

The Initial Sequelae of Sexual Abuse in Adolescent Girls:
Family Factors and Psychosocial Maturity

by

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ABSTRACT

The present investigation utilized the psychosocial developmental theory of Erik Erikson (1963, 1968) to conceptualize the nature of sexual abuse sequelae in a female adolescent population. This study examined the relationship between child sexual abuse (CSA), family functioning (Network of Relationships Inventory; Furman & Buhrmester, 1985), and psychosocial maturity (Erikson Psychosocial Stage Inventory; Rosenthal et al., 1981). Participants were 22 sexually abused girls and 22 matched non-abused girls sampled from various counselling agencies and schools in the Victoria, B.C. area. Results indicated that family functioning was a moderator between CSA and psychosocial maturity. Specifically, high conflict with parents placed sexually abused girls at considerable risk for low levels of trust, autonomy, and identity compared to non-abused girls and abused girls from low conflict homes. In addition, results showed that sexually abused girls were more likely to feel older and to have experienced early pubertal onset. Implications for conducting research and therapy with CSA survivors are discussed.


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Introduction

Over the past century, the study of child development has evolved into a sophisticated science. The study of the development of human beings, from childhood through adulthood, has gone from philosophical speculation to scientific exploration that includes experimentation and direct observation (Santrock & Yussen, 1989). Such influential thinkers as Charles Darwin, G. Stanley Hall, Jean Piaget, Erik Erikson, and Sigmund Freud, discussed the importance of developmental processes for an individual's psychological well-being. More recently, developmentalists are becoming increasingly aware of the need to focus on how each person's development is affected by, and affects, the myriad of other individuals and groups of individuals that one encounters (Stassen-Berger & Thompson, 1991). Development is profoundly affected and shaped by forces including, but not limited to, biological or maturational processes. Individuals develop by an interplay between these inner forces and contexts such as the family, culture, history, and the political and economic framework of the time.

More recently, researchers in the field have acknowledged how crucial it is to explore how the life experiences, stresses, and traumas that a person may encounter can impact on his/her development (Bronfenbrenner, 1986; Cole & Putnam, 1992; Stassen-Berger & Thompson, 1991). Bronfenbrenner (1986) discussed the importance of investigating development in the context of the family and that the family exists not in a vacuum but is influenced by other forces. Situations that occur in the family, which arise not only from the individual characteristics of its members but also from the social context, can potentially impact on the development of the child. Cole and

Putnam (1992) described the importance of investigating childhood trauma as a potentially significant influence on development. Investigations within the past 10 to 20 years, however, have only begun to focus on traumatic childhood experiences and developmental outcomes, and many questions remain.

A main focus of the present study was to investigate *if* and *how* the trauma of childhood sexual abuse is related to subsequent development as there has been a paucity of research in the sexual abuse field that has focused on developmental issues (Cole & Putnam, 1992; Kendall-Tackett, Williams, & Finkelhor, 1993). Researchers in the area of sexual abuse have pointed to the fact that much of the research carried out, to date, lacks theoretical or conceptual organization (Finkelhor, 1984). For example, there has been a lack of developmentally sensitive models for conceptualizing the short and long term effects of sexual abuse. A developmental framework is needed if we are to fully understand the ways in which sexual abuse may or may not "impact" on one's life (Cole & Putnam, 1992; Kendall-Tackett et al., 1993). Browne and Finkelhor (1986), discussed the developmentally specific effects of childhood sexual abuse seen among children and adolescents. Construction of a theoretically based developmental framework, that focuses on sexual abuse is, therefore, of the utmost importance for research in this area. It also makes intuitive sense to investigate child sexual abuse from a developmental perspective when, by definition, sexual abuse occurs during childhood - when significant developmental forces are at work.

A central aim of the present study, then, was to incorporate a developmental

model into the investigation of childhood trauma. Specifically, this study employed the psychosocial developmental theory of Erik Erikson (1963, 1968, 1977, 1980, 1982) as a way of conceptualizing and evaluating the effects of child sexual abuse. Erikson's developmental theory (described in detail below), provided an appropriate framework from which to evaluate the differential "impact" that sexual abuse may have on children and adolescents and it suggested ways in which sexual abuse sequelae may be manifested at different points in development.

In addition, this study examined pubertal timing and phenomenological maturity (i.e. subjective age or how old one feels) as they relate to sexual abuse because of the salience of these constructs during adolescence. An evaluation of the relationship among physical maturity, subjective maturity, and sexual abuse may help to provide us with a better sense of how such developmental markers are affected by this childhood experience. It may also provide us with an indication of whether these developmental markers may be risk factors for sexual abuse.

Another central component to the present investigation was to view the potential relationship between childhood sexual abuse and development within the context of the family. As was stated above, many developmentalists view the family context as being of paramount importance to a person's development (Bronfenbrenner, 1979, 1986; Stassen-Berger & Thompson, 1991). A great deal of the literature on resilience has shown the importance of supportive and warm family relationships as being key to coping with stressful life events (e.g., Holahan & Moos, 1985; Luther & Zigler, 1991; Werner, 1990). As these family factors may be of central importance for

victims of sexual abuse, the present study investigated the potential moderating effects that the family may have on the development or adjustment of those who have experienced abuse. Investigating the role of the family was of the utmost importance given that findings have shown that not all victims are affected the same way or to the same extent by sexual abuse (Brooks, 1985; Browne & Finkelhor, 1986; Conte & Schuerman, 1987; Finkelhor, 1990). Trying to determine what factors may influence the variability in symptomology associated with sexual abuse is crucial if one is to gain a full understanding of the sequelae of sexual abuse and what possible factors may minimize any deleterious "effects". The family's moderating power in other traumatic life situations (e.g., chronic illness, divorce) as seen in the resilience literature (see Compas, Wagner, Slavin, & Vannatta, 1986; Hauser, Vieyra, Jacobson, & Wertlieb, 1985; Luthar & Ziegler, 1991), provides a clue as to the role that the family may play when the traumatic situation is sexual abuse.

In order to get a better understanding of the relationship between childhood sexual abuse, key developmental markers, the adolescent's psychosocial maturity, and family relationships, the present study examined how adolescent females, both sexually abused and non-abused, differed on several measures of developmental adjustment, on perceptions of their family, and on the kind of relations that emerged between family environment and development for those adolescents with differing child sexual abuse status (i.e., sexually abused and non-abused). The following research questions guided this study:

1. To what extent does the experience of sexual abuse relate to psychosocial

maturity?

2. Are sexually abused adolescents more likely to have poorer overall psychosocial adjustment than non-abused adolescents and does child sexual abuse affect the mastery of each of Erikson's psychosocial stages of development?

3. Do sexually abused adolescent girls differ from non-abused adolescent girls in terms of pubertal maturation and in terms of phenomenological maturity (i.e. subjectively how old they feel)?

4. How do specific characteristics of sexual abuse (i.e., frequency, level of force, relationship to offender) affect developmental progress?

4. Do those adolescents who have been sexually abused differ in their perceptions of familial relationships from those who have not been sexually abused? Among those who were sexually abused, do perceptions of the family differ if the abuser is a member of the family?

5. Do such factors as family support or family conflict moderate the relationship between the experience of sexual abuse and psychosocial maturity?

6. Is the family environment a better predictor of psychosocial maturity than sexual abuse? That is, is the occurrence of sexual abuse less "important" than any underlying family "dysfunction" with regard to development?

Literature Review

Erikson's Theory of Development

Erikson's theory of development provides a useful framework for investigating the potential association that may exist between childhood sexual abuse and one's psychosocial maturity. Erikson's theory centers around the notion that psychosocial development results from the interaction between maturational processes and societal demands (Erikson, 1963, 1968). Personality develops in steps determined by the social interactions one has and by the degree of adjustment resulting from these interactions. Erikson considered each of these steps or "stages" of development to be a "crucial period of increased vulnerability and heightened potential... the source of both strength and maladjustment" (1968, p.96). Psychosocial development is conceptualized as a person's readiness to move toward, to be aware of, and to interact with an ever expanding social world - a world that begins with the family (Hall, Lamb, & Perlmutter, 1986).

Erikson's theory postulates the importance of three main forces that shape and determine one's psychosocial development or adjustment. These forces are biological, psychological, and social (1963, 1982). Similar to Piaget (1983), Erikson views biological or maturational forces as the foundation for development, but the environment and social demands are powerful forces that will shape and moderate the process of maturation. In this regard, Erikson's theory is often misunderstood or misrepresented (Boyd & Koskela, 1970; Domino & Affonso, 1990; Wright, 1982). Erikson was not saying that biological forces are the only force in development. On

the contrary, the individual's social context has as much power, if not more, in shaping the development of the individual (Wright, 1982). As Erikson stated, "the stages of life remain throughout 'linked' to somatic processes, even as they remain dependent on the psychic processes of personality development and the power of social processes" (1982, p.59). It is the interaction of all these forces that determines psychosocial development and not any one force alone.

Crucial to Erikson's theory, therefore, is the significance of one's social environment - starting with the importance of the primary caregivers and the family. This focus on the family fits very well with the present investigation because a central theme is the potential moderating power that the family may have on the deleterious effects of sexual abuse. What better way to investigate the potential moderating effects that family may have on the relationship between sexual abuse and psychosocial maturity, than to base our investigation on the conceptualizations of a developmental theory that incorporates the moderating power of one's familial context?

Each of Erikson's stages centre around a psychological crisis or conflict that one needs to work through and these conflicts are determined by one's social experiences (Erikson, 1963, 1968, 1982). He described eight stages in all, with different significant conflicts that arise at each stage (1963, 1968,1982). The first stage, from about birth to one year, focuses on the conflict between trust and mistrust. During this stage the child first interacts with his/her environment and begins to get a sense of what can be expected from others. It is at this stage that children either learn their first feelings of trust or mistrust. Trust results when there is a continuity of

support and a provision of basic needs; mistrust results when there is inconsistency and deprivation, of both support and basic needs, from those around the child. It is at this time that children are said to bond or become attached to their parents (see Bowlby, 1969, 1982) and to begin to learn about themselves and others. The level of trust or security a child feels is said to be key to self-concept and future relationships and, therefore, may be an important developmental issue potentially impacted by childhood sexual abuse. Indeed research in the sexual abuse field has often cited difficulties in trust as being associated with a history of child sexual abuse (Brown & Finkelhor, 1986; Finkelhor, 1990; Kendall-Tackett, Williams, & Finkelhor, 1993).

The second "stage" in Erikson's theory centres around autonomy. The conflict is between a sense of autonomy and a feeling of doubt or shame. This stage occurs from around age two to age three. At this time the child is learning to control her own behaviour and begins to develop a sense of self-sufficiency. During this stage of autonomy versus doubt, children learn to either be self-sufficient in many activities, such as toilet training, or they learn to doubt their own abilities. Doubt can arise when the primary caregivers are too controlling and overprotective - not allowing the child to develop confidence in her own abilities. The level of confidence a child feels may impact on her self-concept and what the child believes she can accomplish; it will be important to evaluate this Eriksonian stage of development in the context of sexual abuse given observations of low self-esteem among some adolescents who have been sexually abused (German, Habenicht, & Fatcher, 1990).

The third stage centres around the crisis between developing a sense of

initiative versus guilt. During this stage, from about the age of four to the age of five, children have the opportunity to explore and perhaps to overstep the limits set by their social environment - in particular their parents. This stage builds on the autonomy that has begun to develop and the child, more than just exploring, initiates activities that have more of a purpose. If the child is given encouragement and opportunity then she will develop her first real sense of initiative. However, if the child is not given opportunities and is instead even punished for her initiative, then a sense of guilt can develop - potentially devaluing the child's sense of self. Feelings of guilt can arise and persist if the child is not given opportunities to accomplish tasks on her own - yet she yearns to have her own responsibilities. This child may question and feel guilty for having this desire to accomplish things on her own. While it is difficult to know how this stage of development may be related to the experience of sexual abuse, there is room for speculation. Finkelhor and Browne (1985) suggested a model of how children can be traumatized by sexual abuse. A sense of powerlessness and stigmatization are two mechanisms in this trauma model. A child can experience a sense of powerlessness and loss of control when she is unable to stop the sexual abuse. A child can feel shame and guilt and be stigmatized by feeling different than her peers because of this abuse experience. A sense of guilt and responsibility for a negative experience somewhat parallels what can happen during Erikson's third psychosocial stage and it was, therefore, important to investigate whether there was a relationship between sexual abuse and the mastery of this stage of development.

The fourth stage, industry versus inferiority, occurs around the age of six when

children begin to go to school. The child's social world is expanded and she begins to learn and develop the skills to function and adapt. Good education, support, and appropriate role models facilitate the child's first sense of industry, whereas lack of training and support can lead to a sense of inferiority. This stage also builds on previous experiences and on the sense of trust, confidence, and initiative that the child has developed. The experience of child sexual abuse may alter the resolution of these previous stages and may then affect the level of industry and achievement experienced by the child. Sexual abuse research has demonstrated poorer school performance in those who have been sexually abused (see Kendall-Tackett et al., 1993) suggesting that Erikson's psychosocial theory provides a useful framework for investigating and explaining the potential relationship between child sexual abuse and an adolescent's level of industry.

The fifth stage in Erikson's theory is a pivotal stage. This stage occurs during adolescence and is the conflict between identity and identity confusion. Erikson believes that during this stage the individual re-focuses and re-configures all previous conflicts in an attempt to discover "who they are" (Erikson, 1963, 1968). Adolescents search for continuity and sameness within themselves and in doing so must, in a sense, relive their earlier conflicts. If they are unable to resolve these past conflicts, to this point, then they may develop an "identity crisis" or confusion as to who they are. Previous childhood experiences then, including child sexual abuse, will potentially contribute to an adolescent's view of herself and others around her. She will evaluate her level of trust, autonomy, initiative, and industry to this point in her life and her

sense of identity will be influenced by the resolution of these past stages in the context of her past childhood experiences such as sexual abuse.

The sixth stage begins in late adolescence and continues through early adulthood. Conflict between intimacy and isolation arises and some resolution must be reached. At this time, companionship with other people becomes a focus and one may experience warmth, understanding, loneliness or rejection. The *amount* of negative or positive experiences in this regard, as well as the *quality* of those experiences, will determine whether one fears rejection, and chooses isolation, or whether one expects warmth, and seeks companionship. What a child or adolescent learns about relationships, given the experience of sexual abuse, may then influence how the stage of intimacy is resolved.

The final two stages, generativity versus stagnation and integrity versus despair relate to stages in later adulthood and were not addressed in the current study. A key point to these stages, however, is that they build on what has come before. The resolutions reached during previous stages will impact on these later stages. Thus past experiences will have a significant impact on the person one becomes and continues to become in adulthood (Erikson, 1982). Erikson's life-span theory thus provides a theoretical explanation of the link between childhood experiences (such as sexual abuse) and developmental or psychological symptomology in adolescence and adulthood.

Evident throughout all these stages is the importance of the family context, the broader social context, and particularly the positive support that is needed to maximize

healthy developmental adjustment. Key to Erikson's theory is the focus on the interaction between the individual's characteristics and the support provided by the social environment (Stassen-Berger & Thompson, 1991). The conflicts that arise in each stage centre around psychological and social feelings such as trust and intimacy, and are brought about by the interplay between maturation and societal demands - particularly "demands" brought about by the significant relationships in the family (Clarke-Stewart, Friedman, & Koch, 1985). The conflict aspect of Erikson's theory, however, has been misunderstood. Conflicts, such as trust "versus" mistrust, are not all or nothing situations but represent continua of psychological functioning (Salkind, 1985). The extremes of each conflict are unrealistic and would never be attained (e.g., complete trust or mistrust). A crisis is not seen as a catastrophe or a negative occurrence, but as a turning point or a crucial period in one's development - which is the impetus for further growth (Erikson, 1968). There is a potential vulnerability toward maladjustment if a healthy resolution is not achieved, but there is just as much, if not more, potential for strength (Wright, 1982).

In addition, Erikson's theory does not suggest that any stage occurs in isolation. An individual does not resolve trust in infancy, for example, never to deal with this issue again. Rather, part of each stage or conflict is present at every other stage and one continually re-evaluates these issues (Erikson, 1963,1968,1982). Erikson takes a life-span approach and as such, believes that development is not complete during childhood and adolescence but continues on into adulthood. As stated above, Erikson's view of adolescence is that it is a time when all previous conflicts are re-

focused and reconfigured; as such, his theory allows for the continual reworking of the psychosocial conflicts one encounters (Erikson, 1963, 1968). These conflicts, which involve identity, are a lifetime concern (Potkay & Allen, 1986).

Erikson's life-span perspective and this re-focusing on earlier conflicts, however, does not suggest that each stage and the order of the stages is not important. Through years of observation, Erikson came up with these specific stages, in this specific order (Hall, et.al., 1986; Stassen-Berger & Thompson, 1991). Each conflict that occurs, arises for the first time at that specific stage. For example, the issue of trust is focused on and is first "established" in the first year of life. Issues of trust will surface and be re-evaluated time and time again, particularly during adolescence, but the resolution of the first stage will set the tone for this issue later on (Erikson, 1963,1982). In this way, one's early experiences in life have potential consequences for later life. This life-span perspective is useful in the present investigation as there has been much research that has linked childhood sexual abuse with self and interpersonal difficulties later in adolescence and into adulthood (Browne & Finkelhor, 1986). Basing the present research on a theory that incorporates this link between childhood and later life is important when investigating sexual abuse (Cole & Putnam, 1992).

Research Based on Erikson's Theory

Many investigators have acknowledged the utility of using Erikson's theory as a viable developmental framework and have been successful in measuring individuals' developmental trajectory according to his theory (e.g., Arehart & Smith, 1990;

Brackney & Westman, 1992; Domino & Affonso, 1990; Ipsa, Thornburg, & Gray, 1990; Meacham & Santilli, 1982; Mellor, 1990; Moore & Barling, 1991; Pickar & Tori, 1986; Rosenthal, Gurney, & Moore, 1981). Rosenthal et al. (1981) developed the Erikson Psychosocial Stage Inventory (EPSI), which was used in the present study. The authors concluded that Erikson's theory is a useful framework from which developmental changes can be mapped as a function of life events (e.g., divorce, transition from school). Rosenthal and colleagues administered the EPSI to 622 adolescents from grade 9 to grade 11 and found that results on the scale were what would be expected based on Erikson's theory. For instance, Erikson's theory emphasizes that earlier crises and issues such as trust do not cease to influence an individual but are worked out throughout one's development. In accordance with this, it would be expected that older individuals should, in general, have a higher level of adjustment because they have had more time to work through each of the crises. Older subjects in the Rosenthal study scored higher on each of the subscales overall and demonstrated the pattern that Erikson's theory predicted.

Other studies have also found results that would concur with the predictions that Erikson's theory would make regarding the changes that might be seen in development in relation to certain life events or situations. Erikson's theory suggests that remnants of psychosocial crises will remain and impact later life stages (Erikson, 1963, 1982). Therefore, if a child has significant others who are inconsistent and unsupportive in the first year of life, for example, then the child may develop a sense of mistrust which will impact on all later stages. Ipsa et al. (1990) compared early

childhood care experiences in college students to see if daycare situations would be associated with Erikson's notion of psychosocial developmental maturity, as well as indicators of academic achievement. Their results indicated that infancy was a critical period and that consistent caregiving at this time resulted in better adjustment. Consistent caregiving, however, does not necessarily mean no daycare. On the contrary, those who were in full-time daycare fared as well as those who were not in daycare. The key seemed to be that the child received consistent and supportive care - whether at home or at a daycare facility. Findings indicated that students in *part-time* substitute care were less likely than students in *full-time* home or daycare settings to graduate with above-average grades. This would fit with Erikson's theory, in that what is essential is that children have their needs met and that they receive support in their drive to grow and develop and discover the world - support needs to be consistent but not necessarily always from the parents.

Other researchers have used the theories of Erikson to investigate whether different developmental outcomes may occur in relation to such things as the number of siblings in the family (Mellor, 1990). Mellor administered the EPSI to 434 junior and senior high school students and found that *only-children* have developmental paths similar to first born children and children born into small families - exhibiting more autonomy, initiative, and industry. Participants from these groups were also found to score significantly higher on the EPSI overall compared to those children from larger families. When one considers that Erikson theorized that consistent support and consistent meeting of a child's needs is essential for "healthy" development, then one

could see how fewer children may mean that there is more time for these parents to devote to their children's needs. These children may also learn to be more autonomous because there are fewer people that they can depend on and perhaps they learn to explore and initiate more activities on their own. How this may relate to intimacy, however, is not yet understood as Mellor (1990) did not explore this dimension.

Pickar and Tori (1986) compared learning disabled adolescents to non-disabled peers and found a developmental pattern, as measured by the EPSI, that would be consistent with Erikson's theory. They found that learning disabled children, due to years of failing at school tasks, did not develop as much of a sense of industry and competence as their non-disabled peers. Because accomplishing tasks in school is seen by Erikson to relate to an individual's sense of industry and competence, it makes sense that those individuals who do not obtain this kind of school success would not fare as well at this stage of development. However, it should be noted that these participants did not score lower, overall, on self-concept and we are reminded of the fact that failure to resolve one stage does not necessarily mean that "normal" levels of adjustment at other stages cannot be attained. The authors acknowledged the fact that their participants were not quite through adolescence and may not have yet completed the identity stage. As Erikson postulated that a crisis is typically resolved towards the end of a stage (Erikson, 1963), some problems in self-concept for those who have not fully completed the identity stage may still arise - but this is just speculation. In addition, although learning disabled participants' overall rating of self-concept was no lower than the control group, specific areas of self-concept such as intellectual and

school status were lower. This may be expected given that industry, being related to school achievement, is the developmental stage that is lagging behind in learning disabled subjects.

Brackney and Westman (1992) investigated the relationship between hopelessness and psychosocial development using the EPSI with university students. They found that achieving greater psychosocial maturity was associated with greater hopefulness in young adults. This offers more support for Erikson's theory, in that Erikson believed that healthy resolution of each stage of development would contribute to a cohesive and confident sense of self, which in turn would lead to social trust and confidence in the larger social world (Erikson, 1963, 1982).

Erikson's Theory and Childhood Sexual Abuse

It is clear that many researchers have used Erikson's theory as a way to conceptualize an individual's psychological and psychosocial growth. This research seems to have supported the predictions that one would make based on Erikson's theory and several researchers have found it to be a useful way to map developmental changes that may arise in relation to certain life situations (Ipsa et al., 1990; Mellor, 1990; Pickar & Tori, 1986; Rosenthal et al., 1981). The utility of this model, and of the EPSI which has been devised to test this model, in gauging the potential connections between childhood life circumstances and developmental adjustment, makes it an appropriate model for use with sexually abused adolescents. Erikson's model provides a useful framework for investigating how the occurrence of sexual abuse may be related to subsequent development. It allows the "mapping" of

developmental paths for individuals, which in turn can be compared and contrasted for individuals with different life experiences. It provides a life-span perspective which offers an insightful explanation as to how childhood experiences may influence later development in life. This is of the utmost importance for sexual abuse research, as many studies have found connections between childhood abuse and problems in later life (Browne & Finkelhor, 1986; Finkelhor, 1986, 1990). It allows for the investigation of the specifics of the abuse situation, such as age at onset, and how this might differentially "impact" on an adolescent's developmental path. Finally, the crises that are central to this theory are intuitively "vulnerability spots" for those who have been sexually abused. Issues related to trust, industry, identity, and intimacy, which are central in Erikson's theory, have been demonstrated by other studies to be deleteriously "affected" by sexual abuse (e.g., Browne & Finkelhor, 1986; Kaufman & Wohl, 1992; Kendall-Tackett, Williams, & Finkelhor, 1993). It can be postulated that the potentially traumatic experience of sexual abuse could be viewed as an experience entailing a distorted and unsupportive contact with a component of a person's social world. In combination with the individual's personal characteristics, this specific "social" contact may be associated with a different developmental path - such as a lack of trust and then subsequent difficulties with later issues like identity and intimacy. Erikson's theory allows for the framing of development within this social context and for the potential effect that sexual abuse, as a social experience gone "awry", may have on an adolescent's psychosocial maturity. In addition, it is a theory that allows for individual variability, in that there is an interaction between individual

characteristics and social demands - so many vulnerabilities and resolutions are possible. This then allows us to look at why there is such variability among those individuals who have been sexually abused - which is a key question if one is to fully appreciate the ways in which abuse does, and does not, impact on the lives of its victims.

Other Components of Adolescent Development

While Erikson's theory provides a viable developmental framework for how psychosocial feelings and a sense of self arise, other factors need to be incorporated if a thorough developmental model sensitive to sexual abuse is to be constructed.

Pubertal maturation

One important factor that is central to adolescence is the developmental milestone of puberty. Erikson himself, talked about the profound impact that the physical effects of puberty can have on psychosocial development and achievement of identity (Erikson, 1963, 1968, 1980). The reaction of the individual and her social contacts, in relation to the onset of puberty, are believed to be crucial to adolescence and to the identity stage of development. Recent research has supported this notion, in that many developmentalists acknowledge that puberty is one of, if not the most, important biological event in development (Dubas & Petersen, 1993). *Pubertal Status*, or where the adolescent is in their pubertal development relative to the overall process of pubertal change (e.g., Tanner stages, secondary sexual characteristics, menarche; Dubas & Petersen, 1993) is an important gauge of an adolescent girl's physical maturation. Changes in pubertal status have been associated with changes in several

psychosocial constructs, such as self-concept and family relationships (e.g., Crockett & Petersen, 1987; Papini, Clark, Barnett, & Savage, 1989; Papini, Roggman, & Anderson, 1991; Steinberg, 1987). Pubertal changes may have either direct effects on behaviour, or more likely, they may be mediated through social or contextual factors (Dubas & Petersen, 1993). Role changes can accrue as a consequence of these biological changes. The reaction of the adolescent, and those around her, to these changes, can have an impact on the adolescent's ability to cope with this transition (Lerner, 1985; Petersen, 1988; Vaughan & Litt, 1990).

Steinberg (1987) found that pubertal maturation, along with chronological age, was associated with diminished closeness between adolescent girls and their parents. In addition, adolescent girls reported more intense conflict with their mother as a function of advanced puberty. Autonomy was also found to increase as a function of physical maturation (Steinberg, 1987). In addition, Papini et. al. (1991) examined the emotional distance perceived between adolescents and their parents in 133 female seventh graders. They found that perceived attachment to parents diminished with advanced pubertal maturity.

Pubertal timing, or where the adolescent's pubertal development is relative to her peers is another key aspect of pubertal maturation. Puberty is described as being "on-time" if the onset of pubertal growth occurs at the same time as one's peers (e.g. close to the average time that menarche occurs for girls). Early maturation occurs when pubertal development begins substantially before the average time and late maturation or late pubertal timing describes those individuals whose pubertal

maturation begins substantially later than the average (Dubas & Petersen, 1993; Feldman & Elliott, 1990). Menarche, a reliable gauge of pubertal timing in girls, typically occurs at approximately 12.8 years of age, about two years after breast buds appear and approximately three years after the height and weight growth spurt begins (Dubas & Petersen, 1993; Feldman & Elliott, 1990). The onset of menarche at 10 or 11 years or younger is considered early maturation; menarcheal age 12 to 13 is considered on-time; and menarche occurring at age 14 and older is considered late pubertal maturation.

The psychosocial implications of pubertal maturation have been well documented in previous research and differences in the timing of puberty have important implications for a girl's development (Caspi, Lynam, Moffitt, & Silva, 1993). Early maturing girls are more at risk for later difficulties than their same sex peers. Advancing pubertal status is associated with decreased feelings of attractiveness and early maturers tend to weigh more, be slightly shorter and seem to have poorer body image than on-time or late maturers (Alsaker, 1992; Blyth, Simmons, & Kakin, 1985; Dubas, Graber, & Petersen, 1991; Dubas & Petersen, 1993; Feldman & Elliott, 1990). Early maturing girls are also more likely to have eating problems (Brooks-Gunn & Warren, 1985; Graber, Brooks-Gunn, Paikoff, & Warren, 1994; Koff & Rierdan, 1993). In addition, early maturation in girls is associated with increased prevalence of norm-breaking behaviours (e.g., getting drunk, truancy; Stattin & Magnusson, 1990), increased delinquent behaviour in mixed-sex school settings (Caspi et al., 1993) and with earlier dating and sexual activity (Stattin & Magnusson, 1990). Given that similar

difficulties have been observed in some sexually abused adolescent girls, it was important to investigate pubertal timing in the present study.

Research investigating the potential relationship that may exist between pubertal maturation and sexual abuse is extremely sparse. Some research has been done in this area, with most investigators hypothesizing that girls may become more vulnerable to sexual abuse at the onset of puberty (Finkelhor, 1979). Findings tend to contradict this hypothesis, however, in that sexual abuse tends to occur before puberty and often ends shortly thereafter (Finkelhor, 1979; Herman, 1981; Kendall-Tackett & Simon, 1988; O'Hare & Taylor, 1983). O'Hare and Taylor surmised that girls frequently disclose the abuse in puberty and that this may be a reason for its cessation at this time. There has not been much research in this area, however, and those studies that are available are not conclusive. The question as to how pubertal maturation has been assessed needs to be raised as menarche is often seen as the "marker" for puberty. However, puberty is not a single event and menarche is a relatively late event in the whole process (Dubas & Petersen, 1993). As such, secondary sexual characteristics may be developing, indicating growth towards a more adult-like body, and this may potentially be a risk factor for abuse. This is mere speculation, however, and the present study attempted to shed some light on this issue by exploring whether a sexual abuse history was related to early pubertal timing.

Subjective age

Recent research by Galambos, Kolaric, and Maggs (1994) has found that subjective age, or how old one feels, was a significant predictor of such psychosocial

constructs as autonomy and peer relations. In fact, subjective age was found to be as much, if not more of a predictor of these psychosocial constructs than puberty for adolescent girls. This study suggested that the age that one feels has an important influence on development and as such it was a variable that should be included in our investigation. Subjective age may affect an adolescent's psychosocial adjustment in a number of areas and it was important to include this variable to get a more complete picture of how the experience of sexual abuse may relate to psychosocial adjustment. Although the Galambos et al. study (1994) did not look at family relations per se, a higher level of subjective age was associated with disobeying one's parents. This could be a possible indicator of parent-adolescent conflict and may relate to our developmental model in this regard.

Recently, Galambos and Kolaric (1995) cited the importance of subjective age as a measure of an adolescent's phenomenological maturity. They found that a certain subset of adolescents, described as "adultoid", feel older, want to be older, and participate in activities that they think are adult in status (e.g. drinking). Yet these same adolescents were more psychosocially immature. The seeming contradiction in psychosocial maturity relative to their *felt* maturity may provide a great deal of confusion for these adolescents. It may be invaluable to investigate this construct in a sexually abused population in order to see how their subjective maturity maybe related to their psychosocial maturity given the experience of such a childhood trauma.

As subjective age is a construct that has not been applied much beyond the adult aging field (Montepare, 1991; Montepare & Lachman, 1989), little information,

beyond the Galambos et al. study, is known about its potential "impact" on the lives of youth. No research has been done to this point investigating the relationship between sexual abuse and subjective age. Clinicians working in the area of sexual abuse have noted that victims of sexual abuse often describe feeling like they have lost their childhood or that they feel much older than they are (Bass & Davis, 1988; Friedrich, 1991; Kaufman & Wohl, 1992); empirical research to validate this clinical observation has not been carried out, however, and the present investigation explored the potential association between sexual abuse and subjective age - to see if it was different compared to those adolescents who have not been sexually abused.

Family Environment

Central to Erikson's theory and central to our research questions regarding the variability in symptomology associated with sexual abuse, was the potential moderating power of family relationships. Research investigating the importance of parent-adolescent relationships has been plentiful. Galbo (1984) reviewed over 30 studies, from the late 60s up to the mid 80s, that have explored the influence of significant adults in the lives of adolescents. Overall, parents were the most influential adults in the lives of youth. Qualities such as availability, understanding, honesty, and openness to communication were cited by adolescents as important characteristics of significant adults. Galbo points out, however, that identifying particular patterns of these characteristics is difficult, as the research is insufficient in this area. Blyth, Hill, and Thiel (1982), also report the importance of parents and that adolescents most often identify parents as their significant others. In addition, Furman and Buhrmester (1992)

found that parents were rated as supportive in adolescence, second only to friends. In contrast, they found that perceived conflict occurs most often with family members, in particular, with parents and siblings.

Blyth et. al. (1982) and Galbo (1984) also acknowledged the importance of relationships with adults, other than parents, but research in this area was far more limited. Lempers and Clark-Lempers (1992) point out that other significant adults, such as relatives or family friends may also play an important role in the lives of the adolescent and that both nurturance and conflict are also a part of these relationships.

The importance of the family, and some of the aspects seemingly inherent in the parent-child relationship, have been illuminated by the research of Csikszentmihalyi and Larson (1984). They gave 75 adolescents beepers and asked them to record their thoughts and feelings in a number of situations - including time spent with the family. They were then able to develop a detailed portrait of the everyday world of "average" adolescents. The adolescents consistently confirmed the importance of family and parents in their lives and in their feelings about themselves. These feelings about themselves and about their parents, however, were not always positive. Csikszentmihalyi and Larson found that negative thoughts outnumbered positive thoughts about ten to one, when adolescents were with their families. Time spent with parents was also not rated as highly as time spent with peers. Nevertheless, time spent with parents was seen as much more favourable than time spent at school, or time spent alone. Adolescents in this study also described positive experiences with their parents. They felt they were less self-conscious when they were with their

family and they often felt like they were more "themselves". In addition, the researchers described how the time the adolescents spent with their parents, in a neutral or positive fashion, "allowed for the restoration of psychic energy" (p.136) by demanding less investment of attention (compared to school, for example). The authors point out, however, that if the time spent with parents was most often conflictual, then the relationship did not seem to offer many positive elements for the adolescent. This situation was the exception in their study, nonetheless, and some amount of conflict in combination with support was "normal" and conducive to the adolescent's psychosocial growth.

A study conducted by Sharon Rich in 1986 (cited in Gilligan, Lyons, & Hanmer, 1990) investigated female adolescents' perceptions of their relationships with their mothers and found that how adolescent girls viewed themselves was related to their perceptions of their relationships with their mothers. The data consisted of self-reports from 22 girls over a three year period, who attended the Emma Willard Boarding School. Findings were consistent with other research, in that these girls reported a fair amount of disagreement with their mothers around such topics as chores, homework, and boys. The results, however, were somewhat contradictory to some research on parent-adolescent relationships (e.g., Papini et al., 1991), in that these adolescents presented an overall pattern of enduring connectedness, as opposed to a decrease in perceived closeness or attachment. It should be noted, however, that these findings were based on the experience of girls who went to boarding school and therefore lived away from home during the school year. Disagreements and conflicts

that did arise, although often a source of agony, seemed to help the girls define who they were, by realizing the similarities and differences in the views and values that they possessed.

Regardless of the exact relational patterns that may exist between adolescents and their parents, it is apparent that some amount of strain and conflict as well as closeness and support is likely to exist. Several studies have attempted to connect differing patterns of family relationships and how this may relate to development and level of functioning in adolescents (Grotevant & Cooper, 1985; Lempers & Clark-Lempers, 1992; Forehand et al., 1991). Grotevant and Cooper (1985) investigated how the development of identity exploration in adolescents, as outlined by Erikson, may be fostered by the adolescent's relationship with her family. They believed that both individuality and connectedness were important for the well-being of the adolescent. They interviewed 85 middle-class, two-parent families which included a high school senior with one or two siblings. They found that communication qualities between adolescents and parents, such as disagreements (separateness dimension), agreements, requests, acknowledgements (permeability dimension), compromise statements, and answers for requests of information (mutuality dimension), were all related to an adolescent's identity exploration (i.e., the exploring of different roles in an attempt to define oneself as distinct from others). Findings differed depending on who initiated the communication (i.e., requests or suggestions coming from the parent or the adolescent). For girls, there was a positive correlation between the separateness dimension and identity exploration and a negative correlation between permeability

and mother-adolescent communication. Girls were higher in identity exploration when they expressed suggestions and requests indirectly to their fathers and mothers, but were also higher in identity exploration when their mothers expressed themselves directly to them.

It is apparent that there is a complicated interaction between parent and adolescent communication that seems to facilitate the development of an adolescent's identity. This was important for the present investigation, as we were investigating the potential power that parental relationships may have in moderating the "effects" of sexual abuse on development.

Forehand et. al. (1991) have also investigated parent-adolescent relationships, but in relation to adolescent functioning. They found that an adolescent's perception of her relationship with her parents was important to the adolescent's school performance and observed externalizing difficulties. A perceived positive relationship with the adolescent's parents was associated with less deterioration in functioning when confronted with family stressors. This finding was important in that it suggested that a positive perception of relationships with family may moderate the stress associated with certain life experiences - in this case divorce, interparental conflict, and parental depression. This suggests the possibility that perceptions of familial relationships may be able to moderate against other kinds of life stresses - such as sexual abuse. In addition, Forehand et al. (1991) demonstrated a connection between family stressors and adolescent functioning, which was also important for our investigation. Finally, this study found that school performance and externalizing

problems were related to their adolescent subject's perceptions of their family relationships - regardless of whether any family stressors were present. It therefore seems evident once again, that parental relationships are important in the lives of the adolescent for normal functioning even when things are going smoothly.

This review of the research on the family environment suggests that an adolescent's relationship with her parents, and with significant others, impacts on the life and development of the adolescent. These relationships also appear to have a moderating potential in relation to stressful events. All of these factors were important to the present investigation.

Resilience

Perhaps some of the most extensive research on the effects of stress and trauma has been the vast body of literature examining resilience. It too can provide some important insight into the variability of symptomology that exists in response to life stresses. Masten, Best, and Garmezy (1990) described resilience as "the process of the capacity for, or outcome of successful adaptation despite challenging or threatening circumstances. Psychological resilience is concerned with behavioral adaptation, usually defined in terms of internal states of well-being or effective functioning in the environment or both" (p.426). The research on resilience, or what is sometimes called "stress-resistance", has been extensive and has examined both individual characteristics and buffering "agents" in an attempt to explain why people can react differently in similar situations (Anthony, 1987; Luthar & Zigler, 1991; Rutter, 1985; Rutter, 1987; Werner, 1990, 1992). Garmezy (1985) concluded that three broad sets of variables can

operate as protective or resilience factors: 1) dispositional attributes of the individual, 2) family cohesion and warmth, and 3) availability and use of one's external support system. Individual characteristics such as locus of control and coping ability have also been associated with resilience in the face of stress (Anthony, 1987; Compas, Malcarne, & Fondacaro, 1988; Holahan & Moos, 1985).

Murphy and Moriarty (1976; cited in Anthony & Cohler, 1987) found that "good copers" were children who had parents who were models of good coping themselves and they were available with encouragement and comforting reassurance. This provides evidence for the fact that dispositional attributes may be related to family cohesion and support variables. A large number of studies have demonstrated that social and familial support is an important factor in one's ability to be resistant to stress (see Cohen & Wills, 1985, for a review of the literature). Therefore, the potential moderating power of family relationships in dealing with stress and trauma, cannot be overstated.

Reviewers have acknowledged, however, that most research in the area of resilience has focused on the "life events method", where children are asked briefly about a number of different events (Luthar & Zigler, 1991). While this can provide a global sense of how children deal with stress, it does not allow an examination of resilience relative to a specific life event. The purpose of the present investigation was to examine the specific life event of sexual abuse and to determine whether variability in the developmental sequelae of sexual abuse may be connected to differences in perceived supportive or conflictual relationships with parents.

In addition, sexual abuse and perceived family relationships were investigated from an Eriksonian developmental perspective. This allowed us to explore whether there is a potential developmental path or pattern that is more conducive to resilience, or as Redl coined (1969, cited in Anthony & Cohler, 1987) - "ego-resilience". According to Erikson's theory (1963, 1968, 1980) it can be assumed that greater psychosocial maturity would be indicative of resilience - as the adolescent will have reached "healthy" resolutions, or resolutions that may give him/her ego-strength in such areas as trust, identity and intimacy.

Sexual Abuse

The "Short" and "Long-Term" Sequelae of Sexual Abuse

The effects of childhood sexual abuse on children, adolescents, and adults victimized as children, has been of interest to mental health professionals for many years. Researchers have only begun to explore this area within the past ten to fifteen years. Surveys of prevalence and incidence rates have found that anywhere from 10% to 38% of women have suffered some form of sexual abuse by the age of eighteen (Cupoli & Sewell, 1988; Einbender & Friedrich, 1989; Russell, 1984). The majority of abuse seems to occur during childhood and early adolescence and a perpetrator that is familiar to the victim is common (Cupoli & Sewell, 1988). Much of the research in the area of sexual abuse to date, has focused on the long term effects of sexual abuse and on the characteristics of the abuse situation itself (Browne & Finkelhor, 1986; Conte & Schuerman, 1987a; Cole & Putman, 1992; Einbender & Friedrich, 1989; Finkelhor, 1990; Mullen, Martin, Anderson, Romans, & Herbison, 1993). This

research, in general, has found that there can be far reaching effects of childhood sexual abuse in adulthood. Such negative symptomology as depression, self-destructive behaviour, anxiety, poor self-esteem, mistrust, feelings of isolation, and a tendency toward revictimization have been observed in adult women (Browne & Finkelhor, 1986; Finkelhor, 1990; Kendall-Tackett et al., 1993). Problems of interpersonal difficulties (Briere & Zaidi, 1989), sexual problems (Jehu, Gazan & Klassen, 1984), and suicidality have also been found (Briere & Runtz, 1986).

The long-term or far-reaching sequelae of sexual abuse have been studied quite extensively up to now, and until recently, research on the effects of childhood sexual abuse has consisted mostly of retrospective studies of adults (Kendall-Tackett et al., 1993). Although research with this perspective has provided valuable information into the potential problems that may exist in adulthood as a result of childhood sexual abuse, it does not allow the charting of the potential course or expression of sexual abuse sequelae for different developmental stages. It also does not allow one to assess the initial¹ or short-term effects of sexual abuse.

Browne and Finkelhor (1986) identified such initial effects as anxiety, fear and mistrust, anger and hostility, and inappropriate sexual behaviour in sexually abused

¹ The terms "initial" and "short-term" for sexual abuse effects have often been used interchangeably. Browne and Finkelhor (1986) prefer the term initial effects, which means those reactions occurring within two years of the termination of abuse, because "short-term" implies reactions that do not persist. For the present investigation initial sequelae will refer to any associated symptoms found up to the age of eighteen - which for our sample may be as much as four years after the termination of abuse. This cut off was selected: 1) because Finkelhor's cut-off is quite limiting and 2) because Erikson's theory postulates that the identity formation stage of development will not be completed prior to this point. As such, the initial sequelae of sexual abuse will encompass developmental issues up to the "end" of the identity stage.

children. More recent investigations have examined behavioral problems (Conte & Schuerman, 1987a; Einbender & Friedrich, 1989; Friedrich, Beilke, & Urquiza, 1987), school achievement (Einbender & Friedrich, 1989), and sexuality (Friedrich, 1993; Mannarino & Cohen, 1986; Tharinger, 1990). Research specifically focused on adolescence has found that many problem behaviours observed for this age group, such as acting out behaviours, running away, and substance abuse, may be evidence of ongoing or previous abuse (Kendall-Tackett et al., 1993; Runtz & Briere, 1986; Williamson, Borduin, & Howe, 1991). Anderson, Bach, and Griffith (1981, cited in Browne & Finkelhor, 1986) studied the clinical charts of 155 female adolescent victims of sexual abuse. They observed that 63% showed signs of psychosocial complications. These girls exhibited "internalized psychosocial sequelae" such as sleep and eating disturbances, fears and phobias, depression, guilt, shame, and anger. They also "exhibited externalized sequelae" such as school difficulties and running away. Other problems in adolescents that are associated with sexual abuse include promiscuity, increased risk for re-victimization (Beitchman, Zucker, Hood, DaCosta, & Akman, 1991; Sorenson, Siegel, Golding, & Stein, 1991), dissociation (Atlas & Hiott, 1994) and low self-concept (German, Habenicht, & Futcher, 1990; Orr & Downes, 1985). The most common behaviours typically seen in abused adolescents tends to be depression, withdrawal, suicidal tendencies (Shaunesey, Cohen, Plummer, & Berman, 1993), self-injurious behaviours, somatic complaints, running away, substance abuse (Kendall-Tackett et al., 1993), and problems with trust and intimacy (Browne & Finkelhor, 1986).

There seems to be no question that childhood sexual abuse is associated with a variety of symptoms, both close to the time that the abuse happens, and later on in life. Sexual abuse, therefore, is a potential stressor and source of trauma for those who experience it. It is also apparent, however, that for all age groups there is a high degree of variability in symptomology and resulting difficulties among those who have suffered from sexual abuse (Brooks, 1985; Browne & Finkelhor, 1986; Finkelhor, 1990; Kendall-Tackett et al., 1993). Some studies have even found that a substantial proportion of those who have experienced sexual abuse appear to be free of symptoms altogether. Conte and Schuerman (1987) found that 21% of the children and adolescents that they interviewed were asymptomatic. Mannarino and Cohen (1986) reported that 31% of their sample was symptom free and Gomes-Schwartz and colleagues found that their entire adolescent sample showed relatively few signs of serious disturbance (Gomes-Schwartz, Horowitz, & Sauzier, 1985). These results seem to be consistent with the research on resilience and suggests that some of the same moderating mechanisms surrounding other stressful events, may also be relevant for sexual abuse.

In addition, it should be noted that some studies have found that when comparing sexually abused children and adolescents with a clinical non-abused sample, sexually abused subjects may actually be less symptomatic than their non-abused counterparts (Kendall-Tackett et al., 1993). Researchers have speculated as to why this may occur. One distinct possibility is that the clinical non-abused control groups probably contain sexually abused subjects - as most of the time this is not properly

controlled (Briere, 1992). There is also the possibility that the control groups contain victims of other forms of abuse, such as physical abuse. The experience of physical abuse, for example, may be just as symptomatic, if not more so, for some individuals (Briere & Runtz, 1990; Williamson, Borduin, & Howe, 1991). Another possible interpretation is that sexually abused individuals do indeed exhibit less negative symptomology overall than other clinical samples. It may be that clinical comparison groups generally contain those individuals who exhibit more symptomatic behaviour in the first place, whereas a sexually abused sample may consist of many individuals who are referred to treatment because abuse has been reported - yet no adverse sequelae may have been exhibited (Kendall-Tackett et al., 1993). Whatever the reason(s) may be, these findings do not suggest that sexual abuse is not stressful or that it is without associated problems. Instead, it may be that not all people will be affected to the same extent by sexual abuse and that researchers must use adequate controls when conducting research, so as to get the most accurate picture of the sequelae of sexual abuse. It is for this reason that the present investigation utilized strict controls and guidelines for our comparison group.

Potential Moderating or Intervening Variables

The wide range of symptoms and the correlates of being relatively symptom free are only beginning to be extensively researched in the area of sexual abuse. Most of the research that has been carried out, has looked at the possible moderating power of certain abuse characteristics. For example, age at onset of the abuse, identity of the perpetrator and severity of abuse, have all been looked at as possible intervening

variables (Kendall-Tackett et al., 1993). Findings in relation to age of onset are contradictory, with some studies suggesting that early age of onset is associated with symptoms of pathology (Adams-Tucker, 1982; Zivney, Nash, & Hulsey cited in Kendall-Tackett et al., 1993), while other researchers feel that age at onset is not an intervening variable or that older age is associated with more symptomology (Browne & Finkelhor, 1986; Conte & Schuerman, 1987b).

The general consensus from research on other sexual abuse situation variables, is that abuse by someone close to the victim, abuse where force is involved, abuse of greater severity (such as penetration), and abuse by an adult, are all associated with a more negative "impact" (Browne & Finkelhor, 1986; Conte & Schuerman, 1987b; Kendall-Tackett et al., 1993). In addition, adverse responses from others to the victim's disclosure of sexual abuse have been linked to subsequent levels of psychopathology (Everill & Waller, 1995).

Other intervening variables that have been investigated in relation to childhood sexual abuse include coping strategies and attributions (Johnson & Kenkel, 1991; Morrow, 1991; Runtz, 1992). Research has investigated how social support can moderate the impact of child sexual abuse (e.g., Testa, Miller, Downs, & Panek, 1992) and some limited studies have also been carried out investigating the variable of family support in relation to recovery (Kiser, Pugh, McColgan, Pruitt, & Edwards, 1991). Support, particularly maternal support, seems to be an important variable both in aiding treatment and in association with fewer negative reactions (Browne & Finkelhor, 1986; Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989; Kendall-

Tackett et al., 1993). However, most of the studies investigating family support do not look at other aspects of these familial relationships, such as conflict, instrumental aid, companionship, guidance, and nurturance. The present investigation incorporated these additional variables of the subjects' relationships.

Family Environment as a Potential Moderator of Sexual Abuse Effects

The importance of the family context surrounding sexual abuse cannot be underestimated, and recently Alexander and Schaeffer (1994) found that underlying family dynamics such as level of control and conflict were associated with differing levels of abuse severity in incestuous families. The most severe forms of sexual abuse occurred in very controlling and conflictual families. A handful of other recent investigations have been carried out that further shed some light on the potential moderating power of the family environment. In an informative study by Long and Jackson (1991), the potential for re-victimization, observed among some victims of sexual abuse, was investigated in connection with family functioning. These investigators found that those subjects whose families were depicted as more dysfunctional, characterized by lower cohesion and expressiveness and greater conflict, were more likely to be at risk for multiple victimization. This study was limited, however, in that it did not examine individual relationships and only looked at a global rating of the family. In addition, it was retrospective in nature and was not able to address the power that the family environment may have closer to the time of the abuse. Nevertheless, this study provided important information as to how the family environment may moderate some of the negative effects observed in relation to sexual

abuse.

Williamson, Borduin, and Howe (1991) investigated whether family relations and social support would be related to abuse sequelae. They interviewed 50 mother daughter dyads and found that sexually abused adolescents reported lower family cohesion than non-abused adolescents. One important limitation of this study was that it only looked at the relationship the adolescent had with her mother. The present investigation examined the adolescent's relationship with both mother and father. This is important as the resilience literature supports the notion that relationships with both parents are important to a child's building of "stress-resistance".

Wyatt and Mickey (1987) explored the support by parents and others in ameliorating the effects of sexual abuse. They found that 55% of sexually abused women who received positive family support had no negative lasting effect on their attitudes toward men. While this study demonstrated the importance of parents and others in providing some level of support, this study was also retrospective in nature and how support may ameliorate the *initial effects* of sexual abuse cannot be ascertained.

Conte and Schuerman (1987b), investigated the association between the family environment and sexual abuse. This study again found that familial support was important for functioning. However, this study was limited in that the researchers did not check or try and control for the inclusion of any abused children in their non-clinical control group. The present investigation attempted to rectify these limitations.

Other studies that have investigated the family context of sexual abuse victims,

tend to focus on family characteristics or family make-up, instead of the potential moderating relationship that may exist between sexual abuse and the family (Alexander & Lupfer, 1987; Gordon, 1989; Hoagwood & Stewart, 1989; Ray, Jackson, & Townsley, 1991). These studies have tried to establish if there is a certain family composition "typical" for victims of sexual abuse. Alexander and Lupfer (1987) found that families of sexual abuse victims, regardless of the identity of the perpetrator, tend to be less cohesive and adaptable than those of non-abused women. However, their finding that the families of sexual abuse victims are no more enmeshed than non-abused women's families, contrasts with the findings of Hoagwood and Stewart (1989). The Hoagwood study found enmeshed families among victims of intrafamilial abuse. However, Hoagwood and Stewart concluded that enmeshment may not be "typical" for sexual abuse victims overall and may be more common in incestuous families. Gordon (1989) also found results that support the notion that there seems to be more dysfunction in families of victims of intrafamilial sexual abuse. These families showed higher levels of substance abuse, marital problems, and financial difficulties than families without intrafamilial sexual abuse.

Sexual Abuse and Developmental Theory

None of the studies that have investigated the family environment of sexual abuse victims have looked at psychosocial maturity or have been based on developmental theory. This is not surprising when interest in conceptualizing sexual abuse from a developmental perspective, for the most part, is just beginning (Cole & Putnam, 1992; Kendall-Tackett et al., 1993). Most of the developmental research

consists of observing the differing expressions of symptoms at different ages and is not based in any specific developmental theory. Perhaps two of the most insightful theoretical articles, in this area, are that of Downs (1993) and Alexander (1992). These two articles discuss some of the developmental considerations relevant to the study of childhood sexual abuse. Downs describes the importance of certain "stages" of development and that differing effects may be due to these stages. He mentions that Erikson's identity stage of psychosocial development may be very important in conceptualizing the lack of self-esteem and self-concept that is often found in sexually abused individuals - particularly among adolescents. This article, although providing support for the utility of our investigation, was only a theoretical article and no empirical research has been done to verify these conceptualizations. The present investigation was an attempt to provide verification. Brooks (1985) also mentioned the importance of Erikson's concept of identity in understanding some of the effects of sexual abuse, but she did not directly test this hypothesis.

Alexander (1992) discussed the potential importance of the theory of attachment for the study of sexual abuse. Attachment and Erikson's trust/mistrust stage of psychosocial development share some conceptual common ground. The resolution of trust versus mistrust in Erikson's theory describes the bond or attachment that a child develops with her parents. The level of trust or security the child develops is influenced by these early familial relationships. Alexander's focus on familial relationships and attachment provides further theoretical backing for investigating the family environment in the context of psychosocial development and sexual abuse.

Summary and Hypotheses

In summary, research on child sexual abuse from a developmental perspective is lacking, despite numerous commentary on its importance. Erikson's theory provides a useful framework for assessing the path that sexual abuse effects may take, and in assessing the relationship between sexual abuse and psychosocial adjustment.

Erikson's model of psychosocial crises make intuitive sense, both for the normal population, and for conceptualizing the potential impact of child sexual abuse. In addition, including other key developmental factors such as puberty and subjective age further expand our developmental framework for investigating sexual abuse.

It seems evident that the family environment is a key variable for sexual abuse in a number of different ways. The research in this area, however, is still in its infancy, particularly in relation to the potential moderating power of the family on the developing adolescent. The present investigation attempted to rectify some of the short-comings of the previous research. In this regard, the present investigation employed a matched non-abused comparison group, it used a measure of the family environment that looks specifically at individual relationships, it examined a number of different potential moderating characteristics of these relationships, it investigated how family relationships may influence the initial sequelae of sexual abuse - including different abuse situation characteristics, and it was based on sound developmental theory - which in turn allowed for the assessment of the potential impact that sexual abuse may have on adolescents' development and psychosocial adjustment or maturity.

The following hypotheses were tested:

- 1) Sexually abused adolescents will perceive their familial relationships (as measured by the Network of Relationships Inventory (NRI) and the Issues Checklist(IC)) to be more conflictual and less supportive than the non-abused group. This will be indicated by higher scores on the IC and on the Negative Interactions dimension of the NRI.
- 2) Sexually abused adolescents will exhibit lower levels of psychosocial maturity, as measured by lower scores on the six scales of the EPSI, than the non-abused control group. Specifically, sexually abused adolescent girls will demonstrate lower scores on each Erikson subscale and a different developmental pattern will be observed between the abused and non-abused group over the six Erikson subscales.
- 3) Within the sexual abuse group, psychosocial maturity (as measured by the EPSI) will vary as a function of abuse characteristics. More severe abuse, force, and distress, along with a familiar perpetrator and longer abuse frequency, will be associated with lower levels of psychosocial maturity (i.e., lower scores on the EPSI scales).
- 4) Perceived family functioning will be a moderator between sexual abuse and psychosocial maturity. Lower perceived family functioning, as measured by higher scores on the Negative Interaction dimension of the NRI, lower scores on the Support dimension of the NRI, and higher conflict scores on the IC, will be associated with lower levels of psychosocial maturity, for all groups. Those sexually abused adolescents with the lowest level of perceived family functioning (as measured by the above dimensions) will have the lowest levels of psychosocial maturity for all subjects.
- 5) Sexually abused adolescents will have higher subjective age estimates, as measured

by Montepare's subjective age scale, than the non-abused, comparison sample. (i.e. sexually abused adolescents will feel older than their non-abused, matched controls).

6) A sexual abuse history will be associated with early pubertal maturation.

Method

Participants

Participants were 44 adolescent girls² between the ages of 12 to 19³.

Participants were recruited from four sources: three counselling agencies and the public school system in Victoria, BC. The first group of participants (Group 1, n=22), the sexually abused group, was sampled from the Victoria Child Sexual Abuse Society (CSAS), the Victoria Saanich Mental Health Centre (SMHC), and the Calgary Distress Centre/Drug Centre (DCDC)⁴. The CSAS is a non-profit agency that offers professional counselling to children and teens for sexual abuse and related issues. The SMHC and the DCDC are also both non-profit agencies offering general professional counselling; these two agencies provide mental health services for a wide range of issues including, but not exclusive to, sexual abuse. The criteria for inclusion in Group 1 were a) the adolescent girls were currently or previously in therapy and b) they had experienced at least one incident of sexual abuse at some point in their lives.

² Males were not utilized in this study due to the small number of male clients that are involved in counselling at the CSAS at any one time (CSAS statistics indicate 6%) and due to the small number of males identifying a sexual abuse history at the SMHC and the DCDC. Due to time constraints it would have been impossible to obtain enough male participants to have adequate power for analyses (Anastasi, 1991).

³ The age range of 12 to 19 was chosen because it reflects an adequate age range to allow examination of developmental "level" and the course of development, without being too large of a grouping to mask particular developmental patterns that may be relevant to child sexual abuse (Kendall-Tackett, Williams, & Finkelhor, 1993).

⁴ Participants from Calgary did not significantly differ from Victoria participants on any demographic variables.

The sexual abuse experienced by the clinical subjects had been confirmed by the clinical agencies based on client self-report, police records, and social service reports. The researchers and the clinical agencies defined sexual abuse as contact and interactions between a child and an adult when the child is being used for the sexual stimulation of the perpetrator or another person. Sexual abuse may also be committed by a person under the age of 18 when that person is either significantly older than the victim or when the perpetrator is in a position of power or control over another. (Hartman & Burgess, 1989; Kaplan & Pelcovitz, 1982; see also the definition compiled by B.C. Family and Social Services). Our definition of sexual abuse also included any incident in which sexual touching, sexual intercourse or sexual exploitation happened to a child - including those sexual acts that were coerced or forced, as well as those acts where no obvious coercion occurred (Browne & Finkelhor, 1986; see also the Alberta office on the Prevention of Family Violence).

In addition to the participants obtained from the three clinical agencies, 10 participants in Group 1 were taken from the school (control) sample and added to the sexually abused subjects when it became apparent during data entry that they had identified themselves as having been sexually abused.⁵ All sexually abused participants from the control group had been in past counselling or were currently in

⁵ Although no questions were asked of the control participants regarding sexual abuse, when asked about counselling and stressful life experiences, 10 participants from the control sample identified having been sexually abused or assaulted. These subjects were then placed into the sexually abused group for analyses. T-test and Chi square analyses indicated that no group differences on any demographic characteristics existed between sexually abused participants from the clinical agencies and those sexually abused participants formerly from the control group.

counselling; their abuse had probably also been previously reported to authorities.

The second group of participants (Group 2: the non-abused comparison group) consisted of 22 female adolescents who were completing grades 7 through 12 in the public school system in the three Victoria area school districts (Greater Victoria, Saanich, and Sooke). This comparison group was selected from a larger group of 218 adolescent girls who filled out the control questionnaire at one of seven participating schools. The comparison adolescents were matched to the sexually abused adolescents on an individual basis (as suggested by Anastasi, 1991; Christensen, 1991) by age, who they lived with, parental marital status, parental socioeconomic status, and family size.⁶ Several review articles in the area of sexual abuse have suggested the need to match comparison groups on these particular variables (Beitchman et al., 1991; Briere, 1992; Kendall-Tackett, Williams, & Finkelhor, 1993; Kinard, 1994). Comparison participants were screened to ensure the absence of sexual abuse and current counselling participation (see Procedure section). This group is presumed to represent those adolescent girls who are not receiving therapeutic intervention, at this time, and who have not been sexually abused.

Total sample characteristics

The average participant in the total sample was 16.5 years of age and lived with both parents (see Table 1). Forty-seven percent of the adolescents' parents were

⁶ Comparison participants were matched in order of priority first on age, who they lived with, parents' SES, parents' marital status, and family size; each comparison participant had to match with a sexually abused participant on at least three of the five matching variables in order to be included in the control sample.

Table 1
Demographic Characteristics of the Sample (N=44)

	Cases	%
AGE (mean age = 16.5 years)		
12-15	12	27.3
16-17	19	43.2
18-19	13	29.5
GRADE		
7	2	4.5
9	6	13.6
10	8	18.2
11	10	22.7
12	17	38.6
WHO THEY LIVE WITH		
Both Parents	19	43.2
Blended family	12	27.3
Single Parent Family	10	22.7
Other relatives	2	4.5
On own	1	2.3
PARENTS' MARITAL STATUS		
Married	19	43.2
Separated/Divorced	21	47.7
Other	4	9.1
PARENT'S EDUCATION LEVEL		
Did not finish High School (Mother)	11 (11)	25 (25)
Finished High School (Mother)	33 (33)	75 (75)
College/University Degree (Mother)	10 (11)	23 (25)
FAMILY SIZE		
Small (0-1 sibling)	26	59.1
Medium (2-3 siblings)	6	13.6
Large (4+ siblings)	12	27.3
Mother's SES	$\bar{X} = 41.44$	
Father's SES	$\bar{X} = 45.82$	

separated or divorced and most came from a small family with only one or no siblings. The majority of the adolescents' parents had finished high school, and close to one quarter of the teens' parents had completed a College or University degree. Parents of the adolescents were employed in occupations consistent with a middle class socioeconomic status (e.g., daycare worker, janitor, secretary, police officer, social worker).

Procedure

Participants were invited to sign up for the "Youth and Family Relations Study" (YAFRS) through a letter sent home to the potential participants and their parents (see Appendix A). Letters for the clinical subjects in Group 1 were given to clients who were in therapy by their counsellors at their respective agencies. Letters for the Group 2 school sample (control group) were sent home with the adolescents from their schools. All parents were asked to read the letter and sign an accompanying consent form (see Appendix B).

Group 1 participants were tested individually at each clinical agency. Each participant had obtained permission to participate and brought in a signed consent form from her parent(s). This form was sealed in an envelope to conceal the identity of the participants and their families. At the start of the testing session the adolescents were briefly informed about the nature of the study and their rights as research participants. They were then asked to provide their own written informed consent (see Appendix C) and completed a 30-40 minute questionnaire about the sexual abuse they experienced, their feelings about themselves, their perceptions of their relationships with their

parents, their beliefs about their age, and their sense of their physical development. Both the participants and their parents were aware, in general, of the kinds of questions contained in the questionnaire and were informed of the fact that some questions related to sexual abuse (see Appendix A). Each participant's consent form was placed in a sealed envelope by the participant prior to the adolescent filling out the questionnaire. No identifying information was placed on the sealed envelopes, in order to protect their anonymity. Prior to each testing session participants were given a code number by the respective agency and this code number was then written onto the questionnaire.

Additional information about the participants was obtained from the CSAS intake/summary sheet. Each counsellor placed the appropriate code number on the intake sheet and deleted all identifying information before it was given to the researcher (see Appendix D). The parents of the participants signed a release form, at the agency, consenting for this information to be used for research purposes. This intake sheet was used to provide information on the sexual abuse experiences of one subject who had not filled out the sexual abuse questions on the questionnaire.

Consent forms were stored in their sealed envelopes in a locked file at the University of Victoria; the researchers will not see the names of the adolescents who participated, thereby ensuring confidentiality. Completed questionnaires are stored in a locked room at the University in a separate location from the consent forms. Participants in Group 1 who came from the control sample were tested by the procedures outlined below for Group 2.

Group 2 participants were invited to sign up for the study through a letter sent

home with the adolescents from their schools. Included in this letter was a screening question asking parents to decline permission for their children to participate if they were aware that their child had been abused. There were several reasons for not participating, including a lack of interest and being philosophically opposed, so those students who declined because of a history of sexual abuse were not identifiable or singled out in the classroom⁷ (see Appendix A). Those adolescents who had parental permission⁸ were tested in groups during class time. The participants were verbally informed of the nature of the study and of their rights as research participants. Written informed consent was obtained from each participant and the signed consent forms were sealed in envelopes by the participants before they filled out the questionnaire. This questionnaire was identical to that given to Group 1 except that no questions about sexual abuse or sexual experiences were asked of Group 2.

All participants were given a written debriefing sheet outlining the nature of the study (see Appendix L) and were informed that they could obtain summary information about the study through their school or their counselling agency. This debriefing sheet also contained information about community resources, such as the Kids Help Phone, in the event that filling out the questionnaire raised issues for them

⁷ In actuality anywhere from 3 to 10 students out of each class of approximately 30 students did not participate in our study for various reasons.

⁸ Either passive or active parental consent was obtained for the control group. Initially, active consent was sought from all participants. Due to several schools requesting the use of passive consent for logistical simplicity, however, passive parental consent was obtained for the majority of participants from the school sample. As such students returned a form to their teacher indicating that their parent(s) had not given permission for their child to participate and the student was excused from the questionnaire class. Active consent was obtained from the participants' parents in four classes as per school procedure, however, and close to equal numbers of participants had either active or passive consent in Group 1 and Group 2 (Group 1 had 14 active parental consents, Group 2 had 9 active parental consents).

that they wanted to talk about.

Measures

Variables assessed in this study included: participant demographics, psychosocial adjustment, adolescents' perceptions of their relationships with their family, family conflict, pubertal status, and subjective age. The questionnaire for Group 1 also included a measure devised by the researcher regarding sexual abuse experiences.

The measures were counterbalanced in order to vary the position of important variables such as abuse, psychosocial development and family functioning (see Appendix M). The psychosocial development measure came before the abuse and family measures in the first version for Group 1 and came after the abuse and family measures in the second version for Group 1. In addition, care was taken to avoid presenting the abuse measure at either the beginning or end of the Group 1 questionnaire, due to the sensitive nature of these questions. The two questionnaire versions for Group 2 were identical to the corresponding versions for Group 1 except that the abuse questions were removed altogether.

Demographics sheet

A 20 item demographics sheet (see Appendix E) included items such as age, grade in school, family characteristics, and information about counselling status. The information gathered from the demographics sheet was utilized to describe the three groups and to match the groups on the five matching variables: age, who they live with, SES (measured by the 1981 Socioeconomic Index for Occupations in Canada - Blishen et al., 1987), parent's marital status, and family size.

Developmental measures

Erikson Psychosocial Stage Inventory. The EPSI is a measure of psychosocial maturity that was devised for use with children and adolescents (Rosenthal et al., 1981). The EPSI was designed to measure respondents' resolution of the conflicts associated with the first six developmental stages outlined by Erikson (1963). Respondents indicate how much each of the 72 statements are true for them based on a five-point Likert-type scale (see Appendix F). High scores on the EPSI denote more advanced psychosocial maturity or adjustment. Consistent with Erikson's theory, the six subscales are labelled Trust, Autonomy, Initiative, Industry, Identity, and Intimacy. Reliability data have shown adequate to high alpha coefficients for each subscale (alpha= .57 to .75 ; see Rosenthal et al., 1981). Construct validity has also been established as subscales of the EPSI correlated highly with other similar subscales (e.g., trust, self-reliance, identity) of the Psychosocial Maturity Scale (Greenberger & Sorensen, 1974), which is based on Greenberger and Sorensen's model of the dimensions of psychosocial maturity. The EPSI has proven reliable and valid when used with individuals in early and late adolescence (Arehart & Smith, 1990; Moore & Barling, 1991; Pickar & Tori, 1986; Rosenthal et al., 1981). (See Appendix N for intercorrelations between the six EPSI scales and the total score for the present sample).

Pubertal Development Scale. The PDS was developed by Petersen et al. (1988) as a self-report measure of pubertal development. This scale consists of five questions regarding growth spurts, skin changes, and menarche (see Appendix I). The internal consistency of the PDS is good (alpha coefficients range from .68 to .77), and the

scale has high correlations with physicians' ratings of pubertal status (Brooks-Gunn, Warren, Rosso, & Gargiulo, 1987). The PDS has been shown to be appropriate for ages 10 to 17 and is a good "non-threatening" measure of pubertal maturation (Brooks-Gunn et al., 1987; Galambos et al., 1994; Petersen et al., 1988). Pubertal status and pubertal timing can have an impact on adolescent-parent relations (Steinberg, 1987) and this measure was used to expand our developmental model. It was utilized as a variable in its own right to assess the relationship between pubertal development and sexual abuse. In addition, this measure is very useful as it allows one to assess several events in puberty, including menarche. Researchers acknowledge the importance of this kind of measure in order to get an accurate picture of pubertal development (Dubas & Petersen, 1993).

Subjective Age. The adolescent's subjective age (i.e., how old she feels) was measured by a 7-item scale by Montepare et al. (1989). This scale asked participants to respond to statements such as "compared to most girls my age I feel ___." younger, older, or the age I am (see Appendix J). An overall mean score across the 7 items can be utilized to indicate older subjective age, with mean scores over 4 indicating that the adolescent feels older than her age. Montepare's measure of subjective age has proven appropriate and reliable for use with an adolescent population (Galambos et al., 1994; Montepare & Lachman, 1989; Montepare, Koff, & Stubbs, 1989). Galambos et al. (1994) administered the subjective age scale to adolescents between the ages of 9 through 17 and found that Cronbach's coefficient for this measure was .84 for girls.

Family Environment Measures

Network of Relationships Inventory. The NRI is a measure devised by Furman

and Buhrmester (1985) to assess children's perceptions of their social networks and what they perceive they get from their relationships. This 33-item Likert type scale includes several subscales which form two main dimensions - social support (21 items) and negative interactions (6 items; see Appendix G). There are 9 relationship attribute subscales, consisting of three items each, which make up the two main dimensions. Companionship, instrumental aid, intimacy, nurturance, affection, admiration, reliable alliance comprise the support dimension and conflict and punishment comprise the negative interactions dimension. Participants indicate how much each item is true for each individual relationship specified (e.g., the scale measures perceived relationship qualities with each parent and with any other individual the researcher wants to specify). For the purposes of the present study only the relationships the adolescent girls had with their parents were examined. The NRI has good psychometric properties such as adequate to strong reliability (Cronbach's alpha coefficients between .64 and .93; see Furman & Buhrmester, 1985, Lempers & Clark-Lempers; 1992) and adequate to strong convergent validity as demonstrated by high correlations (e.g., $r=.65$, $r=.44$) between dimensions of the NRI and dimensions of the Family Environment Scale (see Creasey & Jarvis, 1988).

Issues Checklist. The Issues Checklist (IC) measures conflict between parents and adolescents (Prinz et al., 1979). The IC asks adolescents whether they discuss certain topics such as "cleaning up their room" and "smoking". For each topic that is endorsed the adolescent is then asked to rate the intensity or anger involved in the discussion. For the present study a 15 item version of the IC developed by Galambos and Almeida (1992) was utilized (see Appendix H). The reliability of this shortened

version has been demonstrated to be good (alphas from .69 to .75).

Sexual Abuse

"Sexual Abuse Scale for Children"(SASC). Participants in Group 1 were asked to fill out a brief measure asking about the type of sexual abuse they experienced and how distressing it was for them on a 3-point scale ranging from 1 - not very distressing to 3 - very distressing (see Appendix K). In addition, they answered two brief questions regarding to whom they disclosed the abuse. The overall measure was based on two established sexual abuse scales - DiTomasso and Routh (1993) and Finkelhor (1979). The "Sexual Abuse Scale" by DiTomasso and Routh (1993), was developed for use with a university population. This measure was developed to measure the extent of the sexual abuse that was recalled by young adults. It asks participants to rate certain abuse scenarios, first as to whether they occurred at all, and then to rate each incident as to how distressing it was and how much force was used. For our sexual abuse scale (SASC), we incorporated this format with some additions. The SASC, also asks the subject to rate the abuse incident in terms of frequency of occurrence and to state the age of onset of the abuse incident. The three point scale for the distress dimension was changed so that the third point read "not very distressing" rather than "agreeable". The third point on the force dimension was also changed to read "not forced" as opposed to "voluntary" (see Appendix K). These changes were made to make it more readable for a younger age group and to change wording that may appear to be value laden.

The Sexual Abuse Scale for Children (SASC) consists of 10 abuse situation items - each with a dimension of force, distress and frequency. The final two items on

the scale asked whether disclosure had occurred and who had been told about the sexual abuse. The actual abuse situation statements were taken from the Finkelhor measure (1979) and were modified for a younger reader. The statements included sexual experiences such as unwanted fondling and intercourse.

Results

Relationships among child sexual abuse (CSA), psychosocial maturity, and perceived family functioning were examined using multivariate analysis of variance, profile analysis, and multiple regression. Group differences between sexually abused girls and non-abused girls for subjective age and pubertal maturation were examined using Chi-square analysis and analysis of variance. Results indicated that sexually abused girls differed from non-abused girls on subjective age and pubertal timing. Childhood sexual abuse status on its own did not predict psychosocial maturity or family functioning but family functioning predicted psychosocial maturity. Within-group analyses for the sexually abused clinical sub-group, however, revealed a significant relationship between certain sexual abuse characteristics and family functioning and psychosocial maturity. In addition, results indicated that perceived family functioning moderated the relationship between child sexual abuse status and psychosocial maturity.

Preliminary Analyses

Preliminary analyses were conducted to check that no group differences existed on any of the matching variables after matching had been carried out. Chi-square analysis revealed that Group 1 and Group 2 did not significantly differ on age (X^2 (5) = 1.43, p = .92), father's SES (X^2 (1) = .12, p = .72), mother's SES (X^2 (1) = .62, p = .42), parental marital status (X^2 (5) = 5.05, p = .41), who the adolescent lives with (X^2 (6) = 7.99, p = .24), and family size (X^2 (2) = 1.15, p = .56). In addition, in order to establish whether the two matched groups were independent of each other after

matching on the above demographic variables, correlations were conducted separately across matched pairs for the psychosocial maturity and family functioning variables.⁹ If scores on the these dependent variables for each pair are correlated above .40 then one would have a correlated groups design and within-group analyses would be conducted. However, if the scores on these dependent variables across pairs are not significantly correlated then between-group would be indicated. In the present data set, correlations conducted across matched pairs for psychosocial maturity and the family functioning variables were not significantly correlated. Therefore, between-group analyses were conducted with sexual abuse as the grouping variable.

Description of the Variables

Table 2 presents the descriptive statistics for the six subscales of the EPSI, the two dimensions of the NRI and the two dimensions of the IC. All scales demonstrated good to strong internal consistency reliability in this sample with Cronbach's alpha coefficients ranging from .60 to .96.

Sexually Abused Adolescent Girls - Descriptive Information

The sexual abuse characteristics of the participants in counselling (n=12) from Group 1 are presented in Table 3. (Information used for these analyses was only available for the subgroup of sexually abused girls who were in counselling). The majority of girls experienced intrafamilial sexual abuse, with the perpetrator most often being a father figure. In general, these girls disclosed to a family member or

⁹ Pagano (1986) indicates that when subjects are matched individually on a selection of variables a *correlated groups design* may be created in which data on the matched pairs are no longer independent. In this case, within-group instead of between-group analyses would be utilized.

Means, Standard Deviations and Reliability Coefficients for the Psychosocial Maturity and Family Functioning Variables

Scales	Mean	SD	Rel. Coeff.
<u>Psychosocial Maturity (EPSI)</u>			
Trust	3.17	.60	.70
Autonomy	3.69	.59	.73
Initiative	3.60	.49	.60
Industry	3.66	.71	.84
Identity	3.47	.72	.83
Intimacy	3.84	.58	.71
<u>Family Functioning</u>			
<i>NRI</i>			
Mother Support	67.00	21.73	.96
Father Support	56.26	19.93	.94
Negative Interactions (Mother)	13.84	5.64	.85
Negative Interactions (Father)	12.16	5.45	.88
<i>IC</i>			
Conflict Frequency mother (<u>father</u>)	10.60(<u>7.83</u>)	4.88(<u>6.06</u>)	.77(<u>.84</u>)
Conflict Intensity mother (<u>father</u>)	1.24(<u>.89</u>)	.71(<u>.82</u>)	.87(<u>.91</u>)

Note. \underline{n} = 44.

Table 3
Sexual Abuse Characteristics

	Cases	%
Incident (N=12)		
Exposure	8	66.7
Molestation	12	100
Penetration*	5	41.6
Type (N=12)		
Intrafamilial	8	66.7
Extrafamilial	4	33.3
Mean Onset (N=12)	8.6 years	
Duration (N=8)		
One incident	3	37.5
Under a year	3	42.9
Over a year	2	28.6
Perpetrator ID (N=12)		
Father figure	4	33.3
Mother	1	8.3
Other relative	3	25
Neighbour/Friend	2	16.7
Stranger	2	16.7
Disclosed to Someone (N=12)	10	83.3
Who they disclosed to (N=10)		
Parent (mother)	3	30
Counselor	3	30
Teacher	2	20
Other relative	1	10
Friend	1	10

* Penetration included only completed intercourse. Six out of 12 girls had actually experienced attempted intercourse.

professional that they had been sexually abused. The mean age of onset of the abuse was 8.6 years of age and 50% of these girls had experienced attempted or forced intercourse. Some girls had also been forced to have oral sex (n=2) while others had been made to watch *x-rated* movies (n=2). All of the girls reported that the sexual abuse they experienced was "somewhat" or "very distressing" and many of these girls had been abused repeatedly. Sixty-seven percent of these girls reported experiencing being molested on at least 19 occasions and eight of the twelve girls had been abused by more than one offender.

Hypothesis 1: Sexual Abuse and Perceived Family Functioning

In order to investigate differences between abused and non-abused girls on perceived family functioning, two multivariate analyses of variance (MANOVA) were conducted. The first MANOVA (M1) was carried out utilizing the *support* dimension and the *negative interactions* dimension of the NRI for mothers and fathers as the dependent variables. A second MANOVA (M2) was conducted utilizing the two IC subscales - *conflict with mother* and *conflict with father* as the dependent variables. No group differences in perceived family functioning were found for either MANOVA. M1 assessed whether differences existed between sexually abused girls and non-abused girls in how they perceived the support they received from their mother and father and whether they viewed their relationship with each parent in a negative fashion. Subjects did not differ significantly on the multivariate test of significance (Pillais), $F(4,38) = .458, p = .77$. M2 assessed whether differences existed between the abused and non-abused girls in the level of conflict they perceived they had with their mothers and

fathers. Again, the multivariate test of significance (Pillai's) $F(2,33) = .139, p = .87$, revealed that sexually abused girls did not differ significantly from non-abused girls on this measure of family functioning.

Hypothesis 2: Sexual Abuse and Psychosocial Maturity

In order to examine whether sexual abuse status predicted psychosocial maturity, a profile analysis was performed on the six subscales of the EPSI (i.e., *trust, autonomy, initiative, industry, identity, and intimacy*). Profile analysis is a specific form of MANOVA that is used when a set of dependent variables is measured on the same scale, such as the EPSI (Tabachnick & Fidell, 1989). The grouping variable was sexual abuse status, with the girls who had been sexually abused as one group and the matched non-abused girls as the second group. The test of parallelism was performed to determine whether the two groups showed the same highs and lows on the six EPSI subscales. Using Wilk's criterion, the test of parallelism was not significant, $F(5,38) = .501, p = .77$, indicating that the psychosocial maturity profiles for abused and non-abused girls were similar in shape.

The next component of the analysis focused on whether one group scored higher on average across all six EPSI subscales (i.e., the levels test). The levels test was not significant, $F(1,42) = 1.39, p = .24$, and indicated that sexually abused girls did not differ from the non-abused girls on their overall level of psychosocial maturity. The third component of the profile analysis examined whether the subscale scores on the EPSI were similar independent of group membership (i.e., the flatness of the profile). The test of flatness was significant, $F(5,38) = 16.24, p < .001$, and revealed

that the mean scores from subscale to subscale were different (see Figure 1).

Hypothesis 3: Correlations between Sexual Abuse Characteristics and Psychosocial Maturity

The reported frequency of sexual abuse, the level of force used, the level of subjective distress and type of sexual abuse (i.e., intrafamilial or extrafamilial) were correlated with psychosocial maturity (see Table 4). For the *trust*, *autonomy*, and *industry* subscales a greater level of force, distress and frequency (i.e. a higher level of severity of sexual abuse) was associated with lower levels of psychosocial maturity. The *identity* subscale was also negatively correlated with these three aspects of the abuse situation but this relationship only approached significance. Correlations with type of sexual abuse were also carried out in relation to psychosocial maturity. The experience of being abused by a family member was associated with lower mastery of the *trust* and *intimacy* stages of psychosocial development and was also associated with lower overall psychosocial maturity. In addition, the association between the *initiative* subscale of the EPSI and intrafamilial abuse approached significance and there were moderate although nonsignificant correlations between this form of abuse and the *identity* and *autonomy* subscales as well. The only relationship found between extrafamilial abuse and psychosocial maturity was for *trust*. In contrast to the findings for intrafamilial abuse, a positive correlation existed between *Trust* and extrafamilial abuse.

Correlations Between Sexual Abuse Characteristics and Family Functioning

Table 5 summarizes the correlations between frequency, force, type,

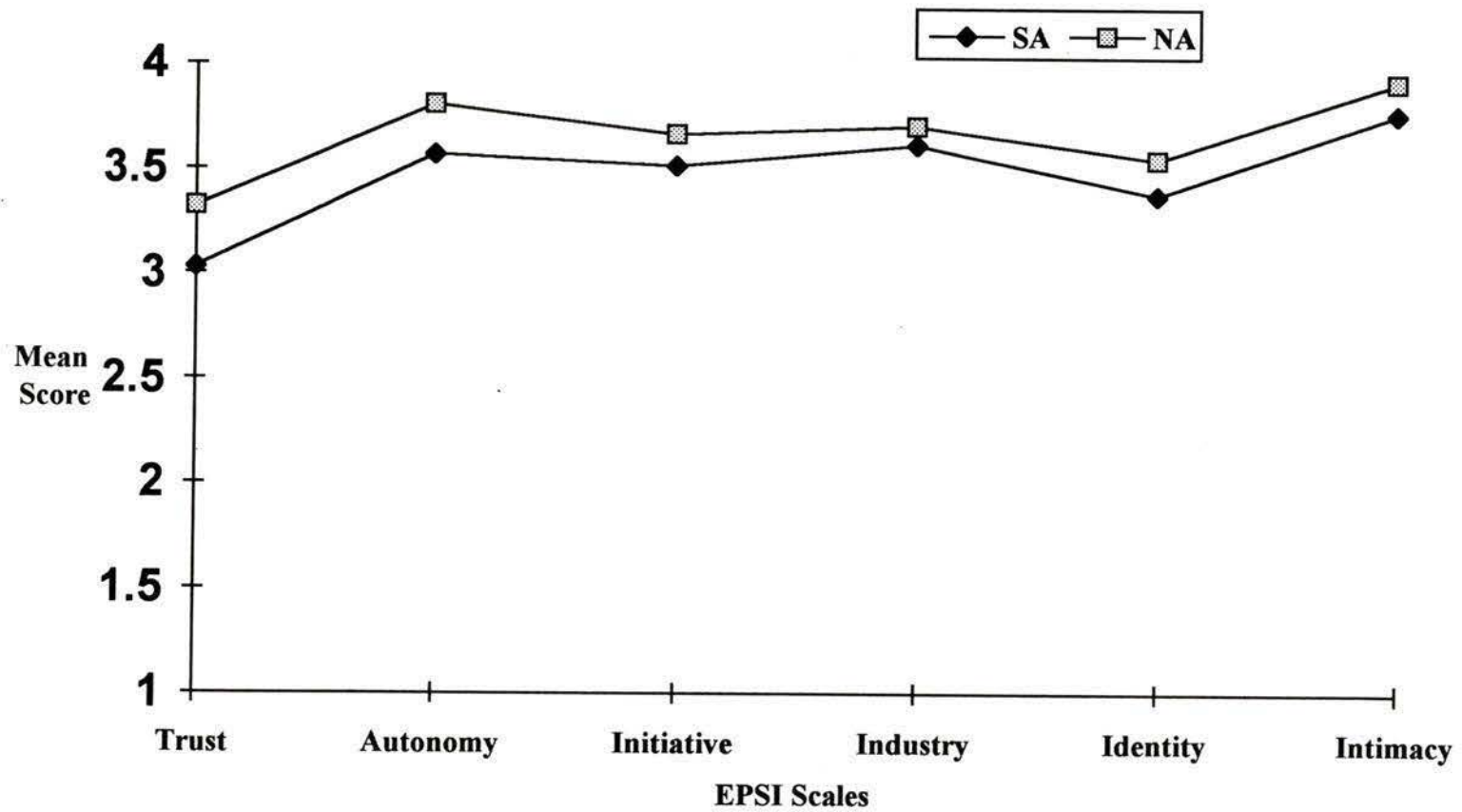


Figure 1. Erikson Psychosocial Stage Inventory (EPSI) profiles for sexually abused (SA) and non-abused (NA) girls .

Table 4

Correlations between Sexual Abuse Severity Characteristics and Psychosocial Maturity

	Force	Frequency	Distress	Intrafamilial	Extrafamilial
EPSI Subscales:					
Trust	-.62*	-.61*	-.62*	-.49*	.43*
Autonomy	-.75**	-.74**	-.77**	-.35	.13
Initiative	-.36	-.35	-.37	-.40 ⁺	.06
Industry	-.60*	-.58*	-.62*	-.32	.18
Identity	-.57 ⁺	-.55 ⁺	-.58 ⁺	-.34	.29
Intimacy	.01	.01	.0002	-.48*	.17
Total	-.56 ⁺	-.54 ⁺	-.57 ⁺	-.46*	.25

Note. ⁺ p <.10 *p <.05 **p <.01 (n = 12)

Table 5

Correlations between Sexual Abuse Severity Characteristics and Family Functioning

	Force	Frequency	Distress	Intrafamilial	Extrafamilial
<u>NRI Dimensions:</u>					
Mother Support	-.01	-.01	-.01	-.15	.03
Father Support	-.11	-.12	-.11	-.20	.25
NR-mother	.26	.24	.27	.55**	.08
NR-father	-.35	-.34	-.35	-.03	.13
<u>IC</u>					
Mother Conflict	.68*	.68*	.68*	-.05	-.15
Father Conflict	.36	.38	.35	.08	-.31

Note. ⁺ $p < .10$ * $p < .05$ ** $p < .01$ ($n = 12$)

NR - negative relationship (perceived)

and distress, on the one hand, and family functioning on the other. A higher level of conflict between the sexually abused teen and her mother was significantly associated with reporting higher frequency, force, and level of distress relating to the sexual abuse experience. Similarly, a strong correlation was found between intrafamilial abuse and the reporting of a negative relationship between the girl and her mother. Although there were moderate correlations of frequency, force, and distress with conflict with fathers, these correlations did not attain significance. Nor was intrafamilial sexual abuse related to how these girls perceived their relationships with their fathers (based on the NRI). There were no significant correlations between sexual abuse characteristics and parental support.

Hypothesis 4: Perceived Family Functioning as a Moderator between Sexual Abuse and Psychosocial Maturity

In order to investigate the possibility that perceived family functioning acts as a moderator of the relationship between child sexual abuse (CSA) and psychosocial maturity, a series of hierarchical regressions were conducted. All predictor variables were centred in order to minimize multicollinearity (Aiken & West, 1991). For all regressions, sexual abuse status was entered in the first step, family functioning variables were entered in the second step, and the two-way interaction terms were entered in the last step. Variables were entered in this order to be consistent with chronological order (i.e., childhood sexual abuse had already occurred, whereas perceived family functioning was ongoing and reports were based on current perceptions of family relationships). Separate regressions were conducted for the

support, negative interactions, and conflict variables. Results, as reported below, supported the hypothesis that perceived family functioning is a moderator between CSA and psychosocial maturity. For all regressions, there were no CSA main effects.

Parental Support

A series of regressions with father support (FS) and the interaction of father support and CSA as predictors of psychosocial maturity (i.e., EPSI subscales and total) were conducted. These regression analyses indicated that father support was not a significant predictor of psychosocial maturity, either as a variable on its own or in the interaction between CSA and FS.¹⁰

To assess whether mother support (MS) predicted psychosocial maturity and whether it was a moderator of the relation between CSA and psychosocial maturity, hierarchical regressions for each of the six EPSI subscales and the EPSI total were conducted. As seen in Table 6, mother support was a significant predictor of the adolescent girl's development of a sense of trust, regardless of sexual abuse status. In addition, a significant interaction between mother support and CSA was also found. Post hoc probing of this interaction was carried out, as suggested by Aiken and West (1991). The test of simple slopes¹¹ revealed a positive relationship between mother's

¹⁰ It should be noted, however, that father support did approach significance for the trust subscale of the EPSI (main effect for father support, $R^2 = .12$ $p = .08$; CSAxFS interaction, $R^2 = .15$, $p = .09$) and was also moderately correlated with mother support ($r = .30$).

¹¹ The simple slope test indicates whether the slope of the line in question significantly differs from zero. A line that significantly differs from zero, indicates that the two endpoints that make up the line significantly differ. Simple slope analyses were conducted both across family functioning (as shown on the figures) and across sexual abuse status (These lines are not shown on the graphs but reported beta weights for these lines are presented in the text).

Table 6

Significant Centered Hierarchical Regressions Predicting Psychosocial Maturity from Sexual Abuse Status (CSA) and Family Functioning (FF)

Criterion	Step 1		Step 2		Step 3	
	CSA		FF		CSA x FF	
	Beta	Adj. R ²	Beta	Adj. R ²	Beta	Adj. R ²
			<u>MotSup</u>			
Trust	-.24	.04	.41**	.19**	-.06	.18**
			<u>TotSup</u>			
Trust	-.24	.04	.44**	.21**	-.16	.21**
			<u>NIM</u>			
Trust	-.24	.04	-.30*	.10*	-.07	.07
			<u>NIF</u>			
Trust	-.22	.03	-.20	.04	.30*	.11*
			<u>TC</u>			
Trust	-.20	.02	-.39**	.15**	-.40**	.18**
Auton.	-.20	.02	-.10	.001	-.37**	.12*
Identity	-.07	-.02	-.32*	.10	-.35*	.17*
EPSI tot.	-.13	-.006	-.30*	.06	-.29*	.13*

Note. * $p < .05$ ** $p < .01$, NIF = negative relationship with father, TC = total conflict with both parents combined, MotSup = mother support, TotSup = total parental support

support and trust in sexually abused girls, although the beta did not reach conventional levels of significance ($\beta = .35$, $p = .07$). Sexually abused teens with a highly supportive mother tended to show higher levels of trust than did those with low mother support (see Figure 2). In addition, there was a significant relationship between mother support and trust in non-abused girls ($\beta = .48$, $p = .02$). Specifically, non-abused girls who reported receiving a high level of support from their mothers scored highest on the trust subscale. The follow-up test for the significance of the differences between the slopes of the line for sexually abused and non-abused girls was not significant ($\beta = .09$, $p = .65$), indicating that high mother support was important for both sexually abused and non-abused girls.

Because support by fathers approached being a significant predictor of *trust*, and because it was moderately correlated with mother support, the next set of hierarchical regressions was conducted with total parental support (i.e. the mean of mother and father support) as the predictor. As with mother support, total parental support was only salient for the girls' development of a sense of trust. As seen in Table 6, a significant main effect for total parental support was found and the CSA by total parental support interaction was also significant. Simple slopes analysis revealed that among non-abused girls, there was a strong positive relationship between parental support and trust ($\beta = .63$, $p = .005$) (see Figure 3). Among sexually abused girls, the relationship was not significant ($\beta = .29$, $p = .11$). The test for the differences between the two slopes was not significant ($\beta = -.33$, $p = .09$). Altogether, these results suggest that parental support was important for the trust of non-abused and

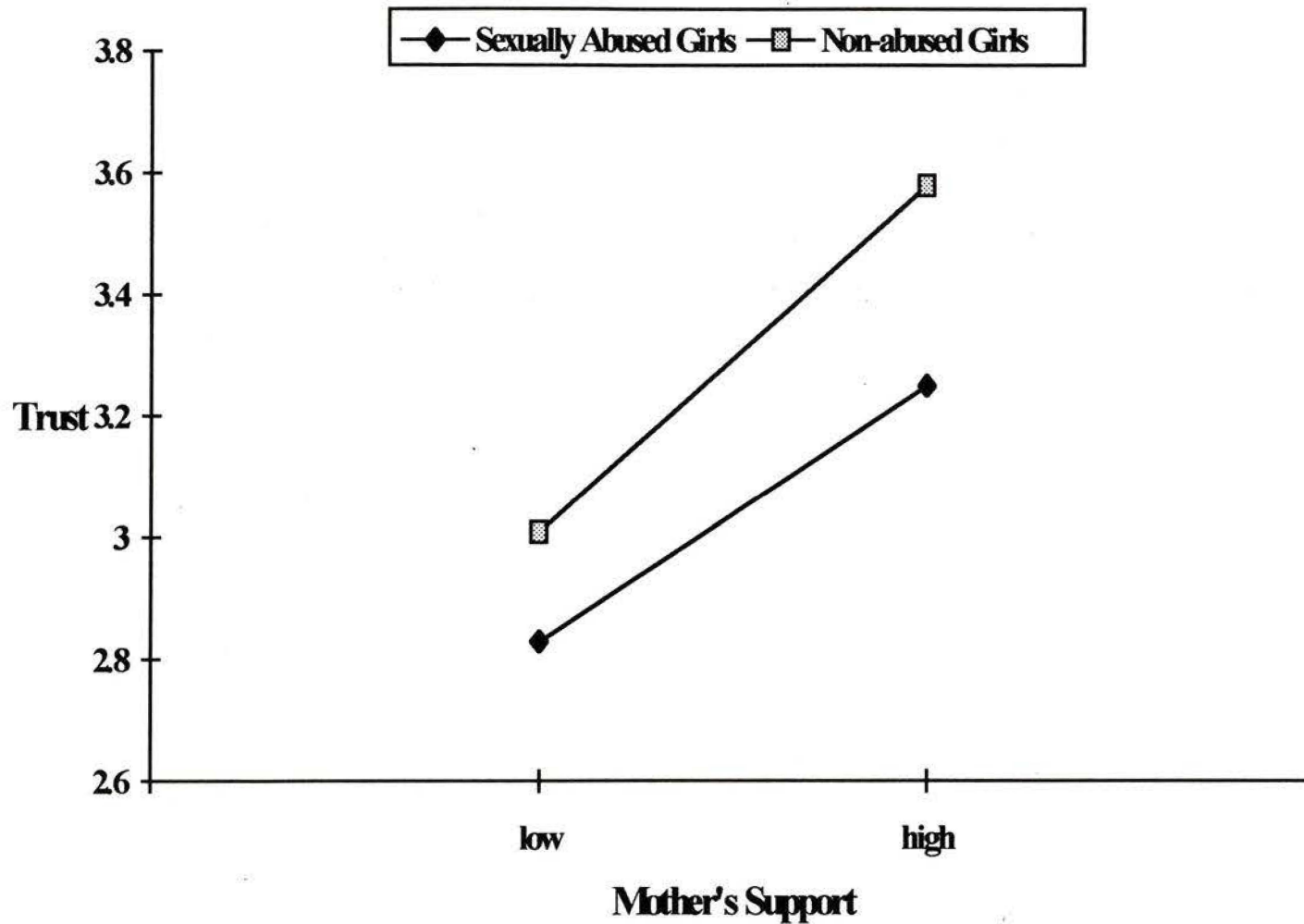


Figure 2. The interaction of support from mother and sexual abuse status with respect to the *Trust* subscale of the Erikson Psychosocial Stage Inventory.

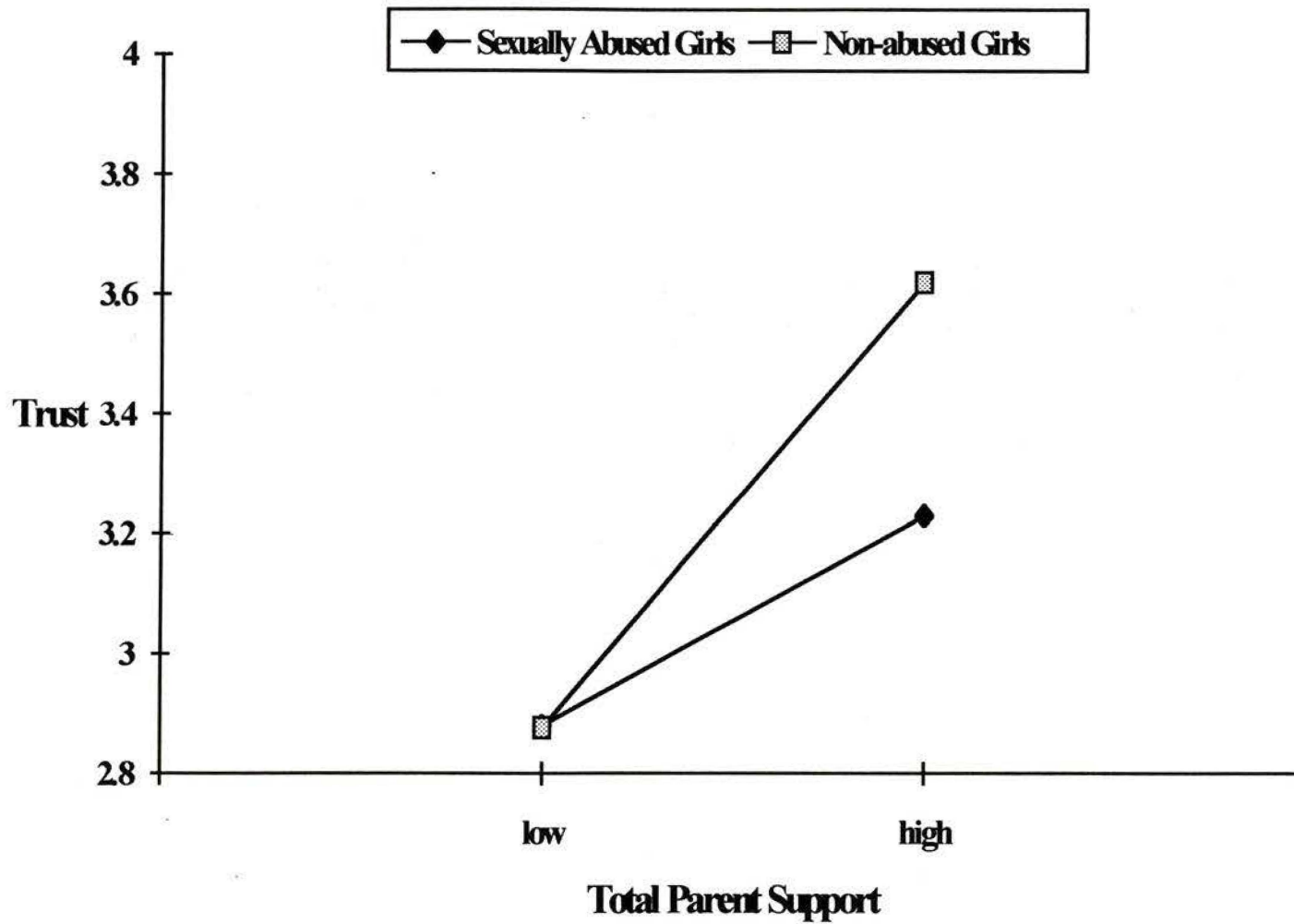


Figure 3. The interaction of support from parents and sexual abuse status with respect to the *Trust* subscale of the Erikson Psychosocial Stage Inventory.

sexually abused girls, but especially so for the non-abused girls.

Negative Interactions with Parents (NRI)

Hierarchical regressions for the NRI negative interactions dimension were conducted separately for each parent. Regression analyses with *negative interaction with mother* (NIM) as the predictor were carried out for each EPSI subscale. This regression revealed a significant main effect of NIM for trust ($\beta = -.30$, $p = .04$). A negative relationship with their mothers was significantly related to these girls level of trust regardless of abuse status. A poorer relationship with the mother was associated with lower mastery of trust. The CSA x NIM interaction was not significant ($R^2 = .07$, $p = .11$). NIM was not a significant predictor for any other EPSI subscale.

Regression analyses with *negative interaction with father* (NIF) as the predictor of psychosocial maturity were also conducted. These regressions revealed a significant interaction on the *trust* subscale of the EPSI (see Table 6). Follow-up tests (see Figure 4) revealed that among non-abused girls, a low level of negative interactions with their fathers was associated with a higher level of trust ($\beta = -.43$, $p = .02$). Among sexually abused girls, there was no relationship between negative interactions with father and trust ($\beta = .17$, $p = .46$). The slopes of these lines were significantly different from each other ($\beta = .52$, $p = .01$). These results suggest that trust is uniformly lower among sexually abused girls and even a lack of negative interactions with father does not make a difference.

Parental Conflict

As conflict with mother and conflict with father were significantly correlated

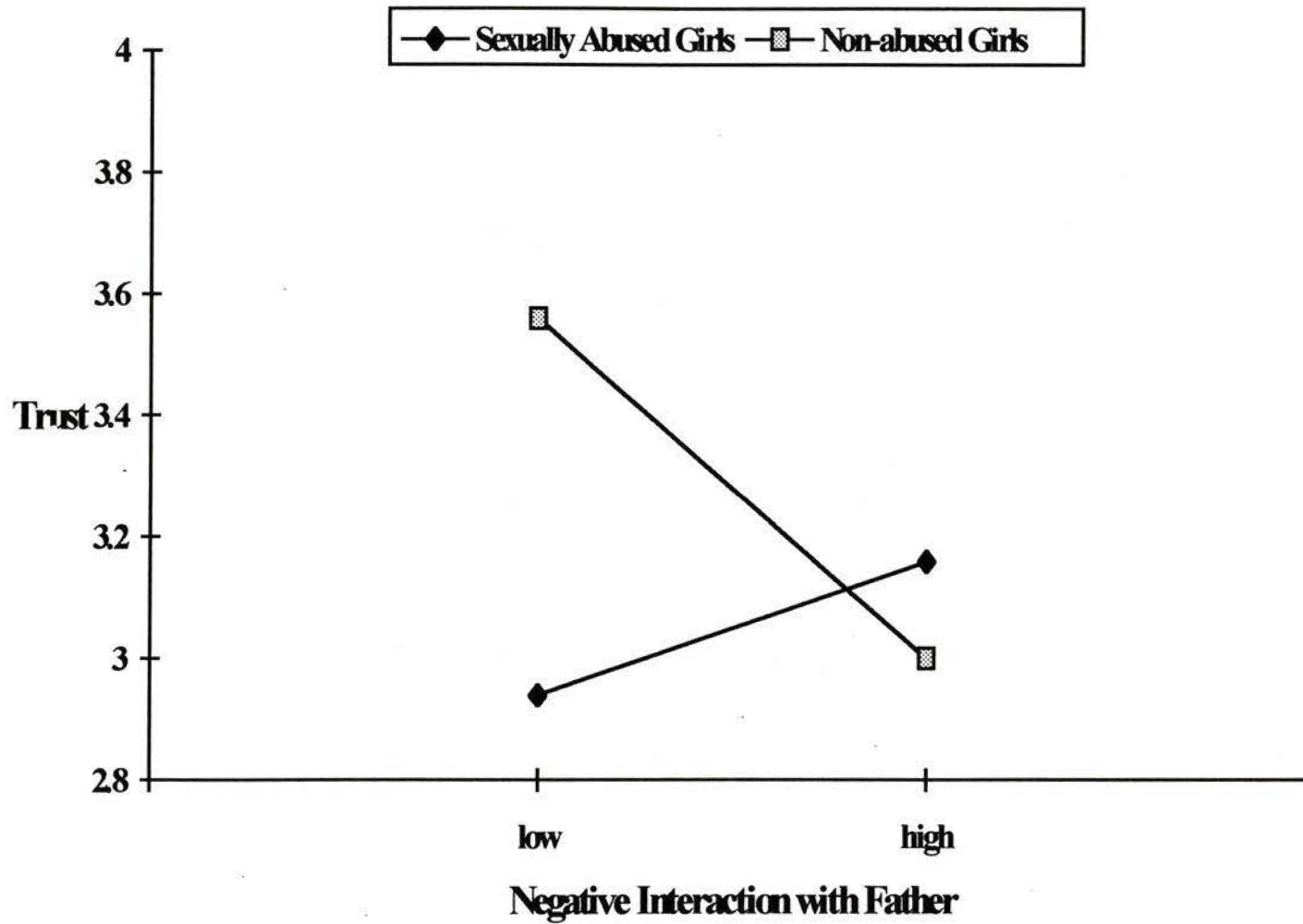


Figure 4. The interaction of level of negative interaction with father and sexual abuse status with respect to the *Trust* subscale of the Erikson Psychosocial Stage Inventory.

($r = .49$, $p = .002$) they were combined for the following hierarchical regressions.

Again, seven regressions were conducted using each of the six EPSI subscales and the total scale score as separate criteria. Total parental conflict (TC) was a significant predictor of *trust*, *autonomy*, *identity*, and *overall psychosocial maturity* (EPSI total) and was also found to be a moderator between CSA and psychosocial maturity.

Trust. A significant main effect for TC and a significant TC x CSA interaction were found for the *trust* subscale of the EPSI (see Table 6). The test of simple slopes revealed that sexually abused girls differed in their level of trust as a function of their level of conflict with their parents ($\beta = -.62$, $p = .004$; see Figure 5). Sexually abused girls had significantly lower levels of trust when in a high conflict family compared to a low conflict family. In addition, sexually abused girls differed in their mastery of trust from non-abused girls when conflict with parents was high ($\beta = -.40$, $p = .05$). However, they did not differ from non-abused girls when conflict was low (see Figure 5). Among non-abused girls, however, conflict with parents was not significantly related to trust ($\beta = -.18$, $p = .36$). These results suggest that high conflict with parents in sexually abused girls places them at considerable risk for low levels of trust.

Autonomy. A significant interaction between CSA and TC was found for the *autonomy* subscale of the EPSI (see Table 6). As can be seen in Figure 6, when conflict with parents was high, sexually abused girls' sense of autonomy was lower than for non-abused girls and was lower than the autonomy seen for sexually abused girls who came from low conflict families ($\beta = -.48$, $p = .02$). Among non-abused

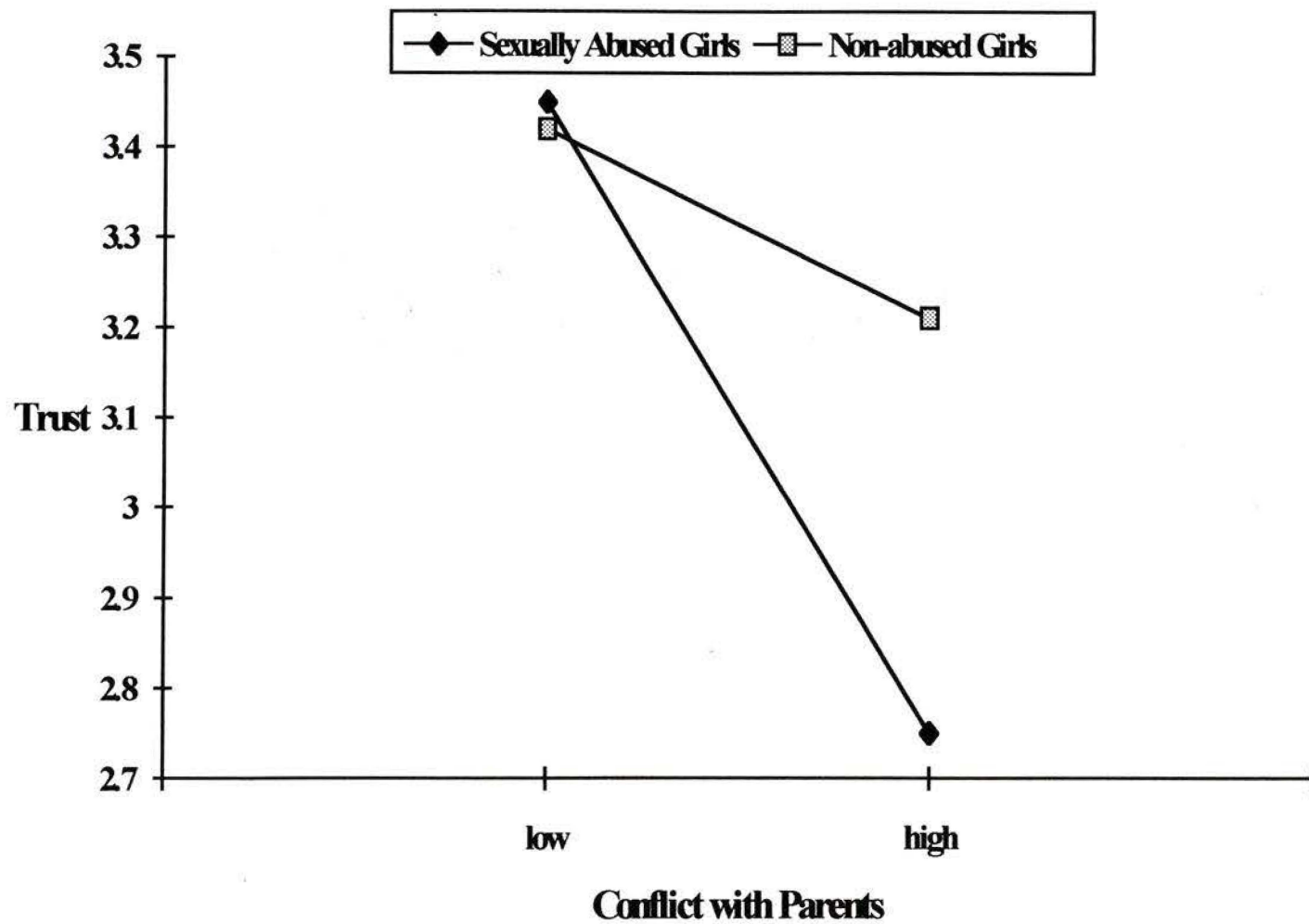


Figure 5. The interaction of conflict with parents and sexual abuse status with respect to the Erikson Psychosocial Stage Inventory.

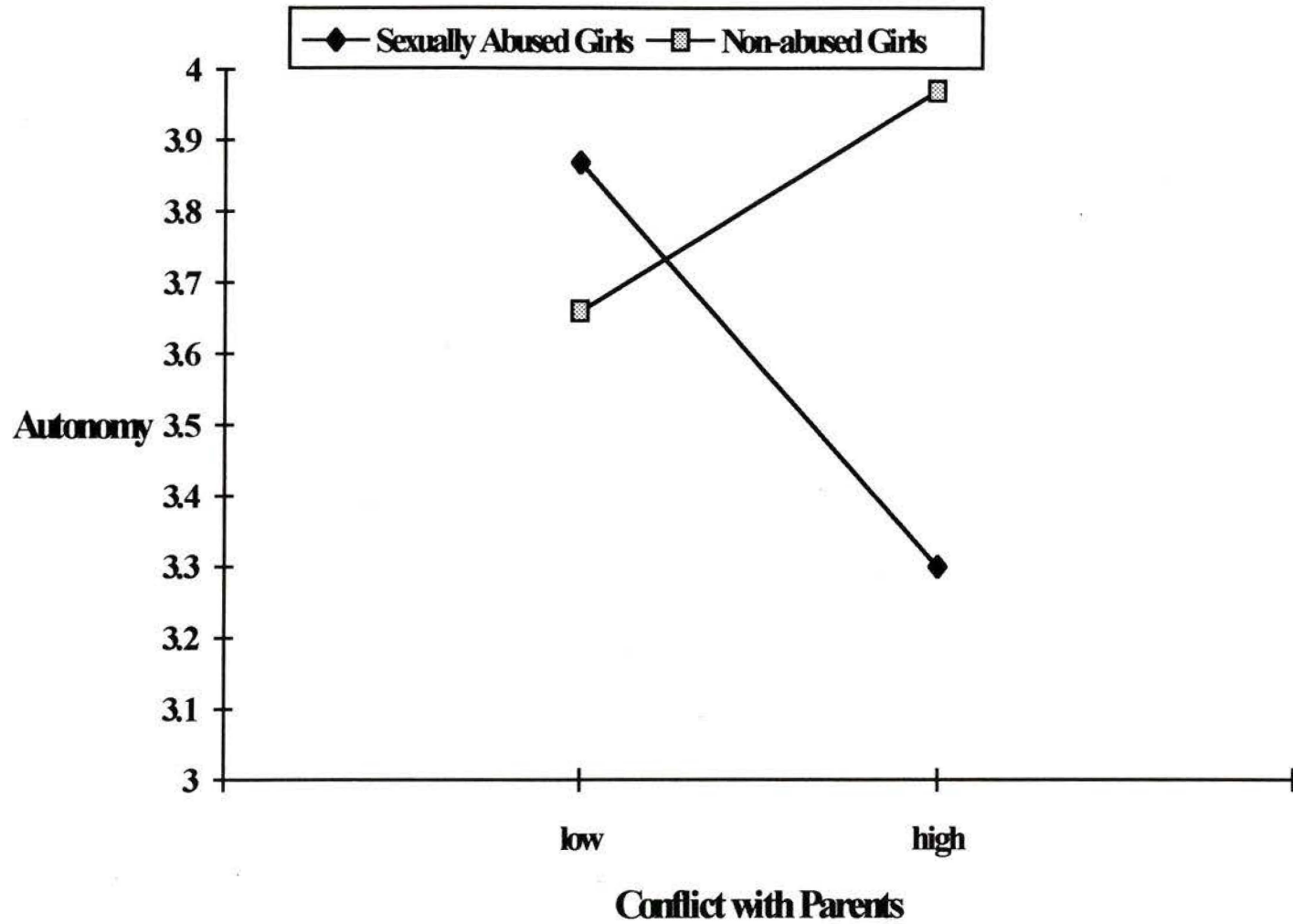


Figure 6. The interaction of conflict with parents and sexual abuse status with respect to the *Autonomy* subscale of the Erikson Psychosocial Stage Inventory.

girls, level of conflict with parents was not related to autonomy ($\beta = .17, p = .39$). The difference between the slopes of the lines for abused and non-abused girls was significant ($\beta = .52, p = .01$). These results suggest the importance of high conflict with parents for the sexually abused girls' level of autonomy.

Identity. There was a main effect of total conflict on *identity*, revealing that low conflict was associated with more mastery of identity (see Table 6). This was qualified, however, by a significant interaction between TC and CSA. Conflict with parents was not correlated to mastery of identity among non-abused girls ($\beta = .03, p = .89$; see Figure 7). In contrast, among sexually abused girls, high conflict with parents was associated with lower levels of identity ($\beta = -.69, p = .001$). The difference in the slopes of the two lines was significant ($\beta = -.50, p = .02$). Clearly, the identity of sexually abused girls is hindered in high conflict homes.

EPSI Total. There was a main effect of total conflict on the *EPSI total*, and a significant interaction between TC and CSA (see Table 6). As Figure 8 shows, conflict with parents for non-abused girls was not related to their overall psychosocial maturity ($\beta = -.01, p = .94$). Among sexually abused girls, however, high levels of conflict with parents were associated with lower levels of psychosocial maturity ($\beta = -.61, p = .006$). The slopes of the lines were significantly different ($\beta = -.42, p = .05$). Again, high conflict with parents was associated with markedly lower levels of psychosocial maturity among sexually abused girls.

Hypothesis 4 Summary

Altogether results suggest that family functioning, and in particular, conflict

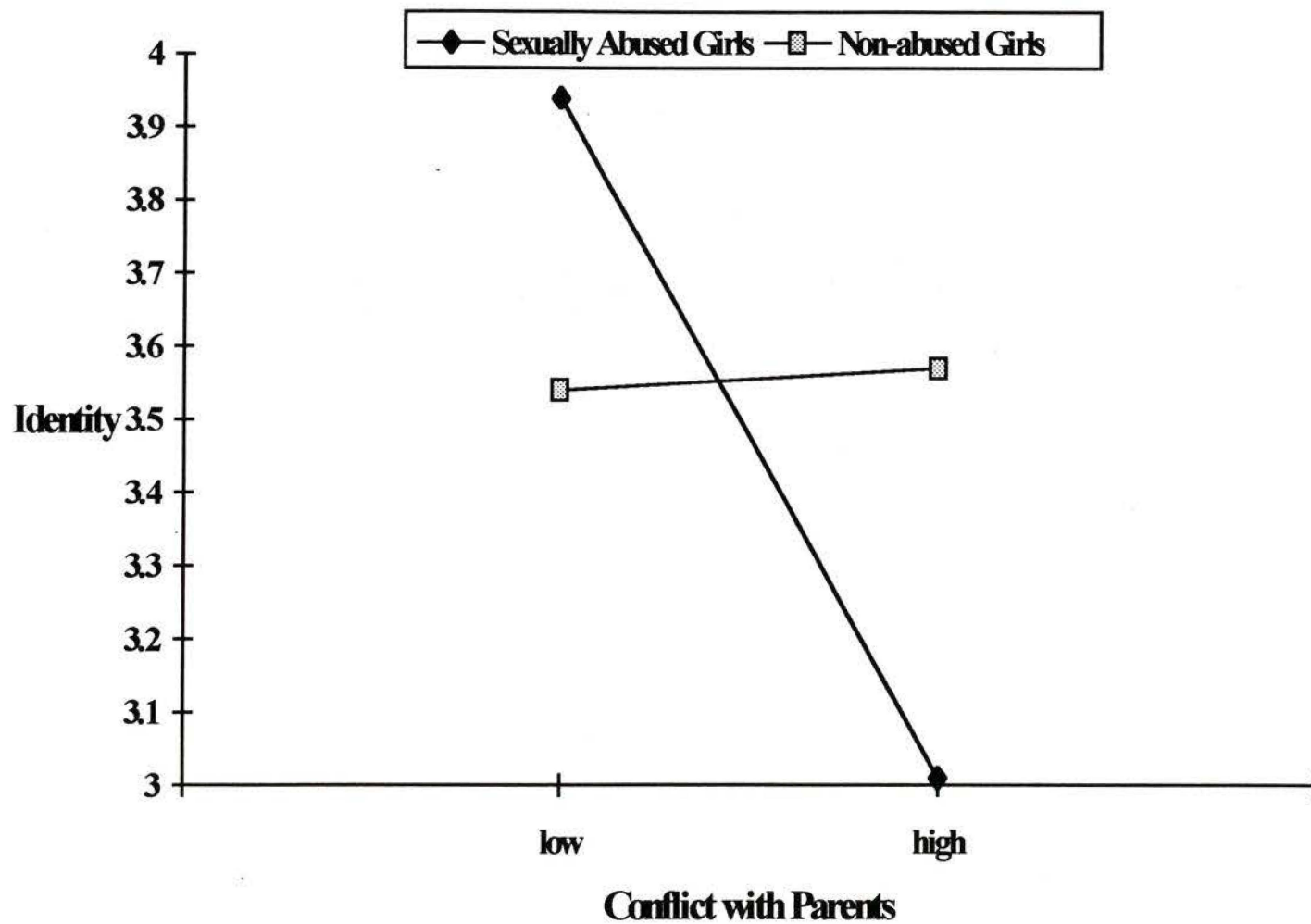


Figure 7. The interaction of conflict with parents and sexual abuse status with respect to the *Identity* subscale of the Erikson Psychosocial Stage Inventory.

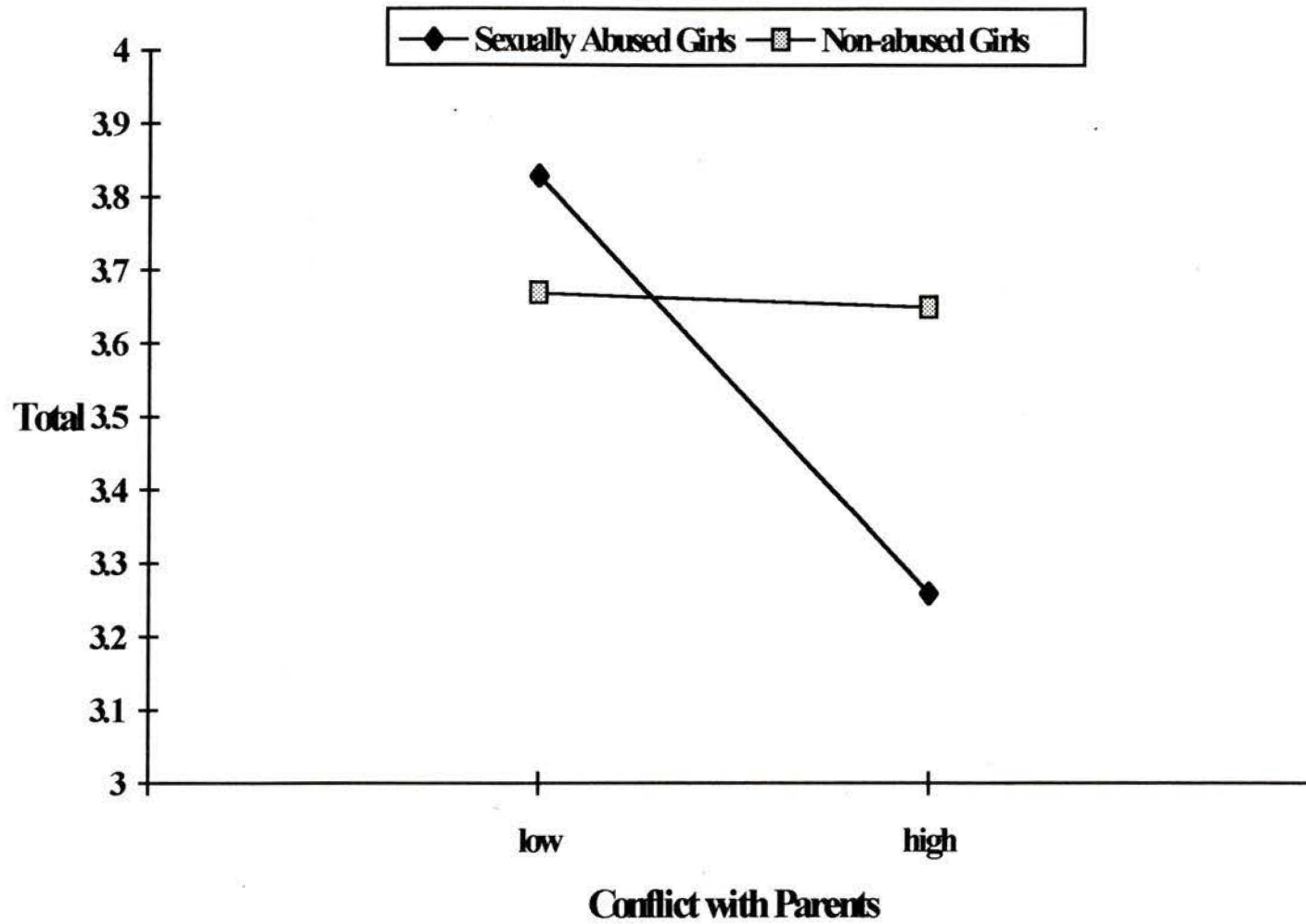


Figure 8. The interaction of conflict with parents and sexual abuse status with respect to the *Overall Psychosocial Maturity* score of the Erikson Psychosocial Stage Inventory.

with parents, was a significant moderator of the relationship between CSA and some aspects of psychosocial maturity - especially trust. Consistently, sexually abused girls' level of trust, autonomy, identity, and overall psychosocial maturity was hindered in high conflict families, over and above non-abused girls.

Hypothesis 5: Sexual Abuse and Subjective Age

In order to determine if sexually abused girls differed from non-abused girls on how old they felt, a one-way analysis of variance (ANOVA) on the *subjective age* scale was conducted. This ANOVA revealed that the overall sample mean for subjective age was above 4, indicating that, on average, the girls in this sample felt older than their chronological ages. A significant difference between the abused and non-abused girls on subjective age was found ($F(1, 41) = 4.43, p = .02$) with sexually abused girls ($M = 5.2$) feeling significantly older than their non-abused counterparts ($M = 4.5$) (see Figure 9).

Hypothesis 6: Sexual Abuse and Pubertal Maturation

For the following analysis pubertal status was not used as everyone but one individual had reached menarche and was well into or past puberty and there was, therefore, no variability for this scale. This was not surprising given that the mean age of the sample was 16.5 years. Accordingly, we focused only on *pubertal timing*. Subjects were divided into early, on-time, and late pubertal maturation categories based on the reported age of onset of menarche. The onset of menarche at age 10, 11, or younger was considered early maturation, menarcheal age 12 to 13 was considered on-time, and 14 and older was considered late (Dubas & Petersen, 1993; Feldman &

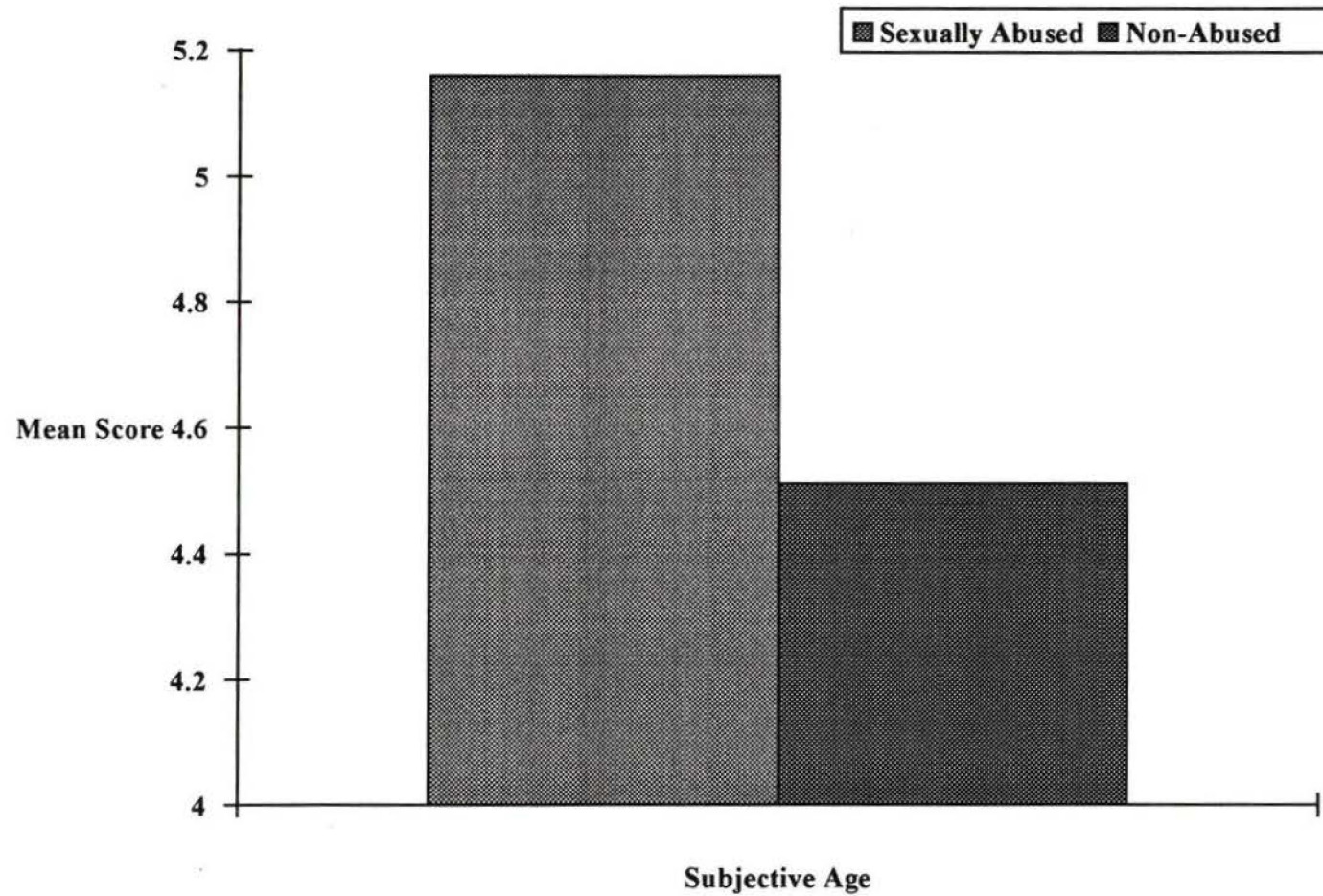


Figure 9. Subjective Age (how old one feels) for Adolescent Females in Relation to Sexual Abuse History

$F(1,41) = 5.25, p = .02$

Elliott, 1990). However, as only one subject was a late maturer, the sample was divided into two groups for analysis - early maturation and on-time or late maturation as the second group. Chi-square analysis comparing the proportion of sexually abused and non-abused girls in the pubertal timing groups was significant ($\chi^2 (1) = 4.36, p = .03$). Sexually abused girls were significantly more likely to be early maturers than their matched non-abused counterparts (see Figure 10). Seventy-nine percent of girls who were early maturers in this sample were sexually abused.

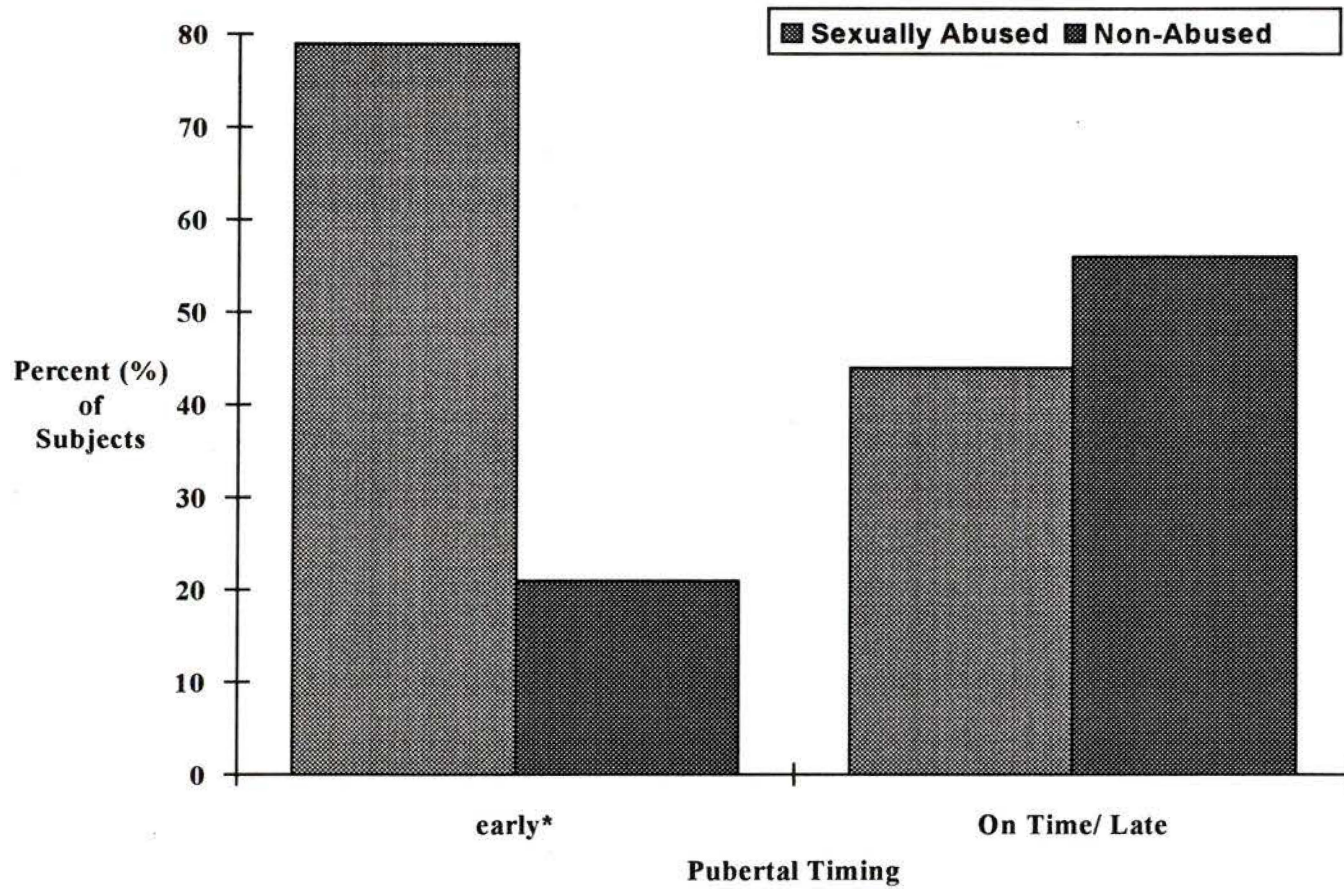


Figure 10. Pubertal Timing for Adolescent Females in Relation to Sexual Abuse History

* $p = .03$

Discussion

The present study utilized the psychosocial developmental theory of Erik Erikson to conceptualize the nature of sexual abuse sequelae in an adolescent population. Of central importance in the present study was the investigation of the experience of sexual abuse and its potential effect on adolescent girls' development and in particular, their psychosocial maturity. In addition, this investigation examined the salience of the family environment to sexual abuse and psychosocial maturity and it tested a moderational model in which sexual abuse status influenced psychosocial maturity through family functioning. A complicated and interesting relationship between these three variables emerged which suggests the importance of utilizing complex theoretical designs when researching child sexual abuse.

The first hypothesis, that sexually abused adolescent girls, as a group, would perceive their relationships with their parents to be more conflictual and less supportive than non-abused girls, was not supported. Sexually abused girls did not differ significantly overall from non-abused girls in their perceptions of their relationships with their parents. Compared to non-abused girls' perceptions of their families, sexually abused girls did not view their relationships with their parents to be less supportive and/or more conflictual. This finding seems to contradict previous research in this area, which has found that sexually abused individuals tend to come from more conflictual families where there is often a lack of support and empathy on the part of parents (Alexander & Lupfer, 1987; Alexander & Schaeffer, 1994; Long & Jackson, 1991). However, several factors may explain these contradictory findings.

First, Alexander and Lupfer (1987) studied an undergraduate population where the subjects who disclosed experiencing sexual abuse were not matched on any demographic variables to non-abused subjects. As a result, it is possible that the Alexander and Lupfer findings may, at least in part, be due to differences between the abused and non-abused group on variables other than abuse status. In addition, the Alexander study (1987) was retrospective in nature and the influence that the passage of time may have had on the subject's perceptions of their family cannot be determined. For example, experiences since the abuse may colour one's perceptions of family. Any of these factors may have contributed to the discrepant findings reported in the present investigation in comparison to Alexander's work. Secondly, the Long and Jackson (1991) and Alexander and Schaeffer (1994) studies both focused on specific populations who experienced more severe sexual abuse (sexual abuse by multiple perpetrators and incest, respectively) than did those adolescents in our sexual abuse group. These distinct and severe sexual abuse experiences may be more likely to be associated with family dysfunction. The present study may not have found similar results because our sexual abuse group contained all types and severity levels of sexual abuse experiences. Indeed, the present study reported findings, which will be discussed below, that suggest a complicated relationship between family functioning and sexual abuse and the possibility that more severe forms of sexual abuse can be associated with a more dysfunctional family system.

The second hypothesis, that sexually abused adolescent girls as a group would exhibit lower levels of psychosocial maturity in comparison to non-abused girls, was

also not supported. Profile analysis based on the EPSI as a function of sexual abuse status found that sexually abused girls did not differ from non-abused girls in terms of their overall level of psychosocial maturity and did not differ significantly on any individual psychosocial stage. Past research, while not investigating Erikson's psychosocial stages specifically, has reported findings that would, however, suggest psychosocial difficulties for women who have a history of sexual abuse. Child sexual abuse victims frequently report low self-esteem (Browne & Finkelhor, 1986) and can show difficulties or impairment in self-reference (i.e., their self-awareness and ability to relate to an internal representation or model of "self", see Briere & Runtz, 1993, for a brief review). These difficulties could make a victim of sexual abuse prone to identity confusion. Victims of sexual abuse have also been found to have difficulties trusting others and experiencing healthy relationships (Cole & Putnam, 1992). These earlier findings suggest that trust and intimacy stages of psychosocial development may be impacted by sexual abuse. The results of the present study, however, seem to contradict this past research. Nonetheless, as will be discussed below, the present investigation found that the relationship between sexual abuse and psychosocial maturity is more complex than previous research may have suggested. While sexual abuse status alone was not predictive of psychosocial maturity, sexual abuse status in conjunction with family functioning was a powerful predictor of the girls' positions in several of Erikson's psychosocial developmental stages.

The hypothesis that psychosocial maturity would vary as a function of abuse characteristics was supported in the present investigation and further exemplifies the

complicated relationship that seems to exist between sexual abuse and psychosocial maturity. While sexual abuse status alone was not predictive of psychosocial maturity, several characteristics of the abuse situation, specifically, type of abuse, level of force, frequency of abuse, and level of distress were significantly correlated with certain psychosocial stages. The more severe the abuse (i.e., more force, frequency and distress) the lower the sexually abused girl's mastery of the *trust*, *autonomy*, and *industry* stages of psychosocial development. In addition, intrafamilial abuse was associated with lower levels of mastery for *trust*, *intimacy* and *overall psychosocial maturity*. These results support the previous theories and research that suggest that the more severe the sexual abuse experience, the more negative the "impact" on healthy functioning (Browne & Finkelhor, 1986; Conte & Schuerman, 1987b; Kendall-Tackett et al., 1993). These results suggest the importance of looking beyond sexual abuse status to the characteristics of the abuse situation itself, given the finding that more severe abuse did relate to lower mastery of several of Erikson's psychosocial stages. It should also be noted that distinguishing between intrafamilial abuse and extrafamilial abuse seems to be very important, as intrafamilial abuse has a more detrimental impact on psychosocial maturity. This finding, although contrary to some theorizing (e.g., Briere, 1992), supports some very recent research which suggests that intrafamilial abuse is significantly more damaging to attachment style and psychological functioning than extrafamilial abuse (Roche, 1995).

An unusual and counter-intuitive finding was that the *trust* stage of psychosocial maturity was *positively* associated with extrafamilial abuse. Those

individuals who were sexually abused outside of the family were more likely to have higher levels of trust. Erikson's theory can help explain this finding. The *trust* stage of psychosocial development centres around the first two years of life and relates to social and self-development. It is a time when children first learn what to expect from others and they develop their first sense of trust and security in the world around them. The key relationships for children at this time are those with their parents or primary caregivers and it is through these relationships that they learn their first sense of themselves and their social world (Erikson, 1963). Adolescents who have experienced extrafamilial child sexual abuse may still have developed a healthy level of trust because they were not abused by those closest to them - their parents.

Intrafamilial abuse, on the other hand, was significantly *negatively* associated with trust and one could reason that this may be, at least in part, because many of these girls were abused by a parent figure - someone who they count on for security and trust. In this case a significant individual, their parent, violated their trust and this may lead to an unhealthy level of mistrust in their world and subsequent relationships.

It should be noted that the above mentioned sexual abuse characteristics were also associated with family functioning. In particular, a higher level of conflict between the sexually abused teen and her mother was significantly associated with reporting higher frequency, force, and level of distress relating to the sexual abuse experience. In addition, sexually abused teens who report having a negative relationship with their mother were more likely to have experienced intrafamilial rather than extrafamilial sexual abuse. These findings suggest that more severe forms of

sexual abuse are associated with some level of family dysfunction. It is interesting that the relationships these girls had with their fathers, however, was not significantly associated with any of these abuse characteristics and it appears that the relationship with the mother is more focal in these girls' lives. Because the present data are correlational it is impossible to conclude causation. Nonetheless, these results in conjunction with previous research findings, allow one to make tentative interpretations. Past research has shown that the prevailing view of the mother's role in sexual abuse has been quite stereotypically negative (Gomes-Schwartz, Horowitz, & Cardarelli, 1990). In the past mothers have been seen to either respond poorly to the disclosure of the abuse by not believing or taking steps to protect the child, or to somehow contribute to the abuse, by consciously or unconsciously "allowing" the abuse to occur in the first place (Salt, Myer, Coleman, & Sauzier, 1990). Some investigators have even reported that poor mother-daughter relationships may increase a child's vulnerability to all types of sexual abuse (Finkelhor, 1979). Recently, researchers had distanced themselves from such narrow views to some extent, although the role the mother may play surrounding sexual abuse is still seen as important, particularly the mother's reaction to the disclosure of the abuse (Salt et al., 1990).

The first potential interpretation that could be made based on the present study's findings would be consistent with past views; a negative or conflictual relationship with one's mother may make a girl more vulnerable to sexual abuse. As past literature has suggested, this may be due, at least in part, to the possibility that a poor relationship with the girl's mother may mean that the mother is less vigilant at

protecting the daughter from sexual abuse. It also may be that because there is conflict between the daughter and her mother, the daughter views her mother to be less approachable. As a result, the daughter may not feel comfortable in disclosing the abuse to her mother, which may leave the abuse to continue. This would potentially explain the finding that conflict with mothers was associated with higher frequency of sexual abuse incidents. It is important to note that there are other possible explanations for these findings, which will be discussed below, and in no way do these data support any notion of blaming a mother for the actions of an abuser. This data merely suggests the importance of looking at the functioning of the whole family system. The present data only indicate that when there is conflict between a daughter and her mother, this may make the girl more vulnerable to being sexually abused. Nonetheless, conflict does not always lead to such traumatic childhood experiences.

What is less clear, is why conflict with one's mother could make a girl vulnerable specifically for intrafamilial sexual abuse. Perhaps reported conflict with the girl's mother is indicative of deeper dysfunction within the whole family system and this makes a girl vulnerable to being violated by someone in her family. This is possible considering the significant correlation between conflict with the mother and conflict with the father found in the present investigation. However, there was no significant relationship found between any father relationship variables and sexual abuse. Nonetheless, we cannot rule out the possibility that many of the fathers are no longer in the picture and, therefore, the girls' relationships with their fathers may no longer be significant in the lives of these girls (at least with regard to day to day

conflict).

Courtois (1988) has also suggested the possibility that a mother's own history of sexual abuse may be a risk factor for her daughter's sexual abuse within the family. "Many incest mothers suffer from sexual dysfunction and depression, which may be aftereffects of their own incest [experience]" (Courtois, 1988, p. 54). These issues may impede adequate parenting and "may contribute to the development of incest in the next generation" (Courtois, 1988, p. 54).

An alternative interpretation can also be offered to explain the association between mother conflict and abuse type and severity. Perhaps a negative relationship develops with the sexually abused girl's mother after the abuse has occurred. Certainly clinicians and researchers would acknowledge that what happens after the abuse is disclosed can be critical to how the sexually abused individual copes with what has happened to her (Everill & Waller, 1995; Gunn & Minch, 1988; Salt et al., 1990). Salt and colleagues (1990) found that a number of factors including a passive personality on the part of a mother, a close previous relationship between the mother and the offender, and the mother's own background, can be associated with a mother doing less than would be "optimal" to help and protect her abused child. In those cases where the mother does not support and protect the sexually abused child, resentment may develop between the mother and daughter and conflict may arise. Another explanation that the research has seemed to ignore, however, is the possibility that the mother is a safe outlet for the adolescent's anger following the trauma of sexual abuse. The girl's mother may be supportive and completely appropriate and

helpful and yet conflict may still exist between the mother and daughter. Clinicians working with women who have been sexually abused describe that a central issue in therapy can be to deal with the anger the daughter feels toward her mother (Blume, 1990; Courtois, 1988; DeYoung, 1982). It may be that a sexually abused girl has an idealized sense of what a mother should be. She may then feel that her mother has failed her because she failed to protect her. It may also be that the abused girl projects the anger she feels toward the perpetrator onto the only person who is around and who will most likely stay around - her mother. While this is speculation, it warrants the same attention as the theory that a poor mother-daughter relationship is a risk factor for sexual abuse.

It is apparent that a complex relationship exists between sexual abuse and family functioning and the findings for the fourth hypothesis help to illuminate the complexity. The fourth hypothesis, that perceived family functioning is a moderator between sexual abuse and psychosocial maturity, was supported; family functioning in conjunction with sexual abuse status is a significant predictor of the girls' level of functioning in several of Erikson's psychosocial stages. In general, poorer family functioning was related to lower psychosocial maturity in all adolescent girls and the experience of sexual abuse in combination with poor family functioning was associated with the lowest levels of psychosocial maturity. For sexually abused girls, the combination of being abused and having negative relationships with one or both parents seems to hamper their resolution of several of Erikson's psychosocial stages.

Specifically, support from both parents, support from just the mother, conflict

with both parents, and a negative relationship with the father were all related to an adolescent girl's development of a sense of trust in the world around her. Adolescent girls regardless of abuse status, developed a higher level of trust when they perceived they had support from their mother or from both parents. The highest levels of trust were seen among non-abused girls from supportive families. Abused girls also developed a higher level of trust if they were from a high support family, but this finding only approached significance. In addition, a girl's level of trust was related to the level of conflict she perceived to exist between herself and her parents. Both non-abused and abused girls had lower levels of trust when from high conflict homes. Sexually abused girls in high conflict families had the lowest levels of trust in comparison to all other groups. Sexually abused girls from low conflict families, however, had levels of trust similar to that of non-abused girls from low conflict families. It appears that it is the combination of being sexually abused and living in a conflictual family environment that is associated with difficulties in psychosocial maturity for sexually abused girls. While this pattern exists for non-abused girls, the results are not as seemingly detrimental to their psychosocial development, perhaps because they do not have to contend with both abuse and difficult family relationships. Interestingly, the relationship that sexually abused girls have with their fathers, whether negative or "neutral", makes little difference to their level of trust. In either situation sexually abused girls have as poor as, or poorer, development of trust compared to non-abused girls. This finding, in combination with a lack of significant association between father support and a girl's mastery of trust, further indicate that the

relationship abused girls have with their fathers may not be as crucial to their development as their relationships with their mothers. This suggests the potentially powerful role and model that mothers may play in the lives of their daughters - particularly during adolescence and particularly for abused girls.

The present study found that the level of conflict with parents was a key family functioning moderator not only for *trust* but for *identity*, *autonomy* and *overall psychosocial maturity*. Conflict with parents was a significant predictor of *identity*, *autonomy*, and *overall psychosocial maturity* for sexually abused girls but did not relate to the mastery of these stages in non-abused girls. In particular, sexually abused girls from high conflict families had significantly lower levels of identity, autonomy, and overall psychosocial maturity but developed similarly to non-abused girls when family conflict was low. Therefore, sexually abused girls seem to develop their sense of identity, autonomy, and their overall level of psychosocial maturity similarly to non-abused girls when in low conflict families but their development of these aspects of psychosocial maturity suffer when there is high conflict in their families. Again, it appears that having to contend with both sexual abuse and poor relations with their parents can be very difficult for abused adolescent girls and can significantly impact on their developmental trajectory. On the other hand, when family functioning is supportive and particularly when there is less family conflict, then the abused girls can fare as well as non-abused girls. This finding provides further support for research findings on resilience that have shown that children who experience trauma, in this case sexual abuse, fare better when they have a positive relationship with at least one

significant adult (see Cohen & Wills, 1985, for a review of the literature). In fact, the present investigation highlighted two of Garmezy's (1985) resilience factors - family cohesion and availability and use of a support system. In contrast to some studies that focus solely on the importance of support (e.g., Williamson et al., 1991; Wyatt & Mickey, 1987), the present investigation found that family cohesion, in the form of low level of conflict with one or both parents, was the most powerful moderator between sexual abuse and psychosocial maturity.

Currently, there is debate in the sexual abuse field as to whether or not the psychological and psychosocial difficulties observed in relation to sexual abuse may be due, at least in part, to the family context in which the abuse is embedded. Alexander and Schaeffer (1994) outlined the importance of family context in incestuous families and Nash, Hulse, Sexton, Harralson, and Lambert (1993) found that many group differences in psychological functioning between sexually abused and non-abused women disappeared when a composite family functioning scale score was used as a covariate. Nash et al. (1993) highlighted the importance of family functioning as a potential moderator of the relation between sexual abuse and later adult psychological distress. They concluded that "for some victims, sexual abuse may be a signal variable that the home environment is profoundly and broadly pathogenic"(p. 282) and that some "impairment among abused women may be a consequence, at least in part, of pathogenic family structure rather than sexual abuse per se"(p. 276). Briere and Elliott (1993), however, are critical of the conclusions that Nash and colleagues (1993) make and cite several methodological issues which they believe challenge the Nash results

and conclusions. They discuss the problems and biases inherent when using covariates, because this may "pre-remove" variance associated with family functioning. They also discuss causal antecedence issues where family functioning and sexual abuse can have reciprocating impacts; removing family functioning assumes that pathogenic family functioning occurred first, when in fact it may be the reverse. Briere and Elliott (1993) suggested the importance of avoiding using family functioning as a covariate and instead suggested using statistical procedures such as multiple regression, in which sexual abuse, along with family functioning and their interaction, are simultaneous independent variables. In fact, the present investigation conducted analyses as Briere and Elliott (1993) outlined and found results that would actually support the conclusions of Nash and colleagues (1993). The present investigation found no main effects for sexual abuse but found main effects for family functioning and significant interactions between family functioning and sexual abuse (at least in relation to psychosocial maturity). Therefore, previous studies that have cited relations between sexual abuse status and some aspects of psychosocial functioning (e.g., Brooks, 1985; Courtois, 1979; Hunter, 1991; Tong, Dip, Oates, & McDowell, 1987) seem to have only presented one side of the picture as they often have failed to measure the family environment. Therefore, they have assumed that sexual abuse status alone is related to psychosocial functioning when in fact the combination of sexual abuse and family functioning is what seems to be the most powerful predictor of psychosocial maturity, judging from the present investigation. This supports the findings of the Nash et al. study (1993) and the methodology suggested by Briere and Elliott (1993). The present

study's findings suggests the importance of incorporating moderational designs when conducting sexual abuse research and, in particular, speaks to the need to focus on underlying family functioning rather than abuse alone.

The fifth hypothesis, that sexually abused adolescent girls would feel significantly older than non-abused girls was also supported. This provides the first empirical support for the clinical observation that victims of sexual abuse often describe feeling older, like they have lost their childhood. As Finkelhor and Browne (1985) describe, victims of sexual abuse often suffer "traumatic sexualization" where they learn about sexuality long before their peers and long before they are developmentally ready to fully deal with and assimilate these experiences. Sexual abuse can condition the child into holding faulty beliefs and assumptions about sexual behaviour (Finkelhor & Browne, 1985). These beliefs may take the form of negative feelings toward sexuality or an expectation that caring comes only through sex. This traumatic sexualization, in combination with a sense of betrayal because a trusted individual has caused them harm, may lead these girls to develop interpersonal difficulties (Blume, 1990). Perhaps these "adult" experiences are what make sexually abused girls feel older than their chronological age. This traumatic experience, in a sense, may push them into adulthood and teach them about sexual relations in a negative fashion. As such, they not only feel like they have lost their childhood but they are moving towards adulthood with a potentially distorted view of relationships and intimacy. This conclusion would certainly fit with past research that has found that sexually abused adult women can have difficulty attaining and maintaining healthy

relationships (e.g., Cole & Putnam, 1992).

The final hypothesis that sexually abused girls would be more likely to be early maturers was also supported in this investigation. The majority of early maturers in this sample were sexually abused. This finding provides a fascinating look at the salience of pubertal timing for sexually abused adolescent girls. Research in the developmental literature has alluded to a potential connection between a stressful environment and the onset of puberty (Belsky, Steinberg, & Draper, 1990; Moffit, Caspi, Belsky, & Silva, 1992). Belsky and colleagues (1990, 1992) theorize that the experience of stress may influence physical maturation by impacting on a girl's metabolism, which in turn can stimulate the onset of puberty. Given the high numbers of sexually abused girls in the present study who were early maturers, it is possible that sexual abuse is a childhood stress that may stimulate the onset of puberty. Indeed, a recent article in the sexual abuse field has also suggested a link between stress and pubertal maturation (Putnam & Trickett, 1993). These authors report that stress may disturb the balance of hormones in a girl's system and could potentially affect the level of gonadal hormones which impact on the timing and progression of puberty. While most research relating stress to hormones would suggest that stress would suppress or delay sexual maturation, Putnam and Trickett cite a study by Surbey (1990) that found that stress was in fact significantly associated with earlier maturation. This is consistent with the findings of Belsky and colleagues (1990, 1992) regarding the relationship between stress and maturation. Putnam and Trickett (1993) also cite a relatively unknown study in the sexual abuse field (Herman-Giddens, Sandler, &

Friedman, 1988) that found that girls who experienced vaginal penetration were more likely to have an earlier onset of puberty. On the basis of findings in animals, these researchers suggested that exposure to male pheromones during the sexual abuse incident may induce earlier sexual maturation in these girls. This research is in its infancy, however, and most of these theories about the mechanism by which sexual abuse and maturation are related is still unknown.

It is also possible that early pubertal maturation may be a risk factor for sexual abuse and perhaps early maturation actually occurs first. While menarche, even in early maturation, usually occurs after the average age of onset of sexual abuse, it is important to remember that menarche is a relatively late event in pubertal development. Height and weight growth, as well as the growth of secondary sexual characteristics, such as breast buds, often begin at least two years prior to menarche. This physical growth towards a more adult-like body would mean that early maturers would look older, sooner - possibly before the average age when sexual abuse occurs. Pubertal development would then be a potential risk factor for sexual abuse. In addition, it is interesting to note that both a history of sexual abuse and a history of early maturation are associated with similar difficulties in adolescent girls such as earlier sexual activity, problem behaviours, and achievement problems (Kendall-Tackett et al., 1993; Stattin & Magnusson, 1990). This further suggests a possible link between these two variables and it will, therefore, be crucial to investigate pubertal maturation and sexual abuse in future research.

Limitations

It should be noted that the present investigation is limited by the size of the sample. Accordingly, some analyses were partly governed by this sample size. First, the sexually abused sample could not be divided into intrafamilial and extrafamilial abuse for any main analyses because of the small sample size. Other research has demonstrated that this may attenuate any significant results because the experiences of intrafamilial and extrafamilial abuse are not differentiated (Briere & Elliott, 1993; Roche, 1995). Secondly, multivariate multiple regression could not be an option for analysis because of a lack of power and, therefore, a series of univariate multiple regressions were conducted. However, the present study's research questions in relation to Erikson's six stages were univariate in nature as it was important to investigate each stage separately. Huberty and Morris (1989) provide support for the univariate analyses conducted in the present investigation because they suggest that carrying out multiple univariate analyses is appropriate when you are addressing univariate questions. Third, several trends were found in the data which may have been significant in analyses with greater statistical power. Despite these limitations, significant results were obtained that confirm prior research and that are consistent with Erikson's theory.

Another limitation to the present investigation was that the sexually abused group contained some participants from the school sample whose abuse experiences were not known in any detail. As such it is possible that the sexual abuse experiences of the school sample could be different from the clinical sample in ways we cannot

know. This limitation also meant that within-group analyses could only be based on the sexually abused adolescents who were in counselling. Nonetheless, given that significant results were found both at the very limited within-group level and for many between group analyses, it is likely that results would be found, and perhaps may be even stronger with a larger sample.

The present investigation is also limited by the fact that results are correlational in nature and causal inferences cannot be made. Therefore, although sexual abuse might arise from negative family dynamics, sexual abuse could produce or exacerbate negative family relationships (Briere & Elliott, 1993). This study cannot yield a definitive answer to this issue. However, the present investigation does highlight the importance of family dynamics in the lives of sexually abused girls, regardless of which, if either, is a "cause" or an "effect".

Finally, the present investigation is limited by the difficulty in understanding how statistically significant differences in psychosocial maturity may relate to clinically significant differences. The authors of the EPSI do not outline any particular cut-off score that would indicate "optimal" resolution of any psychosocial stage. As such, we must surmise what the statistically different scores between abused and non-abused girls may mean. We know that sexually abused girls have lower levels of psychosocial maturity¹³ in comparison to the control group and we also know that sexually abused girls have lower scores in psychosocial maturity compared to other

¹³ Note that in this context psychosocial maturity refers to the previously mentioned psychosocial stages that were lower in the sexually abused girls when family functioning was taken into account. In the interest of space each stage will not be referred to specifically.

normative samples (e.g., Rosenthal et al., 1981). We also know that sexually abused girls were more likely to report "hardly ever" to "sometimes" feeling trusting, autonomous, or having a consistent sense of identity, whereas non-abused girls reported "sometimes" to "almost always" feeling these things. These differences appear to have clinical significance. In addition, the authors of the EPSI describe that higher scores on each scale denote more psychosocial growth or maturity, so it would stand to reason that the significantly lower scores observed for sexually abused girls in the present study seem to indicate that sexually abused girls are "behind" their peers on these psychosocial issues. Finally, Brackney and Westman (1992) used the EPSI in relation to the clinical construct of hopelessness. They found that lower psychosocial scores, as observed for the sexually abused group, were significantly related to a sense of hopelessness. This finding adds further credence to the notion that the differences in psychosocial maturity between abused and non-abused girls are clinically significant.

Implications and Conclusions

Altogether, the present investigation has presented a complex picture of developmental sexual abuse sequelae in adolescent girls. Sexually abused girls by way of their abuse experience and by their propensity toward earlier pubertal maturation may experience a "push" towards adulthood and a perceived loss of childhood. In addition, the developmental path that they take towards identity formation and a healthy level of trust in themselves and others, can be impacted by the combination of sexual abuse and family relationships.

These results have significant implications for future research and therapy with

sexually abused adolescents. The perceived loss of childhood and push towards adulthood may provide an explanation for why sexually abused girls are more likely than non-abused girls to abuse substances, to run away and to engage in promiscuous behaviours (Beitchman et al., 1991; Kendall-Tackett et al., 1993; Runtz & Briere, 1986; Williamson, Borduin, & Howe, 1991). They look older, feel older, and may try to be older. It is also possible that other individuals in these girl's lives may treat them as if they are older. This may further "push" them towards an adult world for which they may not be ready. Therapy with sexually abused adolescents may, therefore, need to focus on helping these girls become comfortable with their development and helping them understand the changes they may have experienced as a result of the abuse. Assisting these girls to work towards an understanding as to why they may have turned to coping attempts such as abusing substances may help these girls to move towards more adaptive coping strategies. Therapy may also need to include time to re-visit being a child in an attempt to re-capture some of the childhood that they may feel they have lost.

The lack of significant findings in relation to psychosocial maturity when looking at sexual abuse status in the absence of family functioning, suggests how much information may be missed with simple research designs. Incorporating moderational models will be vital if we are to develop a broader picture of developmental sexual abuse sequelae and other areas of psychological functioning. The significance of a girl's relationships with her parents as a moderator of sexual abuse and psychosocial maturity provides further support for the power of resilience.

Sexually abused girls can fare as well as non-abused girls when they live in supportive, low conflict environments. Understandably, they have difficulties in developing a trusting and autonomous identity when having to deal with both sexual abuse and poor family functioning. These findings highlight the therapeutic importance of including family issues and family therapy in the recovery process. In particular, the importance of a sexually abused girl's relationship with her mother was evident from the present investigation. This may suggest a need to include mothers in the girls' therapy. All too often mental health professionals in the abuse area rely on individual therapy for their sexually abused clients. While this form of therapy is very useful, it often cannot address the continued functioning of the family that surrounds the adolescent abuse victim. Individual therapy also fails to harness the potential healing power that a mother may bring to a girl's recovery process.

A significant finding from the present investigation is that the *trust* stage of psychosocial development was consistently related to family functioning and sexual abuse. An adolescent girl's mastery of *trust* suffered when she lived in a conflictual family environment and had experienced sexual abuse. This suggests that the development of trust may be particularly vulnerable to the experience of sexual abuse in a conflictual family. It makes intuitive sense that trust can be so adversely impacted by the combination of these experiences. A girl's trust is violated by sexual abuse and shaken by punitive, unsupportive parents. Therefore, a central focus of therapy with sexually abused girls has been, and should continue to be, the issue of trust. However, therapy needs to focus not only on the trust issues that relate to

sexual abuse, but also to issues of trust that may be grounded in the core relationships these girls have or had with their parents. Again, clinicians need to pay attention to the family dynamics for each sexually abused client in addition to the abuse itself.

Researchers and clinicians also need to concentrate on those sexually abused adolescents who come from conflictual homes given that the present study has found that their mastery of trust, autonomy, and identity suffer significantly in comparison to other girls, whether abused or not. These girls may be dealing with conflicting signals about their identity. They feel older, may look older, and yet are psychosocially immature. They may suffer an impairment of self-reference (identity confusion) because they have such mixed messages about who they are and where they should be in their "growing up" process. The experience of being sexually abused, in combination with their earlier sexual maturation, is pushing these girls toward an adult world before their psychosocial development has had a chance to catch up. Their feelings of a loss of childhood may be very real to them and sexually abused girls from conflictual homes may be the most in need of therapeutic intervention.

Future research needs to investigate this subgroup of abused girls more closely. Ideally, a longitudinal design is needed to illuminate the sequence of events in the lives of sexually abused girls. Does early pubertal timing occur before or after sexual abuse? Is conflict with parents a risk factor for abuse or does conflict develop after the abuse has occurred? In addition, future research needs to look further into how family functioning can moderate the relationship between sexual abuse and psychosocial maturity. What other aspects of family functioning, for example, may relate to

psychosocial maturity in sexually abused girls? Is there something about sexual abuse as a trauma that produces the relationship between sexual abuse and subjective age and pubertal maturation? Or would any childhood trauma produce the same results? These questions are still left to be answered. However, what we do know is that sexual abuse is not a discrete event that occurs in a vacuum and recovery from sexual abuse does not exist in isolation from a sexually abused adolescent's living environment. What happens after the abuse may have as much impact, if not more, on how a victim of sexual abuse copes and develops as a person. The potential ability of individuals to overcome trauma when in a supportive and non-conflictual family environment must somehow be used in trauma therapy so that we can help these girls to recover their childhood, mend their trust, and develop a coherent and accepting sense of themselves.

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Appendix A

Parent Letter - Group 1

Dear Parent(s):

I am writing to invite your child to participate in the **YOUTH AND FAMILY RELATIONS STUDY** - a study which I am conducting under the supervision of Dr. Marsha Runtz (University of Victoria) through the Child Sexual Abuse Society (CSAS), over the following year. I am an M.A. student at the University of Victoria in clinical and developmental psychology and I am particularly interested in the impact that sexual abuse can have on adolescent girls and how one can best assist those who have experienced sexual abuse.

The purpose of my study is to examine how sexually abused adolescents feel about themselves and the kinds of things that may provide support and help to them. It is important to study the impact that sexual abuse has on youth, so as to provide valuable information as to the best way to help them deal with their circumstances.

To explore these issues I am asking those girls, who are in therapy at the Child Sexual Abuse Society and are between the ages of 12 to 18, to complete a questionnaire that asks questions about how they feel about themselves, their families, and the abuse. Some questions may be of a sensitive nature to the child as a few questions relate, in general, to the abuse situation. However, similar questions are asked during the CSAS's regular intake procedure and are quite routine.

Any information gathered during the study will remain confidential and your child's identity will not be revealed. Consent forms will be sealed in an envelope and will not be stored with the questionnaires. Questionnaires will contain no identifying information. The researchers will not see the names of you or your daughter, as the consent forms will be sealed in envelopes and stored unopened in a locked filing cabinet. Your child will have an opportunity to talk with the researcher and ask questions at any time throughout the study. Participants of the study will fill out the 30 - 40 minute questionnaire at the CSAS in one of the counselling rooms. Juice and cookies will be provided for the participants and they will receive stickers at the end to show our appreciation for their time.

Summary information of the results of the study will be provided through the CSAS once the study is completed. As all questionnaires are only identified through code number (to insure confidentiality), information on any one individual will not be available and the summary data will be based on groups of study participants.

If your child is interested in volunteering for this study and you give your permission, please fill out and return the informed consent form to the CSAS and a time will be set up for your child to fill out the questionnaire.

If you have any questions about the study please telephone me or Dr. Marsha Runtz at 721-7546. Thank you for your time and consideration.

Respectfully,

Pamela Turner, B.Sc.
M.A. Candidate

Appendix A

Parent Letter (Active consent) - Group 2

Dear Parent(s):

I am writing to invite your child to participate in the **YOUTH AND FAMILY RELATIONS STUDY (YAFRS)** - a study which I am conducting under the supervision of Dr. Marsha Runtz (University of Victoria) through the Victoria, Saanich and Sooke School Districts, over the following year. I am an M.A. student at the University of Victoria in clinical and developmental psychology and I am particularly interested in adolescent development within the larger family context.

The purpose of my study is to examine how adolescents feel about themselves and their families and how different life experiences may impact on these views. To explore these issues I am asking those adolescents between the ages of 12 to 18 to complete a brief questionnaire. This questionnaire asks questions about how they see themselves - such as how autonomous they feel or in what ways their bodies are changing physically; and how they feel about their families - such as how much time they spend with a given family member.

For this particular study we are looking for adolescents who have not experienced, either recently or in the past, any form of sexual abuse. If, to the best of your knowledge, he/she has not experienced this trauma, then your child is encouraged to participate. We are not trying to discriminate against any person or group of persons, but are interested in looking at how adolescents with "average" life experiences feel about themselves and their families. Please do not feel that by deciding not to let your son or daughter participate in our study that anyone will assume that sexual abuse is the reason. There are several reasons why people choose or do not choose to participate in a research study (e.g., the student does not want to participate, or you are philosophically opposed) and no assumptions can be made in this regard. We are sending these letters out to all potential participants and we will never know who chose not to participate - we will never have access to any names. It should also be clarified that we will not be asking your children any questions about any sexual experiences - abuse or otherwise; we are merely screening out anyone with these experiences through this letter to you.

Any information gathered during the study will remain confidential and your child's identity will not be revealed. Consent forms will be sealed in an envelope and will not be stored with the questionnaires. Your child will have an opportunity to call and talk with the researcher and ask questions at any time throughout the study. Participants of the study will fill out the 30 - 40 minute questionnaire in groups at their school.

Summary information of the results of the study will be provided through the school once the study is completed. As all questionnaires are only identified through code number (to insure confidentiality), information on any one individual will not be available and the summary data will be based on groups of study participants.

If your child is interested in volunteering for this study and you give your permission, please fill out and return the informed consent form to your child's school, and a time will be set up for your child to fill out the questionnaire.

If you have any questions about the study please telephone me or Dr. Marsha Runtz at 721-7546. Thank you for your time and consideration.

Respectfully,

Pamela Turner, B.Sc.
M.A. Candidate

Appendix A

Parent Letter (Passive consent) - Group 2

Dear Parent(s):

I am writing to invite your child to participate in the **YOUTH AND FAMILY RELATIONS STUDY (YAFRS)** - a study which I am conducting under the supervision of Dr. Marsha Runtz (University of Victoria) through the Victoria, Saanich and Sooke School Districts, over the following year. I am an M.A. student at the University of Victoria in clinical and developmental psychology and I am particularly interested in adolescent development within the larger family context.

The purpose of my study is to examine how adolescents feel about themselves and their families and how different life experiences may impact on these views. To explore these issues I am asking those adolescents between the ages of 12 to 18 to complete a brief questionnaire. This questionnaire asks questions about how they see themselves - such as how autonomous they feel or in what ways their bodies are changing physically; and how they feel about their families - such as how much time they spend with a given family member.

For this particular study we are looking for adolescents who have not experienced, either recently or in the past, any form of sexual abuse. If, to the best of your knowledge, he/she has not experienced this trauma, then your child is encouraged to participate. We are not trying to discriminate against any person or group of persons, but are interested in looking at how adolescents with "average" life experiences feel about themselves and their families. Please do not feel that by deciding not to let your son or daughter participate in our study that anyone will assume that sexual abuse is the reason. There are several reasons why people choose or do not choose to participate in a research study (e.g., the student does not want to participate, or you are philosophically opposed) and no assumptions can be made in this regard. We are sending these letters out to all potential participants and we will never know who chose not to participate - we will never have access to any names. It should also be clarified that we will not be asking your children any questions about any sexual experiences - abuse or otherwise; we are merely screening out anyone with these experiences through this letter to you.

Any information gathered during the study will remain confidential and your child's identity will not be revealed. Consent forms will be sealed in an envelope and will not be stored with the questionnaires. Your child will have an opportunity to call and talk with the researcher and ask questions at any time throughout the study. Participants of the study will fill out the 30 - 40 minute questionnaire in groups at their school.

Summary information of the results of the study will be provided through the school once the study is completed. As all questionnaires are only identified through code number (to insure confidentiality), information on any one individual will not be available and the summary data will be based on groups of study participants.

Please read the consent form enclosed. This form must be returned to your child's school, if you do not wish for your child to participate in this study.

If you have any questions about the study please telephone me or Dr. Marsha Runtz at **721-7546**. Thank you for your time and consideration.

Respectfully, Pamela Turner, B.Sc.

Appendix B

Informed Consent Form for Parents - Group 1

This is to certify that I give permission for my child to participate in the "**Youth and Family Relations Study**" (YAFRS) being conducted by Pamela Turner under the supervision of Dr. Marsha Runtz of the Department of Psychology at the University of Victoria.

I understand that my child will complete the YAFRS questionnaire at the Child Sexual Abuse Society (CSAS). I am aware of the fact that my child's participation is voluntary and that she may refuse to answer any items on the questionnaire and may withdraw from the study at any time. I also understand that I may withdraw my consent and terminate my child's participation in the study at any time.

The purpose and procedure of the study have been explained and I understand this explanation. I am aware of the fact that some questions may be of a sensitive nature to my child, as a few questions relate, in general, to the abuse situation that they experienced.

I know that the Child Sexual Abuse Society has given permission for this research to be carried out, but that it is not a requirement of my child's counselling.

I understand that any data collected during the study will remain confidential and that my child's identity will not be revealed. I understand that this information will be filed by code number only, and that the consent forms will not be stored with the questionnaire. Consent forms will be stored in a locked file at the University. The CSAS support worker or the participant will have put the consent forms from parents and participants in a sealed envelope and the researcher will not know the names of who participated. Questionnaires will be stored in a secure file in a locked room at the University of Victoria. No identifying information will be on the questionnaire.

Summary information provided following the study will be based on groups of participants only and information will not be based on any one individual in the study.

DATE: _____

PARENT OR GUARDIAN SIGNATURE: _____

CHILD'S NAME: _____

PLEASE SEAL THIS IN THE ENVELOPE PROVIDED AND HAVE YOUR CHILD BRING THIS TO HER NEXT COUNSELLING SESSION

Appendix B

Active Informed Consent Form for Parents - Group 2

This is to certify that I give permission for my child to participate in the "**Youth and Family Relations Study**" (YAFRS) being conducted by Pamela Turner, under the supervision of Dr. Marsha Runtz, of the Department of Psychology at the University of Victoria.

I understand that my child will complete the YAFRS questionnaire at his/her school. I am aware of the fact that my child's participation is voluntary and that he/she may refuse to answer any items on the questionnaire and may withdraw from the study at any time. I also understand that I may withdraw my consent and terminate my child's participation in the study at any time.

The purpose and procedure of the study have been explained and I understand this explanation.

I know that the Greater Victoria School District has given permission for this research to be carried out, but that it is not a requirement of my child's schooling.

I understand that any data collected during the study will remain confidential and that my child's identity will not be revealed. I understand that this information will be filed by code number only, and that the consent forms will not be stored with the questionnaire. All data will be kept in secure files in a locked room.

Summary information provided following the study will be based on groups of participants only and information will not be based on any one individual in the study.

DATE: _____

PARENT OR GUARDIAN SIGNATURE: _____

CHILD'S NAME: _____

**PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL
PRIOR TO THE QUESTIONNAIRE SESSION
(HAVE YOUR CHILD RETURN THIS FORM TO THE APPROPRIATE TEACHER)**

Appendix B

Passive Informed Consent Form for Parents - Group 2

**PLEASE READ THIS FORM CAREFULLY
RETURN THIS FORM IF YOU DO NOT WANT YOUR CHILD TO
PARTICIPATE IN THE STUDY. PERMISSION FOR YOUR CHILD TO
PARTICIPATE IN THE Y.A.F.R.S. WILL BE ASSUMED IF THIS FORM IS
NOT RETURNED.**

I understand that by NOT returning this form, I give permission for my child to participate in the "**Youth and Family Relations Study**" (YAFRS) being conducted by Pamela Turner, under the supervision of Dr. Marsha Runtz, of the Department of Psychology at the University of Victoria.

If my child participates, I understand that he/she will complete the YAFRS questionnaire at his/her school. I am aware of the fact that my child's participation is voluntary and that he/she may refuse to answer any items on the questionnaire and may withdraw from the study at any time. I also understand that I may withdraw my consent and terminate my child's participation in the study at any time.

The purpose and procedure of the study have been explained and I understand this explanation.

I know that the Saanich School District has given permission for this research to be carried out, but that it is not a requirement of my child's schooling.

I understand that any data collected during the study will remain confidential and that my child's identity will not be revealed. I understand that this information will be filed by code number only, and that the consent forms will not be stored with the questionnaire. All data will be kept in secure files in a locked room.

Summary information provided following the study will be based on groups of participants only and information will not be based on any one individual in the study.

PLEASE CHECK HERE IF YOU DO NOT GIVE PERMISSION FOR YOUR CHILD TO PARTICIPATE IN THE Y.A.F.R.S. _____

DATE: _____

PARENT OR GUARDIAN SIGNATURE: _____

CHILD'S NAME: _____

PLEASE HAVE YOUR CHILD RETURN THIS FORM TO THE APPROPRIATE TEACHER, PRIOR TO THE QUESTIONNAIRE SESSION, AND THIS WILL VERIFY THAT YOUR CHILD WILL NOT ATTEND THIS ONE CLASS ON TESTING DAY. Please note that the researchers will not receive these forms and will have no knowledge of who did not participate.

Appendix C

Participant Informed Consent Form - Group 1

I am willing to participate in the "**Youth and Family Relations Study**"(YAFRS), being conducted by Pamela Turner under the supervision of Dr. Marsha Runtz of the Department of Psychology, at the University of Victoria.

I understand that the purpose of the study is to look at how young people view themselves and their families. I am aware of the fact that some questions may be of a sensitive nature as they deal with abuse issues. To gather this information the researcher is asking me to fill out the **YAFRS Questionnaire**.

I understand that my participation is voluntary (I am choosing to do it). I know that I may refuse to answer any items on the questionnaire and that I may withdraw or leave the study at any time.

I know that the Child Sexual Abuse Society has given permission for this research to be carried out, but that it is not a requirement of my counselling.

I understand that any information collected during this study will remain confidential (no one will be told about it). Questionnaires will be kept in a locked room and will be identified only by code number - there will be no names on the questionnaire. I also understand that this consent form will not be stored with the questionnaire.

I understand that the results and summaries of the information collected will be based on groups of study participants and not on any one individual.

I know that if I have any questions about the study, that I may call and ask the researchers at 721-7546.

DATE: _____

PRINT NAME: _____

SIGNATURE: _____

**THIS FORM WILL BE SEALED IN AN ENVELOPE AND GATHERED
PRIOR TO YOUR COMPLETING THE QUESTIONNAIRE**

Appendix C

Participant Informed Consent Form - Group 2

I am willing to participate in the "**Youth and Family Relations Study**"(YAFRS), being conducted by Pamela Turner under the supervision of Dr. Marsha Runtz of the Department of Psychology, at the University of Victoria.

I understand that the purpose of the study is to look at how young people view themselves and their families. To gather this information the researcher is asking me to fill out the **YAFRS Questionnaire**.

I understand that my participation is voluntary (I am choosing to do it). I know that I may refuse to answer any items on the questionnaire and that I may withdraw or leave the study at any time.

I understand that whether I participate or chose not to participate will have no bearing to my school work (in other words, the school will not see my questionnaire and my marks in school will not be affected).

I understand that any information collected during this study will remain confidential (no one will be told about it). Questionnaires will be kept in a locked room and will be identified only by code number - there will be no names on the questionnaire. I also understand that this consent form will not be stored with the questionnaire.

I understand that the results and summaries of the information collected will be based on groups of study participants and not on any one individual.

I know that if I have any questions about the study, that I may call and ask the researchers at 721-7546.

DATE: _____

PRINT NAME: _____

SIGNATURE: _____

**THIS FORM WILL BE SEALED IN AN ENVELOPE AND GATHERED
PRIOR TO YOUR COMPLETING THE QUESTIONNAIRE**

Appendix D

Victoria Child Sexual Abuse Society Intake Sheet

PERSONAL INFORMATION

Sex F M

Age _____

DOB _____

Secondary victims _____

ABUSE INFORMATION

Relationship of offender to client _____

Age of offender _____

Age of child at time of abuse _____

Duration of abuse _____

Abusive incident (s) _____

Who they disclosed to: _____

Indicators _____

Additional Information _____

Is this the first abuse incident: yes no

If no, please explain. _____

Appendix E

Demographics Questionnaire

Please read the following questions and check or circle the appropriate answer, or fill in the blanks. You are free to refuse to answer any item.

1. I am _____ years old. My birth date is: _____ / _____ / _____
DAY MONTH YEAR

2. Sex: (circle one) Female Male

3. I am in grade _____.

4. My parent(s) are: (Please check one)

- _____ Single, never married
- _____ Unmarried, living together
- _____ married
- _____ separated
- _____ divorced
- _____ remarried
- _____ widowed

5. If your mother is working, what job does your **mother** do?
(Specify if she is unemployed or a homemaker)

6. If your father is working, what job does your **father** do?
(Specify if he is unemployed or a homemaker)

7. What is the highest level of education your **mother** completed?
(Circle One)

- A. Did not finish High School
- B. Finished High School
- C. Some College, Technical School, or University
- D. Finished College, Technical School, or University
- E. More than that (for example - graduate school or medical school)
- F. I don't know

8. What is the highest level of education your **father** completed?
(Circle One)

- A. Did not finish High School
- B. Finished High School
- C. Some College, Technical School, or University
- D. Finished College, Technical School, or University
- E. More than that (for example - graduate school or medical school)
- F. I don't know

9. Please circle one of the following:

Right now, I live with

- a. both natural parents
- b. both adoptive parents
- c. natural or adoptive mother and stepfather
- d. natural or adoptive father and stepmother
- e. natural or adoptive mother and boyfriend
- f. natural or adoptive father and girlfriend
- g. mother only (natural or adoptive)
- h. father only (natural or adoptive)
- i. foster parents or group home
- j. someone else (e.g., grandparents, other relatives)
- k. on my own

10. Fill in the blanks for the following 4 statements.
(Put correct number in, including 0).

- I have _____ older sisters.
- I have _____ older brothers.
- I have _____ younger sisters.
- I have _____ younger brothers

11. Please put a check by the statement that is true for you.

- _____ I am the oldest of my siblings (brothers and sisters)
- _____ I am the youngest of my siblings (brothers and sisters)
- _____ I am in the middle - I have some younger and some older siblings
- _____ I am an only child

12. Where are you living right now?
(Please put a check by the appropriate line)

- In Greater Victoria _____
- In Saanich _____
- In the Western Communities _____
- Other (please specify): _____

13. Are you currently seeing a counsellor? YES NO

14. If you are seeing a counsellor, for how long? (Circle One)

- a. less than 1 month or only a few times (1-3)
- b. 2 months to 6 months or a medium amount of times (4-8)
- c. 7 months or more or quite a few times (9-20 or more)

15. What is the main reason for you seeing a counsellor? (Please be brief)

16. If you are not seeing a counsellor now, were you in the past? YES NO

17. If you were seeing a counsellor in the past, for how long?
(Circle One)

- a. less than 1 month or only a few times (1-3)
- b. 2 months to 6 months or a medium amount of times (4-8)
- c. 7 months or more or quite a few times (9-20 or more)

18. What was the main reason for you seeing a counsellor, in the past?
(Please be brief)

19. Have you and/or your family gone through any really stressful experiences (e.g. divorce, death in the family, moving) in the past?

YES NO

20. If you answered YES to #18, then please name the one most stressful experience for you.

Appendix F

Erikson Psychosocial Stage Inventory

Indicate how much you feel each statement below is true for you by circling the appropriate number based on the following scale:

	1-----	2-----	3-----	4-----	5
	Hardly ever True		Sometimes True		Almost Always True
1. I am able to take things as they come.	1	2	3	4	5
2. I can't make sense of my life.	1	2	3	4	5
3. I wish I had more self-control.	1	2	3	4	5
4. I get embarrassed when someone begins to tell me personal things.	1	2	3	4	5
5. I can't make up my own mind about things.	1	2	3	4	5
6. I change my opinion of myself a lot.	1	2	3	4	5
7. I am able to be first with new ideas.	1	2	3	4	5
8. I'm never going to get anywhere in this world.	1	2	3	4	5
9. I'm ready to get involved with a special person.	1	2	3	4	5
10. I've got a clear idea of what I want to be.	1	2	3	4	5
11. I feel mixed up.	1	2	3	4	5
12. I find the world a very confusing place.	1	2	3	4	5
13. I know when to please myself and when to please others.	1	2	3	4	5
14. The important things in life are clear to me.	1	2	3	4	5
15. I don't seem to be able to achieve my ambitions.	1	2	3	4	5
16. I don't seem to have the ability that most others have got.	1	2	3	4	5
17. I've got it together.	1	2	3	4	5
18. I know what kind of person I am.	1	2	3	4	5
19. I worry about losing control of my feelings.	1	2	3	4	5
20. I have few doubts about myself.	1	2	3	4	5
21. I rely on other people to give me ideas.	1	2	3	4	5
22. I don't enjoy working.	1	2	3	4	5
23. I think I must be basically bad.	1	2	3	4	5
24. Other people understand me.	1	2	3	4	5
25. I'm a hard worker.	1	2	3	4	5
26. I feel guilty about many things.	1	2	3	4	5
27. I'm warm and friendly.	1	2	3	4	5
28. I really believe in myself.	1	2	3	4	5

29. I can't decide what I want to do with my life.	1	2	3	4	5
30. It's important to me to be completely open with my friends.	1	2	3	4	5
31. I find that good things never last long.	1	2	3	4	5
32. I feel I am a useful person to have around.	1	2	3	4	5
33. I keep what I really think and feel to myself.	1	2	3	4	5
34. I'm an energetic person who does lots of things.	1	2	3	4	5
35. I'm trying hard to achieve my goals.	1	2	3	4	5
36. Things and people usually turn out well for me.	1	2	3	4	5
37. I have a strong sense of what it means to be female.	1	2	3	4	5
38. I think the world and people in it are basically good.	1	2	3	4	5
39. I am ashamed of myself.	1	2	3	4	5
40. I'm good at my work.	1	2	3	4	5
41. I think it's crazy to get too involved with people.	1	2	3	4	5
42. People are out to get me.	1	2	3	4	5
43. I like myself and am proud of what I stand for.	1	2	3	4	5
44. I don't really know what I'm on about.	1	2	3	4	5
45. I can't stand lazy people.	1	2	3	4	5
46. I can stop myself doing things I shouldn't be doing.	1	2	3	4	5
47. I find myself expecting the worst to happen.	1	2	3	4	5
48. I care deeply for others.	1	2	3	4	5
49. I find I have to keep up a front when I'm with people.	1	2	3	4	5
50. I find myself denying things even though they are true.	1	2	3	4	5
51. I don't really feel involved.	1	2	3	4	5
52. I waste a lot of time doing nothing.	1	2	3	4	5
53. I'm as good as other people.	1	2	3	4	5
54. I like to make my own choices.	1	2	3	4	5
55. I don't feel confident of my judgment.	1	2	3	4	5
56. I'm basically a loner.	1	2	3	4	5
57. I cope very well.	1	2	3	4	5
58. I'm not much good at things that need brains or skill.	1	2	3	4	5
59. I have a close physical and emotional relationship with another person.	1	2	3	4	5
60. I stick with things until they're finished.	1	2	3	4	5
61. I'm a follower rather than a leader.	1	2	3	4	5
62. I can take care of myself.	1	2	3	4	5
63. I find it hard to make up my mind.	1	2	3	4	5
64. I trust people.	1	2	3	4	5
65. I like my freedom and don't want to be tied down.	1	2	3	4	5
66. I like new adventures.	1	2	3	4	5
67. I prefer not to show too much of myself to others.	1	2	3	4	5
68. I don't get things finished.	1	2	3	4	5
69. I like finding out about new things or places.	1	2	3	4	5
70. I don't get much done.	1	2	3	4	5

71. Being alone with other people makes me
feel uncomfortable.

1 2 3 4 5

72. I find it easy to make close friends.

1 2 3 4 5

Appendix G

Network of Relationships Inventory

(Used by Permission)

The following questions ask you about your relationships with some of the people in your family. Specifically we want to know about your relationships with your mother (or step-mother), and your father (or step-father). If you have both a mother and step-mother (or father and step-father) then describe your relationship with the one that you live with, or live with the most.

We also want to know about your relationship with another significant person who is most important to you (besides your mother or father).

Please specify the other significant person who is most important to you besides your mother or father, (for example: an aunt, uncle, grandparent, family friend etc.) _____.

Please circle one number, in each question, as to how true the statement is for your relationship with each person. (For each question there should be 3 numbers circled - one for your mother, one for your father, and one for another adult or relative).

1. How much free time do you spend with this person?

		Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----		1	2	3	4	5
Father -----		1	2	3	4	5
Other -----		1	2	3	4	5

2. How much do you and this person get upset with or mad at each other?

		Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----		1	2	3	4	5
Father -----		1	2	3	4	5
Other -----		1	2	3	4	5

3. How much does this person teach you how to do things that you don't know?

		Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----		1	2	3	4	5
Father -----		1	2	3	4	5
Other -----		1	2	3	4	5

4. How satisfied are you with your relationship with this person?

	Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

5. How much do you tell this person everything?

	Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

6. How much do you help this person with things she/he can't do by him/herself?

	Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

7. How much does this person like or love you?

	Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

8. How much does this person punish you?

	Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

9. How much does this person treat you like you're admired and respected?

	Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

10. Who tells the other person what to do more often, you or this person?

	Seldom or not at all	Sometimes	Often	Extremely Often	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

11. How sure are you that this relationship will last no matter what?

	Little or Not Sure	Somewhat	Very Much	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

12. How much do you play around and have fun with this person?

	Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

13. How much do you and this person disagree and quarrel?

	Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

14. How much does this person help you figure out or fix things?

	Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

15. How happy are you with the way things are between you and this person?

	Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

16. How much do you share your secrets and private feelings with this person?

	Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

17. How much do you protect and look out for this person?

	Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

18. How much does this person really care about you?

	Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

19. How much does this person discipline you for disobeying him/her?

	Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

20. How much does this person treat you like you're good at many things?

	Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

21. Between you and this person, who tends to be boss in this relationship?

	He/She Almost Always Does	He/She Often Does	About the Same	I Often Do	I Almost Always Do
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

22. How sure are you that your relationship will last in spite of fights?

	Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

23. How often do you go places and do enjoyable things with this person?

	Little or Never	Sometimes	A Lot	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

24. How much do you and this person argue with each other?

	Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

25. How often does this person help you when you need to get something done?

	Little or Never	Sometimes	A Lot	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

26. How good is your relationship with this person?

	Not Good	Somewhat Good	Very Good	Great	The Best
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

27. How much do you talk to this person about things that you don't want others to know?

	Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

28. How much do you take care of this person?

	Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

29. How much does this person have a strong feeling of affection (loving or liking) toward you?

	Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

30. How much does this person scold you for doing something you're not supposed to do?

	Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

31. How much does this person like or approve of the things you do?

	Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

32. In your relationship with this person, who tends to take charge and decides what should be done?

	He/She Almost Always Does	He/She Often Does	About the Same	I Often Do	I Almost Always Do
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

33. How sure are you that your relationship will continue in the years to come?

	Little or None	Somewhat	Very Much	Extremely Much	The Most
Mother -----	1	2	3	4	5
Father -----	1	2	3	4	5
Other -----	1	2	3	4	5

Appendix H

Issues Checklist
(Same format for fathers)

Below is a list of things that sometimes get talked about at home. For each topic that you and your **MOTHER** have discussed during the last 2 weeks, indicate how angry the discussions were. (Circle the appropriate number). If a topic has not been discussed, do not circle anything.

	Very Calm	2	Angry 3	4	Very Angry 5
1. Cleaning up bedroom	1	2	3	4	5
2. Putting away clothes	1	2	3	4	5
3. Which clothes to wear	1	2	3	4	5
4. How neat clothes look	1	2	3	4	5
5. Making too much noise at home	1	2	3	4	5
6. Table manners	1	2	3	4	5
7. Cursing	1	2	3	4	5
8. How money is spent	1	2	3	4	5
9. Allowance	1	2	3	4	5
10. Drugs	1	2	3	4	5
11. Drinking beer or other liquor	1	2	3	4	5
12. Buying records, games, toys and things	1	2	3	4	5
13. Helping out around the house	1	2	3	4	5
14. Smoking	1	2	3	4	5
15. Earning money away from the house	1	2	3	4	5

Appendix I

Pubertal Development Scale

1. Have you grown taller in the last 6 months? (This is called a growth spurt).
(Circle appropriate number)

1. No
2. Yes, a little
3. Yes, some
4. Yes, a lot
5. I don't know

2. Do you have body hair (underarm and pubic hair) yet?
(Circle appropriate number)

1. No
2. Yes, a little
3. Yes, some
4. Yes, a lot
5. I don't know

3. Has your skin started to change yet (e.g. pimples)?
(Circle appropriate number)

1. No
2. Yes, a little
3. Yes, some
4. Yes, a lot
5. I don't know

4. Have your breasts started to develop (grow) yet?
(Circle appropriate number)

1. No
2. Yes, a little
3. Yes, some
4. Yes, a lot
5. I don't know

5. Have you begun to menstruate (have your period)?

1. NO
2. YES

6. If YES, how old were you when you first began to menstruate? _____ years _____ months

Appendix J

Subjective Age Scale

Respond to the following statements with the following options:

1 = A LOT YOUNGER THAN MY AGE

4 = THE AGE I AM

7 = A LOT OLDER THAN MY AGE

	A lot Younger		The age I am			A lot Older	
1) Compared to most girls my age, most of the time I feel:	1	2	3	4	5	6	7
2) Compared to most girls my age, most of the time I look:	1	2	3	4	5	6	7
3) My interests and activities are most like those girls who are:	1	2	3	4	5	6	7
4) If I could pick out the age I would like to be right now, I would like to be:	1	2	3	4	5	6	7
5) My parents treat me as if I am:	1	2	3	4	5	6	7
6) My girl friends act towards me as if I am:	1	2	3	4	5	6	7
7) Boys act towards me as if I am:	1	2	3	4	5	6	7

Appendix K

Sexual Abuse Scale for Children

This is just a reminder that **all** items, including the following questions, will be kept private and no one, not even the researchers, will know who answered the questionnaire.

You are coming to this counselling centre to talk about something that has happened to you.

When this happened did someone:

1. Talk to you about sex in a way that made you feel uncomfortable.

YES _____ NO _____ (Please put a check by yes or no)

If yes, was this: (Please put a check in the appropriate blanks)

Very distressing _____ Somewhat distressing _____ Not very distressing _____
Forced _____ Somewhat forced _____ Not forced _____

Number of times this occurred with this person (**please write in a number**) _____

The age you were when this first happened to you _____

2. Ask or request that you do something sexual

YES _____ NO _____ (Please put a check by yes or no)

If yes, was this: (Please put a check in the appropriate blanks)

Very distressing _____ Somewhat distressing _____ Not very distressing _____
Forced _____ Somewhat forced _____ Not forced _____

Number of times this occurred with this person (**please write in a number**) _____

The age you were when this first happened to you _____

3. Kiss and hug you in a sexual way.

YES _____ NO _____ (Please put a check by yes or no)

If yes, was this: (Please put a check in the appropriate blanks)

Very distressing _____ Somewhat distressing _____ Not very distressing _____
Forced _____ Somewhat forced _____ Not forced _____

Number of times this occurred with this person (**please write in a number**) _____

The age you were when this first happened to you _____

4. Did someone show you the sexual parts of his/her body.

YES _____ NO _____ (Please put a check by yes or no)

If yes, was this: (Please put a check in the appropriate blanks)

Very distressing _____ Somewhat distressing _____ Not very distressing _____

Forced _____ Somewhat forced _____ Not forced _____

Number of times this occurred with this person (**please write in a number**) _____

The age you were when this first happened to you _____

Did someone:**5. Get you to show your sexual body parts to that person.**

YES _____ NO _____ (Please put a check by yes or no)

If yes, was this: (Please put a check in the appropriate blanks)

Very distressing _____ Somewhat distressing _____ Not very distressing _____

Forced _____ Somewhat forced _____ Not forced _____

Number of times this occurred with this person (**please write in a number**) _____

The age you were when this first happened to you _____

6. Touch or fondle your sexual body parts.

YES _____ NO _____ (Please put a check by yes or no)

If yes, was this: (Please put a check in the appropriate blanks)

Very distressing _____ Somewhat distressing _____ Not very distressing _____

Forced _____ Somewhat forced _____ Not forced _____

Number of times this occurred with this person (**please write in a number**) _____

The age you were when this first happened to you _____

7. Get you to touch or fondle their sexual body parts.

YES _____ NO _____ (Please put a check by yes or no)

If yes, was this: (Please put a check in the appropriate blanks)

Very distressing _____ Somewhat distressing _____ Not very distressing _____

Forced _____ Somewhat forced _____ Not forced _____

Number of times this occurred with this person (**please write in a number**) _____

The age you were when this first happened to you _____

8. Attempt to have intercourse (sex) with you.

YES _____ NO _____ (Please put a check by yes or no)

If yes, was this: (Please put a check in the appropriate blanks)

Very distressing _____ Somewhat distressing _____ Not very distressing _____

Forced _____ Somewhat forced _____ Not forced _____

Number of times this occurred with this person (**please write in a number**) _____

The age you were when this first happened to you _____

9. Have intercourse (sex) with you.

YES _____ NO _____ (Please put a check by yes or no)

If yes, was this: (Please put a check in the appropriate blanks)

Very distressing _____ Somewhat distressing _____ Not very distressing _____

Forced _____ Somewhat forced _____ Not forced _____

Number of times this occurred with this person (**please write in a number**) _____

The age you were when this first happened to you _____

10. Did someone do anything else to you that was sexual?**(Please specify):** _____**Was this:** (Please put a check in the appropriate blanks)

Very distressing _____ Somewhat distressing _____ Not very distressing _____

Forced _____ Somewhat forced _____ Not forced _____

Number of times this occurred with this person (**please write in a number**) _____

The age you were when this first happened to you _____

If you answered YES to any of the questions above (1 to 10):

Who was the person who did these things to you? (e.g., a stranger, a teacher, your father, your mother, uncle, aunt, sister, brother, neighbour, friend of the family, cousin, etc.)

Please do not write any actual names, just who the person was in relation to you

Was this person: Male _____ Female _____

Was there more than one person who did these things to you? **YES** **NO**

Did you tell anyone about what happened?

YES **NO**

If you did tell someone, who did you tell (e.g., friend, parent, teacher)?

Please do not write any actual names

Appendix L

Debriefing Sheet - Group 1**YOUTH AND FAMILY RELATIONS STUDY**

THANK-YOU for participating in the YAFRS. The time and effort you spent in filling out my questionnaire is greatly appreciated.

The purpose of the YAFRS was to investigate how adolescent females feel about themselves and their families and how different life experiences may impact on these views. This is why some of the questions you answered were in relation to any sexual abuse experience(s). Questions about how you see yourself, and how you see your family, or others in your life, questions about your body, about how old you feel, and about who you live with, were asked so that we can get a better understanding of what it is like to be a teenager under various circumstances.

Just to remind you, all information gathered during this study is confidential and no one will know who filled out what questionnaire. I will also not see the names of you or your parents, so I will never know who you are. This means you have complete confidentiality. Summary information about the study will be based on groups of study participants only. If you have any questions about the study please call me (Pamela Turner) or my supervisor Dr. Marsha Runtz at 721-7546.

If any of the questions brought up issues that have bothered or upset you in any way, please call and talk to your counsellor here at the Victoria CSAS (370-2111) or the CSAS intake worker. If no one is available and you need to talk, you can call the Crisis & Information Line (386-6323) or the Kids Help Phone (1-800-668-6868).

Once again, THANK-YOU for volunteering to participate in this study - without you this study would not be possible.

Respectfully,

Pamela Turner

Appendix L

Debriefing Sheet - Group 2**YOUTH AND FAMILY RELATIONS STUDY**

THANK-YOU for participating in the YAFRS. The time and effort you spent in filling out my questionnaire is greatly appreciated.

The purpose of the YAFRS was to investigate how adolescents feel about themselves and their families and how different life experiences may impact on these views. Questions about how you see yourself, and how you see your family or others in your life, questions about your body, about how old you feel, and about who you live with, were asked so that we can get a better understanding of what it is like to be a teenager. Adolescents from a variety of different organizations and schools are participants in this study and this will help us to understand some of the similarities and differences between teenagers in today's world. We think that families are important in an adolescent's life.

Just to remind you, all information gathered during this study is confidential and no one will know who filled out what questionnaire. I will also not see the names of you or your parents, so I will never know who you are. This means you have complete confidentiality. Summary information about the study will be based on groups of study participants only. If you have any questions about the study please call me (Pamela Turner) or my supervisor Dr. Marsha Runtz at 721-7546.

If any of the questions brought up issues that have bothered or upset you in any way, please know that you can call the NEED Crisis & Information Line (386-6323) or the Kids Help Phone (1-800-668-6868).

Once again, THANK-YOU for volunteering to participate in this study - without you this study would not be possible.

Respectfully,

Pamela Turner

Appendix M

Counterbalancing of the Questionnaire

Questionnaire Version 1

Demographics Questionnaire
Erikson Psychosocial Stage Inventory
Sexual Abuse Scale for Children*
Network of Relationships Inventory
Subjective Age Scale
Pubertal Development Scale
Issues Checklist

Questionnaire Version 2

Demographics Questionnaire
Network of Relationships Inventory
Issues Checklist
Sexual Abuse Scale for Children*
Erikson Psychosocial Stage Inventory
Subjective Age Scale
Pubertal Development Scale

* The questionnaire for Group 2 did not contain this measure

Appendix N

Intercorrelations for the EPSI

EPSI Subscale	1	2	3	4	5	6
1. TRU						
2. AUT	.65					
3. INI	.62	.61				
4. IND	.66	.65	.65			
5. IDE	.79	.75	.61	.71		
6. INT	.43	.34	.56	.29	.44	
7. TOT	.86	.83	.82	.83	.89	.62

Note. TRU = trust, AUT = autonomy, INI = initiative, IND = industry, IDE = identity, INT = intimacy, TOT = EPSI total

Vita

Surname: Turner

Given Names: Pamela Karen

Place of Birth: Calgary, Alberta, Canada

Educational Institutions Attended:

University of Victoria	1992 to 1995
University of Calgary	1985 to 1989

Degrees Awarded:

B.Sc. (Honours)	University of Calgary	1989
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Honours and Awards:

B.C. Medical Services Foundation Pre-Doctoral Fellowship	1995
Sara Spencer Foundation Research Fellowship	1994-95
Graduated with First Class Honours	1989
University of Calgary Undergraduate Merit Award	1988 - 1989
Alberta Rutherford Scholarship	1985

Publications and Presentations:

Turner, P.K., & Runtz, M. (1995, June). The relationship between sexual abuse, puberty, body image, and identity development in adolescence. Paper presented at the Annual Convention of the Canadian Psychological Association, Charlottetown, P.E.I.

Turner, P.K., & Runtz, M. (1995, June). Age and gender differences in adolescent help seeking behaviours. Paper presented at the Annual Convention of the Canadian Psychological Association, Charlottetown, P.E.I.

Turner, P.K., Mothersill, K., Runtz, M., & Roche, D. (1994, July). Differences in attributional style and coping strategies in relation to gender, university year, and grade point average. Poster presented at the Annual Convention of the Canadian Psychological Association, Penticton, BC.

Roche, D.N., Runtz, M., & Turner, P.K. (1994, July). The impact of intrafamilial and extrafamilial childhood sexual abuse on attachment style in adult relationships: Initial data. Poster presented at the Annual Convention of the Canadian Psychological Association, Penticton, BC.

Turner, P.K. (1992, April). Sexually abused children and adolescents: Treatment and therapy implications. Presentation to the Distress Centre/Drug Centre Staff Development Conference, Calgary, AB.

Turner, P.K. (1989). Differences in attributional style and coping strategies for examinations in relation to gender, university year, and grade point average.
Unpublished honour's thesis.

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Title of Thesis:

The Initial Sequelae of Sexual Abuse in Adolescent Girls: Family Factors and Psychosocial Maturity.

Author



Pamela K. Turner
September 30, 1995