u> to let ___ influence my personal decisions.								
18. I don't put enough into my relationship with ___.								
19. My relationship with ___ often makes it difficult to know my own real feelings.								
20. ___'s perceptions of me differ considerably from my own.								
21. I do <u>not</u> choose ___ to participate in the leisure activities I enjoy.								
22. ___ helps me learn useful things about myself, even though this process is at times painful to me.								
23. ___ accepts me as "who I really am."								
24. I am careful not to ask ___ for any financial assistance.								
25. ___ has made me disbelieve or doubt my own worth as a person.								
26. I sometimes find myself trying <u>not</u> to think of ___.								
27. ___'s approval of me is important.								
28. ___ has an influence on the personal decisions I make.								
29. When I am with ___ I get to do what I really want to do.								
30. I try hard <u>not</u> to be like ___.								
31. It's no fun to be with ___.								

continued on the next page...

	1 not at all true	2	3 somewhat true	4	5 moderately true	6	7 very much true
	Person I	Person II	Person III	Person IV	Person V	Person VI	
WRITE NAME OR INITIALS →							
32. ____ has helped me to grow, develop and realize my potential.							
33. ____ cares little about what I think of him/her.							
34. I try to avoid contact with ____ if I can.							
35. I wouldn't change a thing about the way ____ reacts to me.							
36. When I'm not with ____ I spend a lot of time thinking about him/her.							
37. I have fun when I'm with ____.							
38. I share my accomplishments with ____.							
39. ____ is quite a contrast to who I am.							
40. I put too much into my relationship with ____.							
41. I sometimes wonder whether ____ is using me in way.							
42. I wish I didn't spend so much time with ____.							
43. I try not to let ____'s reactions to me influence how I feel about myself.							
44. I share my innermost private feelings with ____.							
45. I wish I were more like ____.							

continued on the next page...

Now that you have completed both parts of this inventory, and have given considerable thought to your significant others, please identify below the one person from your total parts (Part I and II) list of important others, who you believe has been the one most significant person in your life.

---

Significant Other  
(Person I, II, III, etc.)

Name/initial

---

"Role"

AEIII  
Subject #. \_\_\_\_\_

This is a questionnaire about your childhood environment and some of your current attitudes, feelings and behaviors. Most of the questions refer to experiences that occurred during your childhood (before age 18, or before you left your parent's house —whichever came first). Many of the questions refer to your perception of events or people, so they have no right or wrong answers. Please answer the questions as accurately and as honestly as you can.

**\*\*\*Special Problems You Might Have With These Questions\*\*\***

1. If the question refers to something which happened at least ONCE, then the answer is TRUE.
2. If you lived in more than one place, answer the questions in terms of the place you lived longest.
3. If you lived with both your natural father and a step-father (or natural mother and a step-mother), answer the questions for the one with whom you lived for the longest period of time.
4. If you never knew one of your natural parents, and never had a step-parent in his/her place, then leave the questions referring to that parent blank.

=====  
For the following questions, please record your answers on the  
OPSCAN sheet.

1 = True  
2 = False

- =====  
1. We had a typewriter.  
2. My mother did (does) volunteer work.  
3. Within the last several years, my father has taken an adult education or university course.  
4. I received a head injury from the discipline used by my parents.  
5. My father got mad a lot.  
6. Our family used food stamps.  
7. My parents used harsh discipline with me between the ages of 5 and 10.  
8. My father is set in his ways.  
9. I had a bicycle when I was a child.  
10. I was forced to engage in sexual activities by one or both of my parents.  
11. I received dental injury from the discipline used by my parents.  
12. Most people in my family were too busy to spend much time reading.  
13. My father is a good father.  
14. At least one of my parents was/is an officer in an organization to which he/she belongs.  
15. My mother has a quick temper.  
16. My mother supported her children alone.  
17. I had some good friends when I was a child.  
18. My parents were very strict disciplinarians.  
19. My parents use of discipline was reasonable.

ACIII  
Subject # \_\_\_\_\_

20. My parents used to hit me with a stick, switch, or paddle when I did something wrong.
21. My parents used physical force with each other.
22. When I was a child, if my parent had a problem, he/she would sometimes talk to me about it.
23. My parents used to hit me with a fly swatter when I did something wrong.
24. I get/got along pretty well with my father.
25. Other children used to tease me.
26. My parents used to give me piggyback rides when I was small.
27. I received burns from the discipline used by my parents.
28. My parents never seemed to have many friends.
29. Our family almost always ate supper together.
30. I have been hit by an object thrown by my parent (s) when I did something wrong.
31. My parents were always very supportive of me.
32. I received cuts from the discipline used by my parents.
33. When I was bad, my parent(s) used to lock me in a closet.
34. My father is a nervous man.
35. My mother is or has been in treatment for emotional or nervous problems.
36. My mother is active in community affairs.
37. I have never received any kind of injury from the discipline used by my parents.
38. I went to a nursery school when I was a young child.
40. When I was a young child, my parents used to leave me (and my young brothers and sisters) alone when they went out.
41. I think my mother has/had a good attitude toward me.
42. My parents were inconsistent in their discipline of me. I never knew whether or not I would be punished for a particular behavior.
43. My parents seemed to demand a lot of emotional support from me when I was a child.
44. I received broken bones from the discipline used by my parents.
45. My mother is easily upset.
46. Our home had more than 100 books (excluding children's books).
47. I required medical attention (at least once) for injuries caused by my parents.
48. My parents did a good job of raising me.
49. My parents did not argue very much.
50. I had my own crayons when I was a child.
51. My parent(s) used to punch me when they got angry with me.
52. I, and all my brothers and sisters (if any), were mistreated by our parents.
53. I required hospitalization for injuries caused by my parents.
54. At least one member of our family was active in political organizations.
55. I was physically abused by my parents when I was a child.

SKIP #39

Subject # \_\_\_\_\_

56. I required stitches for injuries caused by my parents.
57. Sometimes one of my parents would complain to me about the other parent.
58. When I was a child, my parents tried marital separation.
59. I received bruises from the discipline used by my parents.
60. I was severely beaten by my parents.
61. My father is rather cold and unsympathetic.
62. My father works in an unskilled job.
63. We had an encyclopedia when I was a child.
64. I was rejected by my parents when I was a child.
65. My mother was/is often depressed.
66. My parents were very harsh with me.
67. My father helped make important family decisions.
68. My parents used to hit me with something other than their hands when I did something wrong.
69. My parents used to hit me with the buckle on a belt when I did something wrong.
70. My father left everything up to my mother.
71. I have very few quarrels with members of my family.
72. My parents argued a lot.
73. I never felt that my parents really loved me.
74. My parents used physical discipline with me.
75. My parents used to hit me with their hands (other than spanking).
76. My parents used hot water or a hot object to discipline me when I did something wrong.
77. My parents always expected more from me than I was capable of doing.
78. My father made the important decisions around our house.
79. We rarely had guests over to our home when I was a child.
80. My parents are divorced.
81. My parent(s) used to spank me.
82. We had lots of arguments in our family.
83. My mother read a lot.
84. My father was employed regularly.
85. Other children didn't seem to like me.
86. My parents would hit me with a hairbrush when I did something wrong.
87. My family often did things together.
88. I required a cast for injuries caused by my parents.
89. My parents used harsh discipline with me before the age of 5.
90. My father was too strict with me.

AEIII

Subject # \_\_\_\_\_

91. I had very little contact with my parent's own families. (If your parents did not have any living relatives, leave this one blank.)
92. We often had relatives or friends over to our house.
93. My parents used harsh discipline with me during adolescence.
94. My parents saved money for my college education.
95. My family attends church or synagogue regularly.
96. My parents usually seemed to agree on when I needed to be disciplined.
97. I was rarely punished when I was a child.
98. One of my brothers or sisters was physically abused by my parents.
99. I would describe my relationship with my mother as very close.
100. My father is/was a good provider.
101. My parents often took me along with them to visit friends or relatives.
102. Our family got along very well.
103. My parents used to hit me with a belt or strap when I did something wrong.
104. My father completed high school.
105. My parents never used harsh discipline with me.
106. My parent(s) used to kick me when they got angry with me.
107. My mother helped make important family decisions.
108. I felt rejected by my parents.
109. When my parent(s) were angry, they sometimes grabbed me by the throat and started to choke me.
110. My family was pretty easygoing.
111. Our family spent a lot of time watching TV.
112. My parents used to hug me when I was a child.
113. My father was active in community affairs.
114. At night, our family often did things together such as playing cards or a game, working on a project together, etc.
115. My parents used to kiss me when I was a child.
116. My parents used to hold me on their laps.
117. My father left discipline up to my mother.
118. My father changed his mood very quickly.
119. I had a lot of freedom when I was a child, but if my parents did decide to punish me they were very harsh.
120. My parents used to hit me with a wooden spoon or ruler when I did something wrong.
121. My mother belonged to a social, civic, political, study, literary, or art club.
122. My father has been in jail.
123. When I did something wrong, my parent(s) sometimes tied me up.

AEIII

Subject # \_\_\_\_\_

124. When I was a child, I shared a lot of activities with my parents.
125. My mother had some college education.
126. My parents used to call me bad names and/or they used to insult me, tell me I was a bad child and so forth.
127. I think my parents have/had a good marriage.
128. I was born and reared in the United States.
129. Some people in my family are picked on more than others.
130. I have very little contact with my parents now.
131. I tend to get impatient with my family.
132. My parents were very protective of me when I was a child.
133. When I was young, I was often cared for by a baby-sitter for the entire day.
134. There were lots of interesting things for me to do around the house.
135. I had a regular bed time as a child.
136. We have lived in at least one home more than 6 years.
137. I was forced to engage in sexual activities by a brother or sister.
138. We had two or more pieces of playground equipment in our yard.
139. For at least part of my childhood, I lived with a step-parent.
140. Almost everyone in our family agreed on how to do things.
141. Many of the things my family did were centered around me.
142. I got good grades in school.
143. When I was a child, my mother often found time to play with me.
144. I was born prematurely.
145. At some time during my childhood my mother had a job outside the home.
146. My parents have told me that I was an unplanned baby.
147. (As far as I know) I was premaritally conceived.
148. We lived in a quiet neighborhood.
149. I was not allowed to participate in many activities in which my friends were allowed to participate.
150. My father was a quiet man.
151. For at least part of my childhood, I lived with only one parent.
152. One of my parents died when I was a child.
153. We talked about religion in our family.
154. I was separated from my parents for 5 days or more prior to first grade, due to medical problems or other difficulties.

**Expanded Attributional Style Questionnaire**

**DO NOT WRITE ON THIS SHEET!**

**Instructions:**

Please try to vividly imagine yourself in the situations that follow. If such a situation happened to you, what would you feel was the cause of this event? While events may have many causes, we want you to pick only one - the major cause if this event happened to you. Write this cause in the blank provided on the answer sheet.

Then, we would like you to answer some questions about the cause that you provided and about the situation in general.

**ALL ANSWERS SHOULD BE RECORDED ON THE ANSWER SHEET PROVIDED.**  
=====

**I. YOU HAVE BEEN LOOKING FOR A JOB UNSUCCESSFULLY FOR SOME TIME.**

1. Write down the one major reason why this might happen to you..
2. Is the cause of your unsuccessful job search due to something about you or to something about other people or circumstances?
3. In the future, when looking for a job, will this cause again be present?
4. Is the cause something that just influences you when looking for a job, or does it also influence other areas of your life?

**II. YOU GIVE AN IMPORTANT TALK IN FRONT OF A GROUP AND THE AUDIENCE REACTS NEGATIVELY.**

1. Write down the one major reason why this might happen to you.
2. Is the cause of your unsuccessful talk due to something about you or to something about other people or circumstances?
3. In the future, when giving a talk, will this cause again be present?
4. Is the cause something that influences you only when giving talks, or does it also influence other areas of your life?

**III. A FRIEND COMES TO YOU WITH A PROBLEM AND YOU DON'T TRY TO HELP.**

1. Write down the one major reason why you might find yourself in this situation.
2. Is the cause of this situation due to something about you or to something about other people or circumstances?
3. In the future, when a friend asks for help, will this cause again be present?
4. Is the cause something that just influences you when friends ask for help, or does it also influence other areas of your life?

**IV. YOU MEET A FRIEND WHO IS HOSTILE TOWARD YOU.**

1. Write down the one major why this might happen to you.
2. Is the cause of this situation due to something about you or to something about other people or circumstances?
3. In the future, when interacting with friends, will this cause again be present?
4. Is the cause something that just influences your interactions with friends, or does it also influence other areas of your life?

**V. YOU CAN'T GET ALL THE WORK DONE THAT OTHERS EXPECT OF YOU.**

1. Write down the one major reason why this might happen to you.

2. Is the cause of your situation due to something about you or to something about other people or circumstances?
3. In the future, when work demands are made of you, will this cause again be present?
4. Is the cause something that just influences you when work demands are made of you, or does it also influence other areas of your life?

**VI. YOU GO OUT ON A DATE AND IT GOES BADLY.**

1. Write down the one major reason why this might happen to you.
2. Is the cause of your unsuccessful date due to something about you or to something about other people or circumstances?
3. During future dates, will this cause again be present?
4. Is the cause something that just influences you on dates, or does it also influence other areas of your life?

**VII. YOU EXPERIENCE A BREAK-UP IN A LONG-TERM, STEADY RELATIONSHIP.**

1. Write down the one major reason why this might happen to you.
2. Is the cause of your unsuccessful relationship due to something about you or to something about other people or circumstances?
3. In future steady relationships, will this cause again be present?
4. Is the cause something that just influences you in long-term romantic relationships, or does it also influence other areas of your life?

**VIII. YOU GET INTO TROUBLE WITH THE SCHOOL ADMINISTRATION.**

1. Write down the one major reason why this might happen to you.
2. Is the cause of your trouble due to something about you or to something about other people or circumstances?
3. In the future, when interacting with school administrators, will this cause again be present?
4. Is the cause something that just influences your interactions with school administration, or does it also influence other areas of your life?

**IX. YOU TRANSFER TO A NEW SCHOOL.**

1. Write down the one major reason why this might happen to you.
2. Is the cause of your transfer due to something about you or to something about other people or circumstances?
3. In the future, will this cause again be present?
4. Is the cause something that just influences you in school, or does it also influence other areas of your life?

**X. YOU HAVE A MAJOR CHANGE IN YOUR INVOLVEMENT IN SCHOOL ACTIVITIES.**

1. Write down the one major reason why this might happen to you.
2. Is the cause of your change in activities due to something about you or to something about other people or circumstances?
3. In the future, will this cause again be present?

**XVI. YOU BECOME ENGAGED TO BE MARRIED.**

1. Write down the one major reason why you would become engaged.
2. Is the cause of your engagement due to something about you or to something about other people or circumstances?
3. In the future, will this cause again be present?
4. Is the cause something that just influences you in this situation, or does it also influence other areas of your life?

**XVII. YOU ARE FIRED FROM YOUR JOB.**

1. Write down the one major reason why this might happen to you.
2. Is the cause of your being fired due to something about you or to something about other people or circumstances?
3. In future employment settings, will this cause again be present?
4. Is the cause something that just influences you in employment settings, or does it also influence other areas of your life?

**XVIII. YOU HAVE A MAJOR CHANGE IN AMOUNT OF INDEPENDENCE AND RESPONSIBILITY.**

1. Write down the one major reason why this might happen to you.
2. Is the cause of your change in responsibility due to something about you or to something about other people or circumstances?
3. In the future, will this cause again be present?
4. Is the cause something that just influences you only in this situation, or does it also influence other areas of your life?

**XIX. YOU EXPERIENCE PREGNANCY OR FATHER A PREGNANCY.**

1. Write down the one major reason why this might happen to you.
2. Is the cause of your situation due to something about you or to something about other people or circumstances?
3. In the future, will this cause again be present?
4. Is the cause something that just influences you in this situation, or does it also influence other areas of your life?

**XX. YOU EXPERIENCE SEXUAL DIFFICULTIES.**

1. Write down the one major reason why this might happen to you.
2. Is the cause of your situation due to something about you or to something about other people or circumstances?
3. In the future, will this cause again be present?
4. Is the cause something that just influences you in this situation, or does it also influence other areas of your life?

4. Is the cause something that just influences your extracurricular activities, or does it also influence other areas of your life?

**XI. YOU FIND YOURSELF DRINKING MORE THAN YOU USUALLY DO.**

1. Write down the one major reason this might happen to you.
2. Is the cause of your drinking due to something about you or to something about other people or circumstances?
3. In the future, will this cause again be present?
4. Is the cause something that just influences your drinking habits, or does it also influence other areas of your life?

**XII. YOU HAVE A MAJOR ILLNESS OR INJURY.**

1. Write down the one reason this might happen to you.
2. Is the cause of your illness or injury due to something about you or to something about other people or circumstances?
3. In the future, will this cause again be present?
4. Is the cause something that just influences you in this situation, or does it also influence other areas of your life?

**XIII. YOU HAVE TO TAKE OUT A LOAN OF LESS THAN \$10,000.**

1. Write down the one major reason why you might find yourself in this situation.
2. Is the cause of your needing a loan due to something about you or to something about other people or circumstances?
3. In the future, will this cause again be present?
4. Is the cause something that just influences you in financial situations, or does it also influence other areas of your life?

**XIV. YOU BEGIN USING DRUGS MORE THAN YOU USUALLY DO.**

1. Write down the one major reason why this might happen to you.
2. Is the cause of your drug use due to something about you or to something about other people or circumstances?
3. In the future, will this cause again be present?
4. Is the cause something that just influences your drug use, or does it also influence other areas of your life?

**XV. YOU CHANGE YOUR MAJOR.**

1. Write down the one major reason why you might find yourself in this situation.
2. Is the cause of your change of major due to something about you or to something about other people or circumstances?
3. In the future, will this cause again be present?
4. Is the cause something that just influences you in this situation, or does it also influence other areas of your life?

SUBJECT #

Attributional Style Questionnaire -- ANSWER SHEET

**I. Job**

1. Cause: \_\_\_\_\_
2. Totally due to other people or circumstances    1   2   3   4   5   6   7    **Totally due to me**
3. Will never again be present    1   2   3   4   5   6   7    **Will always be present**
4. Influences just this specific situation    1   2   3   4   5   6   7    **Influences all situations in my life**

**II. Talk**

1. Cause: \_\_\_\_\_
2. Totally due to other people or circumstances    1   2   3   4   5   6   7    **Totally due to me**
3. Will never again be present    1   2   3   4   5   6   7    **Will always be present**
4. Influences just this specific situation    1   2   3   4   5   6   7    **Influences all situations in my life**

**III. Problem**

1. Cause: \_\_\_\_\_
2. Totally due to other people or circumstances    1   2   3   4   5   6   7    **Totally due to me**
3. Will never again be present    1   2   3   4   5   6   7    **Will always be present**
4. Influences just this specific situation    1   2   3   4   5   6   7    **Influences all situations in my life**

**IV. Hostile**

1. Cause: \_\_\_\_\_
2. Totally due to other people or circumstances    1   2   3   4   5   6   7    **Totally due to me**
3. Will never again be present    1   2   3   4   5   6   7    **Will always be present**
4. Influences just this specific situation    1   2   3   4   5   6   7    **Influences all situations in my life**

**V. Work**

1. Cause: \_\_\_\_\_
2. Totally due to other people or circumstances    1   2   3   4   5   6   7    **Totally due to me**
3. Will never again be present    1   2   3   4   5   6   7    **Will always be present**

4. Influences just this specific situation 1 2 3 4 5 6 7 Influences all situations in my life

**VI. Date**

1. Cause: \_\_\_\_\_

2. Totally due to other people or circumstances 1 2 3 4 5 6 7 Totally due to me

3. Will never again be present 1 2 3 4 5 6 7 Will always be present

4. Influences just this specific situation 1 2 3 4 5 6 7 Influences all situations in my life

**VII. Break up**

1. Cause: \_\_\_\_\_

2. Totally due to other people or circumstances 1 2 3 4 5 6 7 Totally due to me

3. Will never again be present 1 2 3 4 5 6 7 Will always be present

4. Influences just this specific situation 1 2 3 4 5 6 7 Influences all situations in my life

**VIII. Trouble**

1. Cause: \_\_\_\_\_

2. Totally due to other people or circumstances 1 2 3 4 5 6 7 Totally due to me

3. Will never again be present 1 2 3 4 5 6 7 Will always be present

4. Influences just this specific situation 1 2 3 4 5 6 7 Influences all situations in my life

**IX. Transfer**

1. Cause: \_\_\_\_\_

2. Totally due to other people or circumstances 1 2 3 4 5 6 7 Totally due to me

3. Will never again be present 1 2 3 4 5 6 7 Will always be present

4. Influences just this specific situation 1 2 3 4 5 6 7 Influences all situations in my life

**X. Activities**

1. Cause: \_\_\_\_\_

2. Totally due to other people or circumstances 1 2 3 4 5 6 7 Totally due to me

3. Will never again be present 1 2 3 4 5 6 7 Will always be present

4. Influences just this specific situation 1 2 3 4 5 6 7 Influences all situations in my life

**XI. Drinking**

1. Cause: \_\_\_\_\_
2. Totally due to other people or circumstances    1   2   3   4   5   6   7    **Totally due to me**
3. Will never again be present    1   2   3   4   5   6   7    **Will always be present**
4. Influences just this specific situation    1   2   3   4   5   6   7    **Influences all situations in my life**

**XII. Injury**

1. Cause: \_\_\_\_\_
2. Totally due to other people or circumstances    1   2   3   4   5   6   7    **Totally due to me**
3. Will never again be present    1   2   3   4   5   6   7    **Will always be present**
4. Influences just this specific situation    1   2   3   4   5   6   7    **Influences all situations in my life**

**XIII. Loan**

1. Cause: \_\_\_\_\_
2. Totally due to other people or circumstances    1   2   3   4   5   6   7    **Totally due to me**
3. Will never again be present    1   2   3   4   5   6   7    **Will always be present**
4. Influences just this specific situation    1   2   3   4   5   6   7    **Influences all situations in my life**

**XIV. Drugs**

1. Cause: \_\_\_\_\_
2. Totally due to other people or circumstances    1   2   3   4   5   6   7    **Totally due to me**
3. Will never again be present    1   2   3   4   5   6   7    **Will always be present**
4. Influences just this specific situation    1   2   3   4   5   6   7    **Influences all situations in my life**

**XV. Major**

1. Cause: \_\_\_\_\_
2. Totally due to other people or circumstances    1   2   3   4   5   6   7    **Totally due to me**
3. Will never again be present    1   2   3   4   5   6   7    **Will always be present**
4. Influences just this specific situation    1   2   3   4   5   6   7    **Influences all situations in my life**

**XVI. Engaged**

1. Cause: \_\_\_\_\_
2. Totally due to other people or circumstances    1   2   3   4   5   6   7    Totally due to me
3. Will never again be present    1   2   3   4   5   6   7    Will always be present
4. Influences just this specific situation    1   2   3   4   5   6   7    Influences all situations in my life

**XVII. Fired**

1. Cause: \_\_\_\_\_
2. Totally due to other people or circumstances    1   2   3   4   5   6   7    Totally due to me
3. Will never again be present    1   2   3   4   5   6   7    Will always be present
4. Influences just this specific situation    1   2   3   4   5   6   7    Influences all situations in my life

**XVIII. Independence**

1. Cause: \_\_\_\_\_
2. Totally due to other people or circumstances    1   2   3   4   5   6   7    Totally due to me
3. Will never again be present    1   2   3   4   5   6   7    Will always be present
4. Influences just this specific situation    1   2   3   4   5   6   7    Influences all situations in my life

**XIX. Pregnancy**

1. Cause: \_\_\_\_\_
2. Totally due to other people or circumstances    1   2   3   4   5   6   7    Totally due to me
3. Will never again be present    1   2   3   4   5   6   7    Will always be present
4. Influences just this specific situation    1   2   3   4   5   6   7    Influences all situations in my life

**XX. Sexual difficulties**

1. Cause: \_\_\_\_\_
2. Totally due to other people or circumstances    1   2   3   4   5   6   7    Totally due to me
3. Will never again be present    1   2   3   4   5   6   7    Will always be present
4. Influences just this specific situation    1   2   3   4   5   6   7    Influences all situations in my life

# Insecure Attachment Inventory

## Attachment

**Instructions:** The following questions will ask you to describe your relationship with one of your "attachment figures." Please read the following definition of an attachment figure:

An attachment figure is a person who is not a member of the family of origin, with whom there is *usually* a sexual relationship, and with whom there has been a special relationship for at least six months.

Now, having read the above definition, please write the first name of your attachment figure in the space provided: \_\_\_\_\_

When reading the following questions, substitute the name of the person listed above for any blank spaces. For each item, you will respond by using the following scale:

1                      2                      3                      4                      5  
Strongly disagree                      Strongly agree  
=====

6. I feel that it is best not to depend on \_\_\_\_\_
7. I put \_\_\_\_\_'s needs before my own.....
8. My life is so full of problems that I have to depend a lot on \_\_\_\_\_
9. I get frustrated when \_\_\_\_\_ is not around as much as I would like.....
10. I usually discuss my problems and concerns with \_\_\_\_\_
11. I can't get on with my work if \_\_\_\_\_ has a problem.....
12. I rely on myself and not on \_\_\_\_\_ to solve my problems.....
13. I get really angry at \_\_\_\_\_ because I think s/he could make more time for me.....
14. I'm so used to doing things on my own that I don't ask \_\_\_\_\_ for help.....
15. It makes me feel important to be able to do things for \_\_\_\_\_
16. I wish that I could be a child again and be taken care of by \_\_\_\_\_
17. I resent having to handle problems on my own because \_\_\_\_\_ is often unavailable..
18. It bothers me that I can't seem to get close to \_\_\_\_\_
19. Taking care of \_\_\_\_\_ is not my mission in life.....
20. I do not need \_\_\_\_\_ to take care of me.....
21. I know better than to ever expect \_\_\_\_\_ to take my worries seriously.....
22. I enjoy being close to \_\_\_\_\_
23. I'm not the type to be a "martyr" for \_\_\_\_\_
24. I would be helpless without \_\_\_\_\_

25. \_\_\_\_\_ only seems to notice me when I am angry.....
26. I want to get close to \_\_\_\_\_, but I keep pulling back.....
27. I don't sacrifice my own needs for the benefit of my attachment figure.....
28. I feel that the hardest thing to do is to stand on my own.....
29. I get annoyed at \_\_\_\_\_ because it seems that I have to demand support.....
30. It's easy for me to be affectionate with \_\_\_\_\_.....
31. I try to anticipate \_\_\_\_\_'s needs.....
32. I often feel too dependent on \_\_\_\_\_.....
33. I'm furious that I don't get any comfort from \_\_\_\_\_.....
34. I feel that there is something wrong with me because I'm remote from \_\_\_\_\_.....
35. I expect \_\_\_\_\_ to take care of his/her own problems.....
36. I'm quite capable of organizing my own life.....
37. \_\_\_\_\_ is always disappointing me.....
38. I wouldn't want \_\_\_\_\_ relying on me.....
39. I enjoy taking care of \_\_\_\_\_.....
40. I'm never certain about what I should do until I talk to \_\_\_\_\_.....
41. I wish there was less anger in my relationship with \_\_\_\_\_.....
42. I would turn away if \_\_\_\_\_ asked me for advice.....
43. I don't make a fuss over \_\_\_\_\_.....
44. If I make a decision, I always check it out with \_\_\_\_\_.....
45. I often feel angry with \_\_\_\_\_ without knowing why.....





## Mental Health Inventory

### MHI

*Instructions: This next set of questions are about how you feel, and how things have been with you within the past month. For each question, please choose the response that best describes how you have felt over the past month, and record this response on the orange OPSCAN sheet provided.*

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1. How happy, satisfied, or pleased have you been with your personal life during the past month?
  1. Extremely happy, could not have been more satisfied or pleased
  2. Very happy most of the time
  3. Generally satisfied, pleased
  4. Sometimes fairly satisfied, sometimes fairly unhappy
  5. Generally dissatisfied, unhappy
  6. Very dissatisfied, unhappy most of the time
2. How much of the time have you felt lonely during the past month?
  1. All of the time
  2. Most of the time
  3. A good bit of the time
  4. Some of the time
  5. A little of the time
  6. None of the time
3. How often did you become nervous or jumpy when faced with excitement or unexpected situations during the past month?
  1. Always
  2. Very often
  3. Fairly often
  4. Sometimes
  5. Almost never
  6. Never
4. During the past month, how much of the time have you felt that the future looks hopeful and promising?
  1. All of the time
  2. Most of the time
  3. A good bit of the time
  4. Some of the time
  5. A little of the time
  6. None of the time
5. How much of the time, during the past month, has your daily life been full of things that were interesting to you?
  1. All of the time
  2. Most of the time
  3. A good bit of the time
  4. Some of the time
  5. A little of the time
  6. None of the time

6. How much of the time, during the past month, did you feel relaxed and free of tension?
1. All of the time
  2. Most of the time
  3. A good bit of the time
  4. Some of the time
  5. A little of the time
  6. None of the time
7. During the past month, how much of the time have you generally enjoyed the things you do?
1. All of the time
  2. Most of the time
  3. A good bit of the time
  4. Some of the time
  5. A little of the time
  6. None of the time
8. During the past month, have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, or losing control of your memory?
1. No, not at all
  2. Maybe a little
  3. Yes, but not enough to be concerned or worried about it
  4. Yes, and I have been a little concerned
  5. Yes, and I am quite concerned
  6. Yes, and I am very much concerned about it
9. Did you feel depressed during the past month?
1. Yes, to the point that I did not care about anything for days at a time
  2. Yes, very depressed almost every day
  3. Yes, quite depressed several times
  4. Yes, a little depressed now and then
  5. No, never felt depressed at all
10. During the past month, how much of the time have you felt loved and wanted?
1. All of the time
  2. Most of the time
  3. A good bit of the time
  4. Some of the time
  5. A little of the time
  6. None of the time
11. How much of the time, during the past month, have you been a very nervous person?
1. All of the time
  2. Most of the time
  3. A good bit of the time
  4. Some of the time
  5. A little of the time
  6. None of the time

12. When you got up in the morning, this past month, about how often did you expect to have an interesting day?
1. All of the time
  2. Most of the time
  3. A good bit of the time
  4. Some of the time
  5. A little of the time
  6. None of the time
13. During the past month, how much of the time have you felt tense or "high strung"?
1. All of the time
  2. Most of the time
  3. A good bit of the time
  4. Some of the time
  5. A little of the time
  6. None of the time
14. During the past month, have you been in firm control of your behavior, thoughts, emotions, and feelings?
1. Yes, very definitely
  2. Yes, for the most part
  3. Yes, I guess so
  4. No, not too well
  5. No, and I am somewhat disturbed
  6. No, and I am very disturbed
15. During the past month, how often did your hands shake when you tried to do something?
1. Always
  2. Very often
  3. Fairly often
  4. Sometimes
  5. Almost never
  6. Never
16. During the past month, how often did you feel that you had nothing to look forward to?
1. Always
  2. Very often
  3. Fairly often
  4. Sometimes
  5. Almost never
  6. Never
17. How much of the time, during the past month, have you felt calm and peaceful?
1. All of the time
  2. Most of the time
  3. A good bit of the time
  4. Some of the time
  5. A little of the time
  6. None of the above

18. How much of the time, during the past month, have you felt emotionally stable?
1. All of the time
  2. Most of the time
  3. A good bit of the time
  4. Some of the time
  5. A little of the time
  6. None of the time
19. How much of the time, during the past month, have you felt down-hearted and blue?
1. All of the time
  2. Most of the time
  3. A good bit of the time
  4. Some of the time
  5. A little of the time
  6. None of the time
20. How often have you felt like crying, during the past month?
1. All of the time
  2. Most of the time
  3. A good bit of the time
  4. Some of the time
  5. A little of the time
  6. None of the time
21. During the past month, how often did you feel that others would be better off if you were dead?
1. All of the time
  2. Most of the time
  3. A good bit of the time
  4. Some of the time
  5. A little of the time
  6. None of the time
22. How much of the time, during the past month, were you able to relax without difficulty?
1. All of the time
  2. Most of the time
  3. A good bit of the time
  4. Some of the time
  5. A little of the time
  6. None of the time
23. During the past month, how much of the time did you feel that your love relationships, loving and being loved, were full and complete?
- |                           |                         |
|---------------------------|-------------------------|
| 1. All of the time        | 4. Some of the time     |
| 2. Most of the time       | 5. A little of the time |
| 3. A good bit of the time | 6. None of the time     |

How often during the past month, did you feel that nothing turned out for you the way you wanted it to?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

How much have you been bothered by nervousness, or your "nerves", during the past month?

1. Extremely so, to the point where I could not take care of things
2. Very much bothered
3. Bothered quite a bit by nerves
4. Bothered some, enough to notice
5. ' Bothered just a little by nerves
6. Not bothered at all by this

During the past month, how much of the time has living been a wonderful adventure for you?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

How often, during the past month, have you felt so down in the dumps that nothing could cheer you up?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

During the past month, did you ever think about taking your own life?

1. Yes, very often
2. Yes, fairly often
3. Yes, a couple of times
4. Yes, one time
5. No, never

During the past month, how much of the time have you felt restless, fidgety, or impatient?

- |                           |                         |
|---------------------------|-------------------------|
| 1. All of the time        | 5. A little of the time |
| 2. Most of the time       | 6. None of the time     |
| 3. A good bit of the time |                         |
| 4. Some of the time       |                         |

30. During the past month, how much of the time have you been moody or brooded about things?
1. All of the time
  2. Most of the time
  3. A good bit of the time
  4. Some of the time
  5. A little of the time
  6. None of the time
31. How much of the time, during the past month, have you felt cheerful and lighthearted?
1. All of the time
  2. Most of the time
  3. A good bit of the time
  4. Some of the time
  5. A little of the time
  6. None of the time
32. During the past month, how often did you get rattled, upset, or flustered?
1. Always
  2. Very often
  3. Fairly often
  4. Sometimes
  5. Almost never
  6. Never
33. During the past month, have you been anxious or worried?
1. Yes, extremely so, to the point of being sick or almost sick
  2. Yes, very much so
  3. Yes, quite a bit
  4. Yes, some, enough to bother me
  5. Yes, a little bit
  6. No, not at all
34. During the past month, how much of the time were you a happy person?
1. All of the time
  2. Most of the time
  3. A good bit of the time
  4. Some of the time
  5. A little of the time
  6. None of the time
35. How often during the past month did you find yourself having difficulty trying to calm down?
1. Always
  2. Very often
  3. Fairly often
  4. Sometimes
  5. Almost never
  6. Never

36. During the past month, how much of the time have you been in low or very low spirits?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

## Brief Symptom Inventory

### BSI

**Instructions:** Below is a list of problems people sometimes have. Please read each one carefully, and indicate the statement that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY.

- 0 = Not at all distressed
- 1 = A little bit distressed
- 2 = Moderately distressed
- 3 = Quite a bit distressed
- 4 = Extremely distressed

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#### HOW MUCH WERE YOU DISTRESSED BY:

- 7. Nervousness or shakiness inside.
- 8. Faintness or dizziness.
- 9. The idea that someone else can control your thoughts.
  
- 10. Feeling others are to blame for most of your troubles.
- 11. Trouble remembering things.
- 12. Feeling easily annoyed or irritated.
- 13. Pains in heart or chest.
- 14. Feeling afraid in open spaces or on the streets.
- 15. Thoughts of ending you life.
- 16. Feeling that most people cannot be trusted.
- 17. Poor appetite.
- 18. Suddenly scared for no reason.
- 19. Temper outbursts that you could not control.
  
- 20. Feeling lonely even when you are with people.
- 21. Feeling blocked in getting things done.
- 22. Feeling lonely.
- 23. Feeling blue.
- 24. Feeling no interest in things.
- 25. Feeling fearful.
- 26. Your feelings being easily hurt.
- 27. Feeling that people are unfriendly or dislike you.
- 28. Feeling inferior to others.
- 29. Feeling that you are watched or talked about by others

30. Nausea or upset stomach.
31. Trouble falling asleep.
32. Having to check and double check what you do.
33. Difficulty making decisions.
34. Feeling afraid to travel on buses, subways, or trains.
35. Trouble getting your breath.
36. Hot or cold spells.
37. Having to avoid certain things, places, or activities because they frighten you.
38. Your mind going blank.
39. Numbness or tingling in parts of your body.
  
40. The idea that you should be punished for your sins.
41. Feeling hopeless about the future.
42. Trouble concentrating.
43. Feeling weak in parts of your body.
44. Feeling tense or keyed up.
45. Thoughts of death or dying.
46. Having urges to beat, injure, or harm someone.
47. Having urges to break or smash things.
48. Feeling very self-conscious with others.
49. Feeling uneasy in crowds, such as shopping or at a movie.
50. Never feeling close to another person.
  
51. Spells of terror or panic.
52. Getting into frequent arguments.
53. Feeling nervous when you are left alone.
54. Others not giving you proper credit for your achievements.
55. Feeling so restless you couldn't sit still.
56. Feelings of worthlessness.
57. Feeling that people will take advantage of you if you let them.
58. Feelings of guilt.
59. The idea that something is wrong with your mind.

## Curriculum Vitae

**Kerri Weise Augusto**  
(formerly Kerri Ann Weise)

### Addresses:

<b>Home:</b>	36G Terrace View Apartments 1200 Hunt Club Road Blacksburg, VA 24060 (703) 552-4122	<b>School:</b>	Department of Psychology Derring Hall - 5th. Floor VPI & SU Blacksburg, VA 24061 (703) 231-8148 (Leave message)
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### Personal Data:

Date of Birth:	September 30, 1968
Citizenship:	United States
Marital Status:	Married

### Education:

**Predoctoral Intern in Clinical Psychology** February 13, 1995  
Tufts University School of Medicine/Boston Department  
of Veterans Affairs Psychology Internship Consortium

Accepted for a position in the 1996 class.

Anticipated start date: September 1995

**Doctoral Candidate, Clinical Psychology** 1992 - present  
Virginia Polytechnic Institute and State University

Dissertation Title: Factors contributing to the long-term adjustment  
of college women abused as children

Defended: May 31, 1995

Major Professor: Ellie T. Sturgis, Ph.D.

Preliminary Exam: Passed, April 13, 1993

**Master of Science, Clinical Psychology** 1990 - 1992  
Virginia Polytechnic Institute and State University

Thesis Title: The impact of the death of a peer on adolescents

Defended: October 1, 1992

Major Professor: Russell T. Jones, Ph.D.

<b>Bachelor of Science, Psychology</b>	<b>June 1990</b>
Colby College, Waterville, ME	1989 - 1990
	1986 - 1988
University of Edinburgh, Scotland	1988 - 1989
Honors: Summa cum laud with honors in Psychology, 1990	
Colby Psychology Scholarship for Excellence, 1990	
Phi Beta Kappa, 1990	
Psi Chi, elected 1988; Secretary 1989 - 1990	
Dean's List, 1986 - 1990	

### **Graduate Course Work:**

History and Systems of Psychology	Spring 1990
Assessment of Human Intelligence	Fall 1990
Statistics I & II	Fall 1990, Spring 1991
Research Methods	Fall 1990
Personality Assessment	Spring 1990
Psychopathology	Spring 1990
Developmental Psychology, Proseminar	Fall 1991
Human Neuropsychology, Proseminar	Fall 1991
Behavioral Assessment and Treatment	Fall 1991
Social Psychology, Proseminar	Spring 1992
Personality Psychology, Proseminar	Spring 1992
Applied Clinical Hypnosis	Spring 1992
Learning	Spring 1992
Clinical Marriage and Family Therapy	Fall 1992
Process in Relationships	Fall 1992
Ethics in Psychology	Spring 1993
Advanced Psychotherapy	Fall 1993
Graduate Teaching Assistant Training Program	Fall 1993
Clinical Child Psychopathology	Spring 1994
Interventions in Psychological Systems	Spring 1994
Independent Study: Issues in Clinical Supervision	Fall 1994

### **Other Educational Experience:**

**October 28, 1994: Issues in Clinical Supervision (8.0 hours).**

Presented by Isaac VanPatten, Ph.D.. Sponsored by HPR-III: 11th Annual Training Consortium.

**January 27- March 3, 1994: Assessment and Treatment of Sexual Offenders (18.0 hours).**

Weekly presentations by M.K. Johnson, Ph.D. Veterans Administration, Salem, VA.

**October 6-10, 1993: Structured Analysis of Social Behavior (SASB) (30+ hours).**

Individualized training conducted by Mary McGonigle, Ph.D. Seattle, WA.

**December 4, 1992: Special Topics in the Treatment of Multiple Personality Disorder (6.0 hours).**

Presented by Christine Courtois, Ph.D., Joan Turkus, M.D., and Barry M. Cohen, M.A., A.T.R.. Sponsored by the Institute of Post-Abuse Studies and Treatment.

**November 6-8, 1992: Advances in Treating Survivors of Sexual Abuse  
(18.5 hours).**

Presented by David Calof, Patrick Carnes, Ph.D., Christine Courtois, Ph.D., Yvonne Dolan, M.A., William O'Hanlon, M.S. and others. Sponsored by the Institute for Advanced Clinical Training, Inc.

**September 9 - 10, 1992: Juvenile and Youthful Sex Offenders  
(14.0 hours).**

Presented by Thomas Berg, LICSW. Sponsored by the Community Services Bureau.

**June 1991: Assessment Strategies for Investigating Child Sexual Abuse  
(7.0 hours).**

Presented by Sue White, Ph.D. Sponsored by the Community Services Bureau.

**March 22-23, 1991: Healing the Incest Wound: Adult Survivors in Therapy  
(7.0 hours).**

Presented by Christine Courtois, Ph.D. Sponsored by Old Dominion University.

**Supervised Clinical Experience:**

**Clinical Supervision  
(10 hours/week)**

**August 1994 - May 1995**

Responsible for co-facilitating weekly graduate student practicum meetings, providing weekly individual supervision to seven graduate student clinicians with adult clinical cases, and supervising adult assessment cases on the practicum team. Supervisor: Thomas H. Ollendick, Ph.D.

**Summer Traineeship: Salem VA Medical Center  
(40 hours/week - 500 hours)**

**June 1994 - September 1994**

Completed a twelve week concurrent placement in the Comprehensive Abuse and Assault Program and the Psychological Services Clinic of the Salem VA Medical Center. Responsible for co-facilitating a group for female survivors of sexual assault, and a group for sexual offenders. Provided individual therapy to 6 adult outpatients, including two sexual offenders. Administered and interpreted several forensic evaluations of sexual offenders. Completed several clinical assessments of outpatient clients with a variety of presenting problems. Participated in weekly intern seminars and case conferences. Supervisors: Jerome D. Gilmore, Ph.D.; M.K. Johnson, Ph.D.

**Clinical Practicum, Doctoral Level  
(10 hours/week - estimate 300 hours by May 1994)**

**August 1993 - May 1994**

As part of the requirements of the clinical program, fourth year graduate students participate on a practicum team at the Psychological Services Center. Duties include maintenance of a varied caseload, including both long and short-term clients, and provision of direct clinical supervision of first-year clinical graduate students. Supervisors: Thomas H. Ollendick, Ph.D.; Ellie T. Sturgis, Ph.D.

**Group Therapist: Suicidal Ideation  
(80 hours)**

**August 1992 - May 1994**

Responsible for conducting short term (10 session) group therapy with small groups of suicidal adolescents as part of an NIMH sponsored grant. On call 24 hours for crisis responding.

Supervisors: George Clum, Ph.D., Carolyn Pickett, Ph.D.

**Clinical Externship: Community Mental Health  
(20 hours/week - 680 hours)**

**August 1992 - May 1993**

As part of the requirement of the clinical program, graduate students complete 480 hours of supervised therapy in a facility outside of the Psychology Department. Responsibilities included carrying a caseload of 22 adult and adolescent clients, co-facilitating a group for panic disorder, and participating in team treatment planning and case conferences. Clinical population was largely comprised of victims of physical and sexual abuse. Carried both long (> 6 months) and short-term cases.

Supervisors: Cheri Warburton, M.S.; Dennis Cropper, Ph.D.

**Clinical Practicum, Master's Level  
(10-15 hours/week: Approximately 840 hours)**

**August 1990- May 1992**

As part of the requirement of the clinical program, graduate students conduct a variety of individual, family, and group therapies at the Psychological Services Center. Sessions are viewed with ongoing supervision by a licensed clinical psychologist. Clinical responsibilities involved a variety of clinical cases, including children, couples, and adults. Major emphasis on affective and anxiety disorders, and on the treatment of adult victims of childhood abuse. Carried long (> 6 months) and short-term cases.

Supervisors: Thomas H. Ollendick, Ph.D., Russell T. Jones, Ph.D.  
George A. Clum, Ph.D.; Jack W. Finney, Ph.D.

**Group Therapist: Panic Disorder  
(8 hours)**

**October 1991**

Conducted short term (8 session) group therapy with small group (5 people) of people with panic disorder.  
Supervisor: George A. Clum, Ph.D.

**Summer Practicum  
(140 hours)**

**May 1991- August 1991**

Employed during the summer as one of three therapists for the Psychological Services Center. Caseload averaged from 8 - 13 clients. Clinical responsibilities included conducting assessments and evaluations for attention deficit disorder, and providing individual, and marital therapy.

Supervisor: Richard Eisler, Ph.D.

**Total hours of supervised clinical experience = 2548**

**Assessment Experience:**

<u>Assessment Instrument</u>	<u>Number of Supervised Administrations</u>
Abidin Parenting Stress Index	2
Beck Depression Inventory	> 30
Beck Interview for Suicidal Ideation	> 30
Beck Hopelessness Scale	20
Bell Object Relations Reality Testing Inventory	9
Bender Gestalt	7
Burt Scales of Attitudes Toward Women and Aggression	8
Child Behavior Checklist	15
Draw-A-Person	6
Gordon Diagnostic Scale	6
Hooper Visual Organization Test	7
Kaufman Assessment Battery for Children	1
Millon Clinical Multiaxial Inventory	2
Minnesota Multiphasic Personality Inventory- 2	12
Multiphasic Sex Inventory	8
Peabody Picture Vocabulary Test	4
Personality Disorder Exam	> 30
Rorschach	2
Sentence Completion	9
ShIPLEY Institute of Living Scale	8
Spielberger State-Trait Anxiety Inventory	20
Stanford Binet	2
Structured Clinical Interview for DSMIII-R	> 30
Thematic Apperception Test	2
Visual-Motor Integration	2
Wechsler Adult Intelligence Scale	8
Wechsler Intelligence Scale for Children-R	6
Woodcock-Johnson - R	6

## Research Experience:

**Doctoral Dissertation: Factors contributing to the long-term adjustment of college women abused as children.** 1992 - 1995

Study examined psychological correlates of childhood maltreatment, including adult attachment, attributional style, perceived family environment, and current social support and demonstrated main effects and interactions for predicting long-term psychological distress in college women abused as children. Multiple regressions and a discriminant analysis showed attributional style, attachment, and specific maltreatment experiences significantly contributed to the prediction of distress in adulthood. A significant interaction was noted for psychological abuse and attributional style..

Major Professor: Ellie T. Sturgis, Ph.D.

**NIMH Grant: Assessor for Chronic Suicidal Ideation** Summer 1991-  
Spring 1992

Worked as diagnostic assessor on an NIMH grant, targeting adolescents between the ages of 18 and 24 who are experiencing chronic suicidal ideation. Assessment instruments included Structured Clinical Interview for DSM-III-R, Personality Disorder Exam, Beck Interview for Suicide Ideation, and a variety of self-report instruments. Responsible for assessing Axis I and Axis II disorders as well as suicidal thoughts and suicidal risk.

Project Director: George A. Clum, Ph. D.

**Master's Thesis: The effects of the death of a peer  
on adolescents**

1990 - 1992

Study explored the cognitive, behavioral, and affective responses of adolescents to the death of a peer for the purpose of determining mediators to the effects of bereavement. 52 undergraduates who had recently lost a peer were compared to 52 controls on a series of objective measures. Beliefs about the meaningfulness of the world, self-worth, and morality emerged as important variables in distinguishing between bereaved and non-bereaved samples. Further, satisfaction with social support and locus of control appeared as significant variables accounting for differences in the grief responses of the bereaved. Results were discussed within a developmental framework.

Major Professor: Russell T. Jones, Ph.D.

**Research Assistant: Factors influencing client  
attrition rates**

1989-1990

Assisted in research being conducted at the Kennebeck Valley Mental Health Center in Waterville, Maine. Duties included reading client charts for the purpose of coding a series of factors, including demographic data, medical and psychiatric history.

Project Director: Gregory Kolden, Ph. D.

**Research Assistant: Interactions of children in  
a preschool setting**

1987-1988

Assisted in research being conducted through Mount Holyoke College, to explore the social dynamics of preschool environments. Duties included coding of interpersonal interaction maps and video tapes.

Project Director: Patricia Ramsey, Ph.D.

**Teaching Experience:**

**Adjunct Faculty, Instructor of Psychology**

Department of Psychology  
Ferrum College

Responsible for teaching five sections of General Psychology one section of Social Psychology, and one section of Personality Psychology to undergraduate students.

Class size averages 30.

August 1994 -  
May 1995

**Graduate Instructor of Psychology**

Department of Psychology  
Virginia Polytechnic Institute and State University

Responsible for all phases of teaching, including the preparation and administration of lectures, selection of reading materials and assignments, construction of examinations, and the assignment of course grades for four undergraduate classes in Personality Psychology and one class in Social Psychology.

Class size averages 70.

August 1993 -  
May 1995

## Teaching Assistant

Department of Psychology  
Virginia Polytechnic Institute and State University

August 1990 -  
May 1991

Led small group (30 students) discussion sections  
for Introductory Psychology course.

## Professional Affiliations:

Student affiliate, American Psychological Association, Division 12

Student affiliate, American Psychological Association, Division 12, Section II

Student member, Association for the Advancement of Behavior Therapy

## Paper Presentations:

- Weise, K.W., & Jones, R.T. (1994). The impact of the death of a peer on adolescents. Poster presentation at the annual convention of the American Psychological Association, San Francisco, August.
- Clum, G.A., Yang, B., Priester, M., Weaver, T., Weise, K., Pickett, C., Febbraro, G., & Putnam, D. (1993). Group problem solving vs. group social support in treating chronic suicide ideation in adolescents. In P. Muehrer (Chair), *Advances in the treatment of suicidality*. Symposium presented at the annual meeting of the American Association of Suicidology, San Francisco, April.
- Clum, G.A., Yang, B., Priester, M., Weaver, T., Weise, K., Pickett, C., Febbraro, G., & Putnam, D. (1993). Relative treatment effectiveness of three interventions for suicidality. In G. Clum (Chair), *Studies in the etiology and treatment of suicidality in adolescents*. Symposium presented at the 39th Annual Meeting of the Southeastern Psychological Association, Atlanta, March.
- Clum, G.A., Curtin, L., Priester, M.J., Weaver, T.L., Weise, K., Yang, B. (1992). Preliminary assessment data from an adolescent sample of chronic suicide ideators: A longitudinal analysis. Poster presentation at the annual convention of the Association for the Advancement of Behavior Therapy, Boston, MA.
- Clum, G.A., Priester, M., Weaver, T., Putnam, D., Pickett, C., Gould, R., Yang, B., Weise, K., & Curtin, L. (1992). Group problem-solving and group social support treatments for chronic suicide ideation. Poster presented at the XXVth International Congress of Psychology, Brussels, Belgium.
- Weise, K., & Clum, G.A. (1992). Issues in the assessment of suicidality. Paper presented at the annual meeting of the Virginia Psychological Association, Roanoke, March.
- Rohrman, N. L., & Weise, K.A. Psychology in Maine: 1794 - 1970. Paper presented at the annual meeting of Cherion: The International Society for the History of the Social Sciences. June 1990.

## Publications:

Augusto, J.D., & Augusto, K.W. (1994). Helping, healing, and hearing: Facilitating positive professional interactions. *Intervet*, 29, 17-20.

Weise, K.A. (1989). How deaf children acquire language. Edinburgh, Scotland: Scottish Workshop Publications.

### **Present Clinical and Research Interests:**

1. Short and long term effects of psychic trauma
2. Assessment and treatment of adult survivors of childhood sexual , physical and psychological abuse.
3. Assessment and treatment of sexual offenders.
4. Gender differences with regard to sexual victimization
5. Assessment and treatment of personality disorders.

### **References:**

Thomas H. Ollendick, Ph.D.  
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Ellie T. Sturgis, Ph.D.  
Professor of Psychology  
Department of Psychology  
Virginia Polytechnic Institute and State University  
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(703) 231-4005

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Department of Psychology  
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*Kerri W. Augusto*