

CHILDHOOD SEXUAL ABUSE AND ADULT
PERCEPTIONS OF BODY IMAGE

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of
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of the Requirements for the Degree
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By
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CERTIFICATION OF APPROVAL

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DEDICATION

I dedicate this work to Brenden John Walker, who exhibited nothing but patience, support, and encouragement throughout this process. Thank you for all the dinners you cooked, laundry you folded, and floors you vacuumed to allow me more time to devote to this process. I will forever appreciate your support, your sacrifice, and your love.

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TABLE OF CONTENTS

	PAGE
Dedication	iv
Acknowledgements	v
List of Figures	vii
Abstract	viii
Introduction	1
Consequences of CSA	3
Biological Sex and CSA	10
Present Study	11
Methods	13
Participants	13
Materials	15
Design	18
Procedure	18
Results	21
Exploratory Analyses	24
Discussion	30
References	35
Appendices	
A. Demographics Questionnaire	43
B. Body Esteem Scale for Adolescents and Adults	46
C. Childhood Sexual Abuse Questionnaire	48
D. Centrality of Events Scale	53
E. Informed Consent	56
F. Debriefing	58

LIST OF FIGURES

FIGURE	PAGE
1. Participants' reported ethnicity	13
2. Participants' reported year in school.....	14
3. Participants' reported relationship status	14
4. The relationship between CSA history, biological sex, and adult perceptions of body image	23
5. The relationship between event centrality and adult perceptions of body image	24
6. The relationship between a more restricted operational definition of CSA history, biological sex, and adult perceptions of body image.....	26
7. The relationship between the degree of CSA experienced and adult perceptions of body image	27
8. The relationship between the degree of CSA experienced and BMI ratings in adulthood	29

ABSTRACT

This thesis examines the relationship between childhood sexual abuse (CSA) history and adult perceptions of body image. The moderating effect of one's biological sex on this relationship is analyzed as well. In addition, whether or not event centrality affects adult perceptions of body image in those individuals with a history of CSA is examined. Two hundred and seventeen college students at California State University, Stanislaus were administered a demographics questionnaire, the Body Esteem Scale for Adolescents and Adults (BESAA; Mendelson, Mendelson, & White, 2001), and the Childhood Sexual Abuse Questionnaire (CSAQ) on Qualtrics. Those participants who indicated that they had experienced CSA were administered the Centrality of Events Scale (CES; Berntsen & Rubin, 2006) as well. No significant relationship between CSA and adult perceptions of body image was found. A marginally significant difference between men and women's adult perceptions of body image was found, but biological sex did not have a significant moderating effect on the relationship between CSA and adult perceptions of body image. A modest but significant negative correlation was identified between event centrality and adult perceptions of body image, and a modest but significant positive correlation was discovered between CSA and BMI ratings.

INTRODUCTION

Childhood sexual abuse (CSA) is a pervasive societal issue that has many detrimental effects on its victims (Arata, Langhinrichsen-Rohling, Bowers, & O'Farrill-Swails, 2005; Gal, Levav, & Gross, 2011; Gilbert et al., 2009). A range of prevalence rates for CSA has been reported over the years. Part of this variance arises from the many operational definitions for CSA that have been employed by researchers (Dhaliwal, Gauzas, Antonowicz, & Ross, 1996). The discrepancy is due also in part to the differing methodologies utilized to study CSA. These include agency statistics, parent-report surveys, and self-report surveys, each of which has its own limitations (Gilbert et al., 2009). Agency statistics are subject to official reports, which very often are not made after incidences of CSA. While parent and self-report surveys likely yield much more accurate figures, these methods of analysis are still subject to underreporting for reasons such as personal biases, misremembering, overlooking, denial, confusion, and embarrassment (Gilbert et al., 2009).

Regardless of the variability, the reported rates are alarming. The National Survey of Adolescents assessed 4,023 youth and found that overall, 8.1% of respondents had been sexually assaulted by the age of 17 (Kilpatrick & Saunders, 1999). That same report found that 13% of female respondents had experienced CSA, while 3.4% of male respondents had experienced CSA. In a study assessing the extent of violent victimization among a nationally representative sample of U.S. youth, Boney-McCoy and Finkelhor (1995) reported even higher rates of victimization,

finding that 10.5% of all respondents, 15.3% of female respondents, and 5.9% of male respondents had experienced some form of CSA. A 2009 review reported a variety of statistics regarding CSA (Gilbert et al., 2009). In the U.S., on average, agencies reported that CSA accounted for 7% of substantiated abuse cases. The authors also found that, in a review of self-report and parent-report studies spanning Australia, New Zealand, Canada, and the U.S., 15-30% of girls had experienced CSA and 5-15% of boys had experienced CSA. Therefore, while variability does exist among reported statistics, it remains quite clear that CSA is a prevalent issue in society.

CSA has been defined in a variety of ways. A review by Mannon and Leitschuh (2002) described the many operational definitions that have been employed by researchers. Several have defined CSA in terms of forced or coerced physical contact between the victim and perpetrator. Yet these definitions fail to account for other forms of sexual abuse. Therefore many researchers have utilized expanded definitions. One described CSA as *any* unwelcomed sexual experience, while another defined CSA as including both contact and noncontact (e.g., being made to watch pornography with the perpetrator) events (Mannon & Leitschuh, 2002). Another variation that exists among CSA definitions is the utilization of age parameters. Some researchers have required a specific age difference between the victim and perpetrator, while others have avoided listing age requirements entirely (Mannon & Leitschuh, 2002). In their review of methodological issues in CSA research, Goldman and Padayachi (2000) listed four dimensions that must be considered in order to

classify an event as CSA. These factors are (1) the definition of sexual contact, (2) if noncontact sexual acts are included in the definition, (3) if desired sexual experiences are included in the definition, and (4) if an age difference between the victim and perpetrator is required (Goldman & Padayachi, 2000).

Levesque (1994) analyzed 390 cases of CSA in order to distinguish differences in abuse types between sexes. He found that boys were significantly more likely than girls to have experienced oral intercourse, anal intercourse, and noncontact abuse during the course of CSA. Contrarily, girls were significantly more likely than boys to have experienced CSA involving the use of force and coercion. Similarly, female victims had a significantly higher risk of experiencing physical injury as a result of CSA.

Consequences of CSA

Since the early 1980s, prominent researchers such as John Briere have investigated the relationships between CSA and negative adult outcomes. Several long-term negative consequences have been strongly correlated with CSA, including anxiety (Briere & Elliott, 1994; Cogle et al., 2010; Fergusson et al., 2008), substance use (Briere & Elliott, 1994; Fergusson, Boden, & Horwood, 2008; Mullen, Martin, Anderson, & Romans, 1993), posttraumatic stress disorder (PTSD; Briere & Elliott, 1994; Cogle, Timpano, Sachs-Ericsson, Keough, & Riccardi, 2010; Widom, 1999), depression (Briere & Elliott, 1994; Fergusson et al., 2008; Mullen, Martin, Anderson, Romans, and Herbison, 1996), and suicidal thoughts and behaviors (Arata et al., 2005; Briere & Elliott, 1994; Briere & Runtz, 1986; Fergusson et al., 2008; Mullen et

al., 1993). Each of these effects has been thoroughly researched, and these consequences will not be analyzed in this study. However, it is critical to be aware of the many negative consequences associated with CSA.

Anxiety

CSA has been repeatedly linked to an increased risk for experiencing anxiety later in life. Fergusson et al. (2008) found that those participants who had experienced CSA were much more likely to have developed an anxiety disorder in adulthood than were participants who had not experienced CSA. This association was present among all three age groups analyzed (i.e., 16-18 year olds, 18-21 year olds, and 21-25 year olds). Other researchers have found a significant association between CSA and both Social Anxiety Disorder and Generalized Anxiety Disorder in adults (Cogle et al., 2010). Of the participants who had experienced CSA, 23.8% met the diagnostic criteria for Social Anxiety Disorder, and 25.7% met the diagnostic criteria for Generalized Anxiety Disorder. Finkelhor and Browne (1986) conceptualized that this anxiety arises from the sense of powerlessness that results from CSA. They explained that this anxiety reflects the individual's fear of not being able to prevent or control other harmful events in the future.

Substance Use

Substance use, abuse, and dependence have routinely been positively correlated with a history of CSA. Mullen et al. (1993) found that drug dependence was significantly related to CSA in general, while heavy alcohol consumption was significantly correlated with CSA involving intercourse. Similarly, a 25-year

longitudinal study examining the relationship between CSA and childhood physical abuse (CPA) and the mental health effects of each found that participants who had been sexually abused as children were significantly more likely to report substance dependence in adulthood than were participants who had been physically abused as children (Fergusson et al., 2008). This relationship was demonstrated among each age group studied (i.e., 16-18 year olds, 18-21 year olds, and 21-25 year olds). The association remained significant even after researchers controlled for covariates (e.g., corporal punishment, paternal education, and parental history of drug use).

There are many possible explanations for the correlation between CSA and substance use, abuse, and dependence. A review by Hovdestad, Tonmyr, Wekerle, and Thornton (2011) identified two such explanations. Firstly, substance abuse can be linked to the trauma experienced by CSA survivors. This model suggests that survivors begin using substances to alleviate the symptoms of PTSD that result from such trauma. Secondly, the self-derogation often felt by those having experienced CSA can be associated with substance abuse and dependence as well. This model proposes that substance use is a tool for avoiding the emotional distress resulting from CSA. Finkelhor and Browne (1986) offer an alternative explanation, theorizing that the stigma which accompanies CSA victimization causes individuals to feel segregated and therefore causes them to seek out other stigmatized individuals. It is with these peers that they may become involved in substance use.

Posttraumatic Stress Disorder

Posttraumatic stress disorder is another common outcome of CSA. Widom (1999) analyzed the relationship between child abuse and neglect and the later development of PTSD, finding CSA to be a more significant risk factor than both CPA and neglect. This remained true after researchers adjusted for the following eight covariates: a parental history of drug use, having a parent arrested, having a parent on welfare, having a large family, having behavior problems, having less than a college degree, having an alcohol or drug-related diagnosis, and being separated, divorced, or widowed. Years later, Cogle et al. (2010) also found CSA to be significantly related to PTSD, with 34.9% of those participants who had experienced CSA as a child meeting the diagnostic criteria for PTSD as adults. It has been theorized that the more victims view the sexual abuse as central to their identity, the more severe the PTSD symptoms experienced (Robinaugh & McNally, 2011). This idea was supported by researchers' evaluations of women reporting CSA, finding that those victims who viewed the traumatic event as more central to their being reported more severe PTSD, $F(6, 85) = 34.74, p < .001, R^2 = .71, \beta = .43, p < .001$ (Robinaugh & McNally, 2011).

Depression

CSA has been repeatedly linked to the development of depression in adulthood. Research has found that CSA victims are significantly more likely to experience depression in adulthood than are non-victims (Mullen et al., 1996.) In a study conducted by Mullen et al. (1996), 74% of CSA victims reported a history of

depression, as opposed to 42% of non-victims. Fergusson et al. (2008) also demonstrated a significant association between CSA and adult depression, finding CSA to be correlated with increased depression in each age group analyzed (i.e., 16-18 year olds, 18-21 year olds, and 21-25 year olds). This association remained significant even after researchers controlled for covariates (e.g., physical punishment, paternal education, and IQ). The depression suffered by CSA survivors has been hypothesized to be the result of the stigmatization, betrayal, and powerlessness felt by the individuals (Finkelhor & Browne, 1986).

Suicidal Thoughts and Behaviors

Suicide is another outcome of CSA that has been thoroughly researched. In 1986, Briere and Runtz studied the suicidal thoughts and behaviors of women presenting at a community counseling center. Of these patients, they found that CSA victims were nearly two and a half times more likely to have attempted suicide in the past than were non-victims. In addition, participants who had experienced CSA were over one and a half times more likely to present as suicidal than non-suicidal at the time of intake. Additional studies analyzing a broader population have discovered an even greater effect of CSA on suicidal behaviors. A community sample in Dunedin, New Zealand surveyed by Mullen et al. (1996) found that 26.4% of those who had experienced CSA had attempted suicide in the past, as opposed to 1.9% of control subjects. Arata et al. (2005) surveyed college students and found that 41% of those who had been sexually abused as children had a history of suicidal ideation. This represented the highest percentage of all single-abuse types (i.e., sexual abuse,

physical abuse, and neglect). Those in the sexual abuse category also had one of the highest percentages of suicide attempts (18%). Each of these associations was statistically significant. Fergusson et al. (2008) also discovered a significant relationship between CSA, suicidal ideation, and suicidal behavior. CSA was found to positively correlate with both suicidal ideation and suicidal behavior in all age categories analyzed (i.e., 16-18 years old, 18-21 years old, and 21-25 years old). This relationship remained statistically significant even after researchers adjusted for covariates (e.g., corporal punishment, paternal education, and parental history of drug use).

Body Image

The relationship between CSA and adult perceptions of body image, the focus of this study, has more recently gained the attention of researchers. However, research has been severely limited, and results have been mixed. A few studies have failed to uncover any significant associations between CSA and body image-related issues. The first of these was a study conducted by Wonderlich, Wilsnack, Wilsnack, and Harris (1996), which investigated the relationship between CSA and bulimic behaviors in adult women. This study is particularly notable because it employed a nationally representative sample of U.S. women. In their exploration of whether or not those participants experiencing CSA would express greater dissatisfaction with their bodies and lower levels of self-esteem, researchers discovered that CSA, while found to correlate with binge eating patterns, was not related to enhanced concerns about body shape or weight (Wonderlich et al., 1996). Messman-Moore and Garrigus

(2007) reported a similar lack of evidence for the relationship between CSA and body image issues when researching the link between CSA and eating disorder symptomology. While a relationship between CSA combined with childhood emotional abuse (CEA) was established, a link between CSA alone and body image was not supported.

Several other studies, however, have found significant associations between CSA and body image-related issues. For example, Wenninger and Heiman (1998) discovered that CSA was significantly associated with lower levels of body esteem regarding sexual attractiveness. Similarly, Eubanks, Kenkel, and Gardner (2006) found a significant relationship between child abuse (CA) and different aspects of negative body esteem. Specifically, they found that those with a history of CA scored lower on measures assessing one's feelings regarding appearance and weight than did those without a history of CA. Researchers also found that having experienced CA was significantly associated with greater body size distortion (i.e. distorted views of one's weight or shape). However, it is important to note that, in this study, CSA and CPA were assessed together as CA due to a large amount of overlap between the two groups. Thus, it is unclear if CSA in and of itself is significantly related to the above-mentioned outcomes. Two years later, Murray, Macdonald, and Fox (2008) found an explicit link between CSA and body image in a sample of reported self-harmers. It is important to note the specificity of the population, as it affects the generalizability of the results. However, among this population, CSA was significantly associated with body dissatisfaction.

Qualitative research by Clarke and Griffin (2008) presented several victims' thoughts regarding CSA's affect on body image. One woman stated the following:

I experienced sexual abuse as a kid, and I think a lot of women have experienced sexual abuse – those of us who can remember it. So, I think, it's related to that. You know, I put on weight so that I wouldn't be attractive to other people whether they were male or female (Clarke & Griffin, 2008, p. 204).

While this vignette provides valuable insight into the issue, it is critical to note that this is one individual's interpretation. Clarke and Griffin summarize several victims' statements as representing the profound influence of CSA on body image denigration, feelings of unattractiveness, and attempts to conceal the body.

In summation, the literature relevant to this potential consequence of CSA is both lacking and conflicting. Among the studies that do exist, several have identified no significant relationship between CSA and body image, while others have discovered a significant association between the two. As such, body image is a potential consequence of CSA that requires much more investigation.

Biological Sex and CSA

I was unable to find research results dealing directly with the relationship between CSA, adult perceptions of body image, and biological sex. This is largely due to the fact that most research involving CSA and body image has been conducted with women. However, researchers have investigated other outcomes of CSA with both males and females, with conflicting results. Several studies have found no

statistical differences in the long-term effects of CSA between sexes, while others have found significant differences. However, some of these results indicate more negative outcomes for women while others indicate more negative outcomes for men.

In his research on the relationship between CSA and biological sex among incarcerated youth, Gover (2004) found that those male and female participants who had experienced CSA did not display significantly different levels of depression. Similarly, Fergusson et al.'s (2008) 25-year longitudinal study failed to uncover any significantly different outcomes between men exposed to CSA and women exposed to CSA. On the other hand, in a study exploring the relationship between depression and CA, researchers found that female abuse victims exhibited significantly more severe depression than did male abuse victims (Danielson, de Arellano, Kilpatrick, Saunders, & Resnick, 2005). Gal et al. (2011) found an opposite effect of biological sex, with male abuse victims at a significantly greater risk than female abuse victims for developing both anxiety and mood disorders. Thus it is clear that the relationship between biological sex and outcomes of CSA has not yet been established. It is also important to note that each of the above-mentioned researchers explored different CSA outcomes in their studies, resulting in a lack of data regarding the relationship among CSA, body image, and biological sex.

Present Study

There is a conspicuous lack of research regarding the relationship between CSA and adult perceptions of body image. Furthermore, the few studies that do exist are highly contradictory. Therefore it is critical that more research be conducted in

order to add to the volume of current literature and to make strides in understanding the effect of CSA on adult perceptions of body image. The purpose of the present study was to explore the relationship between CSA and adult perceptions of body image, a relationship which has not yet been clearly identified. Due to both the nonexistent data regarding the interaction between CSA and biological sex in determining adult perceptions of body image and the contradictory data regarding the interaction among CSA, biological sex, and other mental health outcomes, I explored this topic further as well. The present study examined the relationships among the participant variables CSA history and biological sex and the dependent variable adult perceptions of body image. Due to the conflicting results demonstrated in the available literature, I did not have a directional hypothesis. Additionally, in light of previous findings identifying an association between event centrality and the severity of PTSD symptoms in survivors of CSA (Robinaugh & McNally, 2011), I explored the relationship between the participant variable event centrality and the dependent variable adult perceptions of body image. I hypothesized that participants who demonstrated higher scores on the Centrality of Events Scale (CES) would be more likely to demonstrate lower scores on the Body Esteem Scale for Adolescents and Adults (BESAA).

METHOD

Participants

Participants were 217 students attending California State University, Stanislaus. Participants were both male ($n = 35$) and female ($n = 182$) and ranged in age from 18 to 47 years ($M = 22.7$, $SD = 5.3$). Their ethnicity, year in school, and relationship status were calculated and are shown in Figures 1, 2, and 3 respectively.

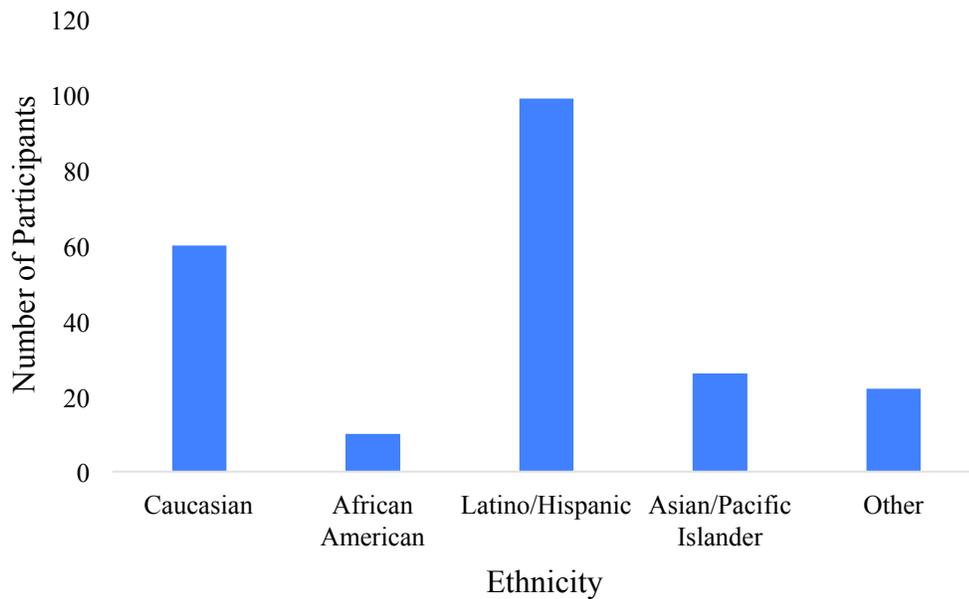


Figure 1. Participants' reported ethnicity.

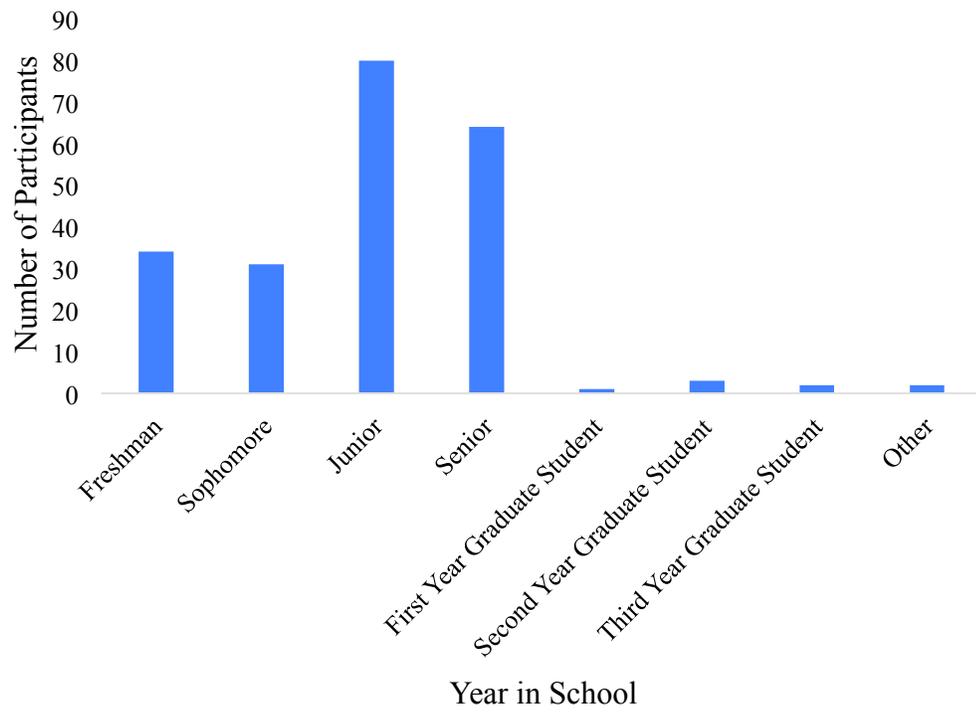


Figure 2. Participants' reported year in school.

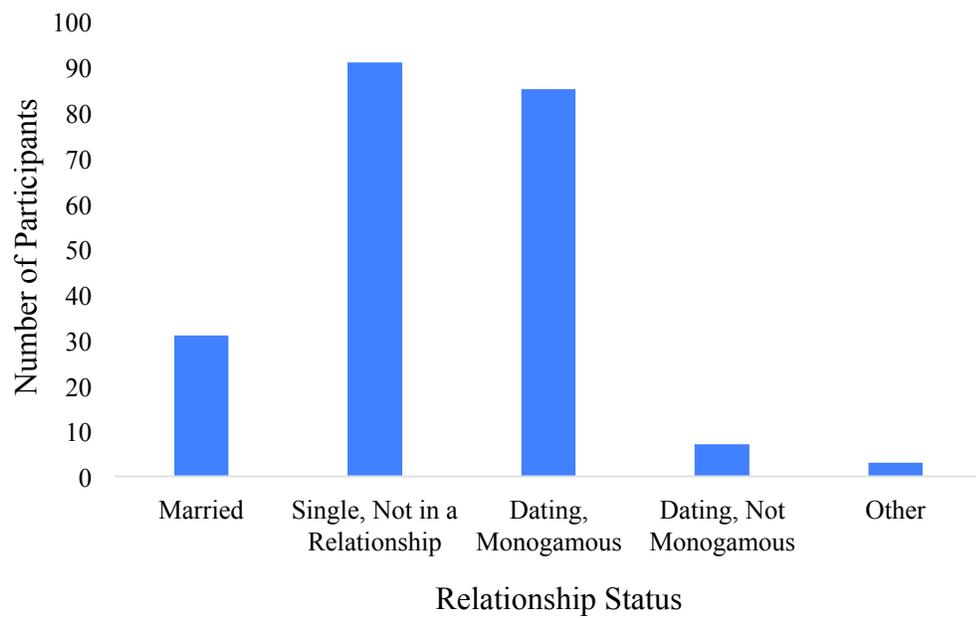


Figure 3. Participants' reported relationship status.

Thirty-six participants (14.9% of respondents) reported having been in psychotherapy at some point. Students may have received extra credit for their participation and were entered into a drawing for one of three \$25 gift cards.

Materials

Up to four questionnaires were administered to each participant during this study. All respondents were administered a demographics questionnaire, the Body Esteem Scale for Adolescents and Adults (BESAA; Mendelson, Mendelson, & White, 2001), and the Childhood Sexual Abuse Questionnaire (CSAQ). Those participants who indicated that they had experienced CSA were administered the Centrality of Events Scale as well (CES; Berntsen & Rubin, 2006).

Demographics

See Appendix A for complete questionnaire. A 10-item demographics questionnaire collected the following personal information: age, biological sex, ethnicity, year in school, relationship status, psychotherapy history, height, and weight. Height and weight were collected in order to calculate participants' Body Mass Index (BMI). The questionnaire utilized nominal and open-ended response scales.

BESAA

See Appendix B for complete questionnaire. I used the 23-item BESAA (Mendelson et al., 2001) to assess participants' body image by measuring their self-evaluations of appearance (overall beliefs about their appearance; items 1, 6, 7, 9, 11, 13, 15, 17, 21, and 23), weight (contentment with their weight; items 3, 4, 8, 10, 16,

18, 19, and 22), and attribution (appraisals of their body and appearance ascribed to others; items 2, 5, 12, 14, and 20). Items 4, 7, 9, 11, 13, 17, 18, 19, and 21 were reverse-coded. This measure has been effectively utilized in prior body image research (Eubanks et al., 2006). The BESAA's validity was examined by correlating the scale with other previously published measures of body image. Its correlations with these other measures of body image were found to be robust. The publishers of the BESAA tested the reliability of the instrument by administering the test to a sample initially and again after a three-month period had passed. The test-retest correlations were found to be high for each subcategory of the instrument [Body Esteem-Appearance $r(95) = .89, p < .001$; Body Esteem-Weight $r(95) = .92, p < .001$; and Body Esteem-Attribution $r(95) = .83, p < .001$]. The internal consistency of each subcategory was found to be high as well (Body Esteem-Appearance Cronbach's $\alpha = .92$; Body Esteem-Weight Cronbach's $\alpha = .94$; Body Esteem-Attribution Cronbach's $\alpha = .81$). The BESAA utilizes a Likert response scale ranging from 1 (Never) to 5 (Always) and includes items such as "I like what I look like in pictures," "People my own age like my looks," and "My weight makes me unhappy."

CSAQ

See Appendix C for complete questionnaire. It is critical to note that many of the studies investigating CSA have utilized the Childhood Trauma Questionnaire-Short Form (CTQ-SF; Bernstein et al., 2003) to assess for a history of abuse. I intended to utilize the CTQ-SF in the present study; however, this assessment has been copyrighted by Pearson and is only available in a pencil and paper format.

Because this study was being conducted online, I contacted Pearson and requested permission to adapt the questionnaire into a computerized format, but my request was denied. Therefore I was forced to select another measure.

A number of other instruments designed to measure CSA exist, none of which are as widely used as the CTQ-SF and none of which seemed to be fitting for my research. The Childhood Maltreatment Interview Schedule-Short Form (CMIS-SF; Briere, 1992) is one instrument that has been utilized to assess participants' history of sexual abuse by screening for emotional abuse, physical abuse, and sexual abuse. This questionnaire was adapted from the longer Childhood Maltreatment Interview Schedule (CMIS; Briere, 1992) and is freely available to researchers. However, I felt that this questionnaire also did not quite address the specific issues relevant to this research. Therefore I adapted the CMIS-SF to create a new questionnaire to assess for CSA, the CSAQ. This measure employs a variety of response types depending upon the question, including nominal scales, Likert scales, and open-ended answers. This questionnaire is not scaled, which allows researchers to utilize the measure in a variety of ways. Sample items include "Before the age of 18, did anyone show you his/her penis/vagina for his/her sexual pleasure?" and "To what degree did you perceive this event as abusive?"

CES

See Appendix D for complete questionnaire. I utilized the 20-item CES (Berntsen & Rubin, 2006) to analyze, in participants who reported that they had experienced CSA, how central this abuse history was to that person's identity and

life. The internal consistency of the questionnaire was found to be high (Cronbach's $\alpha = .94$) (Berntsen & Rubin, 2006); however, there are no known studies analyzing the measure's validity or test-retest reliability. The CES utilizes a Likert response scale ranging from 1 (Totally Disagree) to 5 (Totally Agree) and includes such items as "This event has become a reference point for the way I understand new experiences," "My life story can be divided into two main chapters: one is before and one is after this event happened," and "I often think about the effects this event will have on my future."

Design

This was a quasi-experimental study assessing the relationships between CSA, biological sex, event centrality, and adult perceptions of body image. Three participant variables were examined, CSA history, biological sex, and event centrality. CSA history and biological sex each had two levels. Participants either had a history of CSA or did not have a history of CSA, and participants either were male or female. Event centrality was a continuous variable. The dependent variable was adult perceptions of body image.

Procedure

A description of the study was posted on SONA Systems, California State University, Stanislaus' Psychology Department's online participant management system (csustan.sona-systems.com). Students who were interested in participating in the study clicked on a link to Qualtrics, where the informed consent (see Appendix E), questionnaires, and debriefing (see Appendix F) were administered. The consent

process provided participants with such information as a general description of the study, privacy practices, participants' rights as subjects, and the potential risks and benefits of participation in research. Participants were asked to click "agree" in order to indicate their electronic consent to participate in the study. A printable version of the consent form was available to participants.

Before beginning the study, participants were required to provide their SONA identity code. Next, participants were asked to complete the demographics questionnaire. They were then administered the BESAA (Mendelson et al., 2001) and the CSAQ. If participants indicated a history of CSA on the CSAQ, they were also administered the CES (Berntsen & Rubin, 2006). Questionnaires were presented in the same order to all participants.

Upon completion of the questionnaires, participants were debriefed. I provided information such as a more detailed description of the study and a restatement of privacy practices. A printable debriefing form was available to participants. Additionally, assessing for a history of CSA has the potential to cause psychological harm to participants. The process may trigger painful memories, intensify anxiety or depression, or cause feelings of shame or embarrassment. To ensure that participants were able to obtain the support they may have needed, I provided contact information for the university's counseling center. In addition, participants were asked "How are you feeling emotionally right now?" The response scale for this question was a Likert scale with responses ranging from 1 (Extremely Good) to 7 (Extremely Bad). If participants responded "Badly" or "Extremely

Badly,” I utilized the participant’s SONA identity code in order to provide further resources for the individual. Fourteen participants identified that they were feeling either “Badly” or “Extremely Badly.” These participants received the following statement:

Dear Participant, you are receiving this email because you participated in the Research study "Childhood Sexual Abuse and Adult Perceptions of Body Image." The researcher has not analyzed your individual responses on the surveys and is only interested in the average responses of everyone in the study. However, due to the potentially disturbing nature of the surveys, the researcher is monitoring participants' responses to the final question on the survey: "How are you feeling emotionally right now?" Any participant answering “Badly” or "Extremely Badly" is receiving a follow-up email. If you feel distressed and would like to receive support, please contact the Student Counseling Center at (209) 667-3381, Dr. Kurt Baker at kbaker@csustan.edu, or the researcher Nikki Walker at nyoung1@csustan.edu. If you do want us to follow up with you personally, please send (1) your phone number and (2) a good time to reach you so that we can contact you directly. Your emotional well-being is the researcher's first priority.

Of these fourteen, no participants followed up with myself or with Dr. Baker. Lastly, I left participants with a positive thought by asking an open-ended question regarding their favorite hobby.

RESULTS

For the purposes of this study, CSA was defined as any sexual experience during childhood that the participant identified as at all abusive. Participants were identified as having experienced CSA if they responded “Yes” to the question “Did you experience any type of sexual abuse as a child?” or if they responded with anything more than “Not at all abusive” when asked “To what degree did you experience this event as abusive?” in regards to the viewing of pornography, the showing of one’s genitals, being shown another’s genitals, having sexual or naked pictures taken, being kissed or touched sexually, engaging in oral intercourse, and engaging in vaginal or anal intercourse (all before the age of 18).

Ten (29%) of male participants reported a history of CSA, while 70 (38%) of female participants reported a history of CSA. The present study examined the relationships between CSA, biological sex, and adult perceptions of body image. Participants’ CSA history was assessed using the CSAQ. Because the items of the CSAQ are not scaled, the reliability and validity of the CSAQ could not be calculated. Participants’ perceptions of their body image were measured by the BESAA. The internal consistency of this measure was found to be high (Cronbach’s $\alpha = .95$). Each participant’s scores on the individual items of the BESAA were averaged to obtain the individual’s total BESAA score. My primary purpose was to examine the relationship between CSA history and adult perceptions of body image. Due to conflicting findings in the literature, I did not have a directional hypothesis. A 2 (CSA

history) x 2 (biological sex) factorial ANOVA was utilized to analyze this relationship. No main-effect of CSA history on adult perceptions of body image was found, $F(1, 213) = 0.82, p = .367, \eta_p^2 = .004$ (see Figure 4). Despite the non-significant finding, the factorial ANOVA revealed a small effect size. The same factorial ANOVA was used to analyze the relationships between CSA history, biological sex, and adult perceptions of body image. Due to the lack of existing literature regarding these relationships, I did not have a directional hypothesis. There was a small, marginally significant main-effect of biological sex, $F(1, 213) = 3.26, p = .072, \eta_p^2 = .015$. Men ($n = 35, M = 3.41, SD = 0.77$) had marginally-significantly higher scores on the BESAA than did women ($n = 182, M = 3.06, SD = 0.75$); however, the effect size was quite small, indicating that men held only slightly more positive views of their bodies (see Figure 4). There was no significant interaction found between CSA history and biological sex, $F(1, 213) = 1.29, p = .258, \eta_p^2 = .006$, with a very small effect size revealed (see Figure 4). Though this was a non-significant finding, men who had experienced CSA tended to demonstrate slightly lower body esteem than did men who had not experienced CSA.

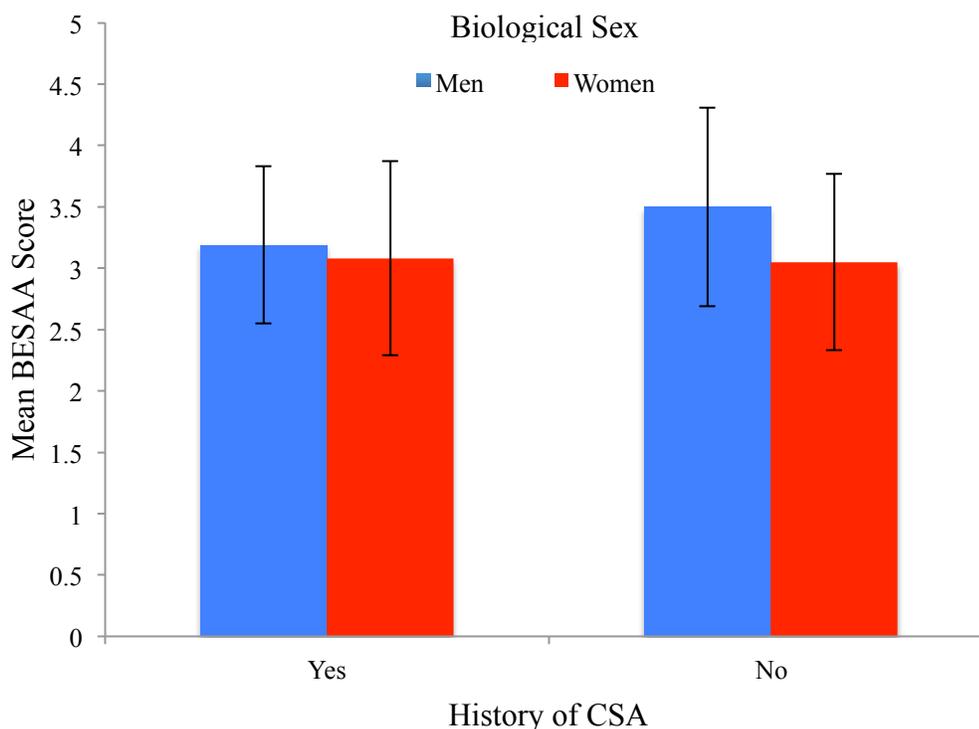


Figure 4. The relationship between CSA history, biological sex, and adult perceptions of body image.

I also examined whether or not event centrality affected adult perceptions of body image in those individuals who had experienced CSA. The CES was utilized to measure how central a history of CSA was to that person's identity and life. Each participant's scores on the individual items of the CES were averaged to obtain the individual's total CES score. This measure's internal consistency was found to be high (Cronbach's $\alpha = .96$). I hypothesized that individuals who demonstrated higher scores on the CES would be more likely to demonstrate lower scores on the BESAA. A correlation analysis was conducted to examine this relationship. A Pearson correlation coefficient was calculated for the relationship between CES scores and

BESAA scores. A modest but significant negative correlation was found ($r(77) = -.26, p = .020$), indicating a modest but significant linear relationship between the two variables (see Figure 5). Those participants who viewed the CSA as more central to their identity tended to demonstrate poorer body esteem in adulthood.

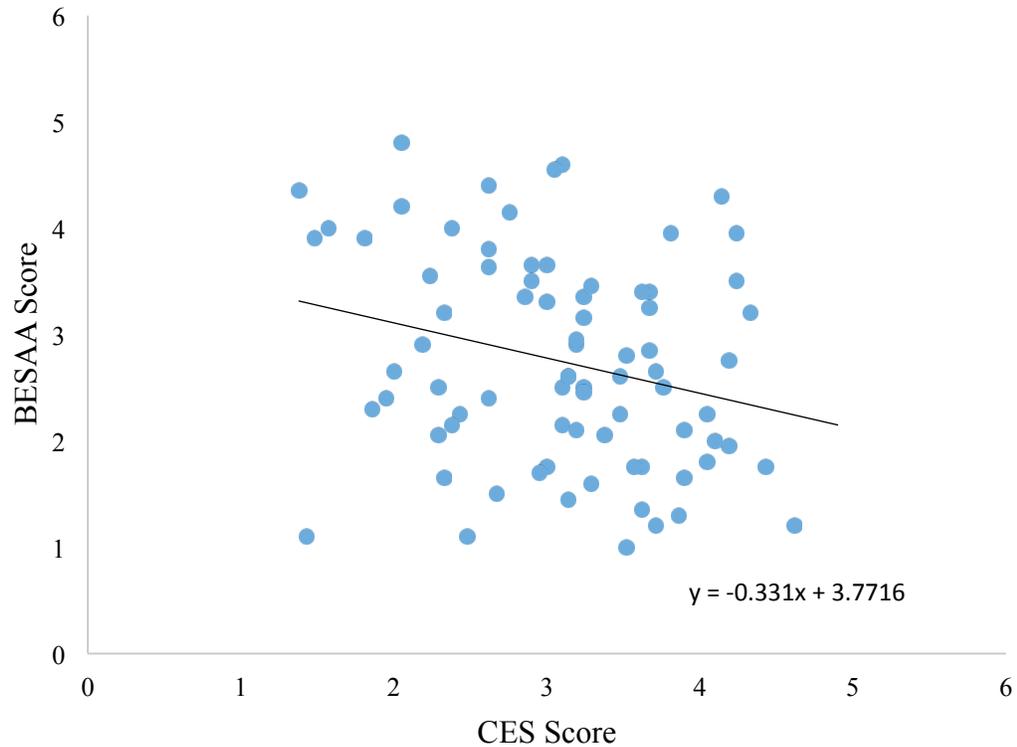


Figure 5. The relationship between event centrality and adult perceptions of body image.

Exploratory Analyses

As I discussed in the introduction to this paper, previous research on the topic has employed many differing operational definitions of the variable CSA. Due to this variability in the literature and to the extensive data collected in this study, I felt it

important to further explore the relationship between CSA and adult perceptions of body image, utilizing multiple operational definitions of CSA.

For the first of these exploratory analyses, participants were identified as having experienced CSA only if they answered “Yes” to the question “Did you experience any type of sexual abuse as a child?” Utilizing a 2 (CSA history) by 2 (biological sex) factorial ANOVA, I analyzed the relationships between CSA history, biological sex, and adult perceptions of body image utilizing this operational definition. No significant results were discovered. There was found to be no main-effect of CSA history on adult perceptions of body image, $F(1, 213) = 0.37, p = .419, \eta_p^2 = .003$, and no main-effect of biological sex, $F(1, 213) = 0.66, p = .417, \eta_p^2 = .003$. Both had negligible effect sizes as well (see Figure 6). Similarly, no significant interaction was found between CSA history and biological sex, $F(1, 213) = 0.13, p = .715, \eta_p^2 = .001$, with a negligible effect size revealed (see Figure 6).

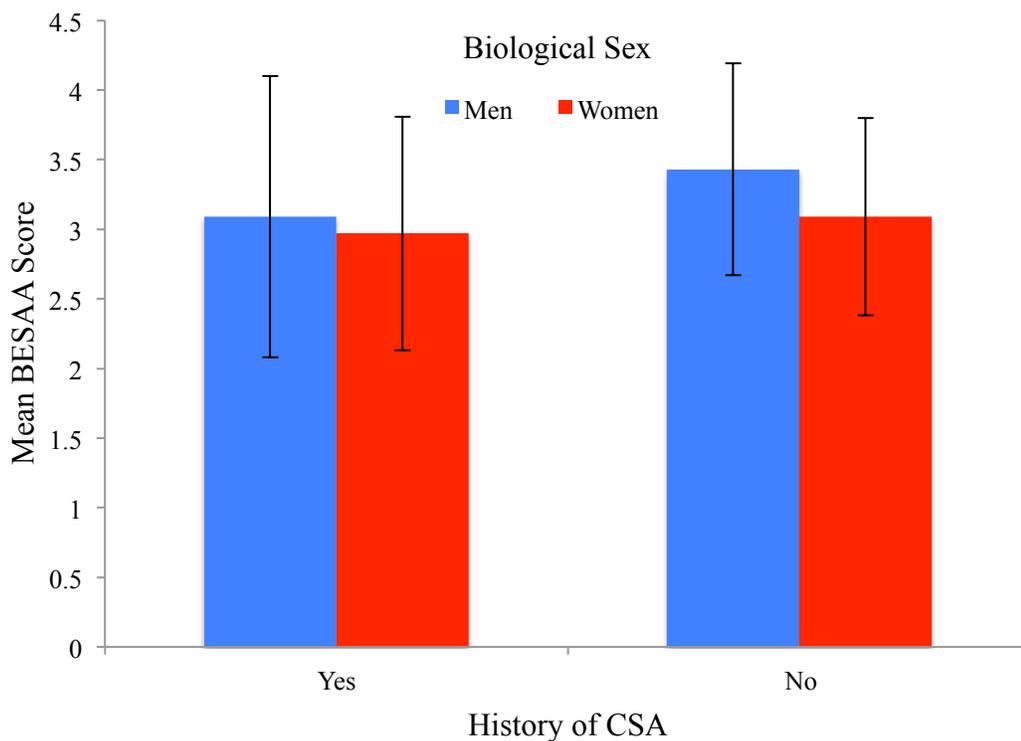


Figure 6. The relationship between a more restricted operational definition of CSA history, biological sex, and adult perceptions of body image.

I also utilized a correlation analysis to examine CSA as a continuous variable. The degree of CSA experienced by each participant was determined by selecting the maximum value identified by each participant in response to the question “To what degree did you experience this event as abusive?” in regards to the viewing of pornography, the showing of one’s genitals, being shown another’s genitals, having sexual or naked pictures taken, being kissed or touched sexually, engaging in oral intercourse, and engaging in vaginal or anal intercourse (all before the age of 18). Response options ranged from 1 (Not at all Abusive) to 7 (Extremely Abusive). A Pearson correlation coefficient was calculated for the relationship between degrees of

CSA and BESAA scores. A weak, non-significant negative correlation was found ($r(158) = -.08, p = .303$), indicating that the degree of CSA experienced did not correlate with adult perceptions of body image (see Figure 7).

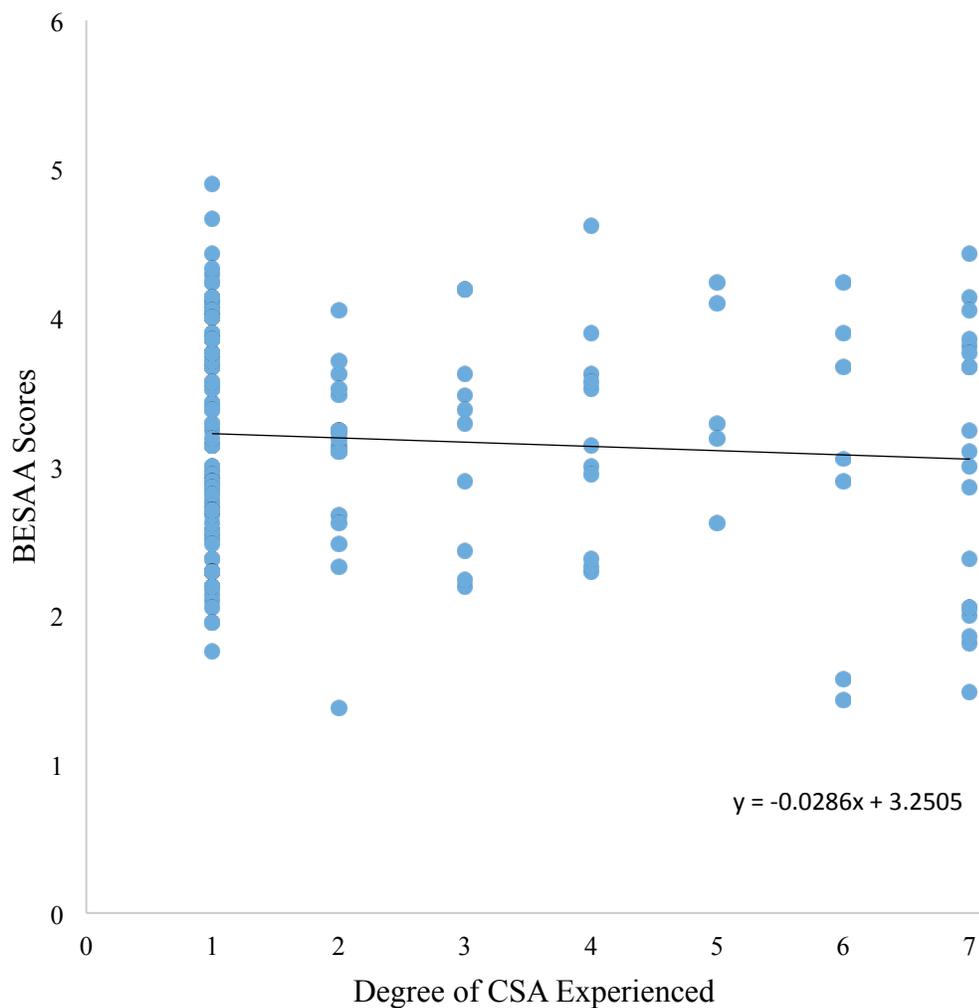


Figure 7. The relationship between the degree of CSA experienced and adult perceptions of body image.

I was also interested in examining whether a history of CSA correlated with BMI ratings in adulthood. Body Mass Index was calculated using the formula

$[\text{weight}(\text{lb})/[\text{height}(\text{in})]^2 \times 703]$. A correlation analysis was run, and a Pearson correlation coefficient was calculated for the relationship between CSA history and BMI. For this analysis as well, the degree of CSA experienced by each participant was determined by selecting the maximum value identified by each participant in response to the question “To what degree did you experience this event as abusive?” in regards to the viewing of pornography, the showing of one’s genitals, being shown another’s genitals, having sexual or naked pictures taken, being kissed or touched sexually, engaging in oral intercourse, and engaging in vaginal or anal intercourse (all before the age of 18). Response options ranged from 1 (Not at all Abusive) to 7 (Extremely Abusive). A modest but significant positive correlation was found ($r(156) = .18, p = .023$), indicating that the degree of CSA experienced positively correlated with BMI ratings (see Figure 8). As the severity of CSA experienced increased, BMI ratings tended to increase as well.

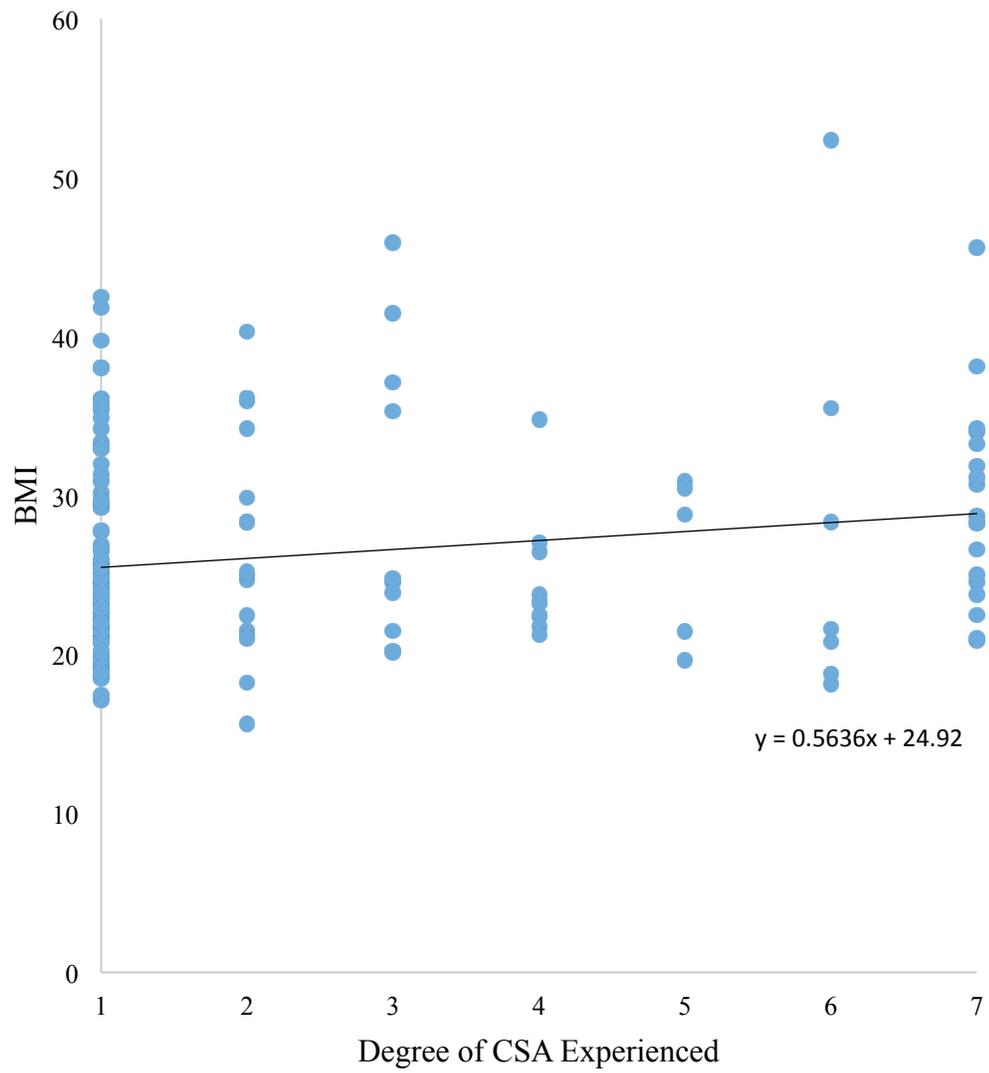


Figure 8. The relationship between the degree of CSA experienced and BMI in adulthood.

DISCUSSION

CSA is a pervasive issue in today's society (Boney-McCoy & Finkelhor, 1995; Kilpatrick & Saunders, 1999). Several negative outcomes of such abuse have been thoroughly investigated, with researchers consistently finding positive correlations between CSA and consequences such as anxiety, substance use, posttraumatic stress disorder, depression, and suicide (Briere & Elliott, 1994; Fergusson et al., 2008; Mullen et al., 1996; Widom, 1999). However, the relationship between CSA and adult perceptions of body image has received much less attention, and the studies that do exist have produced contradictory results (Wenninger & Heiman, 1998; Wonderlich et al., 1996). Similarly, research on the relationship between CSA, biological sex, and adult perceptions of body image is nonexistent. However, related research has been conducted analyzing the relationship between CSA, biological sex, and other negative outcomes, with inconsistent findings (Danielson et al., 2005; Gover, 2004). The present study explored these variables in an attempt to increase the body of literature and to discern the relationships among them.

Due to these conflicting findings and to the general lack of research in the area, I set out to examine the relationships between CSA history, biological sex, and adult perceptions of body image. Because of the numerous, varied operational definitions of CSA in existence, I investigated adult perceptions of body image utilizing three differing operational definitions of CSA. Initially, I defined CSA as

any sexual experience during childhood that the individual identified as at all abusive. Participants were identified as having experienced CSA if they responded “Yes” to the question “Did you experience any type of sexual abuse as a child?” or if they responded with anything more than “Not at all abusive” when asked “To what degree did you experience this event as abusive?” in regards to the viewing of pornography, the showing of one’s genitals, being shown another’s genitals, having sexual or naked pictures taken, being kissed or touched sexually, engaging in oral intercourse, and engaging in vaginal or anal intercourse (all before the age of 18). For the second operational definition, participants were identified as having experienced CSA only if they answered “Yes” to the question “Did you experience any type of sexual abuse as a child?” Lastly, CSA was analyzed as a continuous variable, with the degree of CSA experienced by each participant determined by selecting the maximum value identified by each participant in response to the question “To what degree did you experience this event as abusive?” in regards to the viewing of pornography, the showing of one’s genitals, being shown another’s genitals, having sexual or naked pictures taken, being kissed or touched sexually, engaging in oral intercourse, and engaging in vaginal or anal intercourse (all before the age of 18). Response options ranged from 1 (Not at all Abusive) to 7 (Extremely Abusive).

Much like Wonderlich et al. (1996) and Messman-Moore and Garrigus (2007), I did not find a significant relationship between CSA and adult perceptions of body image. My results indicated that participants’ perceptions of their body image did not differ based on whether or not they had experienced CSA, regardless of the

operational definition utilized. I also analyzed the role of one's biological sex in this relationship. An important finding due to the stark lack of literature regarding this relationship, I found that biological sex did not have a significant moderating effect on the relationship between CSA and adult perceptions of body image, irrespective of the operational definition employed. However, when the most liberal operational definition of CSA was used, a small, marginally significant difference between men and women's adult perceptions of body image was revealed, with males reporting slightly more positive views of their bodies. Therefore, while one analysis revealed a very slight difference between men and women's adult perceptions of body image regardless of CSA history, no significant relationships were discovered between CSA and adult perceptions of body image or between CSA, biological sex, and adult perceptions of body image.

In their work, Robinaugh and McNally (2011) explored the effect of event centrality on the relationship between CSA and the later development of PTSD, finding that victims who viewed a traumatic event as more central to their being tended to report more severe PTSD symptoms. As such, I investigated the relationship between event centrality and adult perceptions of body image in those participants who reported a history of CSA. I had hypothesized that respondents who demonstrated higher scores on the CES would be more likely to demonstrate lower scores on the BESAA. My findings supported this hypothesis, revealing that childhood sexual abuse survivors who viewed the abuse as more central to their identity and life tended to report more negative perceptions of their body image; yet,

this correlation was not nearly as robust as the one discovered by Robinaugh and McNally. However, this finding can still have a significant clinical application, as clinicians may find that, when working with clients having experienced CSA, addressing event centrality may be an effective intervention in improving body image.

Lastly, I analyzed whether CSA correlated with BMI ratings in adulthood. I discovered a very weak link between the two, finding that as the degree of CSA experienced increased, so did BMI ratings. While this relationship was, indeed, weak, it is still interesting to note that as the severity of CSA experienced increased, BMI increased but perceptions of body image did not change.

Limitations of this study include a small sample size, a convenience sampling, and self-report bias. Due to the size and type of the sample, results are only generalizable to a small community (college students at California State University, Stanislaus). In addition, as participants completed questionnaires for this research, the results are subject to self-report bias. However, the researcher attempted to minimize this bias by ensuring privacy and confidentiality.

Despite the above-listed limitations, this research served to expand the greatly limited body of literature regarding CSA, biological sex, and adult perceptions of body image. As discussed, previous research utilized a wide variety of operational definitions for CSA. In my research, I modified the CTQ-SF (Bernstein et al., 2003) to create the CSAQ. This measure allowed me to perform my analyses utilizing multiple operational definitions for CSA. It is my hope that the results of this study

may now be more effectively compared to the results of others. This study is notable in that it did not find any significant differences in perceptions of body image between those having experienced CSA and those never having experienced CSA, indicating that body image concerns may not be a consistent consequence of CSA. Additionally, biological sex was not found to have a moderating effect on this relationship. Future studies should analyze similar variables utilizing the same measures in order to effectively compare results.

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APPENDICES

APPENDIX A
DEMOGRAPHICS QUESTIONNAIRE

1. What is your age? _____
2. What is your sex?
 - a. Male
 - b. Female
3. What is your ethnicity?
 - a. Caucasian
 - b. African American
 - c. Latino/Hispanic
 - d. Asian/Pacific Islander
 - e. Other _____
4. What is your year in school?
 - a. Freshman
 - b. Sophomore
 - c. Junior
 - d. Senior
 - e. First Year Graduate Student
 - f. Second Year Graduate Student
 - g. Third Year Graduate Student
 - h. Other _____

5. What is your current relationship status?
 - a. Married
 - b. Single, not in a relationship
 - c. Dating, monogamous
 - d. Dating, not monogamous
 - e. Widowed
 - f. Other _____
6. Have you ever been in psychotherapy?
 - a. Yes
 - b. No
7. If yes, how long were you in psychotherapy?
 - a. Less than 1 year
 - b. 1-2 years
 - c. 3-4 years
 - d. 4+ years
8. If yes, when did you begin psychotherapy?
 - a. Less than 1 year ago
 - b. 1-5 years ago
 - c. 6-10 years ago
 - d. 11-15 years ago
 - e. 16+ years ago
9. What is your current height in feet and inches? ___ft ___in

10. What is your current weight in pounds? _____ lbs

APPENDIX B

BODY ESTEEM SCALE FOR ADOLESCENTS AND ADULTS

Indicate how often you agree with the following statements ranging from “never” (1) to “always” (5). Circle the appropriate number beside each statement.

	Never	Seldom	Some- times	Often	Always
1. I like what I look like in pictures.	1	2	3	4	5
2. Other people consider me good looking.	1	2	3	4	5
3. I'm proud of my body.	1	2	3	4	5
4. I am preoccupied with trying to change my body weight.	1	2	3	4	5
5. I think my appearance would help me get a job.	1	2	3	4	5
6. I like what I see when I look in the mirror.	1	2	3	4	5
7. There are lots of things I'd change about my looks if I could.	1	2	3	4	5
8. I am satisfied with my weight.	1	2	3	4	5
9. I wish I looked better.	1	2	3	4	5
10. I really like what I weigh.	1	2	3	4	5
11. I wish I looked like someone else.	1	2	3	3	5

- | | | | | | |
|---|---|---|---|---|---|
| 12. People my own age like my looks. | 1 | 2 | 3 | 4 | 5 |
| 13. My looks upset me. | 1 | 2 | 3 | 4 | 5 |
| 14. I'm as nice looking as most people. | 1 | 2 | 3 | 4 | 5 |
| 15. I'm pretty happy about the way I
look. | 1 | 2 | 3 | 4 | 5 |
| 16. I feel I weigh the right amount for
my height. | 1 | 2 | 3 | 4 | 5 |
| 17. I feel ashamed of how I look. | 1 | 2 | 3 | 4 | 5 |
| 18. Weighing myself depresses me. | 1 | 2 | 3 | 4 | 5 |
| 19. My weight makes me unhappy | 1 | 2 | 3 | 4 | 5 |
| 20. My looks help me to get dates. | 1 | 2 | 3 | 4 | 5 |
| 21. I worry about the way I look. | 1 | 2 | 3 | 4 | 5 |
| 22. I think I have a good body. | 1 | 2 | 3 | 4 | 5 |
| 23. I'm looking as nice as I'd like to. | 1 | 2 | 3 | 4 | 5 |

APPENDIX C

CHILDHOOD SEXUAL ABUSE QUESTIONNAIRE

You will now be presented with a series of questions regarding any childhood sexual abuse you may have experienced. Please answer the following questions in an honest and sincere manner.

1. Did you experience any type of sexual abuse as a child?

_____ Yes _____ No

How old were you when this abuse occurred? _____

How old was the person who abused you? _____

2. Before the age of 18, did you ever look at pornography with another person?

_____ Yes _____ No

With whom did you look at pornography? (Ex: mother, friend, babysitter, cousin, etc.) _____

Did you want to look at pornography with this person?

_____ Yes _____ No

To what degree did you perceive this event as abusive?

Not at all abusive 1 2 3 4 5 6 7 Extremely Abusive

How old was this person? _____

How old were you? _____

Approximately how many times did this occur before you were the age of 18?

3. Before the age of 18, did anyone show you his/her penis/vagina for his/her sexual pleasure?

_____ Yes _____ No

Who showed you his/her penis/vagina? (Ex: mother, friend, babysitter, cousin, etc.)

Did you want this person to show you his/her penis/vagina?

_____ Yes _____ No

To what degree did you perceive this event as abusive?

Not at all abusive 1 2 3 4 5 6 7 Extremely Abusive

How old was this person? _____

How old were you? _____

Approximately how many times did this occur before you were the age of 18?

4. Before the age of 18, did you ever show anyone your penis/vagina for his/her sexual pleasure?

_____ Yes _____ No

To whom did you show your penis/vagina for his/her sexual pleasure? (Ex: mother, friend, babysitter, cousin, etc.)

Did you want to show this person your penis/vagina?

_____ Yes _____ No

To what degree did you perceive this event as abusive?

Not at all abusive 1 2 3 4 5 6 7 Extremely Abusive

How old was this person? _____

How old were you? _____

Approximately how many times did this occur before you were the age of 18?

5. Before the age of 18, did anyone ever take sexual or naked pictures of you?

_____ Yes _____ No

Who took sexual or naked pictures of you? (Ex: mother, friend, babysitter, cousin, etc.)

Did you want this person to take sexual or naked pictures of you?

_____ Yes _____ No

To what degree did you perceive this event as abusive?

Not at all abusive 1 2 3 4 5 6 7 Extremely Abusive

How old was this person? _____

How old were you? _____

Approximately how many times did this occur before you were the age of 18?

6. Before the age of 18, were you ever kissed or touched sexually?

_____ Yes _____ No

Who kissed or touched you sexually? (Ex: mother, friend, babysitter, cousin, etc.)

Did you want to be kissed or touched sexually by this person?

_____ Yes _____ No

To what degree did you perceive this event as abusive?

Not at all abusive 1 2 3 4 5 6 7 Extremely Abusive

How old was this person? _____

How old were you? _____

Approximately how many times did this occur before you were the age of 18?

7. Before the age of 18, did you ever have oral intercourse?

_____ Yes _____ No

With whom did you have oral intercourse? (Ex: mother, friend, babysitter, cousin, etc.) _____

Did you want to have oral intercourse with this person?

_____ Yes _____ No

To what degree did you perceive this event as abusive?

Not at all abusive 1 2 3 4 5 6 7 Extremely Abusive

How old was this person? _____

How old were you? _____

Approximately how many times did this occur before you were the age of 18?

8. Before the age of 18, did you ever have vaginal or anal intercourse?

_____ Yes _____ No

With whom did you have vaginal or anal intercourse? (Ex: mother, friend, babysitter, cousin, etc.)

Did you want to have vaginal or anal intercourse with this person?

_____ Yes _____ No

To what degree did you perceive this event as abusive?

Not at all abusive 1 2 3 4 5 6 7 Extremely Abusive

How old was this person? _____

How old were you? _____

Approximately how many times did this occur before you were the age of 18?

APPENDIX D

CENTRALITY OF EVENTS SCALE

Please think back upon the event which you identified as abusive and answer the following questions in an honest and sincere way.

1. This event has become a reference point for the way I understand new experiences. totally disagree 1 2 3 4 5 totally agree
2. I automatically see connections and similarities between this event and experiences in my present life. totally disagree 1 2 3 4 5 totally agree
3. I feel that this event has become part of my identity. totally disagree 1 2 3 4 5 totally agree
4. This event can be seen as a symbol or mark of important themes in my life. totally disagree 1 2 3 4 5 totally agree
5. This event is making my life different from the life of most other people. totally disagree 1 2 3 4 5 totally agree
6. This event has become a reference point for the way I understand myself and the world. totally disagree 1 2 3 4 5 totally agree
7. I believe that people who haven't experienced this type of event think differently than I do. totally disagree 1 2 3 4 5 totally agree

8. This event tells a lot about who I am. totally disagree 1 2 3 4 5 totally agree
9. I often see connections and similarities between this event and my current relationships with other people. totally disagree 1 2 3 4 5 totally agree
10. I feel that this event has become a central part of my life story. totally disagree 1 2 3 4 5 totally agree
11. I believe that people who haven't experienced this type of event, have a different way of looking upon themselves than I have. totally disagree 1 2 3 4 5 totally agree
12. This event has colored the way I think and feel about other experiences. totally disagree 1 2 3 4 5 totally agree
13. This event has become a reference point for the way I look upon my future. totally disagree 1 2 3 4 5 totally agree
14. If I were to weave a carpet of my life, this event would be in the middle with threads going out to many other experiences. totally disagree 1 2 3 4 5 totally agree
15. My life story can be divided into two main chapters: one is before and one is after this event happened. totally disagree 1 2 3 4 5 totally agree
16. This event permanently changed my life. totally disagree 1 2 3 4 5 totally agree

17. I often think about the effects this event will have on my future. totally disagree 1 2 3 4 5 totally agree

18. This event was a turning point in my life. totally disagree 1 2 3 4 5 totally agree

19. If this event had not happened to me, I would be a different person today. totally disagree 1 2 3 4 5 totally agree

20. When I reflect upon my future, I often think back to this event. totally disagree 1 2 3 4 5 totally agree

APPENDIX E

INFORMED CONSENT

1. This research study will examine factors that are related to adults' body image. If you agree to participate, you will be asked to answer survey questions that relate to any sexual abuse that you may have experienced in childhood and your current perceptions of body image. Because the researcher is interested in *adult* perceptions of body image, you must be **18 years of age or older** in order to participate.
2. You are free to discontinue your participation at any time without penalty. You may also skip any survey questions that make you feel uncomfortable. Even if you withdraw from the study, you will receive any entitlements that have been promised to you in exchange for your participation, such as extra credit.
3. Participation in this research study does not guarantee any benefits to you. However, possible benefits include the fact that you may learn something about how research studies are conducted and you may learn something about this area of research (i.e., factors that are related to adults' body image).
4. You will be given additional information about the study after your participation is complete.
5. If you agree to participate in the study, it will take about 20 minutes to complete the surveys.
6. All data from this study will be kept from inappropriate disclosure and will be accessible only to the researcher and her faculty advisor. The researcher is not interested in anyone's individual responses, only the average responses of everyone in the study.
7. The present research is designed to reduce the possibility of any negative experiences as a result of participation. Risks to participants are kept to a minimum. However, if your participation in this study causes you any concerns, anxiety, or distress, please contact the Student Counseling Center at (209) 667-3381 to make an appointment to discuss your concerns.
8. This research study is being conducted by Nikki Walker. The faculty supervisor is Dr. AnaMarie Guichard, Professor, Department of Psychology and Child Development, California State University, Stanislaus. If you have questions or

concerns about your participation in this study, you may contact the researcher through Dr. Guichard at aguichard@csustan.edu.

9. You may obtain information about the outcome of the study at the end of the academic year by contacting Dr. Guichard. You may also learn more about the results of the study by obtaining a copy of Nikki Walker's thesis, "Childhood Sexual Abuse and Adult Perceptions of Body Image," by contacting the researcher at nyoung1@csustan.edu.
10. If you have any questions about your rights as a research participant, you may contact the Campus Compliance Officer of California State University Stanislaus at IRBadmin@csustan.edu.
11. Please print a copy of this consent form for your records.
12. By clicking "agree" below, you attest that you are **18 years of age or older**.
Note: if you are below the age of 18, please do not participate in this study.
13. By clicking "agree" below, you are indicating that you have freely consented to participate in this research study.

APPENDIX F

DEBRIEFING

Thank you for participating in this study! I am interested in understanding the relationships among childhood sexual abuse (CSA), sex, and adult perceptions of body image. By adult perceptions of body image, I mean adults' overall beliefs about their appearance, their contentment with their weight, and their appraisals of their body and appearance attributed to others. Prior research has been very limited in this area, and the studies that do exist are highly contradictory in their findings. In addition, I was unable to find any research dealing directly with the relationship between CSA, adult perceptions of body image, and sex. This is largely due to the fact that most studies involving CSA and body image have been conducted with women. Therefore it is critical that more research be conducted in order to add to the volume of current literature and to make strides in understanding the interactions between CSA, sex, and adult perceptions of body image. I am also interested in exploring whether there is a relationship between event centrality and adult perceptions of body image. By event centrality, I mean the degree to which CSA is central to the individual's identity and life story. I predict that those who view the CSA as more central to their being will report more negative perceptions of body image.

All the information I collected in this study will be kept safe from inappropriate disclosure, and there will be no way of identifying your responses in the

data archive. I am not interested in anyone's individual responses; rather, I want to look at the general patterns that emerge when all of the participants' responses are averaged. I ask that you do not discuss the nature of the study with others who may later participate, as this could affect the validity of my research conclusions.

If you have any questions about the study or would like to learn about the results of the study, you may contact me (Nikki Walker) through my research supervisor, Dr. AnaMarie Guichard, at aguichard@csustan.edu. You may also learn more about the results of the study by reading my thesis, "Childhood Sexual Abuse and Adult Perceptions of Body Image," once it has been completed. If you have questions about your rights as a research participant, you may contact the Campus Compliance Officer of CSU Stanislaus at IRBadmin@csustan.edu. If participation in the study caused you any concern, anxiety, or distress, you may contact the Student Counseling Center at (209) 667-3381.

If you would like to learn more about this research topic, I suggest the following references:

- Robinaugh, D. J., & McNally, R. J. (2011). Trauma centrality and PTSD symptom severity in adult survivors of childhood sexual abuse. *Journal of Traumatic Stress, 24*, 483-486. doi:10.1002/jts.20656
- Wenninger, K., & Heiman, J. R. (1998). Relating body image to psychological and sexual functioning in child sexual abuse survivors. *Journal of Traumatic Stress, 11*, 543-562. doi:10.1023/A:1024408830159

Wonderlich, S. A., Wilsnack, R. W., Wilsnack, S. C., & Harris, T. (1996). Childhood sexual abuse and bulimic behavior in a nationally representative sample. *American Journal of Public Health*, 86, 1082-1086. doi:10.2105/AJPH.86.8_Pt_1.1082