

THE EFFECTS OF CHILD SEXUAL ABUSE:
AN EXPLORATION OF VARIABLES CONTRIBUTING TO
LONG TERM NEGATIVE EFFECTS OF CHILD SEXUAL ABUSE

by

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Thesis submitted to the Faculty of
Virginia Polytechnic Institute and State University
in partial fulfillment of the requirements for the degree of
MASTER OF SCIENCE
in
Family and Child Development


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April, 1992

Blacksburg, Virginia

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(ABSTRACT)

In a survey of parents, professionals, and college students in Northern Virginia, 123 adults indicated they had experienced child sexual abuse. Their responses were examined in an effort to identify characteristics of child sexual abuse which might be related to long term negative effects. The variables examined include (a) incestuous verses non-family abuse, (b) victim's reported feelings of responsibility

about the sexual abuse, (c) victim's reported feelings of guilt about the sexual abuse, (d) the duration of the sexual abuse, (e) the age of the victim at time of the sexual abuse, and (f) whether or not the sexual abuse was kept secret. Only one of the six variables was found to be significantly related to long term negative effects. The research found evidence that keeping the child sexual abuse experience/s secret may be positively related to long term negative effects of child sexual abuse. Of the 83 participants who reported that the sexual abuse had remained a secret, 58 also reported long term negative effects. The importance of creating a safe and secure atmosphere in which children are able to disclose incidents of child sexual abuse is emphasized by the findings of this research.

ACKNOWLEDGEMENTS

I wish to give special thanks to Dr. Sandra Stith for her guidance, support and encouragement throughout the process of writing this thesis. She not only provided academic support but remained understanding and supportive throughout all my many family mini-crises. I thank my other committee members, Karen H. Rosen and Dr. Suzanne E. Bartle, for their support and availability throughout this thesis process. I also thank Dr. Mary Beth Williams for allowing me to use the data gathered in an earlier project.

The friendship and support from my classmates kept me going throughout the four years I have been in this program. I especially wish to acknowledge my loyal friend Georgeanne Schopp, whose faith and encouragement were constant throughout the ups and downs of completing the degree requirements. I thank Virginia Fry who served as courier and helped with little details making my assigned task go more smoothly. The warm friendship and support of classmates Debbie, Stephanie, Sergio, Donna, Maria, Lori, Wendy, Laurie, Glenn, and Doreen have helped make this education an enjoyable challenge. Additionally, Pat Meneely has

remained a cheerful and helpful guide through the technical maze of program requirements.

I wish to express a very special thank you to my family for their never waivering faith in me. My children, Sandy and Steve, have been patient and understanding when I seem not to have had time for them. My mother encouraged me every step of the way. My sister and brothers have remained supporters throughout my years at Virginia Tech.

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CHAPTER I

INTRODUCTION

The sexual assault of children is an increasingly visible social problem (Burgess, Groth, Holmstrom and Sgroi, 1978). It has been the subject of television productions and has been brought to the attention of the public in newspaper and magazine articles.

Prevention programs and programs intended to encourage children to report such abuse have been introduced in the schools. Although the problem seems to have emerged suddenly, it is only the awareness of this problem which has become frighteningly real.

Historically, child sexual abuse has been a part of this and other societies for as long as researchers can trace.

According to Finkelhor (1982), child sexual abuse has not been ignored in the past, but those who were most concerned had little credibility in the eyes of many professionals and policy makers. Early reports of child sexual abuse were not believed as they were thought to be invented by extremists. Moralists and alarmists expressed concern that children were being

sexually abused as a result of the liberalization of sexual values. Since they used the issue of child molesting as a platform against progressive reforms (such as sex education and humane treatment of sex offenders) supported by most social welfare professionals, the alarm of the moralists was discounted. Therefore little attention was given to sexual abuse in the literature or the mental health field. Moreover, those who were actively involved in the effort to bring child sexual abuse to the awareness of the public held the idea that the perpetrators of child sexual abuse were strangers and depraved individuals outside the family. Recent research has proved that theory incorrect. The family and acquaintances of the family present the more serious threat to our children (Finkelhor, 1982).

Child sexual abuse often leaves substantial psychological scars on its victims in the form of disturbed self-esteem and the inability to develop trusting intimate relationships (Finkelhor, 1982). A conservative estimate is that by the age of eighteen, 19% of girls and 9% of boys are sexually abused (Finkelhor, 1984). As survivors of child sexual abuse

present themselves for treatment to resolve their long standing conflicts regarding victimization, the scope of the problem increases (Powell, 1987). The majority of published studies indicate that the effects of child sexual abuse are far reaching and are frequently associated with subsequent psychological dysfunction in adulthood (Browne and Finkelhor, 1986).

Mic Hunter (1990) author of Abused Boys states, "the effects of sexual abuse are so profound not only because sexuality is so personal but also because there is more than the sexual aspect of abuse. Sexual abuse is also physical, mental, emotional, and spiritual abuse. It affects all areas of life" (p.3). Bass and Davis (1988) agree, stating that "it permeates everything: your sense of self, your intimate relationships, your sexuality, your parenting, your work life, even your sanity" (p.32).

Definitions

Sexual Abuse: In this study, sexual abuse is defined as the forcing, manipulating, or tricking of another into sexual contact. The contact includes exposure to another's genital organs or suggestions that a child expose him/herself; sexual games; enabling the child to

become a subject of pornographic art and childhood prostitution. It also includes acts that range, on a continuum from fondling through clothing to attempts at sexual intercourse to intercourse itself.

Child Sexual Abuse: In this study, child sexual abuse includes any sexual experience between a child 12 years old or under and a person at least 5 years older or a child between the ages of 13 through 16 and a person at least 10 years older.

Incest: When the abuser is a relative, it is called incest (Hunter, 1990). Ellenson's (1986) expanded definition of incest encompasses the roles of those involved. He views incest as "physical contact of a sexual nature between an adult who has violated a position of trust or authority or caretaking role and a child" (p.150). In this study child sexual abuse is considered incest if the participant identified the perpetrator as male or female parent, male or female step-parent, or other relative.

Statement of Problem

A variety of factors have been suggested to influence the long term consequences of child sexual abuse. This study compares sexual abuse survivors who

report long term negative effects with those who report no long term negative effects on a variety of variables including: 1) relationship of abuser to victim, 2) victim's reported feelings of responsibility for the sexual abuse, 3) victim's reported feelings of guilt about the sexual abuse, 4) the length of time over which the abuse occurred, 5) the age of the victim at the time of the abuse, and 6) whether or not the abuse was kept secret.

Relationship of abuser to victim

Research indicates that a great deal of sexual abuse occurs at the hands of close family members, particularly fathers and stepfathers. Often the abuse goes on for an extended period of time (Finkelhor, 1982). Empirical findings suggest that sexual abuse by family members is more traumatic than abuse outside the family. This seems to be more consistently true of fathers and less substantiated when other family members are the abusers (Conte, 1985). With reference to Ellenson's (1986) definition, abuse by a trusted neighbor or babysitter might prove to be more traumatic than abuse by a distant relative. The role violations implied in this definition illustrate the confusion

that must exist in the mind of a child who is the victim of incest.

Feelings of responsibility and guilt

Self-blame is a key characteristic of victimized persons including sexually abused children (Courtois and Sprei, 1988; Hoagwood, 1990; Summit, 1983). Though conventional clinical wisdom indicates that victims who blame themselves (internal attribution) will experience more serious problems than those who blame others (external attribution), little research has been done to substantiate this belief (Conte, 1985). It is unclear what part this self-blame plays in subsequent adjustment (Hoagwood, 1990). Some victims report feelings of guilt and responsibility while others do not. Likewise, some victims identify long term negative effects from the abuse while others deny such effects.

Duration of sexual abuse

Though most clinicians take for granted that the longer an experience goes on, the more traumatic it is, the findings are not unanimous. In 11 studies evaluated by Finkelhor and Browne (1985), 6 found duration associated with greater trauma. The opposite

was found in 2 studies and 3 of the studies showed no relationship. All of the community-based studies evaluated by Finkelhor and Browne (1985) find that the longer an experience continues, the more traumatic it is. Multi-abuse incidents have been found unanimously to be predictive of greater trauma. Peters (1984) found that the number of contact incidents involving different perpetrators was the strongest indicator of lasting negative effects. Conte's (1985) findings support the belief that the longer the duration of the abuse may be associated with more negative impacts.

Age of the victim

There is much controversy in the literature concerning the relationship between the age of the victim at the time of the abuse and the long term negative effects experienced by the victim. Studies indicate that there is at least a minimal relationship between age at the time of abuse and long term negative effects (Browne and Finkelhor, 1986). But the trend, though findings are weak, tends to indicate that the younger the victim, the more traumatic the after effects. However the authors add that some young victims are more seriously traumatized by

impressionability while others may be protected by naivete (Browne & Finkelhor, 1986). Conte's (1985) findings relate to age at the last incident of abuse. Results of the study indicate that the older the victim was at the last incident the more negative impacts.

The secret of sexual abuse

A further indicator of long term negative effects is the secrecy around the abuse. Virtually all offenders attempt to maintain secrecy of the abuse. Therefore victims have an additional burden of the secrecy of their own abuse (Conte, 1985). They must struggle with threats and bribes along with the abuse itself. Clinical assumption would lead one to believe that children who feel compelled to keep the abuse a secret would tend to suffer greater distress as a result. However, this theory is not yet confirmed (Browne & Finkelhor, 1986). Additional research in this area would be useful.

Rational

The fact that child sexual abuse affects a large percentage of our population is abundantly clear. What is not so clear is why some victims of child sexual abuse can enjoy what appears to be a normal healthy

adulthood with comfortable relationships, while others seem to have problems in all areas of their lives including self-esteem, personal power, intimacy, relationships with both the same sex and the opposite sex, as well as parenting and other areas (Bass and Davis 1988). By identifying characteristics of survivors who report long term problems resulting from their abuse and comparing them to characteristics of survivors who report no long term problems, therapeutic needs might be identified. Once needs are identified, programs might be developed to educate children in a way that will help prevent child sexual abuse and support those children who are victims. Therapeutic methods designed to heal the adult survivor might be improved.

Objectives

The purpose of this study is to identify factors which might be indicators of long term negative effects from child sexual abuse. The information gathered will be useful in determining how professionals can best meet the needs of child victims as well as adult survivors of child sexual abuse. The research questions explored in this study are:

- 1) Are long term effects of child sexual abuse different for victims of incest and victims of extra-familial abuse?
- 2) Are long term effects of child sexual abuse different for victims who report feelings of responsibility compared to those who do not feel responsible?
- 3) Are long term effects of child sexual abuse different for victims who report feelings of guilt about the abuse compared to those who do not feel guilt?
- 4) Are long term effects of child sexual abuse different for victims in relation to the duration of their abuse?
- 5) Are long term effects of child sexual abuse different for victims in relation to the age of the victim at the time of the abuse?
- 6) Are long term effects of child sexual abuse different for the victim of abuse which has been kept secret and the victim of abuse which has been disclosed?

Conceptual Framework

This study is based on the theoretical framework of constructivism, the assumption "that reality is not revealed to us in only one true way but is constructed by the knower" (Feixas, 1990, p. 1). Kelly's Personal Construct Theory (cited in Feixas, 1990) holds that an individual's personal constructs are the products of one's ways of anticipating. These constructs are the ways in which things and people are different from one another, in other words, contrasts (Feixas, 1990).

Thus, reality is the invention of the individual through a process of construing (Feixas, 1990). As new and differing experiences and observations are added to an individual's base upon which reality is construed, existing constructs are amended to accommodate the incoming data. Feixas (1990) describes this process of construing and re-construing as the five stages of Kelly's "cycle of experience". These stages include: "(a) anticipation of an event; (b) investment in the outcome; (c) encounter with the event; (d) confirmation (positive feedback) or disconfirmation (negative feedback) of the initial anticipation; and (e) constructive revision of the construct system" (p. 7).

Since the validation of constructs is purely subjective, individual hypotheses and anticipations are the yardsticks used to determine if a construct is validated.

A major concept of constructivism is the involvement of systems and their impact on individual's reality. Child sexual abuse does not occur in a vacuum. The self-image that victims develop is the construct of the individual in relation to input of the environment and systems within which the victim lives. Efran, Lukens and Lukens (1988) use the example of rape to make a similar point. They state that:

For the constructivist, 'rape' is not an objective event that carries with it predetermined meanings and predictable sequelae. Rather, it is an interpretation rendered within a tradition--a tradition that shapes and molds the reactions that both the person experiencing rape and others will have. The language community determines by consensus (and, sometimes, by concession) what role-options are available to the person who has been raped, and which entitlements, good and bad, he or she can anticipate receiving. In other

words, to the constructivist, rape is not just an action or an event--it is a framework of activity and interpretation made possible by the shared language system in which we all operate. (p. 29)

Likewise, child sexual abuse is experienced and evaluated by every individual in a unique manner depending on the constructs that individuals hold. And these constructs are reshaped as individuals experience life and interactions with others.

Therefore, even with well defined evaluation tools to determine the long term effects of child sexual abuse, each victim's reality is a unique frame from which individuals perceive the effects of the child sexual abuse. This study utilizes questions to which the survivors report their perceptions (their reality) concerning the experience of child sexual abuse and its effects on them.

Hypotheses

The following hypotheses will be tested:

1. Victims of incest are more likely to report long term negative effects of the abuse than are victims of extrafamilial sexual abuse.
2. Victims of child sexual abuse who believe that

they are responsible for the abuse are more likely to report more long term negative effects of the abuse than are those who do not report feelings of responsibility.

3. Victims of child sexual abuse who report feeling guilty about the abuse are more likely to report more long term negative effects of the abuse than are those who do not report feeling guilty.

4. Victims of child sexual abuse with repeated occurrences are more likely to report long term negative effects than are victims of one time incidents.

5. Victims that experience sexual abuse at an earlier age are more likely to report long term negative effects than victims who experienced abuse at a later age.

6. Victims of child sexual abuse who kept the abuse secret are more likely to report long term negative effects than are victims who have told someone of the abuse.

CHAPTER II

LITERATURE REVIEW

This literature review will identify some of the limitations of using clinical participants in research projects as opposed to volunteer participants. Two nonclinical studies will be described as well as a third study which utilizes both clinical and nonclinical participants. Next the review will examine in greater detail the variables under investigation in this study.

Literature on sexual child abuse has been highly criticized. Mayer (1983) reported that "statistics are found to be unreliable and inaccurate and methodology is seen as fallacious with small samples reflecting specialized populations from which general conclusions are drawn" (p. 9). In addition to the criticisms of methods, researchers are split by the polarity of their beliefs concerning the traumatization of child sexual abuse. There are those who believe resultant trauma is minimal, and authorities at the other end of the continuum who cite studies indicating long term negative effects from childhood sexual abuse (Mayer, 1983). Examples of these divergent views include those

of Giaretto (1976) and Yorukoglu and Kempf (1980) who cite cogent empirical evidence of early sexual trauma resulting in damaging personal and sexual disorders; and anti-alarmists, Schultz (1980) and Peters (1976) who minimize the traumatic effects of child sexual abuse, specifically the effects of incest.

There is little doubt that some of those who are victims of child sexual abuse are affected quite badly by these experiences. However, conclusions drawn from clinical samples could well be skewed because samples are not representative of the vast majority of children who have been sexually abused (Finkelhor, 1984). Additionally, long term negative effects viewed by clinicians could be the function of other pathological elements. Therefore there is a need for research outside the clinical setting.

Two such studies using volunteer participants are Courtois' (1979) study of the incest experience and its aftermath, and Fromuth's (1986) research on the relationship of childhood sexual abuse to later psychological and sexual adjustment in a sample of college women. Courtois (1979) recruited participants for her study by advertising in newspapers and a

magazine, as well as letters to mental health agencies and private therapists. The advertisements and letters solicited women who were 18 years of age or older, had experienced any type of incest, and who would be willing to talk to a female researcher about their experience. Thirty six women responded and agreed to participate. Five of those women cancelled or failed to show leaving a sample of 31 participants.

The study examined the effect of seven different factors (i.e. (a) duration, (b) frequency, (c) relatedness of participants, (d) use of force, (e) undisclosed incest, (f) disclosed incest when assistance was offered, and (g) passive consent on the part of the victim), on the victim's report of severity of their short and long term aftereffects analyzed in eight life spheres ((a) social, (b) psychological, (c) physical, (d) sexual, (e) familial, (f) sense of self, (g) relation to men, and (h) relation to women). None of these factors were shown to be significantly predictive of long term negative effects.

Additionally, this research addressed the relationship between age of onset of the incest (pre- or post-pubertal) and therapy involvement (therapy or

no therapy for the incest) and rated severity of short- and long-term aftereffects. Of 34 t-tests computed, six reached significance. The results indicated that there are more negative effects of child sexual abuse when the abuse begins pre-puberty. Two of the specific t-tests which had significant results related "sense of self, long term" and "relation to men, long term" to age at onset of abuse. The other four significant t tests related long term effects to seeking therapy.

The raw data indicated that perhaps one explanation for the lack of more significant results is that some subjects rated the impact of their experience as not severe in situations which would be generally be judged as very severe while others had severe reactions to what would generally be viewed as a mild situation. One important outcome of Courtois' (1979) study is that it demonstrates the willingness of incest victims to discuss and report the impact of their abuse first hand, eliminating the need to interpret second hand records or impressions.

Fromuth (1986) recruited her participants from undergraduate psychology courses at Auburn University. The experimenter informed students that the study

explored the effects of childhood sexual experiences on current psychological and sexual adjustment. The experimenter never specifically mentioned that the study explored childhood sexual abuse. Students were awarded extra course credit for their participation. The average age of the 482 women who participated in the study was 19.41 years. Most (98%) were white and from middle class backgrounds.

Among the 482 participants, 106 (22%) reported at least one sexually abusive relationship while they were a child. Consistent with Finkelhor's (1979) findings, 95% of the abusers were male and 88% were known to the victim. The majority (60%) of the participants reported single contact experiences. If the experience was not a single incident, it likely extended over a considerable length of time. Thirteen percent reported that the abusive relationships extended a year or longer.

Measures used for this study include an 11 item Parental Support Scale developed from Finkelhor's (1980) General Inadequacy Scale. Individual items on this measure included: treated you as if you were important; was verbally abusive of you; played with

you; was tense, nervous, worried; drank heavily; understood you; kissed you; hugged you; talked to you when you had a problem; was responsive to your emotional needs; and had emotional problems.

Participants were instructed to rate each parent separately on a Likert scale of 1 to 5. Other measures included a four item Locus of Control Scale developed by Coleman et al., (cited in Fromuth, 1986), Beck Depression Inventory-Short Form developed by Beck and Beamesderfer, (cited in Fromuth, 1986), Hopkins Symptom Checklist developed by Derogatis, Lipman, and Covi, (cited in Fromuth, 1986) referred to as SCL-90, Rosenberg's Self-Esteem Scale (cited in Fromuth, 1986), and Finkelhor's (1980) Sexual Self-Esteem Scale.

The results of this study indicate that four of the nine individual scales of the SCL-90 were significantly correlated with a history of childhood sexual abuse. Of the three global measures of the SCL-90, two (Global Severity Index, and Positive Symptom Total) were significantly correlated with history of child sexual abuse. Although these findings indicated that the sexually abused participant was less well adjusted, the clinical significance is small since

sexual abuse accounted for less than 2% of the variance of the SCL-90 variables. The Parental Support Scale was a better predictor of the SCL-90 variables than was the history of child sexual abuse. Only on the Phobic Anxiety Scale did the history of sexual abuse increase the prediction of the SCL-90 variables over and above that predicted by the Parental Support Scale alone. A history of child sexual abuse was not significantly related to the Beck Depression Inventory-Short Form, Rosenberg's Self-Esteem Scale, a Locus of Control Scale, or to women's self rating of adjustment. The percentage of participants who scored in the range considered indicative of moderate to severe depression on the Beck Depression Inventory-Short Form was similar for the women who reported sexual abuse (12%) and the control group of non-abused women (14%) (Fromuth, 1986).

A third significant study employed both clinical and nonclinical participants (Tsai, Feldman-Summers, and Edgar, 1979). In this study three groups of 30 women each were recruited to participate: (a) a clinical group consisting of women seeking therapy for problems associated with childhood molestation; (b) a

nonclinical group consisting of women molested as children but who had never sought therapy and considered themselves to be well adjusted; and (c) a control group of women who had not been molested. The assessment instruments used in the study included the Minnesota Multiphasic Personality Inventory (MMPI), a 7 point scale on which participants indicated their perceived overall adjustment and a "sexual experiences questionnaire" constructed by the authors. The two groups who experienced child molestation were asked to complete a questionnaire concerning the sexual experience. Questions included (a) the relationship of the molester to the child, (b) the frequency of molestation, (c) the age of first molestation, (d) the age of last molestation, (e) the duration of molestation, (f) the period of time prior to disclosure of the molestation, and (g) the sexual acts performed during the molestation incident(s). Each victim was also asked to indicate on a 7 point scale the perceived effect on the molestation on her life. Prepubescent sexual activities with other children were also explored. And finally, current psychosexual functioning was evaluated by means of a 6 item

questionnaire which included an evaluation of quality of relationships with men.

The first of two significant results of this study was that women seeking therapy for problems associated with childhood molestation were significantly less well adjusted than either women who had been molested but were not seeking treatment or women who had not been molested. The second finding was that there was a significant difference in the reported molestation incident(s) by the clinical group and nonclinical group. The variables which produced significant differences were (a) age of last molestation incident, (b) duration of molestation, (c) frequency of molestation, (d) frequency of attempted intercourse, (e) recollection of feelings at the time of molestation, and (f) perceived impact of the molestation on their lives.

The results indicated that the median age of last molestation for the nonclinical group was 8 years; the median age for the clinical group was 12 years. The clinical group reported a significantly longer duration of molestation than the nonclinical group. The clinical group also reported higher frequency of

molestation than did the nonclinical group. The only type of sexual molestation to significantly differentiate between the groups was "attempted intercourse" which was reported by 70% of the clinical group and 40% of the nonclinical group. The clinical group reported slightly more negative feelings toward the molester, (i.e. feeling more upset after the incident(s), more painful responses during the molestation incident(s), more pressure to keep the abuse secret, more pressure from the molester to induce compliance, more guilt about keeping the acts secret, and more guilt about the sexual activity itself) than women in the nonclinical group. And finally, the clinical group reported that the impact of the experience on their life was significantly greater than the nonclinical group.

These differences provide theoretically meaningful explanation of the observed adult adjustment differences. These adult adjustment differences were measured by the MMPI and self-reports of current psychosexual functioning. With both instruments, the clinical group indicated greater maladjustment than both of the nonclinical groups, that is the abused and

the nonabused groups (Tsai, Feldman-Summers, and Edgar, 1979). Researchers have concluded that effects of child sexual abuse vary from one individual to another depending on the many aspects of the experience, it's aftermath, and the individual's personality and mental health (Burgess and Holmstrom, 1974).

Researchers continue to search for relationships between the child sexual abuse experience and its aftereffects. This literature review addresses the six variables identified in this study, that is, the influence of (a) incestuous verses non-family abuse, (b) victim's reported feelings of responsibility about the sexual abuse, (c) victim's reported feelings of guilt about the sexual abuse, (d) the duration of the sexual abuse, (e) age of victim at time of the sexual abuse, and (f) whether or not the sexual abuse was kept secret.

The influence of incestuous verses non-family abuse

Browne and Finkelhor (1986) reviewed three studies that support the theory that incest is more traumatic than extrafamilial child sexual abuse. Landis (1956) asked students how they had recovered, Anderson et al. (cited in Browne & Finkelhor, 1986) reviewed charts of

adolescents in a hospital treatment setting, and Friedrich et al. (cited in Browne & Finkelhor, 1986) evaluated young victims. Browne and Finkelhor (1985) reported however, that other systematic studies found no significant difference in long term impact when comparing sexual abuse by family members in general and sexual abuse by non-family members. These studies (cited in Browne and Finkelhor, 1986) were conducted by Finkelhor; Peters; Russell; Seidner and Calhoun; and Tufts.

Gelinas (1983) suggests that negative effects of sexual abuse by surrogate fathers are the same as those by biological fathers; in both instances, it is the relationship that is betrayed. Ellenson's (1986) definition of incest encompassing the caretaker role of the abuser supports this suggestion. Gelinas (1983) further states that:

It is important to emphasize that incest is relationally-based sexual abuse; for its victims, the traumatic events occur within the family and by a parent's agency--with all this implies about betrayal of trust, exploitation and skewed family relationships. Incest takes place within the

context that is supposed to nurture, protect and care for the child, where she should be able to get a reasonable interpretation of reality and relational life, and upon which she is utterly dependent. Incest is a profound abandonment and betrayal, a travesty of the parental love and care that is a young child's inherent right. (p.319)

Russell (1984) compares step-daughter incest and biological father incest. She perceives them as very different since step-father incest does not carry the same taboo as incest involving the biological father. This research found that more stepfathers than biological fathers abuse their children at the most serious level of violation. Russell (1984) attributes this in part to the awareness of stepfathers that they are not consanguineally related to their daughters and may feel less bound by the taboos of incest.

This literature review finds that there are many differing views and many different ways to evaluate the effects of incestuous abuse as compared with extrafamilial child sexual abuse. Even the definitions of incest and individuals included as incestuous partners vary from study to study. There is a need for

further study with more standardized understanding of what constitutes incest.

The influence of feelings of guilt and responsibility on long-term effects

Victims of child sexual abuse, especially incest victims frequently express guilt about the sexual incidents and often blame themselves. Gelinas (1983) identified three possible sources of guilt. First, incest victim's feelings of guilt are often expressions of their loyalty toward the abuser. Second, a strong and often confusing producer of guilt in the child victim is the recognition that at times they enjoyed the attention. Gelinas' (1983) final scenario for the producer of guilt is that some victims feel that they allowed the abuse to continue beyond a time that they might have stopped it, or that they even played a more active part in the sexual activity over time. Children also blame themselves for the physical contact, for not having defended themselves better, and especially for any sexual pleasure. Additionally, guilt is experienced because of the family crisis caused by their having revealed the abuse (Lamb, 1985). After disclosure, victims may feel guilty for having

disclosed and gotten father into trouble; conversely, they may also feel guilty for not having pursued legal issues more vigorously (Gelinas, 1983). Gelinas (1983) states, "Guilt is the invariable legacy of untreated incest" (p. 323). There are many factors that influence the feelings of guilt and responsibility of the sexual abuse victim. The age of the victim is one such variable.

In the study by Tsai, Felman-Summers, and Edgar (1979) feelings of guilt and responsibility are related to the age of the victim. They pointed out that older children probably feel greater responsibility than younger children for their involvement in the sexual activity because a child's sense of responsibility developmentally increase with age (Erikson, 1963). These feelings of responsibility produce guilt. Also, as children increase in age they become more aware of the "wrongfulness" of certain sexual involvements (including sexual involvement with family members) which makes participation in such activities a greater producer of guilt.

Like age, the sex of the victim may be a predictor of feelings of guilt and responsibility. Male victims

may experience even greater feelings of guilt and shame than female victims because of learned sex role expectations. Traditional societal messages to boys include those of taking charge, fighting back, not crying, and condemning passivity and helplessness. Therefore male child sexual victimization carries the message of reduced manhood. Being a victim brings feelings of anger or rage toward self or others; it conjures feelings of inadequacy, guilt and shame. These feelings and perceptions of the self may result in the victim becoming an abuser. By identifying with the abuser, the victim regains some of his power, his manhood (Singer, 1989). Though the potential for young male victims to become offenders is evident, it should not be assumed as inevitable.

The influence of duration of sexual abuse on long term effects

Courtois' (1979) study identified negative correlations between duration and severity, meaning that as duration of sexual abuse increased, severity rating decreased. Severity of effects was rated on a five point ordinal scale (no effect to severe effect). These findings contradict the accepted view that longer

duration causes more serious negative long term effects.

For example, Hoagwood's (1990) research gathered from questionnaires completed by 34 volunteer women who were involved in therapy indicates that the longer the length of time that the abuse persisted, the more self-blame the women experienced both as children and as adults. Lower self-esteem and increased depression were reported by victims of long term abuse. These women did not out grow their self-blame as adults; the self-blame was integrated into their adult identity. Similar findings by Tsai, Feldman-Summers and Edgar (1979) support the theory that:

The frequency and duration with which a negative emotional response (such as pain or guilt) accompanies a given stimulus is directly related to the strength of the resulting associational bond. Of course, the stronger the emotional bond, the more resistant it is to extinction (Bandura, 1969). Thus it seems reasonable to propose that women who were more frequently molested as children and had a longer duration of molestation (the clinical group) acquired stronger and more

enduring associations between various features of the molestation (e.g. the sexual activities involved) and feelings of guilt and pain than did women who were less frequently molested and were molested over a shorter period of time (the nonclinical group). P. 416

It does appear that the duration of sexual abuse has a relationship with the long term effects of the abuse. However, studies do not uniformly show that greater duration is related to a worse outcome for the victim (Browne and Finkelhor, 1986). Additional research in this area might better define what the relationship is between duration and long term effects of sexual abuse.

Age

There are varying views about the relationship between the age of victims of child sexual abuse and long term negative effects of the abuse. Courtois (1979) found that the earlier the occurrence of incest the greater chance of psychological damage. She also concluded that later relations with men also were more disturbed for those in her sample whose incest began pre-puberty. Results from this study indicate that the

younger the child, the more severe the reaction, especially concerning identity issues.

Instances of child sexual abuse to the very young victim are more difficult to study since recall of those experiences are often not definitive. It is important to note that though recall of very early assaults may be poor, like other trauma occurring in the infant years, the effects could be negative and long lasting (Bagley and King, 1990). Even very young children seem to experience what may be called "moral" response to what they have experienced. Possibly the very young sexually abused child feels that something is wrong and that he or she was part of a "not nice" situation (Lamb, 1985). Hoagwood (1990) found in her study that the younger the victim was at the time of first abuse, the less they blamed the abuser. Additionally, the longer the duration of the abuse, the more intense the self blame and the less intense the blame directed toward the abuser. Therefore, children who are victimized at very young ages, especially those whose abuse extended for a lengthy period of time, may have greater difficulty externalizing the blame and directing it towards the abuser. Victims abused as

very young children in a developmental period in which issues of trust or autonomy are prominent, may have great difficulty later separating out their ambivalent feelings toward the abuser. These victims may require the most intensive and long-term therapy to help them redirect the locus of responsibility.

A critique of the literature by Conte (1985) states that "preliminary evidence on abuse characteristics associated with differential effects, on the whole seems to suggest that the presence of force in the abuse, the longer the durations of abuse, and the older the victim is at the last incident may be associated with more negative impacts" (p. 117). One explanation for the variances in research may be that the victims exhibit the effects of sexual victimization at different points in time. Some of the many variables that influence the victims' perceived negative effects include, time since last incident of abuse, time since disclosure, time since treatment began, and time since the victim last had contact with the abuser (Conte, 1985).

In Courtois' (1979) research project the participants reported less damage to identity and

relations with men when the incest occurred at an older age. Most correlations between age and severity ratings were negative. This indicated that as age increased, severity ratings decreased. These findings support the reports of some researchers that the younger the child the more severe the reaction, especially concerning identity issues.

One difficulty found in reviewing literature concerning the age of the victim of child sexual abuse in relation to long term effects is the factor of duration of the abuse. Some researchers have focused on the age of onset of the abuse while others have focused on the age of the last incident of abuse. Some researchers have differentiated victims who experienced only one incident of child sexual abuse while others have included one time victims in studies with victims of longer duration and sometimes multiple perpetrators. Therefore, it is difficult to determine relationships between long term effects of child abuse and age of victim (whether the age is at onset or last incident). The influence of keeping child sexual abuse secret on long term effects

The taboo of incest serves to inhibit participants

from reporting the incidents and seeking assistance. "The nature of the problem--its secrecy and shame, the criminal sanctions against it, and the young age and dependent status of its victims--inhibits discovery and discourages voluntary reporting" (Matousek, 1991, p.16) says David Finkelhor, a leading researcher in the field of child sexual abuse. Secrecy and shame are familiar characteristics of incest families (Courtois, 1989). Intimidation and shame often keep children who have been sexually abused by adults outside the family from exposing the abuse (Schatzow and Herman, 1989). Victims of child sexual abuse feel different from their peers. Having to keep the secret of having been a victim of sexual abuse may increase the sense of stigma, since it reinforces the sense of being different (Finkelhor and Brown, 1985).

Secrecy compounds the trauma of the sexual abuse itself by isolating the victim from others, so that his or her perceptions can not be validated. Often the victim comes to doubt his or her own experience of reality, which is at odds with the family's version of the truth. Many, if not most, victims of child sexual abuse reach adult life still preserving the rule of

secrecy. Disclosure of the secret has been described as an important step in the process of recovery.

An additional problem arises when the victim of child sexual abuse tells a trusted adult of the abuse but is not believed. Children who are disbelieved, blamed, or ostracized undoubtedly experience a greater sense of betrayal than those who are supported. A greater degree of powerlessness is experienced by a child who tells and is not believed (Finkelhor and Browne, 1985). When children are able to bring the abuse to an end effectively, or at least exert some control over its occurrence, they may feel less disempowered.

Sauzier (1989) states that "children are understandably reluctant to say what adults are reluctant to hear, be they parents, teachers or therapists" (p.455). Sauzier (1989) surveyed 156 families of sexually abused children. Families where abuse had been disclosed in the previous six months were selected. Follow-up information 18 months later was obtained from 115 of the families. This study included 78 percent female victims and 22 percent male victims. The average age was 10.1 years. In 55

percent of the cases the child made the disclosure of sexual abuse. An additional 6 percent of the victims disclosed after suspicions were raised. In 17 percent of the cases where sexual abuse had been revealed, no intervention was taken. Over half of those children were not believed while responsible adults took no action in the remaining cases. Only 24 percent of the victims revealed the sexual abuse within one week of the abuse, 17 percent after more than a year, and 39 percent never revealed. This latter group of children, referred after accidental disclosures, showed the fewest signs of anxiety and hostility on standardized tests. This may be influenced by the relationship of the abuser to the victim. This research indicates that children abused by natural parents are more likely to keep the secret and to be seen in therapy as a result of accidental disclosures.

Most of the children who revealed the abuse immediately experienced less extreme types of abuse in the form of exhibitionism or attempted contact, as opposed to penetration or intercourse. The relationship of the offender to the victim appears to be a factor of disclosure. Those children abused by a

natural parent were less likely to disclose the abuse. In Sauzier's (1989) study, 53 percent of the incidents involving parents were disclosed accidentally. Children who experienced extrafamilial abuse were able to tell right away more frequently, but still in only 39 percent of the cases (Sauzier, 1989).

Sauzier (1989) reported that nearly half of the children in her study did not tell anyone, often despite serious abuse. Children who had failed to reveal serious abuse had the highest fear scores. Their fears included loss of affection and goodwill of the offender as well as fear of the consequences of telling (being blamed or punished by the non-offending parent). Additionally, they feared being harmed and feared retaliation against someone in their family. However, not telling may not always indicate trauma of a child burdening himself or herself with a secret. Children who experienced a milder form of abuse, such as exhibitionism, or a one time event may not have been troubled enough to tell.

Based on the research results and clinical experience Sauzier (1989) profiles the children that find it easy or difficult to tell:

Disclosure is easier for the child traumatized by an aggressive, one-time sexual act, which feels bad rather than confusing and is perpetrated by someone towards whom she or he does not feel any loyalty or commitment. This parallels more closely the rape of an adult and is a rare event.

Disclosure is much more complex and costly for the child who has been manipulated into longstanding abuse and worries about his or her involvement and responsibility or who is subjected to intercourse by a biological parent to whom she or he feels strongly tied and who is aware that revealing the abuse will cause major turmoil in the family. (p. 462)

It is interesting to note that victims of parent surrogates (new husband or boyfriend) showed higher levels of psychopathology in this study (Sauzier, 1989) than victims of biological parents. This finding correlated to the mothers' angry and rejecting reactions to the disclosure. The mother may still idealize her new partner out of love or need, whereas the biological parent, sometimes already estranged, is more likely to be perceived as responsible.

A significant decrease in overall psychopathology and an increase in positive self-esteem was noted upon follow-up of the sample of the 115 children in Sauzier's (1989) study. Crisis intervention profiles compared to follow-up evaluations indicated that 55 percent of the victims showed improvement, 21 percent showed no change, and 24 percent had worse symptoms on the Louisville Behavior Checklist. Evaluation with the Piers Harris Self-Esteem Scale similarly found that 57 percent had improved, 11 percent were unchanged, and 32 percent worsened. Greatest improvement was noted in children seen by mental health professionals trained in dealing with sexual abuse (Sauzier, 1989).

Many male victims of sexual abuse suffer additional stigma which enhances the probability of nondisclosure. Because male victims tend to be less likely to report incidents of sexual abuse, male victims are under-represented in the literature and in the cases reported to child welfare agencies. In a study by (Singer, 1989), only one member of a group of thirteen male sexual abuse survivors reported the abuse to someone outside his family. Coincidentally, the member who made the report was the youngest man in the

group and his abuse occurred more recently than that of the other men, who may have been less aware of potential resources, such as child welfare agencies. Group members reported fear of retaliation, rejection, and disbelief as reason for not disclosing their abuse; some cited confusion over the pleasurable aspects of incest. Additional guilt was experienced by several men in the group who admitted that the orgasms they experienced with their fathers were more intense than those later achieved with female partners. Another possible cause for the low rate of reporting might be the use of repression as a defense. In the group discussed, five of the thirteen group members totally repressed their experiences of sexual abuse until they reached adulthood. The sexual abuse of all five of these victims involved their mothers (Singer, 1989).

As with each of the variables researched in this project, secrecy or disclosure of child sexual abuse is closely tied in with other factors. The literature illustrates that, although there is documentation to indicate a relationship between secrecy or disclosure of child sexual abuse and long term effects, many other variables influence the outcome of the research. It is

difficult to look at the issue of secrecy of child sexual abuse without considering who the perpetrator is and what influence that has on the victim. Likewise, the age of the victim and the extent of the abuse are factors in whether or not the abuse is disclosed. Perhaps future researchers will discover a means of differentiating the variables of child sexual abuse and their effects on the victims.

Based on the literature review, the following hypotheses were developed

Hypotheses

1. Victims of incest are more likely to report long term negative effects of the abuse than are victims of extrafamilial sexual abuse.
2. Victims of child sexual abuse who believe that they are responsible for the abuse are more likely to report more long term negative effects of the abuse than are those who do not report feelings of responsibility.
3. Victims of child sexual abuse who report feeling guilty about the abuse are more likely to report more long term negative effects of the abuse than are those who do not report feeling guilty.

4. Victims of child sexual abuse with repeated occurrences are more likely to report long term negative effects than are victims of one time incidents.

5. Victims that experience sexual abuse at an earlier age are more likely to report long term negative effects than victims who experienced abuse at a later age.

6. Victims of child sexual abuse who kept the abuse secret are more likely to report long term negative effects than are victims who have told someone of the abuse.

CHAPTER III

METHODS

This study is a secondary data analysis of a larger study. The questionnaires were provided by Missing Children of Greater Washington, Inc. The project was coordinated and the survey administered by Mary Beth Williams, PhD. Presentations based on the larger study were made at the National Council on Family Relations Annual Conference (Stith & Williams, Nov. 1987) and The Third National Family Violence Research Conference (Williams & Stith, July 1987).

Sample

Participants in this investigation were 1128 parents, professionals, and college students in Northern Virginia who agreed to complete a twenty minute questionnaire on child sexual abuse. Given the definitions for "sexual abuse" and "sexual victimization", respondents were asked "were you ever the victim of sexual abuse?" For the current study, only the 149 individuals who reported that they had been sexually abused as a child are included in the sample (see table 1). The sample for this study make up 13.2 percent of the total respondents. Seventeen

percent of the sample were males (N=26) and eighty three percent were females (N=123). The mean age of the sample was 27 years and the range was from 18 to 67 years. Of this sample, 86.6 percent were white (N=129), 10.1 percent of the sample were black (N=15) and 2.6 percent of the sample were other races (N=4), and one participant failed to identify race. Sixty seven percent of the participants were college students (N=100), 25.5 percent were professionals (N=38) and 7.4 percent were parents (N=11). These demographics are listed by the sex of the participants in Table 1.

Questionnaire Administration

Initially the questionnaire was administered to parents and/or professionals in attendance at sexual abuse prevention workshops in the Northern Virginia area. The questionnaire was administered prior to the presentations. Respondents were requested to fill out the questionnaire as they waited for the presentation to begin. Approximately thirty percent of those attending returned a completed questionnaire. The responses of this population make up less than 25% of the total sample.

Research was expanded to include college students

TABLE 1
DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE

| | FEMALES | | MALES | | TOTAL | |
|------------------|---------|------|-------|------|-------|------|
| | N | % | N | % | N | % |
| AGE | | | | | | |
| 18-22 | 53 | 43.1 | 16 | 61.5 | 69 | 46.3 |
| 23-27 | 18 | 14.6 | 6 | 23.1 | 24 | 16.1 |
| 28-32 | 20 | 16.3 | 1 | 3.8 | 21 | 14.1 |
| 33-37 | 10 | 8.1 | 0 | 0 | 10 | 6.7 |
| 38-42 | 12 | 9.8 | 2 | 7.7 | 14 | 9.4 |
| 43-47 | 7 | 5.7 | 1 | 3.8 | 8 | 5.4 |
| 48 | 1 | .8 | 0 | 0 | 1 | .7 |
| 53 | 1 | .8 | 0 | 0 | 1 | .7 |
| 67 | 1 | .8 | 0 | 0 | 1 | .7 |
| RACE | | | | | | |
| White | 105 | 85.4 | 24 | 92.3 | 129 | 86.6 |
| Black | 14 | 11.4 | 1 | 3.8 | 15 | 10.1 |
| Asian | 2 | 1.6 | 0 | 0 | 2 | 1.3 |
| Hispanic | 1 | .8 | 1 | 3.8 | 2 | 1.3 |
| Missing Data | 1 | .8 | | | 1 | .7 |
| GROUP | | | | | | |
| College Students | 77 | 62.6 | 23 | 88.5 | 100 | 67.1 |
| Professionals | 35 | 28.5 | 3 | 11.5 | 38 | 25.5 |
| Parents | 11 | 8.9 | 0 | 0 | 11 | 7.4 |

enrolled in sociology, psychology, and education classes. When class time was allocated for responding to the survey, the response rate was nearly one hundred percent. When surveys were disseminated at the end of a class with instructions to complete and return at a later date, the return rate frequently approximated only twenty percent. Thus, the differing administration procedures and low return rate in some samples limits the generalizability of this investigation to the general population. Additionally, this is a sample of convenience rather than a random sample including all segments of the population.

Instrumentation

The six independent variables (1) relationship of the abuser to the victim; 2) victim's reported feelings of responsibility for the sexual abuse; 3) victim's reported feelings of guilt about the sexual abuse; 4) the length of time over which the abuse occurred; 5) the age of the victim at the time of the abuse; and 6) whether or not the abuse was kept secret; and the dependent variable (whether or not the participant reported long term negative effects from the abuse) were measured from items on the questionnaire. Thus

the two groups to be compared are identified as those "reporting long term negative effects" and those "not reporting long term negative effects".

Dependent Variable

Whether or not the participant reported long term negative effects from the abuse.

This variable was measured by the participant's response to the item, "I have had no long term negative effects from the abuse". Participants could check "yes" if they had no long term negative effects or leave the item blank if they did have long term negative effects. Thus, this item is a dichotomous variable. (See Appendix B, p. 98, Question 5, item 24).

Independent Variables

Incestuous abuse versus non-family abuse.

This variable was measured from the participant's response to the item, "by whom were you abused?". Participants who reported that they were abused by "male parent", "female parent", "male step parent", "female step parent", or "other relative" were considered to be incestuously abused. Participants who reported other responses only, were considered to be victims of non-family abuse. Thus, this item is a

dichotomous variable. (See Appendix B, p. 98, Question 3).

Victim's reported feeling of responsibility for the sexual abuse.

This variable was measured from the participant's response to the item, "I felt responsible that the abuse occurred". Participants could check "yes" if they felt responsible or leave the item blank if they did not feel responsible. Thus, this item is a dichotomous variable. (See Appendix B, p. 98, Question 5, item 15).

Victim's reported feelings of guilt about the sexual abuse.

This variable was measured from the participant's response to the item, "I felt guilty". Participants could check "yes" if they felt guilty or leave the item blank if they did not feel guilty. Thus, this item is a dichotomous variable. (See Appendix B, p. 98, Question 5, item 13).

Length of time over which the abuse occurred.

This variable was measured from the participant's response to the question, "How long did the abuse occur". Participants were asked to respond on a scale

of one to eight. A score of one indicated that the abuse occurred one time only. A score of 8 indicated that the abuse occurred longer than four years. (See Appendix B, p. 97, Question 2).

Age of victim.

This variable was measured from the participant's response to the question, "How old were you at the time that you were a victim of sexual abuse". Participants were asked to state their age (See Appendix B, p. 97).

Whether or not the abuse was kept secret.

This variable was measured from the participant's response to the question, "Did you tell anyone about the abuse?". Participants could check "yes" or "no". Thus, this item is a dichotomous variable. (See Appendix B, p. 98, Question 4).

Analysis

A series of Chi-square analyses comparing victims reporting long term negative effects of child sexual abuse with victims not reporting long term negative effects of child sexual abuse were computed. Independent variables used for comparison will include 1) whether or not the abuser was a family member, 2) victim's reported feelings of responsibility for the

sexual abuse, 3) victim's reported feelings of guilt about the abuse, 4) the length of time over which the abuse occurred, 5) the age of the victim at the time of the abuse, and 6) whether or not the abuse was kept secret.

Values of 1 and 2 will be assigned to dichotomous variables as follows:

| <u>Value 1</u> | <u>Value 2</u> |
|------------------------------|-------------------------------|
| No long term negative effect | Long term negative effect |
| Family member abuser | Non-family member abuser |
| Feelings of responsibility | No feelings of responsibility |
| Feelings of guilt | No feelings of guilt |
| Abuse not a secret | Abuse kept secret |

Age of the victim and length of time over which the abuse took place will be analyzed as continuous measures.

CHAPTER IV

RESULTS

The primary purpose of this study was to identify characteristics of child sexual abuse which might have a relationship with long term negative effects. The characteristics of child sexual abuse which were evaluated are (a) incestuous verses non-family abuse, (b) victim's reported feelings of responsibility about the sexual abuse, (c) victim's reported feelings of guilt about the sexual abuse, (d) the duration of the sexual abuse, (e) age of victim at time of the sexual abuse, and (f) whether or not the sexual abuse was kept secret.

Possible relationships between the characteristics of child sexual abuse and long term negative effects were tested using Chi Square analysis of the self reported data gathered from the project participants. Findings related to each hypothesis follows:

Hypothesis 1. Victims of incest are more likely to report long term negative effects of the abuse than are victims of extrafamilial sexual abuse.

Table 2 illustrates that of the 62 victims who reported that the abuser was a family member, 38

TABLE 2
THE RELATIONSHIP OF THE ABUSER TO THE VICTIM
AND LONG-TERM NEGATIVE EFFECTS

| RELATIONSHIP OF ABUSER TO VICTIM | LONG-TERM NEGATIVE EFFECTS | | NO LONG-TERM NEGATIVE EFFECTS | | TOTAL | |
|-------------------------------------|-------------------------------|-------------|----------------------------------|-------------|-----------|-------------|
| | N | % | N | % | N | % |
| Family Member | 38 | 25.5 | 24 | 16.1 | 62 | 41.6 |
| Non-Family Member | <u>56</u> | <u>37.6</u> | <u>31</u> | <u>20.8</u> | <u>87</u> | <u>58.4</u> |
| Total | 94 | 63.1 | 55 | 36.9 | 149 | 100 |

$\chi^2 = .147, 1 \text{ df}, p = \text{not significant}$

(61.3%) also reported long term negative effects. Similarly, of the 87 victims who reported that the abuser was a non-family member 56 (64.3%) also reported long-term negative effects from the abuse. Results indicated that victims of incest are no more likely than victims of non-family abuse to report long term negative effects [$\chi^2(1, N = 149) = .147, n.s.$].

Hypothesis 2. Victims of child sexual abuse who believe that they are responsible for the abuse are more likely to report long term negative effects of the abuse than are those who do not report feelings of responsibility.

Table 3 shows that the percentage of individuals reporting feelings of responsibility for the abuse was relatively small. Only 17.4% ($N = 26$) of the victims reported feelings of responsibility for the abuse. Of those reporting feelings of responsibility, 19 (73%) also reported long term negative effects. Most of the participants in the study denied feelings of responsibility for the abuse. Results indicate that victims who report feelings of responsibility for the abuse are no more likely than victims who do not report such feelings to identify long term negative effects

TABLE 3
THE RELATIONSHIP BETWEEN REPORTED FEELINGS OF RESPONSIBILITY
AND LONG-TERM NEGATIVE EFFECTS

| REPORTED FEELINGS OF RESPONSIBILITY | LONG-TERM NEGATIVE EFFECTS | | NO LONG-TERM NEGATIVE EFFECTS | | TOTAL | |
|--|-------------------------------|-------------|----------------------------------|-------------|------------|-------------|
| | N | % | N | % | N | % |
| Responsibility Reported | 19 | 12.7 | 7 | 4.7 | 26 | 17.4 |
| No Responsibility Reported | <u>75</u> | <u>50.4</u> | <u>48</u> | <u>32.2</u> | <u>123</u> | <u>82.6</u> |
| Total | 94 | 63.1 | 55 | 36.9 | 149 | 100 |

$\chi^2 = 1.35, 1 \text{ df}, p = \text{not significant}$

from the abuse [$\chi^2(1, N = 149) = 1.35, n.s.$].

Hypothesis 3. Victims of child sexual abuse who report feeling guilty about the abuse are more likely to report long term negative effects of the abuse than are those who do not report feeling guilty.

Table 4 indicates that there are no significant differences in the percentage of victims reporting guilt and long term negative effects compared with those who report guilt and no long term negative effects [$\chi^2(1, N = 149) = 1.60, n.s.$]. Of the 94 victims who reported long-term negative effects, 34.9% ($N = 37$) also reported feelings of guilt. Likewise, of the 55 victims who reported no long-term negative effects, 29.1% ($N = 16$) reported feelings of guilt about the sexual abuse.

Hypothesis 4. Victims of child sexual abuse with repeated occurrences are more likely to report long term negative effects than are victims of one time incidents.

As seen in table 5, almost one half of the participants in the study who reported having experienced child sexual abuse reported that the abuse had occurred one time only. However, the percentages

TABLE 4
THE RELATIONSHIP BETWEEN REPORTED FEELINGS OF GUILT
AND LONG-TERM NEGATIVE EFFECTS

| REPORTED FEELINGS OF GUILT | LONG-TERM NEGATIVE EFFECTS | | NO LONG-TERM NEGATIVE EFFECTS | | TOTAL | |
|-------------------------------|-------------------------------|-------------|----------------------------------|-------------|-----------|-------------|
| | N | % | N | % | N | % |
| Guilt Reported | 37 | 24.9 | 16 | 10.7 | 53 | 35.6 |
| No Guilt Reported | <u>57</u> | <u>38.2</u> | <u>39</u> | <u>26.2</u> | <u>96</u> | <u>64.4</u> |
| Total | 94 | 63.1 | 55 | 36.9 | 149 | 100 |

$\chi^2 = 1.60, 1 \text{ df}, p = \text{not significant}$

TABLE 5
THE RELATIONSHIP BETWEEN THE DURATION OF ABUSE
AND LONG-TERM NEGATIVE EFFECTS

| DURATION OF THE ABUSE | LONG-TERM NEGATIVE EFFECTS | | NO LONG-TERM NEGATIVE EFFECTS | | TOTAL | |
|-----------------------|----------------------------|------------|-------------------------------|------------|----------|------------|
| | N | % | N | % | N | % |
| One Time Only | 37 | 26.8 | 27 | 19.6 | 64 | 46.4 |
| Few Weeks Time | 11 | 8.0 | 12 | 8.7 | 23 | 16.7 |
| Few Months Time | 7 | 5.1 | 4 | 2.9 | 11 | 8.0 |
| 6 to 12 Months | 7 | 5.1 | 2 | 1.4 | 9 | 6.5 |
| 1 to 2 Years | 9 | 6.5 | 2 | 1.4 | 11 | 8.0 |
| 1 to 3 Years | 4 | 2.9 | 2 | 1.4 | 6 | 4.3 |
| 1 to 4 Years | 4 | 2.9 | 2 | 1.4 | 6 | 4.3 |
| Longer than 4 Years | <u>6</u> | <u>4.3</u> | <u>2</u> | <u>1.4</u> | <u>8</u> | <u>5.8</u> |
| Total | 85 | 61.6 | 53 | 38.4 | 138 | 100 |

$\chi^2 = 5.89, 7 \text{ df}, p = \text{not significant}$

for one time abuse as well as multiple incidents did not vary greatly between the group of victims who reported having long-term negative effects and the group who did not identify long-term negative effects. Of the total 149 participants, 11 failed to report the duration of the sexual abuse. The results of this analysis indicate that those who report multiple incidents of abuse are no more likely to report long term negative effects than are those who report only one incident of abuse.

Hypothesis 5. Victims that experience sexual abuse at an earlier age are more likely to report long term negative effects than victims who experienced abuse at a later age.

Table 6 indicates that for both groups, those reporting long-term negative effects from their abuse and those not reporting such effects, the age of the victim at the time of the abuse most frequently reported was 7 to 8 years old. There were no significant differences between those with long term negative effects and those without related to age of the victim. Abuse at this age accounted for 26.4% (N = 23) of the victims reporting long-term negative

TABLE 6
THE RELATIONSHIP BETWEEN AGE OF VICTIM AT TIME OF ABUSE
AND LONG-TERM NEGATIVE EFFECTS

| AGE OF VICTIM | LONG-TERM NEGATIVE EFFECTS | | NO LONG-TERM NEGATIVE EFFECTS | | TOTAL | |
|--------------------|----------------------------|-----------|-------------------------------|-----------|----------|------------|
| | N | % | N | % | N | % |
| 3 to 4 Years Old | 4 | 2.9 | 4 | 2.9 | 8 | 5.8 |
| 5 to 6 Years Old | 15 | 10.7 | 8 | 5.7 | 23 | 16.4 |
| 7 to 8 Years Old | 23 | 16.4 | 11 | 7.9 | 34 | 24.3 |
| 9 to 10 Years Old | 16 | 11.4 | 9 | 6.4 | 25 | 17.8 |
| 11 to 12 Years Old | 10 | 7.1 | 10 | 7.1 | 20 | 14.3 |
| 13 to 14 Years Old | 9 | 6.4 | 4 | 2.9 | 13 | 9.3 |
| 15 to 16 Years Old | 9 | 6.4 | 6 | 4.3 | 15 | 10.7 |
| 17 to 18 Years Old | <u>1</u> | <u>.7</u> | <u>1</u> | <u>.7</u> | <u>2</u> | <u>1.4</u> |
| Total | 87 | 62.1 | 53 | 37.9 | 140 | 100 |

$\chi^2 = 9.83, 7 \text{ df}, p = \text{not significant}$

effects and 20.8% (N = 11) of the victims not reporting long term effects. Nine participants failed to respond to the question about age at the time of the abuse.

Hypothesis 6. Victims of child sexual abuse who kept the abuse secret are more likely to report long term negative effects than are victims who have told someone of the abuse.

Analysis of the data in table 7 indicates a significant difference between the victims who reported long-term negative effects and those who did not in relation to whether or not the abuse was kept secret [$\chi^2(1, N = 139) = 5.60, p < .05$]. Of the 83 individuals who reported that their abuse remained a secret, 58 (69.9%) also reported long term negative effects. Of the 56 individuals who reported that their abuse had been disclosed, only 28 (50%) reported long term negative effects. Ten of the participants failed to indicate if their abuse had been disclosed. This finding may indicate that there is a positive relationship between keeping the abuse a secret and long term negative effects from the abuse.

TABLE 7
THE RELATIONSHIP BETWEEN WHETHER OR NOT THE ABUSE WAS KEPT SECRET
AND LONG-TERM NEGATIVE EFFECTS

| SECRECY OF THE THE ABUSE | LONG-TERM NEGATIVE EFFECTS | | NO LONG-TERM NEGATIVE EFFECTS | | TOTAL | |
|-----------------------------|-------------------------------|-------------|----------------------------------|-------------|-----------|-------------|
| | N | % | N | % | N | % |
| Abuse was secret | 58 | 41.7 | 25 | 18.0 | 83 | 59.7 |
| Abuse was disclosed | <u>28</u> | <u>20.1</u> | <u>28</u> | <u>20.1</u> | <u>56</u> | <u>40.3</u> |
| Total | 86 | 61.9 | 53 | 38.1 | 139 | 100 |

$$x^2 = 5.60, 1 \text{ df}, p < .05$$

CHAPTER V

CONCLUSIONS AND DISCUSSION

Summary

Previous research shows that the long term effects of child sexual abuse vary from individual to individual depending on a large number of variables. The variables used in the present study include (a) the relationship of the abuser to the victim, (b) the victim's feelings of responsibility for the sexual abuse, (c) the victim's feelings of guilt about the sexual abuse, (d) the duration of the abuse, (e) the age of the victim at the time of the abuse, and (f) whether or not the abuse was kept secret. Some of the other factors identified in previous research which were not included in this study which may contribute to the long term negative effect of child sexual abuse are (a) the sex of the victim, (b) the sex of the perpetrator, (c) whether or not force was used, (d) the severity of the sexual abuse (what sexual activity), (e) number of perpetrators, and (f) after-care of the victim, to name a few. In addition to the specific details of each case of child sexual abuse, previous research has suggested that the long term effects of

the abuse may be influenced by the characteristics of the victim's family, including its strengths and weaknesses. And finally, each victim of child sexual abuse will report a unique experience and unique long term effects based on the individual constructs of each victim's reality.

Individual realities change with each new life encounter. Therefore, perceptions and reactions to sexual abuse are constantly in a state of change as victims and survivors build the constructs of their realities. In view of the theory of constructivism, it is clear that there is no one list of specific variables that will be able to predict the long term effects of child sexual abuse for each victim. However, researchers and mental health professionals can become aware of factors which might be more likely to have a relationship with the long term effects of victims of child sexual abuse. This information would be helpful in developing programs to prevent child sexual abuse as well as treating survivors of sexual abuse.

The literature review for this research project revealed that much of the previous research in the

field of child sexual abuse utilized clinical samples which might have skewed the resulting data. This project is based on self reported responses by volunteer participants recruited through limited group contact. The groups included college students in Northern Virginia who were enrolled in Sociology and Psychology classes, professionals attending a seminar on child sexual abuse, and parents attending a PTA meeting with emphasis on the prevention of child sexual abuse. Though this sample is drawn from a non-clinical, volunteer population, results can not be generalized since the volunteer population used was limited to a group population convenient to the researcher.

Discussion of the Findings

Six hypotheses were examined in this research project. The results reached a level of significance in only one of the hypotheses analyzed. Further discussion of each proposed hypothesis might explain the findings.

Hypothesis 1. Victims of incest are more likely to report long term negative effects of the abuse than are victims of extrafamilial sexual abuse.

Percentages of incidents of sexual abuse by family members and incidents of sexual abuse by non-family members were almost the same for both the group that reported long term negative effects of the abuse and those who did not report long term negative effects in this study. Perhaps the absence of notable differences may be explained by the fact that the emotional relationship of the victim and abuser was not examined. As Ellenson (1986) described in his definition of incest, it might be the role of the abuser in relation to the victim rather than the family relationship, that has a greater impact on the long term effects of child sexual abuse.

In addition to the role of the abuser, the amount of bonding between the victim and the abuser may be a factor in whether or not a victim experiences long term negative effects (Sauzier, 1989). The identification of perpetrators in this study revealed only the biological and legal relationship between the victim and perpetrator. Factors which may have been of greater importance in determining the long term effects of child sexual abuse in relationship to the identity of the perpetrator include the length of time the

victim knew the perpetrator before the abuse, the emotional relationship between the victim and the perpetrator, and the emotional relationship of other family members to the perpetrator.

Hypothesis 2. Victims of child sexual abuse who believe that they are responsible for the abuse are more likely to report more long term negative effects of the abuse than are those who do not report feelings of responsibility.

Although this study did not find a significant difference between the long term effects of those who felt responsible for the abuse and those who did not feel responsible, it should be noted that of the 26 participants who reported feelings of responsibility about the abuse, 19 (73%) also reported long term negative effects. These results tend to support the notion that victims who feel responsible for the abuse might be more likely to have long term negative effects than those who do not feel responsible (Gilinas, 1983; Singer, 1989; Tsai, Felman-Summers, and Edgar, 1979). Only 26 participants of the 149 total reported feelings of responsibility. Perhaps a larger study with a greater number of participants identifying feelings of

responsibility would have produced significant findings.

Hypothesis 3. Victims of child sexual abuse who report feeling guilty about the abuse are more likely to report more long term negative effects of the abuse than are those who do not report feeling guilty.

This study did not find that reported feelings of guilt about the abuse influenced long term effects. Perhaps any feelings of guilt which play a part in the long term effects of child sexual abuse would be the feelings of guilt about keeping a secret. Children who disclose child sexual abuse might also feel guilt about any family problems which seem to the child to arise from the disclosure. Therefore, guilt might play a part in the long term effects of child sexual abuse; however, the abusive incident(s) may not be the source of guilt which has a relationship to long term effects.

Hypothesis 4. Victims of child sexual abuse with repeated occurrences are more likely to report long term negative effects than are victims of one time incidents.

Results from the present study indicate that 43.3% of the participants reported single episodes of abuse.

This is a smaller percentage than was found in Fromuth's (1986) research where 60% of her participants reported single episodes of abuse. This study failed to discover a relationship between duration and long term negative effects.

Hypothesis 5. Victims that experience sexual abuse at an earlier age are more likely to report long term negative effects than victims who experienced abuse at a later age.

There is no evidence in this study to support the theory that child sexual abuse is more traumatic for the young child. As indicated in the literature review, there are differing views about the relationship of age and long term effects of child sexual abuse, as well as differing ideas on how to evaluate the age of victims. The questionnaire used in this study simply asked for the age at time of the abuse. Therefore, participants who reported abuse of long duration might have reported the age at the onset of abuse or they might have reported their age at the last incident of abuse. This is an indication that the evaluation instrument does not clearly define all of the variables which are being evaluated. There is a

need for research with more standardized means of measuring the variables of child sexual abuse and their relationship with long term negative effects.

Hypothesis 6. Victims of child sexual abuse who kept the abuse secret are more likely to report long term negative effects than are victims who have told someone of the abuse.

The findings of the current study supported this hypothesis. Table 8, which shows the breakdown of male and female responses concerning secrecy of child sexual abuse indicates support for Singer's (1989) belief that being a male victim carries additional sex role factors which makes disclosure of sexual abuse even more difficult for males than for females. A higher percentage of males (79.2%) than females (65.7%) in the present study reported that the abuse had been kept secret. Also, 50% of the total male participants reported both that the abuse was kept secret and that they had long term negative effects from the abuse, as compared with the 40% of the female participants who reported both that the abuse had been kept a secret and that they had long term negative effects.

The experience cycle of constructivism as designed

TABLE 8
THE RELATIONSHIP BETWEEN WHETHER OR NOT THE ABUSE WAS KEPT SECRET
AND LONG-TERM NEGATIVE EFFECTS:
COMPARISON OF FEMALE AND MALE BY NUMBER AND PERCENTAGE

| SECURITY OF THE THE ABUSE | LONG-TERM NEGATIVE EFFECTS | | NO LONG-TERM NEGATIVE EFFECTS | | TOTAL | |
|------------------------------|-------------------------------|------------|----------------------------------|------------|----------|------------|
| | N | % | N | % | N | % |
| Abuse was secret | | | | | | |
| Female | 46 | 33.1 | 18 | 12.9 | 64 | 46.0 |
| Male | 12 | 8.6 | 7 | 5.0 | 19 | 13.6 |
| Abuse was disclosed | | | | | | |
| Female | 26 | 18.7 | 25 | 18.0 | 51 | 36.7 |
| Male | <u>2</u> | <u>1.4</u> | <u>3</u> | <u>2.2</u> | <u>5</u> | <u>3.6</u> |
| Total | 86 | 61.8 | 53 | 38.1 | 139 | 100 |

Eight female victims failed to report if abuse was kept secret.
Two male victims failed to report if abuse was kept secret.

by R. A. Neimeyer (cited in Feixas, 1990) provides a theoretical basis for understanding the results of this study. The steps of the cycle are (a) anticipation of the event, (b) investment in the outcome, (c) encounter with the event, (d) confirmation or disconfirmation of anticipation and (e) constructive revision of construct system. First, the cycle can be used to illustrate the process of experiencing child sexual abuse in the instance where the father is the perpetrator. In the anticipation stage, the child pictures a close and loving (non-sexual) relationship with the father. The investment in the outcome is that this is a desirable relationship for the child. When the closeness becomes sexual, the anticipated outcome is disconfirmed. It is at this point that the child-victim must reconstruct his or her reality concerning the original, anticipated event. The cycle begins again with the new reality of the sexual relationship with the father. The child will base his or her decision to disclose the abuse or keep it a secret according to the current constructs of the child's reality concerning the support the child believes he or she will receive. The child might (a) anticipate being

believed and supported and (b) might risk the chance of being disappointed in order to gain that support and validation of his or her reality. If with the constructs the child has available, he or she determines that the chance is worth the risk, the child will (c) disclose the abuse. At this time, the anticipated outcome (d) will be confirmed or disconfirmed depending on the reaction of the individual to whom the abuse was disclosed. The child will then (e) adjust his or her perception of reality according to the reaction to the disclosure. Therefore, the victim who chooses not to disclose the abuse is unable to complete the cycle of experience which provides confirmation for one's reality.

Furthermore, this theory emphasizes the uniqueness of each individual's experiences and reactions as defined by the constructs held at the time of the action. Actions and reactions are based on perceptions as they are formed by individuals. Therefore the perceptions of long term negative effects are constantly being revised as individual realities are construed and reconstrued. This is one possible explanation for the great variety of results from

research on child sexual abuse.

Conclusions

Victims of child sexual abuse who do not disclose the abuse, tend to have more long term negative effects than victims of disclosed sexual abuse. There are many other factors which may influence the long term effects of child sexual abuse; however, just what they are and what influence they have on long term effects needs further study.

Limitations

The above conclusion as well as the lack of further conclusive data may be influenced by the limitations of this study. The first limitation is the sampling procedure. The groups from which the participants volunteered were not randomly selected. Participants from the group of mental health professionals and parents attending sexual abuse prevention workshops are, by affiliation with this group alone, a unique population with previous interest and perhaps experience concerning child sexual abuse.

The second limitation concerns the method of administering the survey. The level of participation varied greatly among the college students depending on

whether or not class time was provided to complete the survey forms. Students who took the time outside of class to complete the survey and returned it to class may have had a greater interest in the project because of personal experience with child sexual abuse.

The third limitation is the instrument itself. Questions used in this study were designed to provide dichotomous information which limits the analysis which can be preformed. No degree of variation was allowed. Insufficient data was gathered concerning such variables as the type of sexual abuse experienced which, according to the literature review, is an important factor in the effects of child sexual abuse. Respondents may have experienced some confusion regarding the question concerning age at the time of abuse. They may have been unclear whether to indicate the age at onset of abuse or age at last abuse.

Therefore, this study has limitations resulting from the sampling procedure, administration of the instrument, and the design of the instrument. Caution must be exercised in generalizing from the resulting data in view of the limitations of this study.

In order to understand the complexity of child

sexual abuse multivariate research is necessary. The limitations of this data did not allow multivariate analyses to be conducted.

Implications for Further Research

It is clear from the literature review that identification of specific factors which have a relationship to long term effects would be helpful to professionals working with victims of abuse. Indications are that there are some common threads in the experiences of victims suffering long term negative effects from child sexual abuse. This study, as well as others (Curtois, 1979) demonstrate a willingness of volunteers to share information about their experiences with child sexual abuse.

Resulting data gathered from those willing to share their experiences, might provide the insight necessary to design programs to aid in the prevention of child sexual abuse. The information might also guide the recovery of victims suffering long term negative effects. Continued research in the area of child sexual abuse and its aftermath is vital in view of the growing awareness of the size and scope of the problem.

Implications for Treatment

Results from this study indicate a need for children to feel safe to disclose incidents of child sexual abuse. This feeling of safety and appropriateness about disclosing child sexual abuse can be addressed and encouraged in the home as well as at school. Mental health professionals can serve as active resources to the community in initiating programs designed to encourage children to feel safe to disclose incidents of child sexual abuse. The role of the therapist involved in clinical work with a child includes creating an environment that is comfortable and safe, one in which a child can disclose any incident of child sexual abuse. The symptoms of children involved in therapy are sometimes the result of the experience of undisclosed child sexual abuse. Since research (Curtois, 1979; Gilinas, 1983; Singer, 1989; Tsai, Felman-Summers, and Edgar, 1979) indicates that children feel shame and guilt about child sexual abuse, addressing these issues in therapy creates an environment which is comfortable for a child to disclose secrets of child sexual abuse.

Therapists who are treating adult survivors of

child sexual abuse might explore the client's experience of disclosing child sexual abuse and the resulting relationships with the family and the perpetrator. The therapist can provide support and confirmation in the process of reconstructing the victim's reality. In addition, as Sauzier (1989) states, "The impact of disclosing child sexual abuse on entire families should not be underestimated, even in cases of extrafamilial abuse" (p. 468). Family treatment can provide the environment and support for the tedious work of rebuilding damaged family relationships.

The need for thorough and continuing evaluation of clients in therapy is indicated by research confirming that the burden of undisclosed child sexual abuse can manifest itself in a variety of symptoms. The possibility that problems presented as treatment issues might be symptoms of undisclosed child sexual abuse is ever present.

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APPENDICES

APPENDIX A:
INTRODUCTORY LETTER TO PARTICIPANTS

MISSING

Children of
Greater
Washington



90

Officers

Chairman
Hazel E. Green, C.I.U., D.C., ARM
President
The CIMIA Companies

President
Donald A. Hempsen, Jr.
Commander, U.S. Navy

Vice President
Dennis S. Baker

Secretary
Janice S. Collins

Treasurer
Linda D. McIntire
Mathews, Carter & Ponce

Members

Barbara Becker, D.D.S.

James C. Branson,
Executive Vice President
D.C. National Bank

John E. Ponce, Jr.
Resonator, Davis & Fox

Joseph Clair, Jr.
Education Specialist
U.S. Department of Education

David A. Dawson,
President
David Dawson Computer

Dr. Robert F. Dyer
George Washington University
Department of Business Administration

Vickie Kay
U.S. Department of Justice

John Lyon
WMAZ - AMB 7

Stephen J. Myers,
President
Stephen J. Myers International

Honorable C. Philip Nichols, Jr.
Chief Judge

Cynthia Green
Prince George's County, Maryland

Joseph J. Palumbo, M.D.
Family Counseling Centers of Northern Virginia

James A. Parker,
President
Joe Parker & Associates, Inc.

Patricia Ryan
Director of Creative Services
WMAZ - AMB 7

Paul Van Scellie,
Public Service Director
WTTG - Channel 5

James H. Smith,
Partner
Ernst & Whinney

Ivan Telfan
U.D.C., Early Education

Christine Williams
Ivan Hotels

Barbara Wynn
Wynn Enterprises, Inc.

Executive Director

James M. Sandler

Dear Participant:

The attached questionnaires are designed to determine the respondent's attitudes toward the sexual abuse of children, as well as the incidence of child sexual abuse. These questionnaires are provided by Missing Children of Greater Washington, Inc. and based upon previously completed research done by Dr. David Finkelhor of the Family Violence Center of the University of New Hampshire.

Please complete the questionnaires to the best of your ability. Your answers will be confidential and your name is not requested. We are collecting this information from a variety of groups in order to compare results. Groups include college social work, sociology, psychology, and education students; high school juniors and seniors; school faculties (prior to and following an inservice); and parent groups (PTO, PTA, workshops prior to and following a presentation).

Your cooperation in this study is greatly appreciated, and the results will be made available to any interested group.

Sincerely,

Mary Beth Williams, ACSW, LCSW
Project Coordinator
School Social Worker
Falls Church City Public Schools
Falls Church, Virginia 22046

APPENDIX B:
QUESTIONNAIRE

Number _____

INITIAL QUESTIONNAIRE

Your Sex _____ Age _____ Race _____

1. If a child age 12 or under participates in a sexual act with an adult five or more years older, in your mind is that child ever intellectually and morally capable of consenting to the act?

Never _____ Occasionally _____ Sometimes _____ Frequently _____ Usually _____

If so, at what age if the child is a

Male _____ years Female _____ years

2. If a child between the ages of 13 and 16 participates in a sexual act with an adult 10 or more years older, is that child ever intellectually and morally capable of consenting to the act?

Never _____ Occasionally _____ Sometimes _____ Frequently _____ Usually _____

If so, at what age, if the child is a

Male _____ years Female _____ years

3. Who is most likely to sexually abuse a child?

_____ A Man _____ A Woman

4. Now rank the most likely 1st, 2nd, and 3rd choices of the following perpetrators:

| | |
|---------------------------|-----------------------------------|
| _____ a stranger | _____ a male stepparent |
| _____ a neighbor | _____ a male teenager |
| _____ a female teenager | _____ a male parent |
| _____ a family friend | _____ a coach, scout leader, etc. |
| _____ a male babysitter | _____ a female babysitter |
| _____ a female stepparent | _____ a female parent |
| _____ a teacher | _____ a friend of the child |
| _____ a day care provider | _____ other |

5. A child you know has been abused by his/her father or stepfather. What would you like to see happen to that adult? List your 1st, 2nd, and 3rd choices.

- ___ 1. arrest him
- ___ 2. send him to jail
- ___ 3. castrate him
- ___ 4. give him drugs to take away his sex drive
- ___ 5. confine him to a mental institution
- ___ 6. publically recognize what he did in the newspapers, in magazines, and on the television and radio to embarrass him.
- ___ 7. force him to participate in therapy
- ___ 8. get therapy for him and his family
- ___ 9. warn him not to do it again and keep him under surveillance
- ___ 10. allow him to have no contact with the child
- ___ 11. put the child in foster care
- ___ 12. fine him and put him on probation
- ___ 13. make him leave his home
- ___ 14. let the family handle it without intervention from outsiders
- ___ 15. nothing

6. A child you know has been abused by a stranger. What would you like to see happen to him/her? List your 1st, 2nd, and 3rd choices.

- ___ 1. arrest him
- ___ 2. send him to jail
- ___ 3. castrate him
- ___ 4. give him drugs to take away his sex drive
- ___ 5. confine him to mental institution
- ___ 6. publically recognize what he did in the newspapers, in magazines, and on the television and radio to embarrass him
- ___ 7. force him to participate in therapy
- ___ 8. get therapy for him and his family
- ___ 9. warn him not to do it again and keep him under surveillance
- ___ 10. allow him to have no contact with the child
- ___ 11. put the child in foster care
- ___ 12. fine him and put him on probation
- ___ 13. make him leave his home
- ___ 14. let the family handle it without intervention
- ___ 15. nothing

7. A child you know has been sexually abused by a family friend, neighbor, or community leader (priest, minister, medical practitioner, psychiatrist). What would you like to see happen to that adult? List your 1st, 2nd, and 3rd choices.

- 1. arrest him
- 2. send him to jail
- 3. castrate him
- 4. give him drugs to take away his sex drive
- 5. confine him to a mental institution
- 6. publicly recognize what he did in the newspapers, in magazines, and on the television and radio to embarrass him.
- 7. force him to participate in therapy
- 8. get therapy for him and his family
- 9. warn him not to do it again and keep him under surveillance
- 10. allow him to have no contact with the child
- 11. put the child in foster care
- 12. fine him and put him on probation
- 13. make him leave his home
- 14. let the family handle it without intervention from outsiders
- 15. nothing

8. Out of 100 children, how many do you feel will be sexually abused (not including obscene phone calls or exhibitionism)?

girls boys

Including obscene phone calls or exhibitionism?

girls boys

9. Circle how you have learned about sexual abuse issues in the past year.

newspaper article magazine article tv documentary
 tv drama work shop public school program
 radio show lecture conversations with persons books I have not

10. If a child has been or is sexually abused, what should that child do? Mark in order all the answers you feel are desirable in terms of 1st, 2nd or 3rd choices, etc.

- 1. tell his/her parent after the abuse has occurred
- 2. physically resist the abuse, no matter who the offender is
- 3. scream NO to the perpetrator as the abuse begins and get away
- 4. tell no one
- 5. offer no resistance during the abuse and then get away
- 6. participate willingly
- 7. tell a trusted adult
- 8. forget about what happened

11. Why would an adult sexually abuse a child? Check more than one answer if you believe it is applicable, ranking your 1st, 2nd, 3rd choices, etc.

- 1. the adult is mentally ill
- 2. the adult feels more comfortable in a sexual relationship with a child than with another adult
- 3. the adult abuses a child when he/she is high or drunk
- 4. the adult's sex drive is too strong for him/her to control
- 5. the adult is having problems in his/her marriage
- 6. the adult believes the child wants the sexual contact
- 7. the adult wants to teach the child about sex
- 8. the adult was victimized sexually as a child and is re-acting out the offense
- 9. the adult is very old, senile and not responsible for his/her actions
- 10. the adult is homosexual
- 11. the adult has no friends of his/her own age group and turns to the child for friendship and affection
- 12. the adult seeks to have power over weaker persons
- 13. the adult got the idea from movies, television, or pornographic literature

12. Where should children be taught sexual abuse prevention skills?

at home at school church

such education is not necessary: sexual abuse of children is not a problem

13. As a parent, would you talk to your children about sexual abuse prevention?
 _____ yes _____ no

A child should be _____ years of age before this topic is discussed.

14. Which of the following topics would you discuss with your child?
- _____ 1. that he/she should not go anywhere with strangers
 - _____ 2. what he/she can do to prevent his/her abduction or kidnapping
 - _____ 3. what the word "stranger" means
 - _____ 4. that he/she should not talk to strangers
 - _____ 5. that there are private zones of the body
 - _____ 6. that there are sexual names for private zones and specify the names
 - _____ 7. that no one has the right to touch the child's private zones
 - _____ 8. that the child needs to learn to recognize what constitutes sexual abuse
 - _____ 9. that sexual abuse may involve touching the private zones through clothing (either the child's clothing or getting the child to touch the private zones through the offender's clothing)
 - _____ 10. that sexual abuse may involve removing someone's clothing (either the child's or the offender's)
 - _____ 11. that it is more likely that someone the child knows and loves will sexually abuse him/her
 - _____ 12. that adults may use bribes, lures, tricks and threats to gain a child's cooperation
 - _____ 13. that the child should tell a parent or trusted adult if anyone touches the child's private zones
 - _____ 14. that the child has the right to refuse touch or affection from an adult by assertively saying and demonstrating "NO."
 - _____ 15. that the child should tell if anyone wants to take pictures of him/her without his/her clothing on
 - _____ 16. other, specify:

INCIDENCE QUESTIONNAIRE

Sexual Abuse, for purposes of this questionnaire, means the forcing, manipulating, or tricking of another into sexual contact. This contact includes obscene phone calls, exposure to another's genital organs or suggestions that a child expose him/herself; sexual games; enabling the child to become a subject of pornographic art and childhood prostitution. It also includes acts that range, on a continuum from fondling through clothing to attempts at sexual intercourse to intercourse itself. (The Last Taboo: A Time for Caring).

1. Sexual victimization means having a sexual experience between a child 12 years old or under and a person at least 5 years older or a child between the ages of 13 - 16 and a person at least 10 years older. For this question only, do not include non-contact sexual experiences such as receiving an obscene phone call or seeing the genital organs of an exhibitionist as part of sexual abuse experiences. All other types of sexual contacts (including fondling of the child, fondling by the child or the offender, watching sex acts, acquaintance rape, attempted intercourse and intercourse (genital, anal) are to be included. In view of this definition of what constitutes sexual abuse,

Were you ever the victim of sexual abuse?

_____ yes _____ no

How old were you at the time? _____ years

If you feel comfortable with disclosure, describe the abuse you incurred.

2. How long did the abuse occur?

- _____ 1. one time only
- _____ 2. more than once over a few weeks' time span
- _____ 3. more than once over a period of a few months
- _____ 4. more than once over a period of 6 - 12 months
- _____ 5. more than once over a period of 1 - 2 years
- _____ 6. more than once over a period of 1 - 3 years
- _____ 7. more than once over a period of 1 - 4 years
- _____ 8. longer than 4 years

3. By whom were you abused?

[Circle the appropriate answer(s)]

| | | | |
|--------------------|-------------------|------------------|---------------------|
| male parent | female parent | male step parent | friend |
| female step parent | neighbor | other relative | stranger |
| day care provider | family friend | teacher | coach, scout leader |
| male babysitter | female babysitter | male teenager | |
| female teenager | | | |

4. Did you tell anyone about the abuse?

_____ yes _____ no whom? _____

5. What occurred in your life after the abuse ended?

- _____ 1. no one ever learned of the abuse
- _____ 2. no one believed me when I told
- _____ 3. I told and was believed
- _____ 4. someone realized I was/had been abused and told
- _____ 5. the abuse was reported to social welfare (DSS)
- _____ 6. the abuse was reported to the police
- _____ 7. my family and I had family counseling
- _____ 8. I had no further contact with the abuser after the abuse ended
- _____ 9. I had no further contact with the abuser after the abuse was reported
- _____ 10. my family was angry at the perpetrator
- _____ 11. my family was angry at me for letting it happen
- _____ 12. my family was embarrassed that it happened
- _____ 13. I felt guilty
- _____ 14. I have confronted the perpetrator as an adult
- _____ 15. I felt responsible that the abuse occurred
- _____ 16. I became the object of much community and extended family gossip.
- _____ 17. there was media coverage of the abuse
- _____ 18. the perpetrator was punished and jailed
- _____ 19. the perpetrator was put on probation
- _____ 20. the perpetrator was given mental health counseling
- _____ 21. nothing happened to the perpetrator
- _____ 22. I have had problems with sexual expression ever since
- _____ 23. I have had problems establishing close relationships
- _____ 24. I have had no long-term negative effects from the abuse

6. Have you ever received an obscene phone call?

_____ yes _____ no

7. Has anyone ever exhibited himself or herself to you?

_____ yes _____ no

7a. Were you ever forced to have sexual intercourse by a date?

_____ yes _____ no at what age? _____ years

8. Have you ever known a relative, other than a child of your own, to be sexually abused?

_____ yes _____ no

What was their age at the time of the abuse? _____ years

How old were they when they told you about the abuse or when you found out about the abuse?

_____ years

Their sex: _____ male _____ female

9. What was the abuse? (check all appropriate)

- _____ 1. obscene phone calls
- _____ 2. exhibited to by an older person
- _____ 3. fondling of the victim (touching the victim's sexual organs) by the offender
- _____ 4. having to touch the offender's sexual organs
- _____ 5. oral sex
- _____ 6. attempted intercourse
- _____ 7. watching sex acts
- _____ 8. receiving a sexual request
- _____ 9. being touched on sexual body parts through clothing
- _____ 10. anal intercourse
- _____ 11. genital intercourse
- _____ 12. acquaintance/date rape
- _____ 13. modeling for pornographic pictures
- _____ 14. sexual games
- _____ 15. don't know for sure

10. Do you know of a non-relative who was sexually abused?

_____ yes _____ no

10. Do you know of a non-relative who was sexually abused? (continued)

Their sex male female

Their age at the time of the abuse _____ years

Their age when you learned about the abuse _____ years

11. What was the abuse:

- 1. obscene phone calls
- 2. exhibited to by an older person
- 3. fondling of the victim (touching the victim's sexual organs) by the offender
- 4. having to touch the offender's sexual organs
- 5. oral sex
- 6. attempted intercourse
- 7. watching a sex act
- 8. receiving a sexual request
- 9. being touched on sexual body parts through clothing
- 10. anal intercourse
- 11. genital intercourse
- 12. acquaintance/date rape
- 13. modeling for pornographic pictures
- 14. sexual games
- 15. don't know for sure

12. Were any of these revelations of abuse during the past year?

yes no

Which category?

relative non-relative

13. Once you learned of the abuse, what did you do? You may mark more than one answer.

- 1. believed them or the story about them
- 2. disbelieved and did nothing
- 3. called the police
- 4. called social services
- 5. called a hotline
- 6. contacted a mental health professional

continued

13. Once you learned of the abuse, what did you do? You may mark more than one answer. (continued)
7. talked to the victim about what happened to him/her
 8. contacted a clergyman
 9. the situation had already been handled so there was nothing for me to do
 10. talked with the victim's family
 11. discussed the situation with friends and/or acquaintances
 12. confronted the perpetrator
 13. talked to someone (principal, social worker, counselor) from the child's school
 14. chose not to get involved
 15. other:
14. If you are a parent, to the best of your knowledge, has anyone ever attempted to abuse any one of your children sexually?
- yes no

Child's age at the time of the abuse was: _____ years

Sex of the child: _____ (M,F) Child's age now: _____ years

Nature of the abuse:

1. received an obscene phone call
 2. was exhibited to by an older person (saw that person's genitals)
 3. was fondled (sexual organs were touched directly) by the perpetrator
 4. touched the perpetrator's sexual organs (fondled them)
 5. performed oral sex on the perpetrator
 6. was the victim of oral sex
 7. was the victim of attempted intercourse
 8. watched a sexual act
 9. received a sexual request
 10. participated in a sexual game
 11. was the victim of anal intercourse
 12. was the victim of genital intercourse
 13. modeled for pornographic pictures
 14. don't know or not sure
 15. other

-11-

Number _____

15. From the following list of potential offenders (perpetrators) circle the one(s) who abused your child.

| | | | |
|--------------------|--------------------|---------------------------|---------------------|
| male parent | female parent | male step parent | |
| female step parent | neighbor | other relative (specify): | |
| stranger | family friend | teacher | friend of the child |
| coach, | scout leader, etc. | male babysitter | |
| female babysitter | male teenager | female teenager | |

16. How did you learn of the occurrence of the abuse?

1. I observed it
 2. I inferred it was happening from the child's behaviors or indirect comments and pursued my belief
 3. an official from my child's school told me
 4. my child told me
 5. my child told someone else and a social worker from Protective Services came to talk to me
 6. the police told me
 7. another household member told me
 8. a friend of my child told me
 9. a family or personal friend of mine told me
 10. other:

17. If you discovered that the offender was either the child's natural parent or step parent, did you force him or her to leave the family home?

yes no

18. Using the following list of situations:

1. I believed that the abuse was occurring
 2. I disbelieved the report and did nothing
 3. I called the police

continued

18. Using the following list of situations: (continued)
- _____ 4. I called Protective Services
 - _____ 5. I called a hotline
 - _____ 6. I contacted a mental health professional to talk
 - _____ 7. I arranged for my child to have therapy
 - _____ 8. I arranged for the perpetrator to have therapy
 - _____ 9. I arranged for my family to have therapy
 - _____ 10. I talked to my child about what happened to him/her
 - _____ 11. I contacted a clergyman
 - _____ 12. it had already been handled by others and there was nothing for me to do directly
 - _____ 13. I talked with my extended family about it
 - _____ 14. I discussed the situation with friends and/or acquaintances
 - _____ 15. I confronted the perpetrator
 - _____ 16. I talked to a counselor, principal, psychologist or school social worker or teacher at my child's school
 - _____ 17. I made sure that the child would feel safe and have no further contact with the perpetrator
 - _____ 18. I supported my child through a legal investigation and/or trial
 - _____ 19. I reassured my child that he/she was not to blame
 - _____ 20. I did not want to get involved
 - _____ 21. Other: specify:

Please list by number under the appropriate category how you responded to the abuse of your child if the offender were:

- 1. a parent or step parent
 - a _____
 - b _____
 - c _____
 - d _____
- 2. a relative other than parent or step parent
 - a _____
 - b _____
 - c _____
 - d _____

3. a family friend

a _____

b _____

c _____

d _____

4. a stranger

a _____

b _____

c _____

d _____

Thank you for your participation in this questionnaire. Answers will be kept confidential.

your sex _____ your age _____ your race _____

You will be identified only by the above three categories which you just completed.

Mary Beth Williams, MSW, LCSW

VITA

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EDUCATION: Masters of Science (MS) Candidate in
Family and Child Development, Virginia
Polytechnic and State University

Bachelors of Science (BS) Degree in Home
Economics Education 1970, University of
New Mexico, Albuquerque, New Mexico.

MENTAL HEALTH EXPERIENCE

Mental Health Therapist II, Substance
Abuse East Division, Community Services
Board, Woodbridge, Virginia, 9/91-
present.

Responsibilities: Provide substance
abuse evaluations, case management,
family therapy, and group therapy to a
wide variety of substance abuse clients
and their families, including IV drug
abusers, in Prince William County,
Virginia.

Mental Health Therapist Extern,
Substance Abuse East Division, Community
Services Board, Dumfries, Virginia,
10/90 - 8/91.

Responsibilities: Provide substance
abuse evaluations, case management,
family therapy, and group therapy to a
wide variety of substance abuse clients
and their families, including IV drug
abusers, in Prince William County,
Virginia.

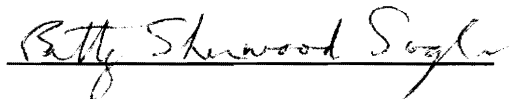
Mental Health Therapist Intern, Youth
and Family Crisis Services, Dumfries,
Virginia, 9/89 - 9/90.

Responsibilities: Provide structural/strategic therapy to individuals, couples and families including crisis intervention.

TEACHING EXPERIENCE

Teacher/coordinator for the School Age Mothers program, Stafford County Public Schools. Falmouth, Virginia; 1977 - 1982.

Home Economics Teacher/department chairperson, Stafford County Public Schools. T. Benton Gayle Middle School; Falmouth, Virginia; 1982 - 1988.



Betty Sherwood Sagle