Revictimization in Women's Lives:
An Empirical and Theoretical Account of the Links Between Child Sexual Abuse and Repeated Sexual Violence

by

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A thesis submitted in conformity with the requirements for the degree of Doctor of Education
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Abstract

In this thesis I analyse the complex phenomenon of revictimization in women's lives — that is, the increased vulnerability of women who have been sexually abused in childhood to further sexual violence. I argue that in order to understand this phenomenon, a larger analysis of the pervasiveness of men's sexual violence towards women must always be kept in view in order to make the social context of revictimization visible, and to avoid lapsing into victim-blaming accounts. To this end, we need to shift the paradigm away from the purely psychological and individualized models which have characterized most of the research in the field to date, to an approach which understands the social forces which shape and constrain women's lives, particularly through the early lessons of accommodation and disempowerment which inhere in men's sexual abuse of children.

Drawing on quantitative findings from the Women's Safety Project (Randall and Haskell, 1995), a community based survey of women's experience of violence and abuse, my statistical analysis shows a number of significant findings relating to revictimization and a delineation of its patterns. The first of these is that an early experience of childhood sexual abuse creates a greater likelihood of an adult experience of some form of sexual assault. Second, an experience of child sexual abuse at the level of rape makes it more likely that a woman will have another sexual assault at the level of rape as an adult. Third, 62% of women sexually abused by a family member were revictimized at the level of rape as adults, compared to 40% of women who were sexually abused by a perpetrator outside of their family. Fourth, multiple abuse experiences in childhood are strongly associated with multiple experiences as an adult. Finally, women who had multiple experiences of rape in childhood have the
highest percentage of revictimization as adults. In this analysis, then, the most significant variables related to revictimization are incestuous childhood sexual abuse, child sexual abuse at the level of rape and multiple sexual abuse experiences in childhood.

Further analysis of these key variables determines that they are, in fact, linked. That is, 63% of women sexually abused by their own family members had also been sexually abused by two or more different perpetrators in childhood, compared to only 25% of the women abused as children by men who were not relatives. This indicates two very significant findings: that revictimization begins in childhood, and that sexual abuse by family members creates a particular vulnerability to revictimization in both childhood and later adulthood.

My most significant findings emerged from the regression model which examined the child sexual abuse characteristics, the three traumatic sexualization scales I developed, and subscales from Briere and Runtz's (1989) trauma symptom checklist (TSC-33) on depression and dissociation. From this analysis the three traumatic sexualization scales had the most significance in predicting adult revictimization, supporting my hypothesis that traumatic sexualization is a significant link to revictimization.
Acknowledgments

From the outset of the Women’s Safety Project (some of the data from which I analyze in this dissertation), my partner and co-researcher Melanie Randall has been an invaluable support. As a result of years of collaboration in research and writing projects, as well as innumerable hours of discussion and conversation on theoretical and clinical issues pertaining to men’s violence in women’s lives, embedded in my thoughts and ideas are many of Melanie’s.

Melanie read and edited every draft of my thesis and encouraged me when I felt overwhelmed. In order to motivate me to finish she finished her thesis first and when that wasn’t enough, she developed a reward system and provided me with small gifts and surprises to reinforce my progress. She continually told me my work was important, that I had a contribution to make and that I had to get my work out into the world. Her piercing intellect and incisive editing were the best gifts of all and I can’t thank her enough for the hours and hours of support she gave me.

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Chapter 1 -- Conceptualizing Revictimization in Women’s Lives

The Phenomenon of Revictimization

In her ground breaking book \textit{The Secret Trauma: Incest in the Lives of Girls and Women}, Diana Russell (1986) reported the extraordinary finding that 68\% of the incestuously abused women interviewed for her study were revictimized in their adult years. This means that in addition to being sexually abused in childhood, these same women also experienced sexual assault, rape or physical abuse in their adult lives (Russell, 1986). Moreover, Russell found that women who were sexually abused in childhood were significantly more likely [to have been sexually assaulted in adulthood] than women who were not sexually abused as children. Russell was the first researcher to show that an increased vulnerability to later experiences of sexual assault is linked to a history of sexual abuse in childhood -- in other words, to document what is referred to as "revictimization." Russell offered some tentative explanations for this phenomenon and suggested that this issue is one which deserves further attention.

More than a decade later, few feminists have wandered into the murky terrain of what might be perceived as "victimization" research. As a result, the majority of the studies exploring the phenomenon of revictimization are mainstream in approach, and have focused on the personality traits or attitudes of women who are revictimized. These explorations are not dissimilar to the studies on women's masochism and "learned helplessness" which have been done by mainstream psychologists, and those undertaken by traditional sociologists on why
battered women stay with their abusers. The studies on battered women -- like
many of the studies on women who are revictimized -- focus on the psychology of
individual women decontextualized from the social reality of men's violence against
women, or from a sociopolitical analysis that examines the structural, material and
psychological dimensions of women's lives.

As a result, research has tended to focus on discrete forms of violence,
such as wife assault or child sexual abuse, and their long term effects on women.
Apart from Diana Russell's (1986) study, The Secret Trauma: Incest in Lives of
researchers have documented the pervasiveness and prevalence of all forms of
violence, (child sexual abuse, child physical abuse, sexual assault, wife assault, and
sexual harassment) in women's lives, collectively and individually.

This fragmentation of forms of violence and abuse in much of the research
and theorizing on the topic has limited our understanding of the issues in a number
of significant ways. For example, in their examination of the long-term effects of
child sexual abuse, many researchers attribute the trauma and other
symptomatology that women report as adult survivors back to the childhood
abuse. Yet Diana Russell found that 64% of the women who reported childhood
sexual abuse were also revictimized at some later point in their lives. What we
don't know then is to what extent the additional victimization experience
contributes to the later trauma and symptomatology. In other words, it can not
simply be assumed that all of the symptomatology relates to the sexual abuse in
childhood when so many women with this history have further abuse experiences.
Nor do we fully apprehend what it is about the experience of sexual abuse in
childhood that increases a woman's vulnerability to further sexual victimization.
Unless research on violence against women asks about all forms of violence we
cannot determine the extent of revictimization in women's lives or more fully
appreciate the specific and cumulative effects of violence in women's lives. By definition, studying revictimization must lead to making links between the various forms of violence and abuse in women's lives.

Another significant limitation resulting from the fragmentation of the forms of sexual violence and abuse women experience, is evident in the very specialized way that many social service agencies have been set up to offer services to assaulted women. For example, many services for "victims" tend to focus on a single "issue," like rape or wife assault. But often times mental health providers find that in the process of working with a battered woman, she also needs to do the work of understanding the effects of an earlier victimization experience such as child sexual abuse -- in order to feel confident enough to leave an abusive husband. Unfortunately, because the services for assaulted women are so specialized, the mental health worker may only feel sufficiently trained to deal confidently within the specific agency's protocol and specific "issue." This may result in an attempt to refer the client to someone else, and as a result disconnects her experiences, treating them as separate, and isolated events.

It is not simply the actual practice of social service agencies that has become too specialized and specific. The leading theories on child sexual abuse themselves rarely overlap with or relate to the theories on sexual assault. Yet we need to understand the interconnections between all forms of violence to begin the process of developing integrated conceptualizations about its effects on women's lives, and a set of effective social policies aimed at addressing this violence. An integrated analysis of violence against women is also necessary to the project of developing appropriate therapeutic interventions to better assist women who have experienced violence in their healing and recovery.

Feminist research and analysis supports the view that the interconnections between the kinds of violence women may experience over the course of a lifetime
need much more exploration. Kelly (1988) for example, notes that "there has, as yet, been little crossover of research methods and theoretical frameworks between research on rape, incest and sexual abuse and domestic violence" (p. 71). When the prevalence and pervasiveness of all forms of violence are taken into account we find that most women's lives have been touched by some form of intrusion or violation (especially when sexual harassment is included). But only relatively recently has there been documentation of what the overall effect of this is on women's lives. Two studies published in 1989, Gordon & Riger's Women's Fear and Linda McCleod's report The City for Women: No Safe Place document that up to 85% of women report feeling afraid in their own neighbourhoods. The Statistics Canada (1994) violence against women survey also found that a high percentage of all women were fearful in their own neighbourhoods. Researcher Elizabeth Stanko (1987) also discusses how many women's lives are organized around the daily precautions that they must take in order to feel safe. More research in required to understand what effect the actual violence has on women's lives as well as what effect the daily threat of violence has.1

More recently still, a Canadian study on women's experiences of sexual violence documents the prevalence of and the interconnections between forms of violence across women's lifetimes (Haskell, Randall, 1993; 1994; Randall, Haskell, 1995). Referred to as The Women's Safety Project, one of the major fociusses of this study is to examine the relationships between forms of sexual abuse and

1Women's safety, and women's fear of crimes of violence and abuse are equality issues as is pointed out in the report: "The Safe City: Municipal Strategies for Preventing Public Violence Against Women" (Toronto City Council, 1990). In addition to being crime prevention issues, "women's fear and victimization are equality issues . . . [and] community issues because the fear, suffering and degradation which women experience through widespread violence against them have consequences not only for women's quality of life but for the viability of our communities" (The City for Women: No Safe Place, 1989, a paper funded by the Corporate Policy Branch, Secretary of State, Canada).
violence in women's lives, as opposed to fragmenting the issues into entirely discrete phenomena.

This study demonstrates how very pervasive an experience of sexual and/or physical abuse is in most women's lives. Specifically, Haskell and Randall (1993) surveyed a random sample of 420 women in Metro Toronto and found that 1 in 2 women (54% of the sample) reported being the victim of rape or attempted rape (sexual assault at the level of forced sexual intercourse or attempted forced intercourse) in childhood and/or adulthood. The study also found that 27% of women interviewed for the survey reported an experience of physical abuse in an intimate relationship with a husband, live-in partner, boyfriend, or date (Haskell, Randall, 1993, 1994). This means that slightly more than 1 in 4 women experienced a physical assault (or ongoing physical assaults) in the context of an intimate relationship with a male partner.

Statistics Canada's (1994) telephone survey on Violence against Women confirmed the extent of violence in adult women's lives based on a national sample. Statistics Canada found that 39% of all Canadian women have experienced at least one incident of sexual assault since the age of 16, and 3 in 10 women currently or previously married have experienced at least one incident of physical or sexual violence at the hands of a male partner.

While the Statistics Canada survey limited itself to women's experiences of violence during their adult years, findings from the Women's Safety Project also documented the very high prevalence of childhood sexual abuse in the experiences of women. For instance 17% of women in this latter study reported at least one experience of unwanted sexual contact perpetrated by a relative before reaching the age of 16. In terms of extrafamilial sexual abuse, the study found that 34% of women reported at least one experience of unwanted sexual contact by a non-relative before reaching the age of 16. When the two categories are combined the
findings are that 42% of women reported at least one experience of incestuous and/or extrafamilial sexual abuse before reaching the age of 16 years. Clearly, these two recent Canadian studies point to the very clear fact that some form of violence is experienced by most women, and The Women's Safety Project further shows that many women, in fact, experience multiple forms of violence over the course of their lifetimes.

For this reason, I argue that the very phenomenon of revictimization could not exist without a society in which men sexually abuse and assault children and women on a large scale. In other words, there would be no such thing as revictimization if widespread violence and abuse of women and children did not already exist. So, while it is important to understand revictimization as one possible outcome of particular kinds of sexual abuse in childhood, it is equally if not more important to recognize that revictimization is not most fundamentally about what kind of women are repeatedly assaulted, but why it is that sexual abuse and assault are so very common in women's experiences in the first place.

A feminist analysis of revictimization does not entail holding the women who are revictimized responsible for their experiences or blaming them for the sexual victimization perpetrated against them. There is, however, a tension inherent in analyzing a phenomenon which is both externally produced and internally experienced. The challenge for a specifically feminist analysis of revictimization is to explore the psychological dimensions and effects of sexual abuse and violence while always keeping the social causes and context of this violence in view.

To reiterate an argument raised above, one of my main points in this thesis is not to claim that there is not a psychological component to the phenomenon of revictimization. On the contrary, I maintain that contextualized psychological research has much to offer in terms of shedding light on how the women who are
revictimized experience the violence they have endured, and the effects that this violence has had on their lives. Moreover, I believe that something about the early child sexual abuse experience produces psychological consequences which play a constitutive role in “normalizing” sexual violence and intrusion, which may diminish a woman’s ability to read situations and men who are potentially threatening and undermine a woman’s sense of an ability to resist sexual intrusion, because she has learned that resistance is futile, and that sexual violence is to be expected.

Moreover, I maintain that experiences of sexual abuse in childhood fundamentally distort women’s sexuality, a distortion which is compounded by the multiple experiences of sexual violence and intrusion with which most women have to contend in contemporary society. By distortion, I mean that, instead of experiencing sexuality as a site of autonomy, choice, freedom, and mutuality, for many women sexually abused in childhood (particularly incestuously raped), and violated later in their lives, sexuality is an experience which is characterized by objectification, obliteration, relative powerlessness, and trauma. To tap into these experiences in the lives of women, I conduct further analyses of the Women’s Safety Project data. Specifically, I developed a scale called traumatic sexualization, to explore the connections between traumatic sexuality (the distortion to sexuality from child sexual abuse) and its role in revictimization (analysed in later chapters in the thesis). In traumatic sexualization, we see the intersection of socially produced violence and individually lived psychic trauma.

Studying traumatic sexualization does not mean that it is something about the psychopathology of these women or their psychological “deficits” which accounts for revictimization as a phenomenon. Instead, I want to emphasise what is, I believe, under-emphasized in most traditional psychological research on the topic of revictimization specifically and violence against women more generally --
that is, the social context of pervasive male violence, and the social relations of
gender inequality which produce the problem in the first place. So, the
“psychology” of women who have been revictimized cannot be understood
without reference to the social relations in which women live. These include,
gender inequality, traditional socialization of men into “masculinity” and women
into “femininity,” compulsory heterosexuality, men’s sexual aggression towards
women, the objectification of women and their sexuality in mass culture, etc. In
other words, the psyches of women who have been revictimized, like the psyches
of all women, and indeed, all individuals, are shaped by and produced within the
social contexts of their lives. Psychology, then, particularly psychological research
on revictimization, must focus on the intersection between the individual
experiences and psyches of those women affected, and the social relations, norms,
attitudes, and practices in which their lives are situated and their psyches produced.

In her work on women and madness, Jane Ussher (1991) makes a similar
point about the need to situate socially the individual lives and stories of women
who ostensibly suffer from “mental illness.” As Ussher explains,

Madness is no more a simple set of symptoms or problems -- an
individual difficulty or illness experienced by each “interesting case”
-- than any individual woman’s history can be seen entirely
independently of the history of all women. As we cannot hope to
understand an individual woman without looking at the meaning of
what it is to be “woman” in a patriarchal society, so we cannot
understand the pain and agony which makes up “madness” without
looking at the meaning of this very concept. (p. 6)

Addressing a somewhat different area within psychology, Ussher argues for the
same kind of contextual analysis that I do, for a psychological approach which
always attends to the social, in studying the experiences of the individual(s).

Unfortunately, a great deal of the mainstream literature on revictimization
does explicitly or implicitly suggest that it is something about “revictimized
women" which "invites" or "causes" their further sexual victimization. For example, in one study which especially exemplifies this problem, the researchers assert that "victimation appears to precede, predict and perhaps produce further revictimization" and than go so far as to conclude that "victimation creates further victimization" (Gidycz, Coble, Latham, and Layman, 1993). This striking claim is made without any reference to the external human agency responsible for perpetrating this victimization. In addition to being a tautological formulation, this kind of assertion begs the more important and central questions about why victimization and revictimization take place in women's lives at all, as well as who is doing what to whom.

Russell's 1986 research is not the only study to document revictimization. Several studies have since been carried out which support her finding (Haskell and Randall, 1993). As important as the documentation of revictimization is in various populations, however, little work has been done to examine data which explicates the basis for the relationship between child sexual abuse and the increased vulnerability to further sexual assaults. So far, most studies, with the exception of one done by Briere, Conte, and Sexton (1989) have failed to examine the specific qualities of the sexual abuse experience in childhood that might increase the likelihood of later adult victimization. Nor have the relational contexts in which revictimization takes place been systematically analyzed. In some cases they have not been analyzed at all. Clear definitions or criteria for what constitutes revictimization have also not been provided in many studies. Thus revictimization as a phenomenon has not itself been sufficiently analyzed or defined, and remains under theorized as a result.

Before attempting to explain why some women are revictimized there are a number of factors or dimensions of the experience which require explication. These include factors such as how the women were revictimized (i.e. what kinds of
assaults they experienced), at what point in their lives these took place, and by whom they were perpetrated. It seems premature to advance theoretical formulations to account for revictimization when the phenomenon itself has hardly been adequately documented, described or defined.

**Outline of the Dissertation**

In order to provide the groundwork and background for the discussion and analysis of my own research findings on revictimization which appear in chapters six and seven of the thesis, I review the emerging body of literature dealing specifically with revictimization in chapters two and three. This literature review will have several goals and unfolds simultaneously on a number of levels. First, I summarize the kinds of statistical relationships which have been demonstrated in research studies on revictimization. At the same time I argue that not enough is known about these statistical relationships, because key pieces of contextual information are typically missing from the studies. I also compare the methodologies of these studies (including their sampling design) to examine the possibilities for and limitations in the comparison of research findings.

Additionally, in analyzing the kinds of theoretical and explanatory frameworks advanced in many studies to account for revictimization, I expose and critique the kinds of assumptions and victim-blaming conclusions which are often embedded within them. In this way I delineate the kinds of factors and contexts which should be attended to in order to develop a more complete, nuanced and contextual picture of the kinds of revictimization which occur in women's lives, while avoiding blaming women for the assaults perpetrated against them.

In chapter four I outline theoretical and methodological issues which must be attended to in any adequate analysis of revictimization. I include a discussion of
the research instruments used to document child sexual abuse experiences and provide some background information on the study from which the findings analysed in this thesis are taken. Specifically, I explain the research questions animating my data analysis, and explain its various phases.

Following these chapters, I provide my own analyses of the data from The Women's Safety Project. Chapter five outlines the methodology of the Women's Safety Project and the main research questions which guided the survey. It also includes a discussion of the research instrument used to interview women on their experiences of violence and abuse.

In chapter six, I present my data analysis on revictimization. It includes an analysis of the variables associated with revictimization and documents specific patterns and kinds of revictimization in women's lives. These key findings on revictimization, include a focus on some of the crucial factors in the childhood sexual abuse experiences and their long term consequences. In this way, I hope to contribute to providing a fuller description, definition and account of the phenomenon of revictimization in women's lives.

In the final and seventh chapter, I reiterate some of the main themes and arguments raised throughout the dissertation, summarize some of my key findings, and discuss the most significant theoretical implications of these findings. I also point to directions for future research on the topic of revictimization.

The arguments and analysis advanced in this dissertation, then, take place on two levels, theoretical and empirical. In theoretical terms, I argue that the entire way in which revictimization has traditionally been understood must be reframed. The discussion must be recast in order to move away from the virtually exclusive psychological, highly individualized and "victim" focussed approach which typifies the vast majority of research and writing on this issue towards one which sees the larger social structures in which revictimization takes place and
which appreciates the intersection of social context and individual lives. This will particularly be emphasized in my explication of the research on revictimization, in chapters two and three. Throughout the thesis I argue that revictimization cannot adequately be grasped without attention to the centrality of gender, its social production and its social context. This means that an analysis of ongoing experiences of sexual abuse and assault in women's lives must always attend to the pervasive reality of men's violence against women, and the multitude of ways in which masculinity, femininity, sexuality, and gender roles are implicated in the sexual revictimization of women.

At the same time, the dissertation's analysis is empirical insofar as I offer a more detailed and refined examination of the phenomenon of revictimization in women's lives by presenting and exploring findings from a study of women's experiences of various forms of sexual violence, based on a random, community based sample. It is my contention that most of the research to date has uncritically assumed a homogeneity of the phenomenon under investigation, and has failed to ask key questions about the kinds of revictimization women have experienced, and about the relational contexts of these experiences. Without this kind of information a more nuanced and rich explanation of revictimization in women's lives cannot be developed. The empirical components of this thesis, then, offer an analysis of patterns of revictimization in women's lives as the basis for a better understanding of how, when and why this phenomenon occurs in the first place.

Finally, I conclude by offering some analysis of the socio-political context for violence against women generally, and revictimization specifically. This context must be apprehended by those who wish to understand revictimization as a consequence of child sexual abuse and a product of a society characterized by the pervasiveness of men's violence against women and children. Moreover, these
issues must inform the approaches of clinicians who want to work effectively with women who have experienced revictimization throughout their lives.
Chapter 2 -- Prevalence Rates of Revictimization: Review of the Literature

The research studies pertaining to revictimization can be divided into two related areas of investigation, prevalence and etiology. Prevalence research has attempted to determine rates of revictimization. Related to prevalence are the questions which determine what might help account for the increased vulnerability some women have to being revictimized. These questions are addressed by researchers from a number of different perspectives. What follows first in this review of the literature is an overview of the prevalence studies that have been carried out on the topic. In chapter three I review the ways in which various researchers have attempted to explain revictimization, or in other words, explore its etiology.

In studies describing the prevalence of revictimization there is considerable variation in the methodologies, the definitions of revictimization utilized, and consequently in the estimates of prevalence which are reported. The prevalence rates reported for revictimization vary from 6%, (Mandoki & Burkhart, 1989) to 68%, (Russell, 1986) based on samples that include everything from college students, victims using rape crisis centres who volunteered after being recruited by researchers, and random community samples.

A great deal of confusion in the literature stems from researchers using the terms recidivism, revictimization and multiple victimization interchangeably. The failure to define and give parameters to the phenomenon of revictimization accounts for some of this confusion. In broadest strokes some researchers conceptualize any repeated victimization experience in an individual woman's life as an example of revictimization. In other words, a woman who has had not been sexually abused in childhood, but who has had two separate sexual assault
experiences in adulthood would be included as someone "revictimized," but this moves the focus away from the specific link between childhood sexual abuse and increased likelihood of subsequent victimization. For the purpose of this review of the literature, however, I will confine the analysis mainly to studies which define revictimization as incidents of sexual abuse a woman experiences in childhood and at least one other sexual assault experience in her adult years.

Even this demarcation is fraught with inconsistencies, however, due to the lack of agreement over the upper limit of childhood. Some researchers have the cutoff at age at 14 years, others at age 16, and still others not until the age of 18. This lack of a defined upper age limit for when childhood ends, also makes it difficult to ascertain clearly whether sexual assault in adolescence is categorized as childhood sexual abuse or not. Another inconsistency in the literature and a more fundamental conceptual weakness is the fact that, in most cases, experiences of childhood sexual abuse are not differentiated. Some researchers include any abuse whether contact or non-contact, while others have a more stringent criteria that includes only incest. Other researchers include sexual abuse only at the level of rape or attempted rape. As a result, comparisons are difficult because the units of analysis vary so significantly. Part of the purpose of this review of the literature, then, is to delineate these differences and their implications.

2.1 Prevalence Studies Documenting Revictimization

One of the first studies to document revictimization was conducted by Miller, Moeller, Kaufman, Divasto, Pathak, and Christy (1978) in a study of rape victims seen in an emergency department of a county hospital in New Mexico. The researchers reviewed the data forms on 341 female victims of sexual assault
seen in the emergency room over a two and a half year period. The "victim data form" included information concerning demographics, the nature and circumstances of the assault, as well as documentation of previous assaults. The sexual assault data forms were reviewed to identify women who had had a past sexual assault at any time in their lifetimes.

The data on rape victim "recidivists" (the researchers' term) were matched against those of "first-time victims," and both groups were then compared to general population statistics for the area. The researchers found that of the 341 women seen at the hospital, 82 or (24%) were "recidivist victims" of sexual assault. In the group of women who were first time victims 4% of the assaults were incestuous, whereas of the 82 recidivist victims 15 (18%) of the prior assaults involved incest. This difference is highly statistically significant (p<.001). The researchers do not provide information on why only incestuous abuse is reported and not also extra familial abuse. Nor is data provided about the incestuous abuse itself, who the perpetrators are, what types of assault were included, or the frequency of assaults.

Miller et al (1978) were interested in any previous assault in the women's lifetimes but in further analysis did not differentiate victims of child sexual abuse from adult victims of sexual assault. In their discussion, these researchers report that their data were collected in a crisis setting which was not necessarily conducive to eliciting sensitive historical revelations. Despite these limitations Miller et al did find a significant association between an experience of incestuous abuse and a later sexual assault.

Diana Russell (1986) reports an extraordinarily strong association between childhood incest and later experiences of sexual assault based on her random sample of 930 women from the community of San Francisco. She admits that although other researchers have reported a correlation between child sexual abuse
and later sexual victimization (Browne and Finkelhor 1986, Herman 1981), this was not a hypothesis that she considered when she designed her study in 1977. However by virtue of developing a questionnaire that asked women about experiences of sexual violation throughout their lifetimes, beginning in childhood, Russell was nevertheless able to document revictimization.

Specifically, Russell found that 68% of incest victims in her study were also the victims of rape or attempted rape by a non relative at some later time in their lives. This compares with 38% of the women who were not incestuously abused but who experienced rape or attempted rape as adults. In other words, the women who were incestuously abused in childhood appear to be nearly two times more likely to have also been sexually assaulted as adults than were women not incestuously abused as children. When all experiences of rape or attempted rape that occurred before the age of fourteen are excluded from the analysis, Russell found that 65% of the women who were incest victims reported such an attack compared with 36% of the women who had never been victims of incest. She concludes that most of the rapes did not occur concurrently with incestuous abuse in the victim's childhood years, but took place later. Russell's study, especially because it is based on a random sample of women, strongly indicates the increased vulnerability to sexual assault that is related to an incestuous abuse experience in childhood.

Fromuth (1986) in a study designed to examine the long-term effects of child sexual abuse, administered a victimization questionnaire, a modification of Finkelhor's (1979) survey instrument to 383 female college students. Finkelhor's (1979) scale consists of nine behaviorally specific items that reflect various degrees of severity of childhood sexual abuse including abusive experiences ranging from exhibitionism to sexual intercourse. Fromuth found a significant relationship (p<.01) between a history of childhood sexual abuse and later being raped.
Fromuth reported significance, but did not provide the specific prevalence rate for revictimization determined in her study. She also explored a more general type of non-consensual sexual experience and found a significant correlation ($p<.01$) between having been abused before age 13 and having had any non consensual experiences after the age of 12. A nonconsensual experience was defined as any reported experience that involved the other person using force or threat. Fromuth concluded that this was evidence that early sexual abuse was related to later being the victim of rape as well as other coercive sex.

Marsha Runtz (1987) administered questionnaires on four dimensions of victimization to 291 female undergraduate students. She measured student experiences of child sexual and physical abuse and sexual and physical victimization which occurred during adolescence and early adulthood. She reported that 13% of the women had been revictimized meaning that they had been sexually abused in childhood and also assaulted in adolescence or adulthood. Runtz found that child physical abuse was not associated with later abuse, thus revictimization was defined as the specific experience of child sexual abuse plus a later experience of either sexual assault or physical battery. Runtz also reports that, of those women who had a history of child sexual abuse, 44% were also victims of sexual assault, compared with 20% of women without a history of child sexual abuse. Of women with a history of child sexual abuse 26% had also been battered versus 15% of women without such a history.

In designing her study, Runtz reports that she had hypothesized that child physical abuse would contribute to revictimization. The fact that it did not demonstrates that there is something specific to sexual abuse that seems to increase a woman's vulnerability to later assaults. This is a finding with important theoretical implications which calls for much more empirical research and replication. Runtz specifies that the 13% revictimization rate she reports describes
women who had been victimized both in childhood (sexual abuse) and in adulthood (sexual assault or battery). Like Russell's (1986) study, Runtz shows that women who are victims of child sexual abuse are approximately two times as likely as non-victims to experience sexual assault or battery later on in their lives.

In another study, Stevenson and Gajarsky (1989) administered questionnaires to 209 male and female college students to investigate the relation between unwanted childhood sexual contact with adults and subsequent sexual attitudes and behaviours relating to further victimization and perpetration of unwanted sexual behavior. Four hundred college students were randomly selected from the college registration list and mailed a questionnaire packet to complete. Only 217 questionnaires were returned for a response rate of 54.3%. The questionnaire packet included a 13 item scale that assessed various forms of unwanted childhood sexual experiences with adults.

The questions Stevenson and Gajarsky used to ask about childhood sexual abuse were drawn from a larger questionnaire designed by Finkelhor (1979). The experiences of sexual aggression and sexual victimization in adults were collected using The Koss and Oros (1985) Sexual Experiences Survey (SES). In an interesting adaptation, the researchers modified the (SES) questionnaire to allow both females and males to respond as either victims and/or perpetrators. They found that 40.5% of the females and 49.5% of the males reported that, before 16 years of age, they had had at least one sexual experience against their will perpetrated by an adult, or by someone who was at least 5 years older than they were at the time. The most prevalent experiences reported included an invitation to do something sexual (30.6%) and moderate contact of kissing and hugging in a sexual way (33%). Further analyses determined that 72.3% of the females and 65.2% of the males who had had unwanted childhood sexual experiences also reported an unwanted sexual experience as an adult.
Interestingly, analyses were undertaken to determine if males and females who had had unwanted childhood sexual experiences were more likely to perpetrate acts of sexual aggression than individuals who had not had similar experiences during childhood. Stevenson and Gajarsky found a significant relationship for males who had unwanted childhood experiences. Approximately 69.6% of these males reported also perpetrating acts of sexual aggression during adulthood. There was no significance for females in the sample. In this study, revictimization is found for both men and women who had been sexually abused in childhood, but only men were also found to be more likely to perpetrate abuse as well as receive it. This is an extremely interesting documentation of a gender differentiated outcome of sexual abuse in childhood.

Though the study was carried out with both men and women, little information is provided on whether there were gender differences in the types of sexual behaviours perpetrated against them as children or on the gender of the perpetrators. Nor do we know the nature of the unwanted sexual behaviours they experienced as adults, and whether there were gender differences in these. There isn't enough specificity provided about whether certain forms of childhood sexual abuse are more likely to result in revictimization. For example, is unwanted kissing in childhood just as likely to be related to revictimization as is forced intercourse in childhood?

Nor are we provided in this study with any information about the types of sexual aggression that were perpetrated by the males in the study. We are not given the comparison statistics for the male and females who were victimized in their adult years but not in childhood. In fact the information is so vague that we really do not know what exactly revictimization is considered to be. What we do know is that at a very broad and very general level, both male and female children who experience a whole range of sexually intrusive behaviours in childhood also
experience sexually intrusive behaviours as adults. This is an important finding but more detail and precision is required in order to grasp the specific implications.

In an attempt to examine the relationship between child and adult sexual victimization and explore whether this is a cycle of victimization and revictimization, Mandoki & Burkhart (1989) had 282 female undergraduates from psychology classes complete questionnaires describing child and adult incidents of sexual abuse. Childhood victimization was measured using a portion of the SES (Koss, 1985). The cutoff age for the inclusion of unwanted sexual experiences in childhood was age 14. Sexual aggression involving peers in adolescence was considered as adult victimization. If incestuous abuse was reported after the age of 14 the researchers excluded the data from the analyses. To measure forced sexual experiences after the age of 14, a modified version of Koss, Gidycz and Wisniewski (1987) SES was used.

Mandoki & Burkhart specified that for the purposes of examining whether the childhood experiences were related to later adult victimization, they considered experiences in childhood which occurred before the age of 14 years in which the perpetrator was at least 3 years older than the victim. For adult victimization they considered only those experiences at the level of attempted or completed forced intercourse. Using these criteria they found that 7% of the students were sexually abused as children and only 6% of the subjects were sexually victimized both as children and as adults. This is the lowest rate of revictimization found in any of the literature on the subject and one of the lowest rates of child sexual abuse as well. Mandoki and Burkhart conclude that the failure to find a pronounced cycle of victimization and revictimization could be because the data are derived from a basically well functioning, non clinical sample.

Roth, Wayland & Woolsey (1990) did a study to investigate the psychological aftermath of sexual assault in a probability sample of university
women. They reported being specifically interested in analyzing how various aspects of victims' lifetime sexual assault histories and their relationship with their assailant(s) mediate post traumatic recovery. Their research examined the victim assailant relationship, and multiple, repeated, and incestuous assaults in the context of the victim's complete assault history.

Their sample included 542 female students and employees randomly selected from Duke University in the United States. The respondents completed a self-administered questionnaire on their sexual assault history. The response rate was 54.2%. A woman was classified as a sexual assault victim if she answered affirmatively that she had had "sexual intercourse, attempted sexual intercourse, or other explicit sexual acts" with a man in a situation involving force or the threat of force. This definition was thought by the researchers to be appropriate to encompass both adult and childhood sexual assault. Because 'force' can be an ambiguous concept, particularly in relation to childhood sexual abuse, these definitions may have limited their findings.

Roth, et al. (1990) found that 13% of the women in the study reported that they had been sexually assaulted at some point in their lifetimes. Of these women, 13% were revictimized, meaning that they reported that they had been sexually assaulted by a family member before they reached 18 years of age. The researchers in this study never explain why they only provide statistics for sexual abuse by a family member in childhood (and exclude extra familial abuse), especially given that they asked the question in such a way to elicit disclosures of both incestuous and extra familial abuse. Additionally Roth et al report that they intended to examine the effects of sexual abuse by different assailants. Moreover, the comparison of sexual abuse by a family member had been found to create its own specific form of traumatic effects which differ from the effects of abuse.
perpetrated by an acquaintance or stranger, for example. These limitations then, compromise the usefulness of this study.

In a large community sample of 248 African-American and white women, Wyatt, Guthrie & Notgrass (1992) examined the differential effects of sexual revictimization. This is one of the few studies to include a significant number of women of colour. Wyatt et al defined sexual revictimization for the purposes of the study as referring to incidents of sexual abuse involving contact and non contact sexual abuse before and after age 18, as well as the total number of incidents women reported. Those women who reported at least one incident of contact or non contact abuse before age 18, but none as adults, served as a control group for those who reported multiple abuse experiences over a lifetime.

Wyatt, et al. felt that their study would provide an opportunity to examine different dimensions of revictimization experiences by using a quasi-longitudinal method with a multiethnic, community based population. Women were interviewed face to face using the Wyatt Sex History Questionnaire (WSHQ), on retrospective and current consensual and abusive sexual experiences from childhood to adulthood. Clearly Wyatt, Guthrie and Notgrass's research is an advance over much of the work done in the field, insofar as their sampling methods and attention to a greater complexity and specificity of information about the women's lives and abuse experiences allows for a more detailed analysis.

Women in Wyatt, et al's study who reported at least one incident of contact or non contact child sexual abuse (before age 18) met the criteria for childhood sexual abuse. In this study, 154 women met this criteria. Of these 154 women, 112 women experienced abuse involving sexual contact, and 42 experienced abuse not involving direct contact. Women who experienced both forms of abuse were classified in the contact abuse sub-group. Questions concerning sexual abuse in adulthood (after age 18) included a narrower and more specific definition.
Wyatt, et al focused on four types of abuse, which are: observing someone exposing his or her genitals; observing someone masturbating; and incidents of attempted rape and rape. Eighty-seven women met the criteria for being abused in adulthood. Of these, 55 experienced contact abuse (rape or attempted rape), and 32 experienced only non contact abuse. Of the 154 women in the childhood sexual subgroups 65 were revictimized. Among women who reported contact abuse before age 18, almost half (44%) experienced either contact or non contact abuse in adulthood, and 30% reported only contact abuse incidents since age 18. Thus this study shows that women who were sexually abused during childhood were 2.4 times more likely to be revictimized as adults, a finding generally consistent with Russell's.

Gidycz, Coble, Latham, & Layman (1993) conducted a prospective analysis of sexual assault in a sample of 857 college women to assess the pathways through which victimization experiences become linked. Female undergraduate students were recruited to volunteer for this research. The design was such that both victims' and non victims' history of child and adolescent sexual victimization experiences were assessed prior to their most recent assault experience. At the time of the first assessment session, information was obtained from the respondents about whether or not they had a history of child or adolescent victimization, and about their current psychological functioning. Respondents were asked to return at the end of the academic quarter, approximately 9 weeks later for further data collection. At the follow-up session 9 weeks later, victimization that took place during that quarter was documented and assessed.

To screen for sexual victimization in childhood in this study, Finkelhor's (1979) nine item survey on child sexual abuse was used. The upper age limit for a childhood experience was 14 years. Screening for sexual victimization after the age of 14 was done using the SES (Koss & Oros, 1982). The adolescent
victimization experiences considered were those that occurred between age 14 and their age at the time of their participation in the study. The SES was re-administered at the end of the academic quarter to assess the frequency of sexual victimization during the quarter, or from the time of the initial assessment. Victimization during the quarter was labeled adult sexual victimization. When they analyzed their data to assess whether women with a history of victimization were more likely that non victims to be revictimized, Gidycz, et al. (1993) found that 29.5% of the child rape victims and 32.1% of the child attempted rape victims were revictimized in adulthood, whereas only 13.6% of the child non victims were victimized in adulthood.

Revictimization in adolescence after a childhood experience of sexual abuse revealed that 28.6% on the childhood attempted rape victims and 29.5% of the childhood rape victims experienced a rape again in adolescence. When examining whether an adulthood victimization experience was dependent upon an adolescent sexual assault, Gidycz, et al. found that 31.4% of the adolescent attempted rape victims and 33% of the adolescent rape victims were revictimized in adulthood, whereas only 9.4% of the women without a history of adolescent victimization experiences were victimized in adulthood. At the level of rape or attempted rape in adulthood 10.5% of the adolescent attempted rape victims and 10.4% of the adolescent rape victims were raped again in adulthood, whereas only 0-1% of the adolescent non victims, sexual contact victims and sexual coercion victims were raped in adulthood. Gidycz, et al. 's investigation of the relationships among sexual abuse experiences explicatd the finding that the greater the severity of a child victimization experience, the greater the severity of both an adolescent and adult victimization experience; the greater the severity of a subsequent adolescent victimization experience, the greater the severity of an adult victimization experience. Furthermore, the results clearly suggest that for women with a history
of abuse, their rates of revictimization are higher than the initial rates of victimization in this sample. For example, 18% of the women in the entire sample experienced sexual victimization during the 9-week quarter; if a woman had a history of an adolescent rape or attempted rape experience, she was almost twice as likely to experience a sexual assault during the quarter. These data provide strong support for linkages among sexual victimization experiences and makes prominent the necessity for early intervention and identification of young women who have already been victimized in childhood or adolescence. Gidycz, et al. argue that their results support the idea that women, particularly college women, are at great risk for sexual victimization in heterosexual dating relationships and that preventative programs must continue to be designed and implemented.

Another study that supports the finding that women with a history of child sexual abuse are at greater risk for sexual victimization in heterosexual dating relationships was carried out by Himelein, Vogel & Wachowiak (1994). They examined the frequency of sexual victimization in a pre-college population. They were specifically interested in examining whether child sexual abuse and consensual sexual activity were risk factors for sexual victimization in dating relationships. They surveyed 330 women who were incoming first year students at a large American university. The child sexual abuse history of respondents was obtained using Finkelhor's (1979) instrument. The upper limit for inclusion of childhood experiences was age 16. Sexual victimization experiences after the age of 16 were assessed using the SES (Koss & Orso, 1979). Himelein, et al. found that child sexual abuse was significantly related to all forms of sexual victimization in dating relationships. Specifically, they found that women who were date raped were nearly twice as likely to have been victims of child sexual abuse (fondling, attempted rape, or rape) than were women who were not date raped (72% versus 36.8%). They concluded that childhood sexual abuse in a significant risk factor for
sexual victimization in heterosexual dating relationships. This survey is significant insofar as it focused on the specific risk to young women in dating situations, a well-documented high-risk period for sexual assault. Moreover, it also demonstrates an increased likelihood of further sexual victimization for those women sexually abused as children, consistent with Russell's (1986) and Wyatt, Guthrie and Notgrass's (1992) findings.

A more recent longitudinal study of 100 college women carried out by Himelein (1995) spanned 32 months and surveyed the women on two occasions. Her study was an attempt to predict sexual victimization during college on the basis of nine attributes assessed prior to the start of college. These included three personal history experiences: child sexual abuse, pre-college dating victimization and consensual sexual experiences. Himelein hypothesized that child sexual abuse was a significant contributor to revictimization. Her study distinguished between child sexual abuse and a second type of sexual victimization, that which occurs in pre-college heterosexual dating contexts.

In her study, child sexual abuse was measured using Finkelhor's (1979) instrument. Participants were asked if they had ever been the unwilling victim of any of seven sexual experiences in non-dating relationships prior to age 16. Sexual victimization by a dating partner at any age was not considered child sexual abuse in Himelein's research. Pre-college victimization in dating was measured by the SES (Koss & Oros 1982, Koss & Gidycz, 1985) and was adapted by adding the phrase, "on a date with a man." All references to an explicit time frame of occurrence were deleted and a simple yes-no response format was adopted. The second survey administered 32 months later intended to assess sexual victimization in dating during college, was measured with the adapted SES.

Among her findings Himelein reported that 40% of contact child sexual abuse survivors who were revictimized in pre-college dating were also victimized.
in a dating situation during college. This compares to the 25% of contact child sexual abuse survivors who were not victimized in pre-college dating but who were victimized in college. From this Himelein concludes that child sexual abuse did not predict college victimization although child sexual abuse was related to pre-college victimization. Himelein suggests that child sexual abuse is perhaps a better short-term than long-term predictor of revictimization. She theorizes that the risk of revictimization for child sexual abuse survivors may be reduced with every so-called "aggression free" dating relationship. She compares revictimization reduction to how cancer risk relapse diminishes with every symptom-free year. This analogy, however, implies that violence against women, is a phenomenon without human agency and reinforces a "disease" model for understanding social issues. While her findings are interesting, her analysis of and analogies regarding the link between child sexual abuse and later victimizations are problematic.

Himelein (1995) also proffers the explanation that the psychological impact of child sexual abuse is related to multitude of factors and is consequently highly variable. She speculates that perhaps more profoundly affected child sexual abuse survivors may experience a heightened risk of revictimization for a longer period of time. She points out however, that given the relationship between child sexual abuse and school and learning problems it is likely that these women less frequently enter a college population. In conclusion, Himelein found that prior victimization in dating emerged as the strongest predictor of victimization in college dating. She also found that a greater use of alcohol in dating and higher levels of consensual sex were associated with dating victimization.

Building on their previous research, Gidyecz, Hanson and Layman (1995) extended the findings of their (1993) study by assessing women over a longer period of time and also assessing whether or not there were additional variables
that might help to account for the links among victimization experiences. College women were evaluated for child and adolescent sexual victimization experiences. Screening for childhood sexual abuse (prior to age 14) was assessed with Finkelhor's (1979) nine item scale. Women who experienced more that one item included on Finkelhor's scale were categorized according to the most severe item that they reported. Experiences that occurred after age 14, but prior to the onset of Gidycz's 1995 study were considered adolescent sexual victimization experiences. Screening for adolescent experiences was done using the SES, (Koss & Orsos, 1982). As with child sexual abuse, women reporting adolescent victimization experiences were categorized according to the most severe SES item that they experienced.

Gidycz, et al. (1995) assessed adult sexual victimization experiences at 3, 6 and 9 months again using the SES. Women were also re-evaluated at 3, 5-6, and 9 months for adult victimization during the college school year. Gidycz, et al. found that victimization in each time period was significantly predicted from victimization status in the preceding time period. Specifically, they found that a childhood victimization experience was directly related to an adolescent victimization experience. An adolescent victimization experience was significantly related to a victimization experience during the 3-month follow-up period. Victimization during the 3-month follow-up period was significantly related to victimization status during the 6-month follow-up period was significantly related to victimization during the 9-month follow-up period.

In all instances, the relationships were such that the more severe the victimization in the preceding time period, the more severe the subsequent victimization. Women with a victimization history were 1.5 to 2 times more likely to be victimized in the first quarter of the college year. Women victimized during the first quarter were approximately three times more likely to be revictimization
during the second quarter. Among the women still remaining in the study at nine months, Gidycz et al found that the women victimized during the second quarter were 20 times more likely to be revictimized. Gidycz, et al. conclude that for many college women, sexual assault is a trauma that is re-experienced again and again.

Gidycz, et al. also reported that their analyses of variables that mediate the relationships among victimization experiences partially support their previous findings (Gidycz, et al. 1993). For example the women who had the "poorest adjustment" at Time 1 were those who also had a history of child and adolescent sexual victimization experiences. They report that although adjustment at the various time intervals was significantly correlated with victimization status, the path coefficients between adjustment and victimization status were not significant in many instances. What is of particular interest in Gidy, et al.'s research is the demonstrated link between victimization experiences and support for the finding that sexual abuse in childhood increases vulnerability to further sexual victimization. These researchers also show the compounded effects of sexual victimization.

2.2 Conclusion: Summarizing the Prevalence Findings on Revictimization

Most of the research on the prevalence of revictimization reviewed above demonstrates that the phenomenon of revictimization exists, that is, that there is a significant relationship between an experience of child sexual abuse and increased vulnerability for sexual victimization in adulthood. This is a phenomenon of critical significance for researchers and clinicians concerned about the effects of violence in women's lives.
Unfortunately, however, too little is known about the exact nature of this relationship or the specific factors associated with this increased vulnerability. Studies on the long-term effects of child sexual abuse generally have demonstrated that there are several dimensions of the experience that particularly seem to increase the likelihood of long-term effects. These include: the relationship of the perpetrator to the child; the frequency of the abuse; the age of onset of abuse; and the severity of the sexual acts perpetrated against the child. All of these factors have been shown to contribute to long-term effects that disrupt the self-identity of women sexually abused in childhood (Briere, 1992; Finkelhor, 1984; Runtz, 1987; Russell, 1986).

In the research on prevalence reviewed in this chapter many of the studies fail to differentiate or specify whether it is only experiences of incest which contribute to increased vulnerability, or whether extra familial childhood sexual abuse also increase the likelihood of later victimization. Furthermore, the actual experiences of child sexual abuse are not analyzed in terms of the relationship of the perpetrators, the age of onset, the kinds of assaults perpetrated or the frequency of the abuse all of which are key factors. Some important advances in the field have been made as is evident in Russell's (1986) study where great attention was paid to both defining each form of abuse and specifying what behaviours constituted each form and clearly delineated childhood, adolescent and adult experiences. Additionally, Russell asked detailed information about perpetrators and developed discrete categories among the perpetrators who were known to their victims.

Similarly, researchers Wyatt, Guthrie and Notgrass (1992), also obtained more detailed contextual information about the actual sexual assaults and clearly defined and delineated each form of sexual abuse they were examining. Researchers Haskell and Randall (1993; 1995) have extended the analysis and
understanding of sexual victimization of women by refining the questions asked of women and obtaining detailed contextual information about each and every sexual assault that women reported, as will be discussed further in chapter 5.

Clearly, an in-depth exploration of the nature of the child and adult victimization experiences are required first, to better understand revictimization. Key questions still remain. These include: are women sexually abused in childhood more likely to be sexually assaulted in certain types of relationships? That is, are they more likely to be raped by strangers than by men known to them? Is revictimization a static, homogenous phenomenon or are there different forms and patterns of revictimization? If so, what are the different forms and patterns, and what can we conclude about them? These are some of the issues remaining to be analysed in future research on the topic. Some of the research reviewed in Chapter 3, while not always explicitly engaging with these questions, does nevertheless go beyond a documentation of prevalence and attempts to offer explanations for the phenomenon.
Major Theoretical Approaches to Revictimization

I have argued that theorizing about the causes of revictimization requires an understanding of the social context in which revictimization occurs. Furthermore, it is crucial that conceptual terms -- like the term revictimization itself -- are defined specifically and clearly. Revictimization has too often been presented as a unitary, homogeneous phenomenon, with insufficient attention paid to the range of experiences which might be considered to constitute revictimization, or to the specifics of the phenomenon itself. Just who are the perpetrators both in childhood and in adulthood and what qualities of the childhood sexual abuse, if any, seem to be more likely to contribute to some women's increased vulnerability to repeated experiences of sexual assault? As has been demonstrated in the previous chapter, much of the research on revictimization has failed to make these distinctions or even raise these questions. The contextual issues surrounding revictimization have, in the main, been unexplored and in many cases it is unclear if researchers have even compared the same variables in analyses of what is described as "revictimization."

Few research studies, then, have explored or described fully what the phenomenon of revictimization actually is. To further exacerbate this problem, much of the research that has been carried out on the subject is largely
atheoretical. Many studies are based on a single hypothesis and the research is carried out to test whether there is any relationship between a specific proposed measure and an experience of revictimization. The majority of the efforts have focused on the psychological characteristics of the victims and have examined such measures as depression and low self-esteem as contributing causes of revictimization. These research studies on revictimization typically employ a linear model, which includes behavioral and psychological frameworks and which identifies the individual as the locus of pathology. Most research does not even explicitly identify revictimization as a gender specific phenomenon, or argue that a focus on the socio-cultural context, including, most importantly, gender relations, is centrally relevant. Therefore the in depth theoretical work to explain revictimization and its link to women's inequality has yet to be done.

The majority of the studies done on revictimization tend to defy categorization in terms of their articulation of any clearly or fully developed theoretical frameworks. Instead, most researchers tend to focus on one or two psychological dimensions they assume to originate from and/or cause victimization and attempt to link these to revictimization, and they may go on to offer a tentative explanation for any significance which can be supported by the findings from their research (Gidycz, Coble, Latham and Layman, 1993; Roth, Wayland and Woolsey, 1990; Sorenson, Siegel, Golding and Stein, 1991).

For the purposes of drawing out some of the main axes of similarity among various studies, I have loosely grouped the literature reviewed below under the
following groups, depending upon what I view to be their most emphasized focus. These are: first, those which focus on the "psychopathology" of "victims," second, those which emphasize the central role of trauma, and third, a subsection of the trauma theorists, those working from a "self-in-relation" framework to account for role of trauma in revictimization. These categorizations are intended to emphasize the most salient features of the approaches and explanatory frameworks offered by various researchers to account for revictimization. A summary and critical review of each follows below.

**Theorizing Revictimization: Research on the Link between Sexual Victimization and Psychological Functioning**

A significant proportion of the revictimization literature deals with the "psychopathology" of "victims". In these views it is argued that the increased psychological distress or symptomatology arising from sexual abuse in childhood increases the likelihood of revictimization (Gidycz, Coble, Latham and Layman, 1993; Gidycz et al, 1993; Roth et al, 1990; Sorenson et al, 1991). In this literature, there is a great deal of focus on the general psychological functioning of women who have been victims of childhood sexual abuse. These explanations range from examining psychopathology, behavioral symptoms, personality characteristics and frequencies of somatic symptoms in women who have been revictimized (Mandoki and Burhart, 1989; Marhoefer-Dvorak, Resick, Hutter and Girelli, 1988; Roth et al, 1990). What these approaches have in common, despite
their differing emphases, is the primary attention paid to the psyches, behaviours, beliefs and psychological "adjustment" of the women who are revictimized. In other words, the body of research I am classifying as adhering to a "psychopathological model" looks to the revictimized women themselves to explain the sexual victimization they have suffered. In this way, they can be seen -- intentionally or not -- to reinforce a victim blaming approach to the study of violence in women's lives, as they identify the origin of the problem as lying within the psyches of sexually abused women.

Many of the studies falling into this category "measure" psychological functioning in women using Beck's standardized measures of depression and anxiety or by using the SCL-90, a self-rating scale developed by Derogatis, Lipman and Covi (1973) to measure depression, anxiety, somatization, anger, and interpersonal sensitivity, etc. The meaning of these symptoms, if they are present at any significant level, is not interpreted through any theoretical construct to explain how they could contribute to a woman's revictimization. Many studies have attempted to assess psychological functioning, including depression and anxiety to determine whether or not there is a causal link with victimization experiences; (Fromuth, 1986; Gidycz, Coble, Latham, & Layman, 1993; Gidycz, Hanson & Layman, 1995; Marhoefer-Dvorak et al, 1988; Roth, Wayland & Woolsey, 1990; Runtz, 1987; Sorenson, Siegal, Golding & Stein 1991; and Wyatt, Guthrie & Notgrass, 1992). Yet most studies have not demonstrated that these levels of psychological functioning are causally related to victimization. For example in
their prospective study of college students Gidycz et al (1993) found that both adolescent and child sexual victimization experiences were not directly related to current psychological adjustment.

In another study, Runtz (1987) utilized several psychological measurements to explore the etiology of revictimization. In a sample of 291 undergraduate female students from a Canadian university Runtz examined their psychological functioning with the SCL-90. Interestingly, she found no significant difference between women revictimized and those women not revictimized, on any of these psychological measurements. Fromuth (1986) also found that a history of childhood sexual abuse was not uniquely related to a woman's later psychological adjustment, but this history may have some specific relationships with later sexual behavior. However in her examination of sexual behavior she found no evidence that women sexually abused were more likely to have sexual problems or were avoiding sexual activity.

Wyatt, Guthrie and Notgrass (1992) carried out research to examine revictimization in relation to several psychological outcome variables. However, they also found no significant differences between women revictimized and not. Wyatt et al suggest that most widely used psychological measures may not have items specific enough to assess abuse related effects. While this may very well be true, it must also be considered another failure to find evidence that women who have been sexually abused and also sexually assaulted (i.e., revictimized), are detectably psychologically different from women who have not had these
experiences. This is not to say that the trauma and negative consequences of sexual abuse and assault are not profound and long lasting in women's lives, but it does suggest that there is not one specific psychological profile of "revictimized women." In fact, except for Roth et al's (1990) study most other studies found no or little significant association between revictimization and psychological outcomes (Mandoki and Burkhart, 1989; Runtz, 1987; Sorenson et al, 1991).

Roth et al reported that "sexual assault victims were almost twice as likely as non-victims to meet criteria for a psychiatric case based on the SCL-90R" (p. 174). The researchers conclude that sexual assault tends to occur before or at the same time as the onset of "psychiatric problems". But this offers little as an explanation. Roth et al do not clarify whether they believe that the "psychiatric problems" following an assault are as a result of the assault or not. This is further confused by their finding that the psychiatric problems occur at the "same time" as the assault (Roth et al, 1990, p.178). Since what the "same time" means is not clearly defined, it is unclear whether the psychiatric problems played a role in the revictimization, or the experience of being assaulted again caused psychological distress identified by the researchers as "psychiatric problems."

Roth et al also examined the role of post traumatic stress disorder by using a subscale that specifically examined the symptoms of intrusion and denial. They reported a significant relationship between denial and an experience of sexual victimization. Roth et al suggest that survivors of incestuous and repeated
victimization have a greater need to defend themselves psychologically, and that this occurs through denial. They conclude that:

> the denied effects of extensive sexual assault operate so as to increase the likelihood of revictimization. The denial of traumatic events is often unsuccessful, and trauma continues to exert unconscious, maladaptive influence over behavior (Roth et al, 1990, p. 179).

Roth et al do not explain what exactly this maladaptive behavior is or how it increases the likelihood of revictimization. But there is a clear and problematic suggestion made by the researchers that it is the incest victims' "behavior" that is the root of the problem.

Interestingly, these research studies contribute highly important data which refutes the view that "revictimized women" constitute a distinct class of psychologically impaired victims. Yet this is not the conclusion employed by some of the researchers. Instead many researchers persist in searching for a causal connection between certain psychological traits in revictimized women and the propensity towards being revictimized, and argue that their lack of research results points to the need for more refined research instruments and psychological measures (Koss et al, 1990; Wyatt, Guthrie and Notgrass, 1992).

Apart from those studies which attempt to document psychological traits there is another set of studies which look to link women's personality, specifically self esteem and attributional style to the likelihood of revictimization. Some of these approaches involve attribution theory and examine the idea that women previously victimized develop "learned helplessness" and are thereby impaired in
their ability to protect themselves from future assaults. Sexual attitudes have also been considered a factor in revictimization. In this view, the hypothesis is that women who are more "promiscuous" or liberal sexually are more likely to be revictimized.

The specific link between personality traits, sexual attitudes and sexual behaviours have, in fact, been examined in several studies (Amick and Calhoun 1987; Fromuth, 1986; Koss 1985; Mandoki and Burkhart, 1989; Runtz, 1987; Sorenson, Siegal, Golding and Stein, 1991; and Wyatt, Guthrie and Notgrass, 1992). Yet these studies have also shown inconsistent results at best. The majority of the studies failed to find a significant association between women's victimization experiences and personality traits or sexual attitudes. (Sorenson et al, 1991) In a large community based survey Sorenson et al (1991) found that personality characteristics did not relate to revictimization. Fromuth (1986) reported that women sexually abused in childhood were more likely to report themselves as promiscuous than women who did not have an experience of childhood sexual abuse. However, Fromuth reports that although sexually abused women gave a self-rating of promiscuity, it was not related to actual behavior in this study (p. 11). She also examined the relationship between having a childhood experience of sexual abuse and sexual intercourse. She found that women sexually abused were more likely to have experienced intercourse than other women in the study.
Mandoki and Burkhart (1989) examined assertiveness, dependency, self-esteem and attributional style and reported that multiple victimization was not associated with any of the predicted personality variables. However their examination of dating and sexual history resulted in finding an indirect relationship between both child victimizations and the number of adult consensual sexual partners. They report that as the degree of child victimization increased, the number of adult consensual sexual partners increased. Moreover, the number of adult sexual partners was the best predictor of victimization experienced in adolescence or young adulthood.

Mandoki and Burkhart offer two possible explanations for this finding:

one, the increase in consensual sexual partners associated with childhood sexual abuse places one at greater risk for adult victimization owing to the increased potential of exposure to aggressive men. Alternatively, an increase in the number of consensual sexual partners may be an effect of another factor causal to both child and adult victimization (Mandoki & Burkhart, 1989, p. 187).

However, Mandoki and Burkhart report that 82% of the adult victims had not been sexually victimized as children and 59% of the adult women victimized had not had sexual intercourse before their most serious or frightening assault. They do not explain however, the relevancy of determining whether women had had sexual intercourse or not before they experienced a sexual assault.

Mandoki and Burkhart conclude that for these women an increase in sexual partners occurred following adult victimization rather than being a risk factor derived from childhood sexual victimization. Furthermore, they argue that the
greater victimization experienced by the recent victims suggests that for these women initial victimization was associated with further victimization. Thus they argue, it appears that the recent victimization group could best be described as a "continually victimized" group -- that is they had not been able to avoid further victimization after their "initial exposure." They conclude that it appears that "early victimization precedes or perhaps produces further victimization" (Mandoki and Burkhart, 1989, p. 179).

This study is probably among the clearest examples of research that is decontextualized and exclusively focused at the level of the individual to the exclusion of the social. Not only is their view that "victimization produces victimization" a tautological formulation, but this kind of assertion more problematically essentially translates into the arguably nonsensical claim that "assaults create more assaults." Again, we see the problem of men's violence against women described as if sexual assaults were a self-propelled set of events divorced from human intentionality or culpability.

A second potentially significant predictor of the total degree of victimization identified by Mandoki and Burkhart is the number of different dating partners women have had. They hypothesized that dating and sexual partners may be affected by victimization or may be a risk factor for victimization. However they found that "recent" and "non-recent victims" did not differ on these variables, suggesting that these factors can not account for greater victimization entirely. Instead they suggest that recent and non-recent victims differ in the types of men
they encounter or in their interactions in dating situations. To support this argument, Mandoki and Burkhart report Skeleton's (1984) finding that women who were more victimized were more likely to select high-risk (i.e., aggressive, macho) men as their ideal and typical dating partners. Why certain women would select "high -risk" men is not explained nor is the suggestion that their interactions in dating situations may differ from other women. Nevertheless we still see these researchers exerting their research and theoretical efforts towards uncovering something about the revictimized women themselves -- their dating behaviours, taste in men, or personality profiles -- which accounts for their revictimization.

Wyatt, Guthrie and Notgrass (1992) compared women who had been revictimized with those who had not, on several measures of their sexual functioning, including the frequency of sexual behaviors, numbers of sexual partners and length of relationships, birth control, two measures of sexual satisfaction, the Mosher Sex Guilt Scale and Rosenberg Self-Esteem and the General Well-Being Scale. Their findings that frequent sex and unintended pregnancies and abortions were significantly associated with sexual revictimization differ from Fromuth's (1986). They suggest that, "the decision making around when to engage in sex and the necessary preparation required to prevent undesired outcomes is impacted [sic] by sexual revictimization (p. 171)." Wyatt et al suggest that survivors of child sexual abuse may not know how to select partners who desire non-sexual relationships, that they need to learn to perceive themselves as sexual beings and not sexual objects, and to communicate their sexual needs and
negotiate with partners about the type and frequency of behaviors in which to participate. Wyatt et al suggest that these factors may be central to efforts to prevent revictimization. They suggest that strategies should include a focus on enhancement of self-esteem, as well as knowledge and acceptance of female sexuality. They conclude, however, that an early experience of sexual victimization is a risk factor for subsequent victimization. This lack of relationship between personality variables and victimization appears to support Koss's (1985b) suggestion that sexual victimization is not predictable based on the victim's personality characteristics. Rather, victimization is more a product of being in a social context conducive to victimizations, that is, a social context in which men's sexual violence is a pervasive part of many women's experiences.

Social Control Theory

Another related explanatory model is social control theory. This view suggests that women who "oversubscribe to traditional notions of femininity" and who accept rape myths are uniquely vulnerable to being revictimized. Some of the hypotheses that are suggested from this model are that some women are so-called "safe victims" because they act passively and expect men to be dominant and forceful (Koss, 1985, p. 210). Studies carried out by Amick and Calhoun (1987), Koss (1985), and Runtz (1987), however, failed to find significant differences between victims and non-victims on several measures of rape supportive beliefs and gender role attitudes.
Koss (1985b) carried out research to examine personality, attitudinal, and situational characteristics relevant to the social control model of rape victimization. She argued that no study had examined the attitudes held by women who have been raped to examine whether they adhered to an extremely rape-supportive belief system which renders them uniquely vulnerable to rape. Koss's study did not find any evidence to support the social control model of rape victimization.

In terms of situational variables potentially associated with revictimization, Koss reported that acknowledged rape victims tended to have more partners than nonvictimized women. But after further analysis Koss argues that a "sexual exposure dimension," that is the idea that a woman exposed to a wider variety of partnerships may become statistically more likely to be victimized does not hold because of two factors. First, unacknowledged rape victims did not have more partners than nonvictimized women, thus greater sexual exposure would not account for the occurrence of all forms of rape. Second, 38% of the acknowledged rape victims had never had sexual intercourse before being sexually assaulted, meaning that the greater increase in sexual partners occurred after the sexual victimization not before it. Thus, Koss interpreted the fact that acknowledged rape victims had more sexual partners as an effect rather than a cause of sexual victimization. This, in itself, is an interesting finding, which both shifts attention away from the search for a cause onto a focus on effects, and also points to the need for more analysis of how sexual victimization affects women's sense of their sexuality and sexual behaviours. With the exception of this
situational variable, Koss reports that no support was found for the influence of victim attitudes or personality characteristics on victimization status.

Another example of research exploring sexual victimization is Runtz's (1987) study which examined women's social functioning with the self-esteem scale, an attributional style questionnaire, attitudes toward women scale, personal attributes' questionnaire, rape myth acceptance scale, adversarial sexual beliefs' scale and the social support questionnaire. She did not find any significant association between these measures and a history of sexual abuse. In her examination of the women revictimized Runtz hypothesized they would not score significantly on measures of more liberal attitudes toward women. In contrast, however she found that revictimized women were actually more likely to endorse liberal attitudes about women's roles.

Further analysis suggested that it was the experience of sexual assault and not child sexual abuse that accounted for this significance. Runtz explained that it is possible that sexual assault, while being traumatic, may have that additional effect of sensitizing women to the oppression of women in society and hence this becomes reflected in their AWS scores. Runtz further explored the dynamics of revictimization from "within the psyche of the victim" (p. 14) by using the construct of learned helplessness as an explanation of increased vulnerability. Runtz had expected a global, stable, internal attributional style for negative events in combination with adherence to femininity, and to conservative views regarding
the role of women. But she reported that none of these factors appeared to be associated with a woman's history of victimization.

In examining some of the characteristics of the early sexual abuse, she does, however, find some clues to the etiology of revictimization. For example, Runtz found that childhood sexual abuse of revictimized women was characterized by greater use of force, attempted or completed intercourse, incest, non-disclosure of the abuse, and self-defined importance of the abuse. Runtz concluded that this suggests that revictimized women may have experienced more violent child sexual abuse and were less likely to tell anyone about the abuse than were women who were not revictimized. This is, in my view, a highly significant empirical finding with far reaching theoretical implications. This attempt to link the specific qualities and characteristics of the childhood sexual abuse to the likelihood of later revictimization will be explored further in chapter 5.

In her discussion of revictimization Runtz shifts her focus from the psychological measures she utilized and instead draws on Finkelhor and Browne's (1985) conceptual model of abuse symptomatology, specifically traumatic sexualization. Runtz suggests that traumatic sexualization may be a useful construct in which to understand revictimization since it appears that sexual difficulties are commonly found among victims of early sexual abuse. Traumatic sexualization helps to explain the impact of sexual abuse on a woman's view of herself as a woman and as a sexual being. Runtz also argues for a more contextualized explanation, agreeing with Russell's (1986) argument that any
explanation of revictimization must take into account the behavior and attitudes of the perpetrator. Specifically she maintains that sexual offenders are likely to be skilled at detecting both social and psychological vulnerability in their victims. They would therefore be able to pick up on subtle clues indicating vulnerability, excessive trust, or early sexualization in women and adolescents and hence would be more likely to select women who had been victims of child sexual abuse. Runtz contends, then, that the explanation for revictimization lies in the presence of subtle dynamics in the victim indicating vulnerability, that may allow the offender to perceive her as an easy target.

Runtz's very thorough and thoughtful research is useful in suggesting further explorations of revictimization. Specifically, her work is useful in developing and administering measures of traumatic sexuality and in stressing the importance of gathering contextual data on the relationships in which women are revictimized. Runtz does not completely avoid the problem of implying that the cause of revictimization lies in women themselves, insofar as she refers to women's "subtle dynamics indicating vulnerability", but her emphasis is on the effects of the childhood sexual abuse, especially on sexuality, in context of the acknowledgment that many men are sexually aggressive and exhibit predatory behaviours.

A more recent study by Himelein (1995) also challenges theories that suggest that assertiveness or rape-supportive attitudes (i.e. acceptance of interpersonal violence, adversarial sexual beliefs, and rape myth acceptance) increase victimization. Himelein examined nine risk characteristics in women
assessed prior to the start of college to identify predictors of sexual victimization in college dating. Included in the nine risk factors were women's personal history, behaviors, and attitudes. Himelein finds that sexual conservatism was negatively correlated with college victimization, meaning that more sexually conservative women were less likely to be victimized in college. More sexually conservative women also tended to possess less consensual sexual experience, less assertiveness, more adversarial sexual beliefs, and greater acceptance of rape myths. Himelein argues that these data suggest that traditional attitudes may reduce a woman's risk of sexual victimization insofar as they increase her mistrust of dating and decrease her involvement in sex.

Himelein concludes that while four correlates of victimization risk were identified, the magnitude of the relationships was relatively small with two thirds of victims indistinguishable from non-victims. She argues that this finding suggests that much victimization has little to do with the history, behaviors, or attitudes of victims, but rather the focus should be on the true cause of sexual aggression: the aggressor. Himelein suggests that future research should focus on revictimization by following sexual abuse victims longitudinally in the effort to gain insight into the processes through which vulnerability to revictimization is initiated.

Overall, the major research studies that have been carried out to examine the links between victimization experiences and measure of psychological dysfunction or sexual attitudes and behaviors have offered little in terms of explaining why women victimized in childhood or adolescence are almost twice as
likely than women without a history of childhood sexual abuse to be victimized in adulthood. Briere (1992) offers a critique to explain why he considers the "first wave of research probing the link between childhood molestation and both proximal and more distal psychosocial difficulties" (Briere 1992, p. 196), to be inadequate. He argues that researchers frequently use generic measures that may be insensitive to abuse-specific symptomatology and as a result, findings in this area can be difficult to interpret. Briere further explained that a number of studies have foregone psychometric evaluation of their instruments to determine whether they tap the construct intended by the researchers. Without such data it is not clear whether negative findings reflect an absence of between-groups differences or the impact of unreliability on validity. Positive findings, on the other hand, are interpretable only to the extent that the measure has construct validity, thus study-specific instruments should be developed.

A second problem that Briere identifies is the generality of many measures of psychological dysfunction. He suggests that this is a result of researchers using instruments that were not developed with reference to abuse or trauma, so they may be less sensitive to abuse-specific symptoms. He cites the Canadian study by Bagley (1990) that utilized the Trauma Symptom Checklist (TSC-33) developed by Briere and Runtz (1989). This is a scale developed specifically to tap abuse-related symptomatology, and it is viewed as being more effective than traditional measures of depression and self-esteem in identifying adults who were sexually abused as children (Briere & Runtz, 1989, p. 200).
Briere's critique of the research literature and specifically instrument development and measurement is useful in demonstrating, on one level, the reason many of the studies reviewed above failed to find significance between women victimized and not, on a wide range of psychological measurements. His suggestion that abuse specific symptomatology, specifically trauma, be measured demonstrates his underlying theoretical framework. It is most likely true that trauma is a significant long-term effect for many women sexually abused as children (Roth et al, 1990; van der Kolk and McFarlane, 1996). However, Briere himself argues that generalizability of much of the research is limited by the samples selected for study.

For example, he argues that clinical subjects typically report more frequent molestation by more perpetrators, a longer abuse duration, a greater likelihood of intercourse, and more symptomatology than do non-clinical subjects (Elliot & Briere, 1991). Given such differences in abuse severity between community and clinical samples there is also a great likelihood that samples reporting less severe abuse would most likely report less psychological trauma. Thus it would seem necessary when studying the aftereffects of childhood sexual abuse in a community sample of adult women to measure not only abuse-related symptoms of trauma but also to broaden our understanding of effects by shifting from an examination of psychopathology and trauma to other dimensions of women's lives.

For instance, Finkelhor and Browne's model of Traumagenic Effects includes three out of four dynamics that are cognitive in nature, specifically;
stigmatization, powerlessness and betrayal. Even aspects of the fourth dynamic — traumatic sexualization — has several cognitive components. All or some of these traumatic dynamics encompass the effects of a wide range of sexual abuse experiences. Thus not only do the measurements of sexual abuse effects need to be more refined and sensitive in order to measure abuse specific symptoms, additionally sexual abuse needs to be conceptualized as a varied and wide ranging experience, ranging, for example, from a single act by a neighbour to ongoing rapes by a father. Because researchers have assumed an homogeneity of sexual abuse experiences they have developed or utilized measures that tap into only one dimension of the experience, specifically psychological dysfunction, and have limited the exploration. Moreover, they have explicitly or implicitly assumed that the causes of revictimization lie in something about the psychological makeup of the women themselves. What is now required is to broaden the focus on effects to include other dimensions of women's lives that may also be affected. This means exploring the psychological effects of child sexual abuse — without blaming the victim — by looking at the social causes and consequences of this abuse, including the social construction of how it affects women's psyches, their sense of themselves and their sexuality throughout their lives.

**Theorizing Revictimization: The Trauma Framework**

Psychological trauma is understood to be a common and long-term consequence of enduring sexual abuse in childhood. There is a spectrum of
traumatic disorders, ranging from the effects of a single overwhelming event to the more complicated effects of prolonged and repeated abuse. Not all child sexual abuse victims develop traumatic disorders or even traumatic symptomatology. But the correlation of traumatic symptomatology with a history of child sexual abuse has been found in many research studies (Briere 1992, Briere & Conte 1993, Kluft 1985, Putman 1989). For this reason, a number of researchers have applied trauma theory in an attempt to explain why women sexually abused in childhood would have an increased likelihood to be victimized again as adults.

Bessel van der Kolk (1989), a psychiatrist with expertise in trauma, argues that trauma can be repeated on behavioral, emotional, physiologic, and neuroendocrinologic levels. He systematically examines each of these components and explains their function in producing revictimization. In describing behavioral reenactments, van der Kolk argues that traumatized people expose themselves, seemingly compulsively, to situations reminiscent of the original trauma. This phenomenon -- repetition compulsion -- was explained by Freud as an attempt to gain mastery over traumatic experiences, but van der Kolk argues that this rarely happens. Instead, in his view, repetition causes further suffering for the victims and for people in their surroundings.

Bessel van der Kolk explains that in behavioral re-enactment of the trauma the person may play the role of either victim or victimizer. He suggests that there are sex differences indicating that abused men and boys tend to identify with the aggressor and later victimize others whereas, "abused women are prone to become
attached to abusive men and *allow* themselves and their offspring to be victimized further*" (van der Kolk, 1989, p. 393, emphasis added). This is a victim-blaming construction, which suggests that women are responsible for making bad choices in men, and for "allowing" abuse to be perpetrated against them and their children is unmistakable.

van der Kolk does not provide any explanation for the gender differences he identifies in behavioral re-enactments. Moreover if repetition compulsion is as van der Kolk suggests, "a psychological drive to master exploitation by exposing oneself to situations reminiscent of the original trauma" (1989, p.391), why is it that men do not share with women this same psychological drive? If we examine what it means to expose oneself to a situation reminiscent of the original trauma, for instance child sexual abuse, it would be necessary to include key factors such as a situation of unequal power and the potential to be betrayed. Instead van der Kolk argues that men who were sexually abused in childhood turn around and victimize children. But men who victimize children are not in a position of powerlessness nor are they being betrayed. van der Kolk begs the question, then, of why it is that men assume the position of the "oppressor," i.e. victimizer, rather than that of the "oppressed," or victim if they are, in fact, re-enacting an original trauma of being sexually abused in childhood. This fundamental gender difference can only be accounted for by an analysis of the socially constructed power differentials which exist and are continually reinforced and reproduced between men and women. But this dimension is omitted from van der Kolk's discussion.
In his explanation of how trauma is repeated emotionally, van der Kolk draws on Bowlby's attachment theory to explain what happens to children sexually abused by their own caregivers. According to Bowlby's theory, children's caregivers are supposed to be the sources of safety and nurturance. But for children whose caregivers are simultaneously the sources of danger against which protection is needed, the children must maneuver to re-establish some sense of safety. Instead of blaming their caregivers and losing hope for protection, they blame themselves instead. They become, "fearfully and hungrily attached and anxiously obedient." (p. 392) This sets the groundwork for traumatic bonding in adulthood. van der Kolk explains that "people" who are exposed early to violence or neglect come to expect it as a way of life (van der Kolk 1989, p. 393).

This theory about how trauma is repeated emotionally would have relevance in explaining revictimization if it integrated an acknowledgment of the pervasive and normative nature of men's violence. Thus not only do women who are abused early in life expect it as a way of life they most likely encounter it on a daily basis as part of a social reality. How do women sexually abused in childhood cope with this? What lessons does the early violations of their bodies teach them about what to expect in later life?

van der Kolk's description of how trauma is repeated on the physiological level could also offer some understanding into the observation that women traumatized by sexual abuse in childhood are more vulnerable to revictimization because of their difficulty in reading cues of danger from predatory men. van der
Kolk explains that chronic physiological hyper arousal interferes with the survivor's ability to make calm and rational assessments. He contends that trauma repeated on the physiological level results from hyper-arousal to stimuli reminiscent of the trauma. Thus, victims of trauma respond to contemporary stimuli as if the trauma had returned, without conscious awareness that past injury rather than current stress is the basis of their physiologic emergency responses. The hyper arousal interferes with their ability to make calm and rational assessments and prevents resolution and integration of the trauma.

According to van der Kolk, a second theoretical formulation that explains physiologic reenactments that result in repeated trauma is state dependent learning. He explains that the more similar the contextual stimuli are to conditions prevailing at the time of the original storage of memories, the more likely the probability of retrieval. Both internal states, such as particular affects, or external events reminiscent of earlier trauma can trigger a return to feeling as if victims are back in their original traumatizing situation. In this view, battered women who otherwise behave competently may experience themselves within the battering relationship like the terrified child they once were in a violent or alcoholic home. During states of massive autonomic arousal, memories are laid down that powerfully influence later actions and interpretations of events. This approach is called "state dependent learning theory" and has been compared to Walker's theory of learned helplessness (Jacobs, 1993). Taken together with a recognition of the prevalence of violence in women's lives and the socially produced expectation that
women must predict, negotiate and resist this violence, this aspect of van der Kolk's explanation is a useful insight into the psychological dimensions of repeated violation and sexual intrusion.

A third theory van der Kolk advances to explain the physiologic reenactment is "addiction to trauma." van der Kolk argues that observers of traumatic bonding have speculated that victims become addicted to their victimizers. He then offers an integration of both the addiction and hyper arousal theories to explain that people who were neglected or abused as children may neutralize their hyper arousal by a variety of addictive behaviors including compulsive re-exposure to victimization of self and others. van der Kolk believes that in order to avoid repetition, one has to give up the behavior or person involved in the addiction.

But van der Kolk's theory of "addiction to trauma" is by far his most problematic idea in terms of both its victim blaming components as well as his complete failure to delineate gender differences that may account for how this "addiction" is differentially expressed and experienced by women and by men. Additionally, the idea of "compulsive re-exposure to victimization" suggests that victimization is completely controllable and avoidable by women. If not for their "addiction" they would not be re-exposing themselves to victimization. Thus a sexual assault -- a violent and criminal act perpetrated against a victim by another human being -- is represented by van der Kolk as if it is something a woman
chooses to bring on herself. She somehow makes it happen or does not depending upon whether or not she has an "addiction to trauma."

A fundamental and unchallenged assumption in van der Kolk's theory is the assumption that it is the psychology of the individual perpetrator that is most salient in explaining acts of abuse. He does not examine the most salient feature of the majority of perpetrators, namely the fact that they are mostly always male. Thus the question should be asked, what is it about socially constructed masculinity that results in primarily men committing these crimes? And, what is it about women's positions in relation to men in our society that creates such unequal positions of power?

The recognition of the social reality of women's unequal power to men will offer greater insight into why it is women and not men who become victims of sexual assault. van der Kolk's assertion is that, "abused women are prone to become attached to abusive men and allow themselves to be victimized further." (p. 395). Because van der Kolk's theory of behavior re-enactments of trauma is gender blind and decontextualized it is of limited use in accounting for revictimization in women's lives.

In another variation of the trauma framework, Richard Kluft (1990), a psychiatrist and director of the Dissociative Disorders Program at the Institute of Pennsylvania Hospital, asserts that the bulk of available data suggests that dissociation occurs most commonly in connection with severe trauma. Kluft suggests that this is best demonstrated by the finding that 97% to 98% of patients
with multiple personality disorder (MPD) have histories of child sexual abuse. Furthermore Kluft argues that many symptoms of post-traumatic stress disorder (PTSD) are clearly dissociative and dissociative symptoms are quite common in victims of rape.

Kluft (1990) conducted a preliminary study on the link between dissociation and subsequent vulnerability to sexual victimization by examining the records of 12 of his patients who had developed dissociative disorders in connection with incestuous experiences and had also suffered sexual exploitation by at least one psychotherapist. He reported that the most striking finding was that each victim of therapist-patient sexual exploitation had not only been an incest victim, but each had had intercourse with the incestuous abuser. In each case the incestuous abuse had been prolonged over a period of months, in many cases it had continued for years. Of the 12 patients, 11 had been violated by their fathers and one by an older brother. Kluft states that his "review of these patients' situations, was in the interest of objectivity, to explore to what extent they may have contributed to their own revictimization, that is, what behaviors occurred in connection with erotic and other transferences, and with traumatic reenactments" (p. 276, emphasis added). Kluft's attempt to identify the "victim's" own culpability, then, is explicitly stated.

Kluft describes the, "overt, seductive behaviours" that the patients demonstrated in a generally "repetitive and insistent " manner and argues that these behaviours disrupted their therapy (p. 277). Kluft provides descriptions of the
behavior of 6 of the 12 patients. Three of these patients, "repeatedly offered to pay for therapy with sexual favours." One patient told sexual fantasies to the therapist while staring at his crotch and offered to fellate him. This same patient also undid and removed articles of clothing. The one male patient (the rest are all female) waited in the men's room with his genitals exposed, hoping to encounter and arouse the therapist. The last patient Kluft describes, disrobed partially and made repeated efforts to touch the therapist erotically.

Kluft reports his patients' explanations for their behaviours in the following terms:

1) the belief that only by having sex with me would they be sure I liked them or was interested in them, 2) the wish to demean me and prove I was "no better than the rest," 3) a compelling need to test my "safety," 4) a misguided belief that they needed such a guilty secret to guarantee my involvement with them (fear of abandonment), and 5) a pressure to distract themselves from their painful past by sidetracking their therapy (p. 277).

He concludes that these dynamics were all attempted reenactments within the therapeutic transference and suggest that they offer an illustration of the vulnerability of incest victims to further victimization by therapists.

In order to explore the factors that contribute to this "excess vulnerability," Kluft outlines what he describes as the "sitting duck syndrome." He explains the sitting duck syndrome as a condition of heightened vulnerability to revictimization due to the conjunction of: 1) severe symptoms and traits, 2) dysfunctional individual dynamics, 3) pathologic object relations and family dynamics, and 4) deformation of the observing ego/debased cognition (p. 278).
Kluft argues that few clinicians look beyond the apparent signs of psychosis and pre-oedipal pathology in their patients to consider the dissociative and post traumatic psychopathologies with which they overlap. Consequently, these patients' treatments fail to address the core of their "psychopathology" and they find themselves and their situations largely overwhelming and incomprehensible. They come to value their attachment to the therapist more highly than they value any hopes of recovery. This results in a regressive dependency that increases their vulnerability. Their dissociative defenses result in these patients compartmentalizing rather than integrating their experiences, via splitting, dissociation and repression.

Under these circumstances, the patient is vulnerable to anyone who can take control, offer the promise of resolution or structure, and gratify dependency needs. Uncritical reliance can result in the patient submitting to an unscrupulous therapist. Additionally, Kluft explains that the incest victim often experiences a sense of perceived involuntary helplessness evoked transferentially, that leads to a regressive reconfiguration of their pattern of response to events.

Kluft's explanation of dysfunctional individual dynamics primarily refers to repetition compulsion. He suggests that many of the identifications that the incest victim may make are identifications with those who have hurt her or facilitated her abuse. He also claims that virtually every victim of therapist-patient sexual exploitation has a "masochistic character structure"(sic), in his words,

succeeding to a therapist's advances or initiating advances to a therapist may be a reenactment, an effort to actualize a fantasy, a form of resistance to more threatening issues, a defense against and/or an expression of
hostility or envy, a need to reassure oneself that the therapist is not a separate and autonomous individual, an effort to control, an anxiety release, an expression that relating in non-sexual ways is intolerable and destabilizing to one's highly sexualized identity, a power maneuver, a way of trying to feel special, a way of asking for acceptance, and a way of rejecting the potency of the therapy (Kluft, p. 281 derived from Dujovne, 1983).

Kluft suggests that this list serves to underline the myriad determinants of a patient's vulnerability and cautions against simplistic single-factor formulations.

Kluft observed that it was characteristic of these patients to experience extreme difficulty in appropriately perceiving and reacting to danger signals. Kluft reports that many of the patients who had been raped had in their minds useful but inaccessible data that would have allowed them to perceive the circumstances under which they had been raped as dangerous and appropriate to avoid. However, these data were dissociated along with the recollection of the incidents in the course of which they had been learned.

Kluft (1990) reports that,

every patient recounted numerous incidents in which it was clear that the price for remaining amnesiac for traumata was an impoverishment of normal alerting devices. These individuals did not appear to feel able to undertake appropriate assessments of their circumstances and plan evasive action. Shorn of the knowledge of what had befallen them, they had no context in which to evaluate their current experiences, which were, in effect, decontextualized. (p. 170).

Kluft attempts to characterize what he calls the cognitive lesions that follow as a result of using dissociative defenses. Drawing on the cognitive distortions enumerated by Beck, Rush, Shaw, et al (1979) Kluft argues that they are not specific for depressions but rather that the thrust of the distortions is more
indicative of particular mental disorders. He uses the example that a depressed person's cognitive distortions usually reveal a preoccupation with loss and negativity, while the patients in his study usually distorted along the themes of betrayal and anticipation of harm, or the negation of such concerns.

After examining the cognitive distortions that his patients utilized, Kluft concluded that the consequences of dissociative coping would appear to suggest that the exclusion of subsets of material from conscious awareness sets the stage for the development of faulty cognitions that, by failing, alert the sufferer of possible dangers, and thereby facilitate subsequent revictimization. Kluft explains that,

by the dissociative obliteration or disconnecting of knowledge that relates to his or her abuse, the incest victim who copes in this manner remains able to maintain powerful attachments to those who had abused him or her. In addition, he or she is likely to form affectionate ties with persons who resemble the abuser(s), and to block out or minimize information that might give reason for caution. By systematically failing to process and respond appropriately to evidences that could correct the initial faulty cognitions and assessments, the incest victim whose dissociative defenses remain robust is often condemned to repeat rather than to learn from painful experiences. (p. 172)

In his explanation of pathologic object relations and family dynamics contribution to the "sitting duck syndrome," Kluft argues that incest victims' relationships are characterized by "anxious attachments." This, he argues, is a preoccupation with the state of their relatedness to those perceived as important, often to the point of becoming oblivious to their own needs and interests. Kluft elaborates on this theory by drawing on the work of Carmen and Reiker (1989). According to
Carrnen and Rieker the incest victim learns to disconfirm and transform the abuse in the interest of family loyalty and secrecy. Self-sacrifice, often reinforced with dire threats regarding the consequences of disclosure, is characteristic. The abuse is denied with the use of extreme defensive adaptations. Reality is disavowed. In addition, the affective responses to abuse are altered because a normal response is unacceptable. The child remains dependent on the abusers for soothing, comfort, and protection (Kluft 1990, p. 282).

Additionally, Kluft points out that the child in the so-called "incest family" is parentified, that is, she is given roles and duties to meet the needs of the adults, who decline to acknowledge and minister to her needs. Summarizing what happens in family dynamics, Kluft argues that the child grows up with no real sense of self or of mastery. With an awareness that the locus of control of her actions is external to herself, the incest victim nonetheless feels responsible for circumstances that she cannot truly control and feels obliged to bend herself to the task regardless of the consequences for her. Kluft sees this as a major determinant of later victimization and to the likelihood that whatever happens to her will be experienced as her own making.

The final factor in Kluft's conceptualization is the deformation of observing ego/debased cognition. This stage develops because the incest victim is unable to tolerate her helplessness in the face of mistreatment. As a result she tries to make sense of her world. The adaptations deform the objectivity of the observing ego and debase the cognitive functions. Kluft suggests that trauma disrupts the
sequences of cognitive maturation. The very building blocks of thought can be disarranged, with deleterious consequences for the child's perception and ability to make a correct assessment of reality. The child, by obliterating or disconnecting knowledge of her abuse, remains able to maintain powerful attachments to those who have abused her. Furthermore, by systematically blocking out evidence that could correct the initial faulty cognitions and assessment, the incest victim is condemned to repeat rather than learn from painful experiences.

Kluft summarizes that due to a combination of decontextualization, accommodation to a more palatable pseudo reality, tenacious adherence to the delusion or promise of a good parent, derealization, doubting and obfuscation of the actual events that are not repressed or dissociated, the child faces the world unprepared to see danger as danger. Instead, she is likely to interpret the warning signs that most would appreciate as ominous as reasonable and compelling instructions to comply with "reality" as it is defined by the sort of person(s) or situation(s) that most would take vigorous steps to avoid" (p. 283). In his conclusion Kluft states that the factors that he outlines combine to make the incest victim accept as normative, familiar, and even necessary and/or desirable, situations and relationships that most would perceive as dangerous and exploitive. He concludes, therefore, that "repetitive revictimization follows naturally" (p 283).

Kluft's theory offers some useful clinical explanations for incest survivors increased vulnerability to revictimization. For example, Kluft's description of the levels of dissociation are a productive refinement and elaboration of this
psychological outcome to child sexual abuse. Moreover, he offers a fruitful
distinction between the cognitions of depression and the cognitions associated with
trauma. In spite of these contributions to psychological knowledge, however, the
problematic aspects of Klufts' theorizations on revictimization outweigh its
usefulness.

The various disturbing connotations of "sitting duck syndrome" and the
hunting metaphor aside, Kluft entirely omits from his analysis any mention of the
"hunters" of these "sitting ducks" and fails to describe the nature of the "hunt" in
the first place. Is this "hunting" metaphor intended to reveal his critical stance vis
a vis the brutal and predatory nature of men who sexually victimize women, or is it
an uncritical replication of biologicist assumptions about the relations between the
sexes in our society? He simply states that these women do not perceive the
danger that he expects would be discernible to most of us. Yet he never describes
just what these dangers are and why they are so obvious. Who are these
dangerous people and why are they dangerous?

When an entire theoretical conceptualization is formulated which is
profoundly decontextualized from the social conditions that create it, is it any
wonder that these women are unable to integrate a cognitive understanding of
what the chronic danger is? Once again human agency is omitted from the
analysis. It is not pervasive male violence against women that creates the problem
but women's inability to recognize and respond appropriately. And yet the source
of the danger is not problematized nor is it even described in any depth. It is
hardly surprising that some women are unable to name and recognize this danger when it is rendered invisible in theories that are attempting to explicate why revictimization happens. Kluft's theory is yet another manifestation of victim blaming, albeit a highly elaborate and psychologically dense one.

In a far more sophisticated and gender sensitive formulation of trauma theory, Judith Herman (1992) discusses revictimization as one possible outcome for sexual abuse survivors who have a traumatic disorder. She theorizes that adult survivors of childhood sexual abuse are at great risk for repeated victimization in their adult lives for a number of reasons. As she explains,

> the survivor has great difficulty protecting herself in the context of intimate relationships. Her desperate longing for nurturance and care makes it difficult to establish safe and appropriate boundaries with others. Her tendency to denigrate herself and to idealize those to whom she becomes attached further clouds her judgment. Her empathic attunement to the wishes of others and her automatic, often unconscious habits of obedience also make her vulnerable to anyone in a position of power or authority. Her dissociative defensive style makes it difficult for her to form conscious and accurate assessments of danger. And her wish to relive the dangerous situation and make it come out right may lead her into reenactments of the abuse (p. 111)

Herman's (1992) recent work *Trauma and Recovery* focuses primarily on the psychological dimensions of trauma in war veterans, adult survivors of child sexual abuse and survivors of rape in adulthood. She explicitly recognizes and acknowledges the role of male domination and gender role socialization in her analysis and explanation of women's responses to sexual violence. This interpretation, however, is not central to her discussion of revictimization. In her brief focus on revictimization, Herman explicates a similar psychological
explanation as that of Kluft, van der Kolk and Summitt, focusing primarily on the 
dissociative aspects of the trauma as well as the relational needs of children as 
explanations for the increased vulnerability to revictimization.

In her discussion of revictimization Herman asserts that, "most commonly, 
repeated abuse is not actively sought but is rather passively experienced as the 
inevitable price of relationship" (p. 112). She explains that this is the result of a 
well learned dissociative style. This, Herman explains, leads women who are 
sexual abuse survivors to ignore or minimize social cues that would ordinarily alert 
them to danger. Moreover, she argues that, "many survivors have such profound 
deficiencies in self protection that they can barely (sic) imagine themselves in a 
position of agency or choice" (Herman 1992, p.112).

Herman maintains that the tendency to denigrate themselves and idealize 
those they become attached to further clouds the judgments of incest survivors. 
She explains the development of self denigration as resulting from the child's need 
to construct some system of meaning that justifies the abuse that is happening to 
her. Inevitably, Herman contends, the child concludes her innate badness is the 
cause of the sexual abuse. She continues her explanation by describing how in an 
environment of chronic abuse, that neither time nor experience provide any 
corrective for this tendency toward self-blame, rather, it is continually reinforced 
(p. 104).
Herman's explanation and analysis of the stigmatization that survivors commonly feel is drawn completely from a psychodynamic framework. In her words,

by developing a contaminated, stigmatized identity, the child victim takes the evil of the abused into herself, and preserves her attachment to her parents. Because the inner sense of badness preserves a relationship it is not readily given up even after the abuse has stopped—it becomes a stable part of the child's personality structure” (p. 105).

In her analysis Herman does not address the role whatsoever that prevailing victim blaming attitudes have in producing the self-blame and stigmatization that in turn becomes internalized by sexually abused female children, and which often lasts well into adulthood. But where do these victim blaming attitudes come from? They cannot simply be produced internally and psychically. Without attention to social context, including sexist attitudes about female sexuality and the tendency to blame victims for crimes of sexual abuse and sexual assault perpetrated against them, the internalized sense of stigmatization and self-blame which is carried by so many women sexually abused as children make no sense.

Herman does not address the reality that this stigmatization often has a specific gendered and sexualized component. The young girl who has been sexually abused does not just grow up feeling bad and responsible but feels herself to be what is commonly referred to in the literature as "damaged goods" (Berliner 1982, Finkelhor 1984). This refers to a girl's sexual identity, that she is no longer a virgin, but is now a sexual being. A sexualized female child is seen by many in society as embodying something dangerous and evil. In the same way that the
sexual double standard operates to stigmatize sexually active adult women, younger girls who have been sexually abused are often characterized as "sluts." This is especially pernicious as this often becomes the explanation as to why the young female child was sexually abused in the first place. Many women grow up believing they were sexually abused as children because they were sexually desirable or provocative. The subtle and not so subtle ways they were rewarded by their perpetrators to respond in a sexualized manner is often not understood by the women who were victimized or addressed by a victim-blaming society.

In his discussion of Finkelhor and Browne's (1986) traumagenic effects, Briere (1992) makes the observation that three of the dynamics discussed, including stigmatization, are in fact cognitive in nature. It follows, then, that an understanding of the common effect of stigmatization in sexually abused young girls is not entirely internally constructed but includes socially produced negative messages as well, which are inextricably bound up with gendered and sexist notions about sexuality.

Furthermore, in considering Herman's assertion that in an environment of chronic abuse neither time nor experience provide a corrective for the child's sense of self-blame it must be pointed out that young girls -- sexually abused or not -- must attempt to negotiate ongoing intrusive and predatory male behavior generally. The pervasiveness of this sexual intrusiveness by men reinforces the lessons of the abuse by their original perpetrator and also serves to normalize what men do. Therefore it is highly unlikely that a child will be provided a corrective
unless someone in her life problematizes men's sexually abusive behavior generally. Herman's explanation and analysis of self-blame and revictimization could be more fully developed if she had contextualized her theory on child sexual abuse by explicitly attending to how these effects are socially constructed.

In discussing the tendency of rape survivors to blame themselves, Herman refers to the social judgments that intimates and family all have of what constitutes a rape and how victims ought (sic) to respond (p. 57). These judgments, Herman argues, create self-blame and in many cases instill doubt for survivors. As a result many women have difficulty even naming their experiences of sexual assault as such. Herman asserts that the rape survivor needs to learn that no action on her part absolves the rapist responsibility for his crime (p. 68). However, Herman does not feel that this will adequately address the self-blame women feel unless there is an exploration of the ways in which women do feel responsible for what happened to them. Herman explains that in many cases women do take risks, either in ignorance of danger or in rebellious defiance of danger. Women are especially vulnerable when acting as though free, not observing conventional restrictions on dress and physical mobility. She argues that most women do not in fact recognize the degree of male hostility toward them, 'preferring' to view the relations of the sexes as more benign than they actually are.

What Herman appears to be arguing here, is that women have agency, that is, that they make choices and decisions in terms of the "risks" they take or the 'preferences' they hold. Herman's argument, however, is devoid of any
acknowledgment that the denial of men's hostility is socially produced and reinforced. It is only in the last decade that there has been any shift to acknowledging that anyone but deviant strangers rape women and often hold women in contempt. There has been acknowledgment that male intimates are more likely to rape and sexually assault women but this is still not a widespread belief, nor is it usually discussed as a consequence of men's hostility towards women. It is more likely to be characterized as "miscommunication" as a great deal of the literature on date rape attests (Muehlenhard, 1988). Therefore it seems unlikely that women are only "preferring" to view men differently. Instead women have been denied this information by a society which pretends that sexual equality has already been achieved and which minimizes or rejects feminist analyses which make male hostility to women explicit.

Herman's arguments do more appropriately apply in terms of viewing women's behavior in relation to stranger rape. Obviously there is a great deal of emphasis on what is considered appropriate dress and behavior for women in order not to "precipitate" a rape in the public sphere from a stranger. But what are the implications of Herman's arguments if we look at them in relation to where the majority of rapes take place, that is, in intimate relationships? Then the notion that women "act as though free" has a very different meaning.

Herman, however, acknowledges the role of gender socialization when she writes, "traditional socialization virtually ensures that women will be poorly prepared for danger, surprised by attack, and ill equipped to protect themselves"
(1992, p.69). She explains that this is in part because women fear conflict or social embarrassment and this prevents women from taking action. Herman further explicates the role of gender socialization and the conditions of domination women live with when she writes, "because of entrenched norms of male entitlement many women are accustomed to accommodating their partners desires and subordinating their own, even in consensual (sic) sex. If the sex were truly consensual, then the woman would not be accommodating her male partner or subordinating her needs to his.

In conclusion, Herman fails to extend her explanation beyond the framework of the psychological trauma and psychological effects of child sexual abuse in her discussion of this phenomenon and its subsequent relationship to revictimization. This failure to elucidate some of the ways in which these experiences are socially and culturally constituted is evident in her explanation of the tendency of sexually abused children to denigrate themselves and idealize those to whom they become attached. Herman does not acknowledge that these future attachments are often in heterosexual relations with men and that the dynamic of idealization is most often gender specific, that is, young children living in a society organized around men's dominance are more likely to idealize men because they are perceived as powerful and women as subordinate. Thus women's general and socially taught tendency to idealize men is especially intensified for women who were sexually abused as children. Furthermore, Herman does not discuss revictimization as a phenomenon that is primarily experienced by women. Thus it
is not clear whether she believes that young boys sexually abused in childhood would also be equally vulnerable to revictimization as a result of the psychological explanations she offers. Research has demonstrated that boys sexually abused are not more likely to be victimized but rather to victimize others. In light of this finding it appears that a gender neutral psychological account for revictimization is not an adequate explanation.

In another version of "trauma theories," John Briere (1992) accounts for revictimization by drawing on both trauma and object relations theory. He is in agreement with Kluft, (1985); Putman, (1989); and van der Kolk, (1987) when he argues that the onset of dissociative symptomatology relates to psychologically traumatic events, most notably trauma that occurred in childhood (p.37). He sees dissociation as one factor that plays a role increasing a survivor's vulnerability to revictimization. Briere also discusses how abuse related learned powerlessness can render the survivor especially vulnerable to revictimization. He argues that this sense of helplessness to stop painful or intrusive events can lead the survivor to accept or endure dysfunctional or abusive interpersonal relationships.

Briere draws on object relations theory to explain that revictimization is one possible outcome of an impaired self-reference. He explains that in order for a child to develop a sense of self it must be done in the context of attachment and the internalization of important others' perceptions and expectations. He argues that severe child maltreatment may interfere with the child's access to a sense of self, especially an internal base that is stable across contexts, experiences, and
affects. Briere believes that without such an internal base, the survivor is prone to identity confusion, boundary issues, and feelings of personal emptiness. It is this impairment, Briere contends that can result in the survivor having difficulty in separating self from others. In some instances she may not even be able to perceive or experience her own internal states independent from the reactions or demands of others. Such boundary problems are associated with subsequent psychosocial difficulties, including revictimization and for some survivors, the likelihood of victimizing others through role inappropriate behavior (p. 44). Though Briere provides clinical explanations for revictimization that are not based on a single theory or idea, he fails to consider women's and men's differing experiences as a function of gender. It is not clear in his discussion of boundary confusion and the "likelihood of victimizing others" whether he believes this applies to both men and women in the same way. Unfortunately, without a clearer model that discusses the experience of gender in trauma theory we are unable to develop a more complex understanding of both.

In conclusion, Briere (1989), Brothers (1994), Herman (1992), Kluft (1990), Putman (1990) and van der Kolk (1989) all use "Trauma Theory" to account for revictimization. While there are significantly different emphases in their work, these theorists share a focus in the way in which the trauma of child sexual abuse creates dissociation and disconnection, which impairs a woman's ability to protect herself later in life.
Putman (1989) suggests that dissociation serves a number of purposes for
the trauma victim. These include: escape, containment of traumatic memories and
affects outside of normal conscious awareness, alteration or detachment of sense
of self (trauma happens to someone else or depersonalized self), and analgesia. An
unfortunate result, Putman points out, is that "dissociative processes result in a
trade off and the victim (sic) sacrifices fully integrated functioning" (p.53). He
reports that a preliminary survey of victims of two or more separate rape attempts
suggested an extremely high incidence of major dissociative symptoms in this
group and the role of dissociative process in predisposing victims to repeated
victimization needs to be explored more fully (p.70). Carmen and Reiker (1989)
explain how dissociative processes can lead incest survivors to behavior that they
believe predisposes them to victimization. In their view, "the child by obliterating
or disconnecting knowledge of her abuse remains able to maintain powerful
attachments to those who abused her. Furthermore, by systematically blocking out
evidences that could connect the initial faulty cognitions and assessments, the
incest victim is condemned to repeat rather than learn from painful experiences.
The child faces the world unable to see danger as danger (p. 283)."

Additionally, Briere (1989), Herman (1992), and Klufi (1990) discuss the
way in which the tendency to idolize powerful figures increases women's
vulnerability to sexual assault and to relationships which are dangerous. All of
these researchers and clinicians suggest that the psychological effects of child
sexual abuse impair the ability of sexual abuse survivors to protect herself. Thus,
they identify the locus of control as lying within the women themselves.

Moreover, in none of their theorizations do these writers adequately account for
gender or the pervasiveness and social context of men's violence against women.

These components however must be integrated into the analysis of revictimization
in order to move an account of it beyond one which is exclusively intrapsychic in
focus, and therefore decontextualized. An adequate account of women's
revictimization must acknowledge the socially produced and reinforced dimensions
of this part of women's experience, including attention to women's inequality and
the ways in which masculine dominance and feminine subordination are produced
and played out through sexuality and sexual relations. This work has yet to be
done in the majority of psychological studies as this review of the leading theorists
on dissociation and trauma demonstrate.

**Self in Relation Approaches to Theorizing Trauma and its Role in
Revictimization**

In a distinct version of trauma theory, psychoanalyst Brothers (1995),
theorizes extensively about what she calls "retraumatization," from within a self-
psychology perspective. The term retraumatization broadly refers to experiences
of traumatic betrayal by others, including sexual victimization. In explicating her
theory of retraumatization she also sheds light on the specific experience of
revictimization. Because she provides a well crafted analysis of the psychic
dimensions of trauma and revictimization her work warrants discussion in some depth and detail.

Brothers (1995) argues that betrayals of trust are at the core of early trauma and that trust disturbances figure prominently in the symptomatology of trauma. She writes that, "trauma is not seen as residing in the event. It is the unconscious meaning of the event and not the event itself that causes trauma" (p. 59). Brothers believes that there are two main ways in which survivors' self-trust is affected by traumatizing betrayals. The first is that the effects of trust can be bidirectional, meaning that trust can be either diminished or intensified. Second, immature criteria for placing trust in self and others are retained or reinstated as a result of a traumatic betrayal.

Brothers' theory about the "shattered self" and the effects of trauma and trust disturbances which result from betrayal, addresses a range of betrayal experiences in general terms. Brothers explains that the criteria of who is trustworthy is affected by what is often a shattering betrayal in childhood. Criteria from an earlier point in a person's development may be reinstated after a trauma. Children who are repeatedly traumatized maintain an undeveloped or immature criteria for trust which extends into their adult lives. While this may be useful as a general account of the damage to trust which results from a betrayal, what is interesting and highly relevant to the specific understanding of victimization and revictimization, is that Brothers' findings on bidirectional trust disturbances emerge from a study on women who had been sexually abused in childhood and/or raped.

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again at some other point in their lives. Specifically, Brothers (1992) reports that in research she carried out on female rape and incest survivors, she found that trust disturbances resulting from the trauma of sexual victimization were bidirectional.

Brothers' insights into "bidirectional" trust disturbances are particularly useful, then, in accounting for the ways in which some women sexually abused in childhood later, and as a consequence of the sexual abuse, experience "intensified trust," or a tendency to trust too easily. This is as opposed to a diminished trust, which would make these women more wary and self-protective. An obvious possible consequence of intensified trust is the increased vulnerability to repeated sexual victimization at the hands of men who have been trusted too easily.

Brothers elaborates upon her idea of diminished or intensified trust by outlining the role they play in repression. She suggests that in order to have relationships with the very people who betray them, survivors need to eliminate the memories of the traumatizing betrayal from conscious awareness. This is achieved through repression. To this end, not only are abusive sexual experiences eliminated from consciousness but the (affects like fear or rage) associated with their reactions to the abuse are also eliminated. Thus, even when memories of incestuous betrayals are recovered, the affects connected to the memory may remain inaccessible. According to Brothers, the disconnection of affects permits the meaning of the trauma to be disavowed. As a result it is impossible for survivors to experience a sense of cohesive well-being without access to these dissociated aspects of self-experience. One strategy that is used by survivors to
regain a sense of cohesion following traumatizing betrayals is the search for others in whom the disavowed or hidden parts of self-experience are located.

Brothers contends that the notion that surviving a trauma provides immunity against future suffering appears to be little more than wishful thinking. Brothers disagrees with the idea that revictimization happens as a result of trauma survivors being driven to repeat their trauma. She argues that the notion of trauma repetition flies in the face of the need for self-preservation. In her analysis, what may appear to be efforts to recreate trauma as it originally occurred, actually turns out to be efforts to revise it or as Brothers describes it, to "rescript the original trauma scenario (p.83)".

Brothers argues that in order to avoid re-experiencing betrayals, trauma survivors may attempt to change the meaning of the old trauma through enactments in their present lives. These enactments are intended to confirm their altered versions of subjective reality. Brothers cites as an example of enactment, the fact that some victims of sexual abuse become prostitutes. She argues that this enactment is not undertaken for the purpose of replicating trauma but is instead a desperate need for self-restitution undertaken in the hope of altering the experience of victimization. This is an interesting reframing of the traditional view that women sexually abused in childhood become prostitutes because the sense of sexual violation has become so familiar and normalized. In Brothers view, retraumatizations occurring in the course of enactments, while common, are usually inadvertent.
Rescripting of trauma scenarios, sadomasochism, and retraumatization are interrelated according to Brothers' account of revictimization. In her conceptual framework, she explains that masochism refers to experiences of being betrayed or of being vulnerable to betrayal by those needed as providers of self-object experience or in broader terms it refers to the experience of being "a victim." As an example, she explains that a posture of inferiority or subordination to another person takes on a masochistic meaning to the extent that such a posture contributes to an experience of victimization. Sadism, on the other hand, refers to fantasies of betraying others who are dependent upon one for the provision of self-object experiences, or any activity that reflects such fantasies. A sadist, therefore, is a victimizer. Sadistic activities often entail revenge, a shift from betrayed to betrayer. Thus, a stance of superiority with respect to another person or persons has sadistic meaning when it signifies a betrayal.

Brothers suggests that in the aftermath of a shattering betrayal such as incest, subjective reality is dissociatively altered as one or more of the survivor's self trust dimensions is intensified. These intensifications of trust are desperate attempts to restore the bonds of trust connecting self to one's parent. They must therefore be confirmed and validated at all costs, especially when self-cohesion is once again threatened. Brothers proposes that efforts to confirm intensified trust often take the form of rescriptings of trauma through sadistic and masochistic enactments. Thus a survivor of sexual abuse may attempt to prove that intensified
trust in another person provides self-object experiences, especially those related to idealization. The crucial point of masochism is submission to an idealized other.

The sadistic enactment includes the experience of betraying others in an attempt to confirm intensified trust and thereby to reverse an experience of oneself as lacking the power to obtain urgently needed self-object experiences from others. Brothers argues that rescriptings of trauma appear to be common among parents who were traumatized as children. As an example she refers to the belief that child abusers are themselves likely to be survivors of incest and other forms of severe abuse within their own families. She further develops her analysis by suggesting that among survivors who abuse their own children, there is an attempt to avert retraumatizing betrayals. Survivors are reminded by their children of the helpless vulnerability that led to their own victimization. For this reason, child sexual abuse survivors often are compelled to adopt the role of betrayer later in life.

It is Brothers' contention that sadomasochistic enactments undertaken in the hope of rescripting trauma are usually doomed to failure and lead to retraumatization. This happens primarily because the rescripting of trauma requires a situation that closely resembles the original trauma scenario and often includes an individual who resembles the original betrayers in many respects. As a result the survivor often experiences a repetition of the old trauma. Brothers argues that repeated retraumatizations do not lead to a cessation of sadomasochistic enactments, instead more and more efforts are made to corroborate intensified self-trust dimensions. Moreover, survivors who repeatedly
attempt to rescript trauma do not reduce the risk of retraumatization. In fact, Brothers suggests the risk may be greater with each succeeding attempt.

Brothers' theory of retraumatization has many useful ideas and insights which expand our understanding of the psychic dimensions of this phenomenon. The prominence she places on the role of betrayal in her understanding of trauma and her explanation of how it affects a survivor's ability to determine who is trustworthy is a very useful contribution to understanding how this can in turn create greater vulnerability to revictimization. Undeniably, sexual abuse of a young child distorts and shapes her psychological development. Especially in the case of incest the betrayal of trust has many long lasting implications for future relationships, romantic, sexual and otherwise.

However this idea of the centrality of betrayal in producing trauma is not new. Finkelhor and Browne (1986) in their conceptual model of the traumagenic effects of child sexual abuse identify betrayal as one of the four traumagenic dimensions. Finkelhor and Browne also identify the many difficulties in survivors' relationships as a direct result of their difficulty trusting which emerges from the betrayal inherent in child sexual abuse. Brothers' important contribution, however, is her elaboration of betrayal as resulting in bidirectional trust difficulties --- intensified trust as well as diminished trust. The idea of intensified trust helps explain how it is possible that a survivor of sexual abuse can overlook blatantly obvious signs that someone is not trustworthy.
Despite the strengths and insights of her analysis, I would argue that her overall framework is flawed by its inattention to the social context, social relationships and psychological dynamics of gender. What is lacking in Brothers' conceptualization -- as is missing in all of the theorists reviewed thus far -- is a discussion of gender differences in her explanation of retraumatization and sadomasochistic enactments. It is primarily women who are sexually abused and it is mostly women who are revictimized. Additionally in the majority of cases of sexual abuse the perpetrator is male. Thus, if Brothers' contention that sadistic enactments are primarily by survivors of sexual abuse is true, we would most likely be seeing the majority of sexual abuse being perpetrated by women. As well one would expect that there would be more revictimization of males. Clearly a gender neutral psychological formulation does not explain this phenomenon.

Second, Brothers' theory suggests that there are disavowed parts of oneself that one attempts to find in another to feel a sense of cohesion. But she does not address what the commonalities are in these disavowed parts of oneself that would account for why one would end up being sexually violated again.

Third, Brothers uses language and terminology which dilutes and obscures the nature of the phenomenon of revictimization. This is a problem in a great deal of the psychological literature on victimization and violence in women's lives. Specifically, Brothers uses the term retraumatization which by its very definition is detached from any reference to the social context and causes of the trauma itself. Again we see the notion of ongoing cycles of trauma-'retraumatization' referred
to as if there were no human agency driving these trauma. Thus by talking about retraumatization exclusively as another betrayal rather than as a sexual violation or rape, it is easy to ignore the very complex, gendered and primarily heterosexual context in which this violation takes place. The term retraumatization also decontextualizes, and arguably, over psychologizes the phenomenon under investigation.

In my view, the term retraumatization does not accurately describe the most salient feature of this phenomenon, that is that another victimization is perpetrated against the survivor, most likely by a male perpetrator. Retraumatization removes the focus on the external act done to her and the human agency behind it. Furthermore, the idea of retraumatization does not make sense insofar as the entire model rests on the notion that the retraumatization happens to the individual in the first place because they have already been traumatized. Again we see the argument that assaults create more assaults, trauma creates trauma. I would contend that a repeated victimization experience would not "retraumatize" but rather would intensify some already present traumatic symptoms.

In conclusion the explanatory frameworks reviewed under the rubric, "trauma theory" as primary explanations of revictimization cannot adequately explain the phenomenon. They do not provide any explanations as to why revictimization is a phenomenon that primarily affects women and is powerfully gendered. To fully understand the gender differences necessarily requires a
feminist psychological and social analysis that takes into account the intersection of the individual psychology with socially constructed gender roles. Additionally, a feminist analysis addresses the role of men's power and the social control of women as important dimensions of sexual victimization in heterosexual relationships.

In my next chapter, I outline the ways in which the analysis undertaken in my theses addresses the fundamental problems in the literature I have reviewed in chapters 3 and 4. Specifically, my analysis attempts to integrate the individual and social levels on which the phenomenon of revictimization is produced, in order to overcome the overly individualized and decontextualized approaches which have predominated in the field thus far.
Chapter 4 -- Theoretical and Methodological Issues in Understanding Revictimization: The Research Questions

Theoretical Issues in Explaining Revictimization

As I have shown in the review of the literature in chapters two and three, relatively little work has been done to explicate the etiology of revictimization. The majority of clinical and theoretical writings which have taken up revictimization -- usually as offshoots of theorizations of more general psychological phenomenon -- have focussed on the role played by trauma and its psychic sequelae. In fact, trauma and dissociation, both of which are the longterm effects of certain types of child sexual abuse, are compelling pieces of the puzzle of how revictimization is produced and reproduced in women's lives. What is specifically of interest is the role that dissociative processes play in predisposing some women to repeated victimization because of their diminished ability to pick up signals or cues indicating "danger." If a woman dissociates in situations which are sexually threatening, she is, as a result, far less able to protect herself, resist or remove herself from that situation.

But as an explanation for why revictimization happens, dissociation is only one small piece of the picture. The few clinical explanatory approaches that have been offered by various researchers all emphasize that something about the experience of sexual abuse in childhood leaves a woman less able to protect herself from sexual intrusion than she would be had she not been sexually abused (Himelein, 1995; Runtz, 1987; Russell, 1986). What is consistently unexamined in these approaches, however, is the implicit assumption that women need to be able to develop the ability to negotiate danger, perceive cues of sexual aggression, maintain strong boundaries and protect themselves from experiencing sexual assault. It is taken for granted that these survival strategies are a normal part of women's ability to function in society. Yet the obvious point that this "survival strategy" is only
required in a society in which men's violence is endemic, is unstated and unproblematic in these approaches.

What remains invisible, then, is the answer to a more fundamental question. What exactly is the source and cause of this pervasive danger from which women are expected to know how to protect themselves? What is not explicitly integrated into these clinical explanations is the fact that revictimization could not possibly exist without a society in which large numbers of men were willing to, and actually do, sexually abuse and assault women. In much of the traditional psychological research on revictimization, the background or context of men's violence and abuse as a normal and/or predictable part of many women's experience is at once implicit while it is at the same time rendered invisible by the failure to expose and directly tackle this social reality as a causal part of the problem. It is in this sense that these psychological accounts overpsychologize and individualize a phenomenon that is, at its core, socially produced.

Revictimization cannot be explained without acknowledging the pervasive sexual and physical violence directed by many men against many women in this society. Research linking the magnitude of this violence in women's lives, and the many forms it takes, is a first and crucial step to understanding revictimization. While there is a clear and implicit victim-blaming social expectation that women should know how to protect themselves from violence and assault, there is also a profound social denial and silence about the pervasiveness of men's violence from which protection is required. In this context, what is exceptional is that so many women have learned to resist violence and negotiate safety in their lives.

Also under-theorized in the literature which addresses revictimization is the role that gender plays in its production. Since it is primarily women who are revictimized and men who are overwhelmingly, almost exclusively the perpetrators of the violence, it seems incomprehensible that these gender differences can be explained with virtually gender-free psychological interpretations, devoid of any discussion of the social structures and
practices that both produce and reinforce masculinity and femininity. Gender, in both its social construction and individual manifestations, must be central to any adequate analysis of revictimization.

Methodological Issues in Research on Revictimization

As I have shown in the review of the literature on revictimization (in chapters two and three), both in terms of the methodologies utilized and the theoretical conceptualizations advanced, there are many shortcomings which limit the analyses and explanations of revictimization as a phenomenon advanced to date. First, many of the studies utilize limited sampling methods which narrow the scope and generalizability of the findings. In fact, most of the studies specifically examining revictimization, with the exception of those conducted by Russell (1986), Sorenson et al. (1991), and Wyatt et al. (1992), have limited their samples to college age women. This has resulted in an almost exclusive examination of revictimization as it occurs in women's dating relationships with men during their post secondary education years. This narrow focus means that we do not know how long a pattern of revictimization may continue in a woman's life, or what other relationships with men may be particularly risky or dangerous for women.

For example, it may be the case that revictimization is even more pronounced in the context of women's relationships with their husbands or male partners, but insufficient research has addressed or analysed this possibility. Russell (1986) did, in fact, find that women sexually abused in childhood were often revictimized sexually and physically by their husbands or other male intimates, but more work is needed to confirm and extend her findings. Second, several researchers (Gidycz et al. 1993; Himelein 1995; Wyatt et al. 1992) have argued that the very fact that women are able to attend college may be an indicator that they do not suffer from many of the long term effects which often make it impossible for some women sexually abused in childhood to attend college. There are often psycho-
social effects of childhood sexual abuse that specifically affect school performance. These include poor concentration, high absenteeism, low self-esteem, leaving home at a young age, and early marriages (Hanson & Gidycz, 1993; Mandoki & Burkhart, 1989). Marrying early is an especially relevant survival strategy for incest survivors who need to escape the ongoing sexual abuse at home.

This leads to a second methodological limitation -- most of the studies do not distinguish between women who are incest survivors and those who have suffered other types of sexual abuse in childhood. This failure to identify the perpetrators of the child sexual abuse which occurs in so many of the studies on revictimization, seriously limits the kinds of analyses which can be generated. The research on child sexual abuse has long shown that the relationship of the perpetrator to the child victim is of key significance (Briere, 1989; Finkelhor, 1986). The closer the relationship of the perpetrator to the sexually abused child, the more devastating is the betrayal and sense of loss. A child sexually abused by her own father has to accommodate the reality that the very person who is supposed to provide safety, care and love, and who is one of the few people she has been taught to trust, is the same person who is undermining this safety and trust by violating and using her body for his sexual purposes. Additionally, a perpetrator who lives in the same home as the victimized girl often has ongoing access to the child, so that the sexual abuse tends to be more frequent and longer in duration. Incest perpetrated by one's own father (or father substitute) tends to create particularly severe negative effects cognitively, emotionally, sexually and interpersonally (Russell, 1986).

There is, however, great variation in the experiences of sexual abuse in childhood. As a result there is great variation in how it affects children at the time as well as in its long term effects. The age of onset of the sexual abuse, the use of force or threats, the severity of the abuse, the explanations that the perpetrator gave when he sexually abused, and the child's own understanding of what was happening to her and why it happened, are all important elements of a more detailed and refined analysis of types of sexual abuse,
differential effects and the phenomenon of revictimization. Thus, studies that simply document whether a woman was sexually abused or not are very limited in what information they provide. Moreover, they homogenize the category of childhood sexual abuse.

**Research Instruments Documenting Child Sexual Abuse**

Many of the instruments (Finkelhor 1979; Koss & Orso, 1985) used in the revictimization literature to assess women's experiences of sexual abuse and violence in childhood, adolescence and adult years, are constructed to document some but not all incidents of abuse. They are thereby unable to capture the cumulative effects of multiple abuse incidents on victims. In fact, Gidycz and others (1993), dismissed all but the most severe experience of sexual abuse for the purposes of their research. Their assessment of the severity of the child sexual abuse was based only on the level of the sexual attack. Thus, other factors are omitted from the analysis, such as the identity of the perpetrator, whether or not the victim was threatened with violence, the duration or frequency of the abuse, and the child's age at the time. Yet, these are some of the very variables, in combination or sometimes in isolation, which can render the experience more or less traumatizing in a woman's life, so their omission seriously skews an analysis of the effects of child sexual abuse.

In fact, some of the research instruments used in assessing sexual violence utilize only a single question to determine if a woman has been sexually abused as a child. Research that simply asks whether a woman has ever been raped or not, by definition only captures the experiences of those women who were able to identify their experience with the term "rape." Given the difficulties many women have in naming their experiences with a loaded and politicized term like "rape," this is a serious methodological limitation (Russell, 1986).
The instrument most frequently used to measure the prevalence of child sexual abuse in the studies on revictimization is Finkelhor's (1979) nine item instrument. Finkelhor's instrument asks the questions by defining different forms of abuse. However, his questions never specifically ask whether a child had the experience with a father or a brother. So the important information about the identity of the perpetrator is missing.

Research has demonstrated that memories of abuse are stored and remembered differently by women (Russell, 1986). Some women are triggered to recall abuse experiences by remembering the specific sexual violation done to them. Others recall by remembering what happened in the context of specific relationships. For these reasons, the most effective instruments elicit disclosures by asking about abuse incidents in different ways, in reference to different contexts, and in relation to different categories of perpetrators (Haskell & Randall, 1993; Russell, 1986).

In the majority of the revictimization literature, adolescent and adult experiences were most often assessed with Koss and Orso's (1985) ten item questionnaire. But while this questionnaire is an improvement insofar as it does include questions about abuse in specific relationships it is still limited. For example, the questions only ask about assaults in relationship to a date, or in some cases broadly ask whether sexual violations ever happened with any man.

Methodologies that ask women a variety of questions about sexual assault by describing different forms of sexual assault in the question aid women in their ability to define, and as a result, disclose their experiences. Additionally, asking about sexual assault in relation to the specific relationship a woman has to her perpetrator, also helps women name and recall their experiences. For example, the Haskell and Randall study (1993) found that in many cases, if a woman raped in marriage was asked in general if she had ever been raped, she often responded in the negative. But if that same woman was asked specifically if her husband had ever forced her to have intercourse against her wishes she would answer in the affirmative. This demonstrates the sensitivity and specificity which
must be built into research questions asking about sexual abuse and assault, including attention to issues of language, context and recall.

Many women have difficulty recognizing their experiences of sexual assault and rape as such largely because, until recently, most discussion on rape in the media and popular press discussed it as a phenomenon perpetrated primarily by strangers. Currently the discourse surrounding sexual assault and rape has been somewhat expanded to include acknowledgment of date and acquaintance rape. But rape in marriage or rape perpetrated by a live-in male partner is still not widely recognized as a pervasive form of sexual violence perpetrated by men against women. Research questions, therefore, must specifically ask women about unwanted sexual experiences with men who are male intimates, as well as with authority figures. It is also important that specific categories of authority figures — such as professors, doctors, or police officers — be explicitly identified in order to help women in recalling any of these experiences. Too many research studies on revictimization limit the scope of their investigation by counting only what they consider the most severe sexual assaults women experience. They do this by only asking women about sexual assaults in terms of the acts themselves, and they do not get sufficient information or detail about the particular relationships with men in which the assaults occur (Gidycz, Hanson & Layman, 1995; Siegel, Golding & Stein, 1991; Sorenson, Stevenson and Gajarsky, 1992).

There is great variation in the prevalence rates documented in the research on revictimization. These variations reflect differences in the definitions used not only for revictimization but also for what counts as child sexual abuse, sexual assault and wife assault. Other methodological factors also create variation in the prevalence rates for revictimization including how respondents were recruited, how they were interviewed, who interviewed them, and the wording of the questions they were asked. Some of this variation results from differences in the populations sampled, for example, the fact that
many of the studies rely on college students. These college samples tend not to have much diversity in the age, education or ethnicity of the women interviewed.

In my review of the research and literature on revictimization I have focused on the limitations in both the methodologies used and the theoretical conceptualizations offered. I have argued that what constitutes revictimization has not been adequately explicated in the literature. In order to further analyze this complex phenomenon it is important to expand the parameters by first documenting its prevalence in a large, random sample. Second, it is important to collect detailed, contextualized data on experiences of sexual and physical violence throughout a woman's lifetime, beginning with experiences in childhood and into her adult years in order to examine patterns of revictimization which may occur. Third, instruments used to measure effects of sexual abuse should be developed to address abuse specific symptoms. And lastly, the data analysis and theoretical conclusions should be based on the findings from these expanded explorations.

**Purpose of the Study**

One of the reasons that revictimization has not been well documented or understood is that most research documents a discrete form of violence in women's lives, for example child sexual abuse or wife assault. As a result, there have not been comprehensive studies which examine the links and interconnections between the forms of violence and abuse over a woman's lifetime. This has reflected and contributed to a fragmented understanding of men's violence generally, and as well has created a distorted and inaccurate categorization of "victims." By studying both the prevalence and frequency of all forms of men's violence in women's lives, it becomes evident that most women have been affected in some way.
An analysis and documentation of the links and interconnections between the forms of men's violence in women's experiences is particularly essential to an analysis of revictimization. Revictimization can not be studied as an isolated phenomenon, or as a single moment in a woman's life. It can only be understood as part of a much larger social reality of pervasive and frequent violence and intimidation directed at women by men, and is situated in a social context in which most women have experienced, and are vulnerable to some form of sexual assault.

For this study it was important that in-depth data was collected on women's experiences of all forms of sexual violence from a randomly drawn sample, for a number of reasons. In addition to producing generalizable findings, one of the significant reasons for doing so is the fact that only in a random sample is it possible to reach women who may never have disclosed abuse experiences and who may never have had any support or assistance in relation to abuse. Only by reaching what Koss refers to as "hidden victims" can researchers move beyond information generated from samples of women who have already disclosed abuse and sought some kind of service or support. Additionally, a random sample ideally allows for the possibility of capturing and reflecting some of the diversity of women's lives, in terms of differing social locations, and their unique histories and the different meanings placed on them.

For these reasons, much of the data for the study was collected on all women whether or not they were ever sexually abused or assaulted in their lives. For example, questions about how safe respondents believe society is for women, their attitudes about sexual violence and the victims of such violence, and their explanations about why children are sexually abused, and why women are often beaten and raped, were asked of all the women interviewed. This allows for comparisons in women's explanations of, and attitudes towards sexual violence, and allows for examination of whether or not direct abuse experiences result in significantly different interpretations of the phenomenon.
Because there is a concern to prove that child sexual abuse is damaging to women's lives in a context in which many claims of sexual abuse in childhood remain disputed or doubted, a great deal of traditional research has focused primarily on clinical samples of women who have come forward for treatment. Research findings have then been generalized from these samples about the kinds of effects suffered as a result of childhood sexual abuse. This has often created a split between the women who have been victims and those who have not, and has, in fact, created a category of women in the psychological literature, at least, and these women are identified almost exclusively in terms of being "victims" of sexual abuse. In some cases this has contributed to further stigmatizing women who have been victimized by over-psychologizing their lives. Furthermore, an entire professional industry has now developed which focuses primarily on healing the victims of child sexual abuse. As a result, the massive social problem of men's sexual abuse of children has become treated primarily as an individualized and clinical issue rather than a social and political one.

The survey that Randall and I conducted generated both quantitative and qualitative data on the relationships and interconnections between forms of abuse (including sexual assault, child sexual and physical abuse, and physical assault in intimate relationships). In particular, it provides information on the actual prevalence of specific forms of violence and abuse, as well as women's self-reported experiences of the impact of this sexual abuse and violence on their lives. The documentation includes the short and long term psychological and material effects of violence over the course of their lifetimes. For the purposes of this thesis, the findings analyzed will be confined to statistical relationships between abuse experiences in women's lives, and findings characterizing and contextualizing the abuse experiences, in order to elucidate patterns of revictimization.
For the purposes of the study, I developed an 11 item scale to measure various qualities of traumatic sexualization, which, I hypothesize, is constitutively linked to the phenomenon of revictimization. Questions on this scale asked women a series of questions about their attitudes towards and experiences of their sexuality. These questions were specifically designed to touch upon the ways in which an experience of child sexual abuse and its attendant long term trauma, can affect women’s experience of their sexuality more broadly, and their relationships with men. More specifically, questions on this scale were intended to examine whether a woman oversexualizes relationships with men, the degree to which she sees her self-worth connected to her sexuality desirability, whether she is able to say ‘no’ to sex, and whether she feels able to choose when and if she wants sex. The aversive qualities of traumatic sexualization are also measured, such as whether a woman experiences herself to be “outside” of her body during sex, or if she feels threatened or afraid if she senses that a man desires her sexually.

I hypothesized that women who reported experiences of childhood sexual abuse would score higher on the traumatic sexualization scale than women who were not sexually abused in childhood. Additionally, I hypothesized that there would be a significant correlation between high scores on the traumatic sexualization scale and the occurrence of revictimization. This is an important area of my data analysis since this hypothesis has been made by several researchers and has never been empirically tested. John Briere and Marsha Runtz (1989) developed a few questions on their Trauma Symptom Checklist (TSC-33) scale on traumatic sexualization but there has never been a
scale developed specifically to measure this effect, or to measure it with a random sample of women. An analysis of the findings from these scales, then, forms a central part of the data analysis chapter of this dissertation.

One of the predominant issues regarding the long term effects of sexual abuse and their measurement is that many of the instruments widely used by researchers in the field to measure psychological distress are insufficiently sensitive to the specificity of abuse or trauma because they were developed without reference to capturing abuse specific symptoms. The instrument used in the Haskell and Randall study (1993, 1994, 1995), however, was specifically designed to measure abuse sequelae, and components of the questionnaire were devoted to documenting the long term effects of child sexual abuse in relation to women’s sexuality. In the analysis undertaken for this thesis I thematically clustered areas in which women’s consciousness, attitudes and behaviours with regard to their sexuality and sexual relationships with men might be affected by their experiences of sexual abuse in childhood. Fearfulness, powerlessness and a sense of disconnection (related to dissociation) are the three constitutive elements of traumatic sexualization which I hypothesize to be related to the phenomenon of revictimization in women’s lives.

One of the things I examine in this thesis is whether dissociation, which is a coping strategy often used by women who have suffered more in more extreme cases of sexual abuse, correlates with a greater likelihood of revictimization. Researchers have just begun to conceptualize how coping strategies and other intervening processes minimize or exacerbate the negative effects of sexual abuse (Wyatt & Newcomb, 1990).

In my conceptualization of traumatic sexualization I have refined the way in which we understand dissociation in its specific relation to how women sexually abused in childhood experience their sexuality later in life.

In chapter three I outlined the theoretical frameworks that have been utilized in the literature to attempt to explain how childhood sexual abuse experiences can lead to adult
revictimization. One of the most popular and compelling explanatory frameworks is found in trauma theory, specifically in the concept of dissociation, which is a psychological response to trauma. In my review of the literature, I outlined the position that Briere (1992); Kluft (1990); Putman (1989); and van der Kolk (1989), have taken in explaining how dissociation can create a greater vulnerability to adult revictimization. But I have also argued that any psychological explanation of revictimization can only serve as a partial answer. Revictimization would not even be a phenomenon requiring analysis if there was not the reality of pervasive sexual violence against women to create it, so its conceptualization can not focus exclusively at the micro level of individual psychology. However, I would not deny that there is a psychological component to the increased vulnerability women with a childhood sexual abuse history appear to have. The question is what is the nature of that psychological component and how does it fit with social structures? Furthermore, how can we account for that psychological component without overly individualizing and decontextualizing what is essentially a socially produced problem? This remains an ongoing challenge for feminist researchers concerned to understand and account for revictimization in women's lives.

In order to address the specific question about the nature of the psychological component of revictimization, I included a measurement of both depression and dissociation from Briere's and Runtz's (1989) Trauma Symptom Checklist. The depression subscale consists of the following items which respondents are asked whether or not they have felt or done: insomnia, early morning awakenings, weight loss, low sex drive, sadness, crying, hurt self, inferiority, and guilt. The items of the dissociation subscale consist of: flashbacks, spacing-out, dizziness, unreality, memory problems, and out of body experiences.

Depression and dissociation are considered to be central dimensions of psychological trauma (Herman, 1992, van der Kolk & McFarlane, 1996). Many children, however, experience child sexual abuse yet do not suffer from the clinically recognized
post traumatic stress disorder because the abuse was less severe, or the child received the help and support needed to deal with it at the time. Secondly, psychological trauma could be the result of other life crises, for example, the loss of one's parents, physical abuse, a life threatening illness or even a car accident.

The limitations of these and other existing psychological measures is that they are not constructed to examine the specifically sexual nature of child sexual abuse. But, as I have argued, revictimization needs to be more specifically understood in terms of its effects on women's psychological and sexual development. This is because the experience of sexual abuse profoundly affects a female child's sexual development and identity.

The idea of traumatic sexualization originated with the work of Finkelhor and Browne (1986). Finkelhor and Browne (1986) developed a model of traumagenic dynamics and postulated that the experience of sexual abuse can be analyzed in terms of four trauma-causing factors, one of them being traumatic sexualization. Russell (1986) and Runtz (1988) are two researchers whose subsequent work draws on Finkelhor and Browne's model of traumagenic dynamics in their own theorizing about revictimization. Runtz specifically suggests that traumatic sexualization could have a role in creating vulnerability to revictimization. In her study of the traumagenic factors as they related to revictimization, Runtz found that only traumagenic sexualization was specific to child sexual abuse (1986). The other three factors -- betrayal, powerlessness, and stigmatization -- also occur to a certain extent during child physical abuse. Traumatic sexualization is described by Finkelhor & Browne as a process in which a "child's sexuality (including both sexual feelings and sexual attitudes) is shaped in a developmentally inappropriate and interpersonally dysfunctional fashion as a result of sexual abuse" (1985, p.531). Jehu et al., (1985) also reported that the majority of incest victims in their clinical study tended to "oversexualize their relationships" while at the same time fearing intimacy with men.
Runtz discussed the combination of the oversexualizing and overidealizing of men with an impaired ability to correctly identify persons who are untrustworthy, as being a critical finding. A victim of child sexual abuse, with low sexual self-esteem, a distorted perception of men, and an impaired ability to determine the trustworthiness of others could be very vulnerable to subsequent sexual assault and battery. Early sexual trauma, in combination with social isolation, low self-esteem, and psychological difficulties could contribute to difficulty in learning who to trust, how to say "no" in sexual situations, and how to detect danger and act self-protectively. This explanation of revictimization is consistent with the finding that child sexual abuse appears to be most strongly related to sexual assault, which would perhaps be the area of greatest vulnerability for these women.

Runtz concludes that "the fact that revictimization does occur and that it is specifically related to child sexual abuse, indicates the importance of understanding the dynamics involved from the woman's perspective. Only in this way can women learn to improve their ability to value themselves, to self-protect, and to avoid danger when it arises, given the high likelihood of any woman encountering violence in her lifetime," (1987, p. 19).

Both Russell (1986) and Runtz (1987) make an important contribution to theorizing revictimization, Russell through her connection of the four traumatic factors to revictimization, and Runtz through her specific emphasis on the role of traumatic sexualization. However, neither Russell nor Runtz attempted to operationalize the concept of traumatic sexualization into a specific measure in order to test empirically whether there is a statistically significant relationship between revictimization and the concept of traumatic sexualization.

For the purposes of my research, I developed a traumatic sexualization scale to attempt to do precisely this. My scale is designed to make salient the specifically sexual nature of child sexual abuse and the trauma it engenders in sexual terms. The items on my
scale tap into the ways in which sexuality is shaped and distorted in terms of women's behavior and ideas in the realm of (hetero)sexual relations. Finkelhor and Browne (1986) explained that sexual abuse experiences can vary dramatically in terms of the amount and kind of traumatic sexualization they provoke. In their understanding of traumatic sexualization they emphasize the sexual confusion about identity and norms, and negative associations and aversion to activities and intimacy, as the major psychological impacts of sexual abuse in childhood.

**The Haskell Scale On Traumatic Sexualization**

Based on my own clinical experiences with clients I interpreted traumatic sexualization more relationally. I developed items that address women's everyday experience of men's sexual interest or attention. Since I understand traumatic sexualization to consist primarily of abuse related negative cognitions, I believe these cognitions are developed as a psychological reaction to abuse specific events and are mediated and reinforced by the social reality of pervasive sexual intrusion and violence.

The threat of men's violence permeates women's interactions and relationships with men. For women who have been sexually abused in childhood, men's sexual interest is perceived as a threat, they have learned that if a man is sexually interested in them then it is inevitable that they will be forced to accommodate his sexual needs. Thus I include a number of items to examine "sexual fearfulness" that refers to women's fear of men's sexual interest and desire, their sense that men's sexuality represents a threat and will inevitably result in them being sexually overpowered, because they have been taught that they are unable to control access to their bodies.

Accompanying this fear of men's sexual interest is a hyper-vigilance and a hyper-awareness ("I wonder if I'm sexually desired by him") which coexists with a confusion about whether or not a situation has become sexualized, and a generalized fear of the inability to control the situation. Sexual fearfulness, then, is a short form label which
refers to a complicated constellation of factors shaping women's experience of men's sexuality following the intrusion, threat and violation of being sexually abused in childhood, and the concomitant lesson that sexuality is a site of threat and intrusion which cannot be controlled.

A number of items comprise a second dimension "sexual powerlessness" or women's sense that autonomy is obliterated in the sexual sphere, for example, through the belief that women cannot choose to have sex when they want and that they do not have the power to say no to unwanted sex. Unlike sexual fearfulness, which refers to women's sense that male sexuality is a threat and something over which they have little control, the sexual powerlessness items speak more specifically to women's beliefs that they are ultimately powerless in sexual relations with men, and have, for example, to have sex with a partner because he threatened to end the relationship. The other questions examining sexual powerlessness ask women if they only have sex when they want to, and if they are able to say no to unwanted sex. These items, then, reflect more specifically the ways in which women's sexual powerlessness is rooted in practice in the realm of sexual relations.

A third dimension of traumatic sexualization relevant to an understanding of increased vulnerability to revictimization is the negative associations and aversions that a woman learns to associate with sex as a result of her early life experiences of childhood sexual abuse. I refer to this dimension of traumatic sexuality as sexual disconnection. Sexual disconnection may be a result of more severe sexual assaults in childhood and is itself another form of psychological trauma. It is important to measure the actual behavioral manifestations of this dimension of traumatic sexualization since many women are not necessarily conscious that they are sexually disconnected but can recognize behaviors or reactions that actually describe their sexual disconnection in practice. In this way, while the women may not themselves be able to use the terminology of sexual disconnection to describe their experiences, they are able to answer questions which capture elements of the experience in very concrete ways. Specifically, the four items that
correspond with this theme are: feeling outside one's body during sex, needing to have a drink before sex, experiencing disturbing images during sex and being sexually active with many partners. If a woman is sexually disconnected at the point that a sexual encounter becomes intrusive or goes beyond a point with which she is comfortable or to which she is consenting, she is not able to make a decision about it or to resist unwanted sex, because she is dissociated. Disconnection is a form of trauma, specifically dissociation, but the distinction here is that whereas dissociation refers to any psychic splitting, by the term sexual disconnection I refer to the very specific ways in which women who have been sexually abused in childhood learn to disconnect from their sexuality, from their sexual feelings and from their body, which they have experienced as a site of violation and obliteration. In this way, these women maybe rendered more vulnerable to sexual intrusion and sexual assault. These are some of the elements of the distorted and harmful effects on women's sexuality which result from child sexual abuse that I developed for the analysis presented in this dissertation.

**Research Questions Guiding the Dissertation's Data Analysis**

In order to understand revictimization in a way that addresses some of the theoretical and methodological shortcomings identified in the literature reviewed, this dissertation is animated by a concern to refine the category itself and to identify and attempt to account for any particular patterns of revictimization in women's lives. In other words, rather than assume that revictimization is a homogeneous or unitary phenomenon, my analysis explores the kinds of revictimization women experience, and highlights those aspects of the child sexual abuse experience which appear to be most highly and significantly associated with later experiences of sexual violence in adulthood.

To this end, my data analysis unfolds around a series of research questions. Several key questions are specifically addressed in the research in order to provide important
knowledge to clinicians working with adult survivors of child sexual abuse, and others are intended to point to areas where further research and theorizing is needed if we are to better understand this phenomenon in women' lives. In broad terms, the analysis in this dissertation is guided by the following questions:

- Can we isolate specific features of early child sexual abuse experiences that are more likely to create vulnerability to revictimization?

- Are there specific relationships with men in which women are more vulnerable to revictimization?

- Are there specific types of assaults that are more characteristic of revictimization?

- Is the perpetrator of the sexual abuse in childhood significant in terms of predicting a greater likelihood of revictimization? Specifically, is there a relationship between the perpetrator in childhood and the perpetrator of the sexual assault in adulthood? That is, if a woman was sexually abused by an intimate (i.e. a father or other male relative) in childhood, is she also more likely to be abused as an adult by a male intimate?

- Does more intrusive child sexual abuse result in a greater symptomology, and, in turn, is this greater symptomology linked to a greater likelihood of revictimization in adulthood?
• Does child sexual abuse that includes rape create greater sexual disconnection such that an adult experience of revictimization is more likely for women with this particular kind of child sexual abuse history?

• When does revictimization begin? Does revictimization actually begin in childhood for some women? Could it be that specific kinds of child sexual abuse experiences -- those which are most intrusive (i.e. include rape and are perpetrated by a father/father-substitute) -- actually makes the abused child more vulnerable to repeated experiences of child sexual abuse, as opposed to or in addition to the increased vulnerability to another experience of sexual assault in adulthood?

• What dimensions of child sexual abuse experiences are particularly related to each of the three traumatic sexuality scales? What is the link between the developmental impact on a woman's sexuality of her experience of sexual abuse in childhood, and her increased vulnerability to further sexual victimization in her life?

Answering these questions provides a detailed assessment of the type and extent of child sexual abuse and adult sexual assault related to the phenomenon of revictimization. This includes data on many of the key variables associated with experiences of child sexual abuse. These variables, for example, range from who the perpetrator is, the frequency and duration of the abuse experience, the age when the abuse first started, the level of violation of the sexual abuse, whether or not there were multiple experiences of sexual abuse (i.e., by different perpetrators) and whether or not there was use of psychological coercion, threats, and/or physical force. Child sexual abuse is often discussed as a unitary phenomenon when in fact it takes many different forms. In this thesis, I argue for the importance of a more
nuanced examination of the qualities and variables that constitute diverse experiences of child sexual abuse and examine their specific relationship to kinds of revictimization in women's lives. Answers to these questions will extend knowledge about the phenomenon of revictimization and point to directions for further research on the topic.

By using specific, detailed, contextual data associated with every form of abuse in my analysis, I provide a fuller examination of the qualities and variables that constitute the experience of childhood sexual abuse and examine their relationship to revictimization. The examination of variables relating to child sexual abuse experiences allows for a differentiation between different forms, an examination of whether the abuse was incestuous or extrafamilial, and an exploration of these differences in relation to revictimization. Regression analysis also determined what qualities of child sexual abuse are significantly related to revictimization in a woman's adult years, as is discussed in Chapter 6.

As well as refining and differentiating child sexual abuse experiences and their relationship to revictimization, I also refine and differentiate the experiences of revictimization itself. The range of revictimization experiences include a single incident of sexual assault in adulthood following an experience of child sexual abuse, to multiple experiences of male violence by different male perpetrators over a lifetime. The findings on the relationships between child sexual abuse and revictimization, and the patterns that are explicated provide the basis for further theorizing about the phenomenon. My interpretations of these findings and explanations of revictimization are drawn from the clinical literature on post traumatic stress, as well as from feminist psycho-social interpretations of women's lives and the effects of men's violence on them.
CHAPTER 5 -- Methodology

Introduction

The methodology used in the Women's Safety Project study was first developed by Russell (1986) and has been positively evaluated by researchers in the field (Finkelhor, 1989; Wyatt, 1986). Clear definitions are provided for every form of violence investigated which allow for comparisons with other research in the field. The survey used to elicit reports of abuse rely on multiple screening questions that provide a specific description of the type of experience under investigation. These specific questions ask about the relationship and about the actual abuse event which took place. As many leading researchers in the field have argued, multiple, specific screening questions work better and elicit more reports of sexual abuse and sexual assault than do single gate questions (Briere, 1989; Finkelhor, 1986; and Wyatt, 1985). These improvements in the research methodology of the study on which this dissertation is based allow for the provision of valuable data on prevalence rates of revictimization and other forms of sexual and physical violence in women's lives, and in themselves, make a valuable contribution to the field.

In my analysis of revictimization, then, I draw on data from a methodological design which incorporates attention to the complexities of asking women about stigmatized, personal and painful abuse experiences, and which emphasizes the importance

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of context in understanding these experiences. The interview instrument from which the
data was gathered includes several questions asking about each form of violence in order
to facilitate women's remembering of their abuse experiences. It also provides questions
which define and cover the range of the discrete forms sexual violence can take. The use
of this kind of research instrument allows for an inquiry into sexual violence that includes
all incidents of abuse a woman has experienced. Collection of this kind of data, therefore,
allows for an analysis of the cumulative effects of multiple abuse incidents on women,
including an examination of the patterns of revictimization over women's lifetimes.

5.1 Participants

Demographics of Women Interviewed for the Study

The majority of the 420 women interviewed for this research fell into the 25-44 year old
age range. Just over half of the sample, 52% of the women interviewed reported they
were married or living with a partner, while 42% reported they were single, divorced,
separated or widowed. Nearly half of the sample (46%) of women had children.

Additionally, 17% of all the women interviewed reported they had some kind of ongoing
and limiting medical condition and/or disability.

Most of the women (83%) reported English as their first language. The first
languages of the other 17% of women were primarily Portuguese, Chinese, Italian, French
and Greek. Well over half of the women interviewed were born in Canada (64%) meaning
that nearly a third of the women in the sample were immigrants from other countries at the
time of the interviews.
The racial and ethnic backgrounds of the women interviewed for the Women's Safety Project were determined by language, place of birth and citizenship as well as women's own self-identifications as belonging to any ethnic or cultural groups. However, because the issue of ethnicity/race/culture is an extremely complex one, it is difficult to report with any degree of certainty on any meaningful or entirely distinct categories in relation to it. Randall (1996) argues that, "given that 'race' itself is a politicized and artificial construct, it seems inherently problematic to employ it as a category. Nevertheless, given the social reality of structured and systemic racism, the identities- 'white' and 'of colour' are highly socially significant aspects of a person's life. Yet 'measuring' or 'capturing' this information in a survey is extremely difficult and problematic" (Randall, 1996, p. 73). In the Women's Safety Project survey, many women including some women of colour, did not state that they identified with any particular ethnic or cultural group. Nearly half of the sample of women reported that they did not identify with any particular ethnic or cultural affiliation. Sixteen percent of women were identifiable as women of colour based on non-white ancestry in response to the ethnic or cultural identification questions. At the time the survey was completed this was an under-representation of women of colour, even more so now that the city's population is changing so rapidly and dramatically.

The great majority of the women (74%) were employed in the labour force on a full-time or part-time basis. The remaining women reported that they were either students, seeking employment, receiving some kind of benefits, or responsible for domestic work. A third of the sample, 34%, had a personal income of less than $20,000.
A further breakdown of this group determined that 21% of the women or one fifth of all women interviewed, had an income of less than $10,000. The next largest proportion of women, 29% reported an income between $20,000 and $30,000, and the remaining 25% of women reported an income in excess of $30,000.

In terms of the educational background of the women interviewed, 10% of the sample had only elementary or partial secondary school education, 33% of the respondents had completed high school and over half of the respondents 55% had completed either a college or university degree, a proportion significantly higher than in the general population.

The overrepresentation of more highly educated women might have important implications for the prevalence rates found in this survey as it might be assumed that abuse is more prevalent among women with lower educational levels (consistent with the now discredited view that abuse is more prevalent among lower socio-economic groups). It could therefore be predicted that a higher overall abuse rate would have been reported had the sample for this survey been a more accurate reflection of the female population's educational levels. While there might be some concern about the underrepresentation of less educated women in the study's sample, the research now suggests that education is not a significant predictor of abuse. In this regard, it should also be pointed out that the abuse rate found in the Women's Safety Project survey was consistent with those found in other surveys, most notably the Statistics Canada Violence Against Women Survey (1994). This latter survey, in fact, found that there was not a statistically significant difference in abuse rates for women of different educational levels (1994).
The Sample Design

The sample was drawn by the Institute for Social Research, at York University. This survey was conducted using a systematic random selection of street addresses in the City of Toronto. Households which did not include any women between the ages of 18 to 64 were not eligible for inclusion in the study.

The women who were participants in the study were between the ages of 18 to 64 years. In order to be interviewed for the study women needed to be able to speak English although they were not required to read or write it. All of the materials used to explain the research were translated into five different languages. The interviewers read aloud any written explanatory materials to the respondents, so that women unable to read were able to participate in the study. The interviews were carried out at a location chosen by the women being interviewed, most often in their own homes.

Response Rate and Fieldwork Results

A total of 1,151 addresses were drawn for the study. Of these, 478 were found to be ineligible, as a result of the careful fieldwork undertaken by the interviewers who approached households multiple times. Addresses were ineligible for a number of reasons,

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2 Greek, Italian, Chinese, Spanish, and Portuguese were the largest language groups in the city at the time of data collection.
including: there were no women under the age of 18 or over 64 living at the address; no English was spoken by the women in the household, or the address was non-residential. Of the remaining 673 eligible households, no one was ever home at 56 addresses. Interviewers were required to make at least three attempts at varied times and days of the week before giving up on the address. In fact, most addresses were approached approximately 10 times before they were deemed to be ineligible. There were 47 households where interviewers could not get access to the residents because of elaborate security at apartment highrises.

If the response rate is calculated excluding these inaccessible addresses, the response rate for the study is 74%. However, if these inaccessible addresses are included in the response rate calculations, it can be assumed that roughly the same proportion of them, 41%, would be ineligible due to the breakdown of factors considered above.³ If we factor the remaining 59% of the inaccessible addresses into the response rate calculations, the response rate is 62%.

Women refused to participate in the study for a variety of reasons including their unavailability due to childcare demands, or busy work schedules. In a few cases, husbands refused to let interviewers have access to their female partners. Some women refused to be interviewed for the project for other reasons. Of the women who refused, some explained that they felt it was an important topic but did not feel prepared to discuss it. In the process of declining to be interviewed, a few women actually disclosed that they had

³ This means that 35 of the 86 inaccessible addresses would presumably have been ineligible, given the proportion of ineligible households already determined by the interviewers' fieldwork results from the sample as a whole.
suffered abuse but chose not to be interviewed because they did not feel emotionally able to talk about it at that time.

5.2 Measures

The Research Instrument -- The WSP Questionnaire

The Haskell-Randall Women's Safety Project Questionnaire was developed and administered to assess retrospective and current experiences of sexual and physical violence from childhood to adulthood, and to assess the nature of and the lasting effects of these experiences. Questions were arranged chronologically from childhood to adulthood so that inconsistencies in the data would be apparent and double-counting of experiences would be eliminated.

The basis for the prevalence section of the Haskell-Randall WSP Questionnaire was initially developed by Diana Russell (1986) and used in her 1986 retrospective study of sexual violence in the lives of 930 women in San Francisco. After consultations with Diana Russell regarding the strengths and weaknesses of her original questionnaire, Haskell and Randall modified and further developed Russell's original questionnaire to remedy any recognized limitations. Changes were also made in the questionnaire to expand its scope, to integrate developments in the field, and to word questions in order to be consistent with Canadian legal definitions of sexual assault and child sexual abuse.

The questionnaire developed for this study is far broader in scope and depth than questionnaires used in other studies which address violence in women's lives. Most critically, the questionnaire is distinguished by its attention to the links between forms of
abuse, coercive sexual experiences, sexual assault, and physical assault in relationships, over the course of women's lifetimes. This means that instead of fragmenting the issues, it is possible to begin to understand the interconnections between these experiences in women's lives, document the prevalence of these forms of abuse in women's experience, and explore the issue of revictimization.

The questionnaire is structured and the interviewing technique was "structured, non-directive." It is structured insofar as the questions were asked exactly as worded and ordered on the questionnaire, but the interviewer was also "non-directive," and did not "lead" the respondent or distort her responses. The survey instrument combines open-ended and closed questions designed to elicit quantitative and qualitative data.

An important level of analysis taken into account in the methodological approach underlying the questions of the research instrument is the difficulty many women have in identifying their experiences in terms of legal or clinical language. The words "rape" and "sexual assault" themselves, for example, are very value-laden and many women are reluctant or unable to define their actual experiences of sexual assault as such. In Canada, definitions of what constitutes rape and sexual assault have expanded from forced penetration to a wider variety of forms of unwanted sexual acts. This expanded conception of what constitutes sexual assault is incorporated into this study.

Unless an interview schedule is designed to be sensitive to issues of language and definition the actual incidence and prevalence of this form of sexual violence will not be revealed. Researchers have learned that the definitions of violence and abuse traditionally
employed in some studies have been very narrow and restrictive and have often resulted in omitting large portions of women's experiences of sexual abuse and violence.

In Diana Russell's study, for example, when women were asked if they had been raped, and the word "rape" itself was used in the question without any explanation or definition of its meaning, only 22% of the respondents replied in the affirmative. But another 22% described experiences that met the legal definition of rape when Russell reposed the question later in the interview not using the word "rape" but asking instead, the question in the form of its legal definition. Hence, the direct question yielded only half of the actual rape experiences reported by Russell's respondents.

This was particularly significant in asking about sexual assault in marriage, which is beginning to be recognized as an element of wife assault. Women are highly unlikely to identify forced sex in marriage as sexual assault or rape, and so this must be asked about with a great degree of sensitivity and in ways that assist women in framing their experience in language with which they are most comfortable. This shows, then, one of the ways in which a well developed and finely tuned interview schedule elicits the fullest information possible. It is also critically important in terms of understanding that women may not be able to report crimes to police when they lack a social definition that what has happened to them in fact constitutes a criminal violation.

Initial pre-testing indicated that when questions are asked in a variety of ways, the "chance of tapping memories stored under many different categories is greatly facilitated"

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4 The question Russell designed conformed to the legal definition of rape in the United States at the time the survey was conducted (Russell, 1984).
(Russell 1986, p. 23). The interview questions in the Women’s Safety Project survey were designed to tap the different forms which abuse can take by asking questions in a variety of ways to overcome language and terminological differences, conceptual misunderstandings, and probe beyond some of the immediate defenses which interviewees may employ.

The interview questions were also paced so that interviewers asked some questions to probe into sensitive areas and then moved to less sensitive or threatening questions which allowed some emotional distance for interviewees. The research instrument, therefore, not only takes into account the potential difficulties interviewees may have in disclosing highly painful and stigmatized traumatic experiences, but also employs sophisticated research techniques designed to accommodate and overcome the problems inherent in the process of disclosing abuse.

The questionnaire and interviews were comprehensive and in-depth, and as a result a very sizeable and complicated data set was collected for the study. While only a portion of the findings have been newly analysed for the purposes of this dissertation, the outline of the questionnaire as a whole is provided in order to give a sense of the entire study and to contextualize the data analysis on revictimization conducted for this thesis.

**Structure of the Questionnaire Including Measures of Impact of Child Sexual Abuse on Adult Functioning and Sexuality**

The main interview schedule is divided into 13 sections. Three additional mini-questionnaires were constructed to explore in-depth women’s experiences of child sexual
abuse, sexual assault over the age of 16, and wife assault. Women who did report experiences of sexual victimization or wife assault that meet the criteria for this study skipped these sections. The specific content of the questionnaire and theoretical approach which informs it are outlined below. Relevant sections of the questionnaire (those relating to the data analysed in this dissertation) are appended at the end of the thesis.

Introductory Demographics

Section 1: Section 1 is very brief and includes initial questions on demographics and household information. Relevant information regarding the respondent’s current relationship status was determined as it has relevance for later questions on the interview schedule. Whether women have any disabilities or ongoing medical conditions was also asked at this point in order to be sensitive to the specific experiences of disabled women, and to get data on the correlation between disabilities and experiences of violence.

Section 2: Consciousness and Safety

The purpose of this section was to ascertain women’s level of consciousness and awareness of whether or not they believe society is a safe place for women. These questions were to determine whether women have to be cognizant of the crimes of violence against women in order to take precautions against them. This section contains a slightly modified version of a scale developed by Riger and Gordon (1985) to measure the extent to which women feel afraid in certain everyday situations and whether as a result of this fear they try to avoid these situations where possible. A second scale developed by
Riger and Gordon (1985) that measures the precautionary measures that women take, was also included. This scale differs from the avoidance scale because to take precautionary measures requires not only more everyday awareness but a certain street savvy and conscious strategizing. For the Women’s Safety Project study, Haskell and Randall developed additional questions about whether or not women had the material resources necessary to take certain precautions. Many women cannot afford additional locks, security systems, or to take taxi cabs late at night. Previous researchers simply asked women if they took certain precautions but did not ask whether there were any factors that impede their ability to take these precautions. Additionally, women were asked if they had any disabilities that impede their ability to defend themselves.

Women's Attitudes re: Violence and the Criminal Justice System

Section 3: This section contains a 10 question scale developed by Russell (1986) that was used in her random survey in San Francisco. She found that these questions not only examined women's attitudes about the criminal justice system and police but additionally they demonstrated to women that the researchers were not victim-blaming. Russell found that many women did not believe that the police would protect them or that they would be fairly treated by the courts. These questions had direct relevance for this research since one of the objectives was to determine both women's attitudes about services available as well as their experiences utilizing them.

Women were also asked whether they considered wife assault, child sexual abuse or sexual assault as "crimes." These questions are of importance since in order to utilize
the police or criminal justice system women must first be able to define what happened to them as a crime.

Section 4: Women's Attitudes Towards Men and Women

This section contains questions that explored women's attitudes towards both men and women. Researchers, Briere (1989), Herman (1984), and Runtz (1988), have suggested that one of the contributing factors to revictimization is women's over-valuing and idealization of men. Although this analysis is not included in this dissertation, questions were designed for use in the Women's Safety Project survey for other papers.

The questions developed to explore this phenomenon consist of a 6 item scale that examines whether the respondent overvalues or undervalues either men or women as well as four open ended questions asking the respondent what she generally likes and dislikes about men, and what she generally likes and dislikes about women.

Section 5: Sexual Harassment

This section contains questions that explore various degrees of sexually harassing and coercive behaviors that women may or may not have had with people known to them. The purpose was to explore the everyday experiences of women's lives. After each disclosure women made about a sexually harassing behaviour they were additionally asked how they dealt with the experience at the time. The purpose is to examine the ways in which women attempt to resist. What may appear as tacit acceptance to outsiders is often a form of resistance by women. It is important to document the ways that women do
attempt to resist intrusiveness and whether women who are not able to resist successfully are women who have been victimized in the past.\textsuperscript{5}

Section 6: Traumatic Sexualization

I designed a scale to measure the presence of traumatic sexualization. As outlined in the previous chapter, the Haskell Scale taps into women’s experiences of disconnection, fearfulness and powerlessness in relation to traumatic sexualization.

An exploratory factor analysis was done on the 11 items comprising the traumatic sexualization scale.\textsuperscript{6} Varimax rotation was used for the extraction technique given that theoretically I expected distinct subscales to emerge. Three factors emerged that corresponded to the three theoretical dimensions of traumatic sexualization that I identified in chapter four: sexual powerlessness, sexual fearfulness and sexual disconnectedness. The items that loaded on sexual disconnectedness are: women who report that they need to have drinks before sex, they feel outside of their body during sex, they have disturbing images during sex and they have been sexually active with many partners.\textsuperscript{7} The items that loaded on the factor sexual powerlessness are: women who responded that they are unable to choose to only have sex when they want, they have had sex because a partner threatened to end the relationship, and can not say no to their live-in

\textsuperscript{5} This section is important in the exploration of revictimization as one of the suggestions in the literature has been that women previously victimized may be hindered in their ability to protect themselves because of early lessons in powerlessness. Additionally, women who relied on dissociation as a defense against the trauma of the sexual abuse they experienced as children often involuntarily dissociate as adults when faced with a potentially threatening or anxiety provoking situation. While analysis of this data is not included in this thesis, it was collected for the larger study and will be analysed in future work.

\textsuperscript{6} Mean substitution was used for missing variables based on the respondents answers to other questions.

\textsuperscript{7} Only factor loadings of .40 or more are reported.
partner when they don’t want sex. The four items that loaded on sexual fearfulness are: women who feel fear of men’s sexual interest in them, women who wonder if they are sexually desired whenever they meet a man, woman who feel confused when a situation becomes sexual with a man and woman who felt they could not stop a man’s sexual advances because he was sexually aroused. These three subscales were included as separate measures of traumatic sexualization.

Section 7: Childhood Physical and Emotional Abuse

This section contains questions on the woman’s family of origin. In order to determine the amount of trauma a woman reports experiencing in her childhood it is important to also look at other trauma inducing experiences in her childhood to see whether or not they significantly correlate. Questions on the amount of psychological and physical abuse experiences are included. Rather than simply measuring the severity of the abuse, the frequency of the abuse is measured.

Judith Herman (personal communication) suggests that a child can often tolerate a fair amount of strict discipline and physical force when the rules are consistent and clear and when they perceive the rules to be so. Questions about whether or not women were aware of their parents being physically abusive to one another, as well as if they ever experienced any separations from either parent are also asked.
Section 8: Trauma Symptom Checklist

This section contains Briere and Runtz's (1989) Trauma Symptom Checklist (TSC-33), a 33 item scale designed specifically to measure the long term effects of child sexual abuse. Despite the many long-term effects of childhood sexual victimization reported in the literature, the vast majority of instruments used in research on the subject have been either ad hoc measures, often lacking reliability and/or validity, or they were originally developed without reference to child abuse and thus may not have optimally accessed abuse-specific symptomatology (e.g., Berliner, 1987; Briere, 1989; Conte, 1985; Finkelhor; 1986). Briere reported that at a "National Symposium on Assessing the Impact of Child Sexual Abuse," the researchers in attendance concluded that the use of generic assessment instruments as measures of abuse effects is problematic. Furthermore, these experts agreed that new, abuse-specific measures should be developed.

John Briere (1989) has argued that abuse impact measures may be divided into "construct" versus "symptom" approaches. The former attempts to relate aversive childhood experiences to clinical phenomena already thought to exist in the general population, such as "Hysteria" or "Neurosis." Such constructs represent hypotheses about underlying or latent processes that are thought to produce certain symptoms or problems, and that are assumed to be present when these symptoms occur. The construct approach has a limitation if the sexual abuse effects do not directly correspond to the specific pattern of disturbance associated with the construct in question. Briere explains that the symptom perspective restricts itself to observable problems, such as periods of depersonalization, and examines their variation between abused and non-abused subjects.
This method allows the available data to describe the exact pattern of abuse-related symptomatology. Symptom items are either interpreted individually, or are summed with similar items to form homogeneous scales.

The Trauma Symptom Checklist 33 developed by Briere and Runtz is a brief, abuse-oriented instrument of reasonable psychometric quality that can be used in clinical research as a measure of traumatic impact, perhaps most notably in the area of long-term child abuse effects (p. 153). The TSC-33 yields five subscales (Anxiety, Depression, Dissociation, Post Sexual Abuse Trauma and Sleep Disturbance) and a total scale score, and has been shown to demonstrate reasonable reliability and validity in the study of sexual abuse effects (Alter-Reid, 1989; Bagley, 1989; Briere, Evans, Runt, & Wall, 1988; Cole, 1986; Urquiza & Crowley, 1986).

This scale was administered to all respondents to differentiate between abused and non-abused women. Additionally, it is of vital importance to determine the level of symptomatology in the general population of women since most of the research has been carried out on clinical populations. This feature of the questionnaire will clearly make a critical contribution to our knowledge of the effects of childhood sexual victimization on a random community population, by providing data never before generated with this type of sample.

Section 9: Prevalence of Sexual Violence Experiences

This section is based on the questions that Russell used in her (1986) study but in an adapted and expanded form. The first series of questions asks about sexually abusive
experiences before the age of 16. The second series of questions asks about experiences of sexual and physical assault after the age of 16. Russell developed this section after more than a year of consultation, research and pre-testing regarding which questions would best elicit women's experiences of sexual victimization. Haskell and Randall made changes to the questions in this section in consultation with Russell. Russell provided information on the questions that needed some modification and suggested ones that did not elicit substantive data and required cutting.

Experiences disclosed in response to the questions in this section of the questionnaire which meet the criteria of the operational definitions for sexual abuse in childhood, sexual assault at 16 years or over, or physical abuse in an intimate relationship are examined more fully through the administration of separate mini-questionnaires.

Section 10: Women’s Explanations of the Causes of Sexual Violence

This section of open-ended questions explores women's understanding of why the social problems of sexual abuse, sexual assault and wife assault exist in our society and how significant a social problem they are perceived to be.

Section 11: Demographics

This is the final section of the interview schedule and it contains additional questions on demographics (from those on marital status and household composition
asked in section 1 of the questionnaire), including occupation, income level, ethnic and racial group and religiosiy.

Section 12: Interviewers' Observations

This section contains questions for the interviewers to record their observations of the process of the interview. They assessed whether the respondent had any difficulty comprehending the questions, whether she was comfortable during the interview etc. It is intended to assist in measuring the completeness of disclosure and the validity of the data.

The Abuse Mini-Questionnaires: Sexual Abuse in Childhood, Sexual Assault, and Physical Assault

Separate sexual assault questionnaires were administered for each of the cases of sexual or physical abuse disclosed during the prevalence questions which met the criteria for the definitions of these experiences (provided below). Interviewers were instructed to obtain detailed descriptions of the sexual contact(s) to ensure that the level of intimacy violated could be precisely coded.

The separate sexual assault questionnaires asked respondents about their age at the time of the assault, the relationship between victim and perpetrator, how many times the sexual act occurred, and who, if anyone was told about the abuse. There is also a series of open-ended questions exploring women's cognitive meanings of the incident at the time and what understanding they have of it now. Women are also asked if at anytime they
ever feared that they would be killed. This is an especially important question as long term trauma associated with the fear of being killed is often extreme.

This question was to determine what women themselves felt was most traumatizing about the experience. The primary purpose of these abuse mini-questionnaires was to gather qualitative data on the experiences and women's subjective meanings attached to them. There are also questions about the perpetrators, their age, level of education, income and other demographics. Women are also asked what they identify as the worst part of the experience. Other questions ask about whether women reported to the police and if so what the outcome was. Women were also asked whether they have sought out therapy or other support services.

**Self-Administered Questionnaire for Respondents**

Finally, there was a one page self-administered questionnaire that the respondent was asked to fill out. The interviewer explained to the respondent that the self-administered questionnaire was to be folded over and sealed in an envelope before it was handed back to the interviewer, in order to ensure confidentiality. This one page questionnaire simply asked women whether they felt comfortable in the interview, and whether they were able to answer the questions on unwanted sexual experiences accurately. It was a tool to assist in assessing the degree to which women had been open in disclosing their abuse experiences and to this end provides one way to assess the validity of the data.
5.3 Procedures

The Women's Safety Project utilized a survey research approach involving face-to-face interviews. This has significant implications for the usefulness and generalizability of the findings to the Canadian public and researchers concerned about the prevalence, nature and impact of violence and abuse against women. The methodology of this study was based on and adapted from the validated methodological approach utilized in the studies published by Diana Russell (1986, 1992), with some adaptations to the Canadian and current context.

In A Sourcebook on Child Sexual Abuse, David Finkelhor and his associates (1986) published recommendations which strongly support the approach taken in this study. Speaking specifically about the need for more information about sexual abuse in childhood, Finkelhor and his associates write that, "It is eminently possible and scientifically preferable to conduct studies of sexual abuse with general population surveys."

Confidential in-depth, face-to-face interviews were conducted by a team of highly trained and skilled interviewers. The interviewers coded responses directly onto the interview schedule and also wrote summarized but verbatim accounts of women's responses to the open-ended questions. An introductory letter which explained, in general terms, the nature of the project was mailed to all prospective households. Interviewers then approached these randomly selected addresses to try to contact an eligible woman residing at the household to explain the study and to request her participation in the project. If more than one eligible woman resided at an address selected for the sample, a
further randomization was undertaken and the woman with the most recent birthday was selected as the potential respondent.

The Process of Interviewing for the Study

Finkelhor et. al (1986) argue that face-to-face interviews are preferable for subject matter as sensitive as sexual abuse and intimate violence. As they write in The Sourcebook:

ii) The trend of the evidence at the moment points to the advantage of interviews over self-administered questionnaires. The personal interview appears to allow for greater rapport, gives opportunities for clarification, and reminds the respondent of the expectation of honesty ... 

iv) The evidence appears most convincing that studies containing multiple screening questions, each of which can elicit reports of sexual abuse, are preferable over a single screening question. These multiple screens (a) avoid labels, like "sexual abuse," that respondents may not have applied to their own experiences, (b) give respondents a longer block of time and more opportunities to either remember forgotten experiences or gather courage to reveal embarrassing ones, (c) tell respondents more about the types of experiences the researchers are looking for, and (d) assist recall of experiences with a variety of cues to elicit memories. . . . There is also some indication that recall is aided when the multiple screens include a mixture of relationship-specific questions with activity-specific questions. For suggestions of specific questions to use, we recommend that investigators consult the instruments used by Badgley et al. (1984), Russell (1983), and Wyatt (1985).

In his evaluation of research on sexual abuse, Dr. David Finkelhor found that face-to-face interviews are clearly shown to give the best results for such a sensitive topic. He found that telephone surveys had the lowest response rate. Finkelhor and his associates point out that:

the advantages of the face-to-face interview mode are contingent upon the use of interviewers who are both comfortable with and knowledgeable
about the problem of sexual abuse. Given the subject matter, it seems possible that interviewers may discourage candor by even slight and unconscious gestures of discomfort (1986, p. 45).

Fundamentally, only through an interpersonal interaction in an interview conducted by a trained, sensitive and highly skilled interviewer, can the kind of rapport, non-victim-blaming approach and trust be developed to establish the conditions for disclosure. Furthermore, it seems to have been well demonstrated that the commonalities of women's experiences mean that women are most comfortable and likely to disclose abuse experiences in talking to another woman. Finally, the kind of support, safety and empathy required for discussions about this highly painful and often stigmatized life experience can be best developed through direct personal contact.

The decision to use face-to-face interviews provided several advantages, including the following. First, being on site with the respondent for the interview ensured both safety and privacy for the respondent. It is not usually possible to control for these conditions in self-administered or telephone survey formats. Being face-to-face with a sympathetic, non-judgmental interviewer also conveys a message about the acceptability and importance of discussing abuse experiences. At the same time it acknowledges the possibility of some discomfort, and allows for an empathic and immediate response which may assist in comfort in disclosing. More impersonal methods such as self-administered questionnaires, may reinforce the idea that sexual abuse is a topic too uncomfortable to be discussed. The face-to-face interviews allowed for the possibility of developing rapport in the course of an interview, which enhanced women's comfort and willingness to disclose painful experiences. Face-to-face interviewing also provided the interviewers with greater
opportunities to identify and attend to cues that the subject was uncomfortable for the respondents and to respond accordingly.

Selection and Training of Interviewers

The interviewers for this study required intensive training and supervision about the process of interviewing women on this highly sensitive and stigmatized subject matter. Candidates for interviewing positions also had to be screened to eliminate those who could not deal with the subject matter in a sensitive and appropriate manner.

The most effective interviewers tended to be women who were able to acknowledge and discuss their own experiences of sexual violence comfortably. Candidates for interviewer positions were asked in the interview to reflect on whether there would be some experiences of violence that they would personally find difficult or uncomfortable to ask other women about. Again women who were able to openly assess their own comfort levels as well as areas where they needed to do more work ended up to be conscientious and empathic interviewers.

The selection process included having potential interviewers administer parts of the questionnaire to the principal investigators. This allowed for the evaluation of several key qualities deemed necessary of interviewers in this project. These included: the ability to develop rapport, the interviewer's ability to demonstrate comfort and ease despite the high level of stress inherent in the situation, and most importantly, the ability to respond appropriately in tone and empathy to disclosures of abuse, while creating the conditions in which women felt comfortable to discuss their experiences.
There were three distinct levels of interviewer training. The first involved the interviewers’ understanding of the project as a whole. This entailed their knowledge of the research questions guiding the study and the purpose of the research. The second stage involved the development of interviewing skills. This included how to administer the instrument, how to interview and probe, and how to conduct and organize fieldwork. The third level involved practice and experiential work relating to understanding and discussing the nature and impact of abuse and violence in women’s lives, and the complicated and diverse ways in which these experiences are dealt with, especially psychologically. The majority of the training hours were most heavily focused on this third stage of training. The training spanned a period of two weeks prior to commencing the actual fieldwork, and was ongoing throughout the data collection for the project, including intensive one-on-one clinical supervision of each interviewer.

Introducing the Study to Potential Respondents

Special consideration was given to the way in which the subject matter of the study was to be introduced to households drawn for the sample, and to prospective respondents. While Diana Russell (1986) framed the issue under study as one of "women and crime" for the purposes of her research, it was decided for this study that the project would be described in terms of women's safety. The purpose of this terminology was to introduce the topic in a way that was not threatening to women, or to their male partners. Additionally, because there had been an increasing acceptance of the rhetoric surrounding the need for women's safety, it seemed that greater familiarity with this concept, from
media reports and community organizing, would increase the chances of women responding positively and with recognition to the subject matter. It was carefully stressed, however, that safety meant women's public and personal safety, and that sexual assault as a threat to women's safety was an explicit focus of the study, including questions about any personal experiences of sexual assault women may have had.

The Interviews

Interviewers conducted interviews on the spot whenever this was possible and convenient for the respondent. However, the reality of most women's lives was such that respondents preferred to schedule an interview for a future time. Interviewers also explained that the interview should be set up at a time when the woman had some privacy and would not have to respond to interruptions. Respondents were offered a variety of interview locations: their own home, a private office at a local university, or the use of another office in the west Annex area of the city. A very few interviews were, at the woman's request, conducted in other places, such as a restaurant, park, or office.

Interviewers scheduled the interview at the convenience of the respondent, but were to suggest a variety of times that they would personally be available to interview the respondent. If the interviewer who set up the appointment was not able to meet the respondent at the time she chose, another team member was always available to do so, and this was conveyed to the respondent in the process of setting up the interview.
An interview appointment form was left with the woman, which confirmed in writing, the date, time and day of the appointment, gave the project telephone number, and thanked the respondent in advance for her interest and participation in the study.

It was imperative that the interviews were conducted in private. Having another household member or any other person around during the interview could only serve to inhibit respondents during the process and preclude the possibility of disclosure. This would be even more problematic in the case of a woman wanting to talk about any abuse experiences she may have been experiencing with a current partner. For these reasons, interviewers were instructed to carry out interviews only when the respondent and she were alone. Interviewers were also trained on how to handle any unexpected interruptions, like a woman's partner returning home while an interview was in progress. In these situations the interviewer was to turn to a neutral part of the questionnaire (for example, the demographics) and go through the questions in that section until privacy was restored. If it proved impossible to re-establish privacy, the interviewer was to arrange another appointment time to complete the interview.

Many times women being interviewed stated that it was fine for the interview to be conducted in the presence of another household member (e.g. a partner or roommate watching television in the background, etc.) but interviewers were trained to indicate that it was part of their job to make sure the interviews were standardized and carried out in privacy and without interruption. This shifted the onus away from the respondent and onto the interviewer to insist that she was not permitted to carry out the interview in the presence of others. In a number of cases, women thanked interviewers at the completion
of the interview, for insisting on conditions of privacy during it, as they had not fully realized the ways in which the presence of another person might have inhibited them in their responses.

The interviews were confidential and remain identified only by a computer case number. The woman's name and address never appeared anywhere on the interview schedule.

The interviews for the study ranged from forty-five minutes to twenty-five hours in length, but most interviews typically took about two hours to complete. Longer interviews were always carried out over a series of meetings, which were scheduled and paced according to the woman's choice. The few interviews which were extremely lengthy (i.e. more than three or four hours), took so long to administer because these women had histories of multiple and extreme experiences of abuse. These interviews were always carefully paced according to the woman's own need to talk and take breaks, both during the interview sessions themselves, and over the periods of days or weeks which they chose to take off between interview appointments.

At the end of the interview, each woman (regardless of whether or not she disclosed any abuse experiences) was left with a resource and referral kit, with information about a variety of services for assaulted women.

Definitions of Terms for Measures

For the purposes of categorizing abuse experiences the following definitions were used in this research.
Incestuous abuse includes any kind of exploitive sexual contact or attempted sexual contact that occurred between relatives, no matter how distant the relationship, before the girl turned sixteen years old. Excluded from this definition are cases of consensual peer sexual contact (defined as taking place between persons of the same age, or of no more than two years difference), if these experiences were defined as wanted by the respondent.

Intercourse includes vaginal, anal or oral intercourse. It should also be pointed out that levels of assault are reported in terms of the highest level of sexual intrusion. This means that childhood sexual abuse experiences which are reported to involve rape (forced sexual intercourse) may, and typically do, involve all kinds of other forced sexual contact including sexual touching, etc., but these additional forms of sexual intrusion are not also listed for cases which exceed this level of intrusion.

Extrafamilial child sexual abuse is defined more narrowly than the definition of incestuous abuse employed in this study. This definition is narrower because it excludes some forms of actual physical touch (unwanted sexual kissing, hugging or touching the body other than to the breasts or genitals) as well as verbal propositions, exposing of genitals, being chased, etc. Extrafamilial child sexual abuse, then, involves unwanted sexual experiences with persons unrelated by blood or marriage, ranging from attempted sexual touching of breasts or genitals or attempts at such touching, to sexual assault and rape or attempted sexual assault and rape, before sixteen years of age.
Physical Assault / Physical Abuse refers to any act of physical force and/or violence used against a woman, ranging from slapping, hitting, shoving, punching, to repeated beatings as well as attempts on a woman's life.

Rape refers to sexual assault at the level of forced sexual intercourse (vaginal, anal or oral). Although the term "sexual assault" is used in Canadian law, the term "rape" is perhaps more politicized for many women, and more strongly captures the violation and violence of the act.

Revictimization describes the finding that women sexually abused in childhood are several times more likely to be victimized again later in life, than are women with no history of sexual abuse in childhood. The term is used specifically to refer to repeated experiences of sexual victimization (at the hands of different perpetrators) as they relate to an early experience of sexual abuse in childhood.

Sexual Touching refers to direct touching or fondling with a part of the body or with an object for sexual purposes, to the genitals or breasts. This also includes forcing the victim to touch the perpetrator's genitals.

Sexual Intrusion refers to unwanted experiences which could include unwelcome sexual comments, being touched on the buttocks, having someone expose their genitals or masturbate in front of the respondent, being grabbed, being followed or chased.

Phases of the Data Analysis

One of the main goals of my research is to explicate and refine what types of child sexual abuse experiences are significantly associated with an experience of adult
revictimization, specifically an adult experience of rape. Thus, the data I analyse is rich with descriptive information and my analysis of it unfolds over several distinct analytical phases.

In chapter five I explain the methodology of the Haskell and Randall Women’s Safety Project survey, the research study which provided the findings specifically analysed for this thesis. In chapter six, I begin by reporting the frequencies with which women reported revictimization in their lifetimes. I also provide tables demonstrating the patterns of revictimization, that is, the relationship of the childhood perpetrator and type of sexual abuse in relation to the adult perpetrator and the types of abuse in adulthood.

The second analytical stage examines the bivariate associations between a number of significant child sexual abuse variables and the incidence of adult rape. This is done with chi-square analysis.

Multivariate analysis in the third stage of data analysis allows for a comparison between incestuous and extrafamilial abuse and key child sexual abuse variables, and their association with adult revictimization.

Fourth, logistic modelling was used to assess the extent to which the child sexual abuse variables, the three traumatic sexualization subscales and the depression and dissociation subscales predict adult revictimization.

The fifth, and final analytical stage involves an examination of the relationship of the child sexual abuse variables to traumatic sexualization. In this analysis, each of the three subscales -- sexual fearfulness, sexual powerlessness, and sexual disconnection -- are treated as dependent variables using multiple regression analysis.
Chapter 6 -- Results

Introduction

In this chapter I present findings on revictimization analysed from the data set generated by the Women’s Safety Project survey (Haskell & Randall, 1994). First, I present general findings on the prevalence of violence to show how widespread, even typical, an experience of sexual or physical abuse is in many women’s lives. Second, I provide findings on the link between sexual abuse in childhood and further sexual victimization in women’s adult lives, and, flowing from these findings, I delineate some specific patterns of revictimization.

Before proceeding to my research questions which guide the data analysis, it is useful to consider the prevalence rates on revictimization as well as some preliminary bivariate analyses which examine the patterns of revictimization. I will then turn to the regression analyses. In my concluding chapter, I theorize about some of the implications of these findings and point to areas requiring further empirical and theoretical investigation if we are to better understand revictimization in women’s lives.

General Findings on Prevalence of Women’s Assault Experiences

The pervasiveness of various experiences of sexual violence and/or abuse in women’s lives has been documented by numerous studies (Haskell & Randall, 1994; Russell, 1984). In Canada, the recent national telephone survey conducted by Statistics Canada found that 1 out of every 2 Canadian women had experienced some kind of sexual or physical assault after reaching 18 years of age (Statistics Canada, 1994). In the Women’s Safety Project, 1 out of 4 women reported an experience of sexual assault, narrowly defined at the level of forced or attempted forced sexual intercourse, at some
### TABLE 1 – Summary Table on the Prevalence of Forms of Violence\(^2\)

<table>
<thead>
<tr>
<th>Kind of Abuse Experience</th>
<th>Number of Women (N=420)</th>
<th>% of Women</th>
<th>Number of Cases Reported</th>
<th>% of all Cases of sexual/physical assault reported N=1554</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual abuse, any kind before age 16 (all forms ranging from rape to verbal sexual propositions)</td>
<td>226</td>
<td>53.8%</td>
<td>466</td>
<td>28.7%</td>
</tr>
<tr>
<td>Sexual abuse -- touching to intercourse before age 16 (narrow definition)</td>
<td>176</td>
<td>42.4%</td>
<td>339</td>
<td>21.8%</td>
</tr>
<tr>
<td>Sexual abuse at the level of rape/attempted rape before 16 years</td>
<td>74</td>
<td>17.8%</td>
<td>114</td>
<td>7.3%</td>
</tr>
<tr>
<td>Sexual assault at age 16 and older, broadly defined (sexual touching to rape)</td>
<td>281</td>
<td>66.9%</td>
<td>799</td>
<td>51.4%</td>
</tr>
<tr>
<td>Sexual assault, at the level of rape / attempted rape, age 16 and older</td>
<td>212</td>
<td>50.5%</td>
<td>419</td>
<td>27%</td>
</tr>
<tr>
<td>Sexual assault at the level of rape/ attempted rape at any time in a woman’s life</td>
<td>234</td>
<td>55.7%</td>
<td>529</td>
<td>34%</td>
</tr>
<tr>
<td>Physical assault in an intimate relationship with a male partner</td>
<td>115</td>
<td>27.4%</td>
<td>134</td>
<td>8.6%</td>
</tr>
<tr>
<td>Any sexual assault by a female perpetrator at any time in a woman’s life</td>
<td>18</td>
<td>4.3%</td>
<td>18</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

---

1 Some of these statistical findings are reported in Randall and Haskell (1995).
2 The categories in this table describing abuse experiences are not mutually exclusive.
time in their lives (Haskell & Randall, 1994). Sexual violence, therefore, is not a rare occurrence but is all too common a part of women's experiences.

In addition to sexual assault, Table 1 shows the prevalence rates for the other forms of violence reported by women interviewed for the study. For this research, child sexual abuse was defined as experiences of sexual assault before the child turned 16 years old. Experiences of child sexual abuse are reported according to both a broad and a narrow definition. The broad definition includes unwanted sexual experiences including sexual touching (of breasts, genitals or attempts at such touching). In this broader definition, sexual abuse can also include non-contact experiences, such as exhibitionism, sexual advances not acted upon, being followed, etc. The narrower the definition of child sexual abuse excludes all "non-contact" experiences such as unwanted sexual propositions, exposing of genitals and/or masturbating in front of the child. Some forms of actual touch are also excluded at the narrow definition as well, specifically unwanted sexual kissing, hugging or touching the body other than the breasts or genitals. A further distinction of sexual abuse is made depending on who the perpetrator is -- incestuous or extrafamilial. Incestuous abuse includes abuse perpetrated by relatives, no matter how distant the relationship, before the girl turned 16 years old. Extrafamilial child sexual abuse involves unwanted sexual experiences with persons unrelated by blood or marriage.

On the basis of a narrow definition, including sexual touching to intercourse, the Women's Safety Project found that 42% or 176 of the 420 women interviewed, reported an experience of sexual abuse before reaching 16 years of age. A further breakdown of more narrowly defined childhood sexual abuse experiences reveals that 16%, or 69
women, reported at least one experience of incestuous abuse. Extrapolating from this finding, approximately one in six girls has been sexually abused by a family member or other relative during childhood. In terms of extrastitutional sexual abuse, 25%, or 107 women, reported at least one experience of sexual abuse by a non-relative, before reaching the age of 16 years. This means that one in three girls was sexually abused by a non-relative during childhood. When examining sexual abuse experiences more broadly defined, including experiences ranging from unwanted sexual kisses, other non-genital sexual touching, and non-contact child sexual abuse experiences (such as having someone expose their genitals and/or masturbate in front of the child, or having someone follow or verbally proposition the child), the proportion of women experiencing at least one such incident increases to 54% (228 women).

These figures are disturbingly high and are consistent with findings by Russell (1986) and Wyatt (1985) who utilized similar methodologies. The findings from these studies clearly demonstrate that histories of childhood sexual abuse are relatively common in women's experiences. In fact, some kinds of sexual abuse in childhood are so common that over half of the randomly selected women interviewed disclosed at least one such experience in the Women's Safety Project Survey.

Sexual assault in adulthood is even more common, as the findings from this research show. Using the more restricted definition, that is, forced sexual intercourse, 40%, or 168 women (approximately one in three), reported at least one experience of forced intercourse (rape) in adulthood. For attempted rape, 31% (or 128 women), reported at least one experience in adulthood. The rape and attempted rape statistics combined show that 51%, or 212 women, reported at least one experience of sexual assault at the level of rape or attempted rape at or after the age of 16 years.
These findings exclude sexual assaults at the level of unwanted sexual touching and sexual assaults at the level of forced sexual intercourse which occurred before the woman was 16 years of age. When all cases of sexual assault are examined at the level of forced or attempted forced sexual intercourse which happened \textit{at any time} in a woman's life, meaning in childhood or adulthood, 56 \%, or 234 women, experienced a sexual assault at the level of rape or attempted rape at some point in their lives. This means that one in every two women has been the victim of rape or attempted rape, a startling high level of this particular form of sexual violence in women's lives.

In documenting physical violence in intimate relationships -- including slapping, hitting, shoving or being hurt in any other way, repeated beatings and attempts on a woman's life -- the Women's Safety Project found that 27 \%, or 115 women, reported an experience perpetrated by a husband, live-in partner, boyfriend or date. These findings demonstrate that slightly more than one in four women has experienced a physical assault or ongoing physical assaults in an intimate relationship with a man.\textsuperscript{3} This study also documented the number of women who experienced a sexual \textit{and} physical assault in the context of the same relationship. Specifically, 50 \%, or 57 women who reported a physical assault experience also experienced a sexual assault in the same relationship, demonstrating that half of the women physically assaulted by their male partners, (often husbands), were also sexually assaulted by this same perpetrator.

Overall, these findings provide a sense of just how commonplace an experience of violence or abuse is in many women's lives. It is not only a select group or a tiny minority of women whose lives are affected by men's violence. For these reasons, I argue that we must understand the particular experiences of revictimized women with reference to the

\textsuperscript{3} While some women interviewed for the Women's Safety Project identified themselves as lesbian, none of the women who reported physical assault in intimate relationships reported that their partners were females. In other words, all of the cases of physical assault in intimate relationships involved heterosexual relationships.
commonness of sexual violence in women’s lives more generally, in order to grasp the phenomenon of revictimization contextually.

Understanding Revictimization

The results of the data analysis conducted for this thesis are presented in three sections. In the first section I present a descriptive analysis of the child sexual abuse experiences and their relationship to later adult revictimization (at the level of rape). In the second section, I report on the results of a bivariate analysis of the association between the child sexual abuse variables and later experience of adult revictimization. Additionally in this section, I report on a bivariate analysis that examines the association between incestuous or extra-familial abuse and adult revictimization. In the final section I present both logistic and multiple regression analyses which examine the association between child sexual abuse variables, traumatic sexualization measures, depression and dissociation measures and adult revictimization.

Descriptive Analysis of Child Sexual Abuse Experiences: Frequencies Describing Characteristics of Abuse

The child sexual abuse variables here are the key variables identified in the literature [Pope & Brown, 1996; Briere, 1987; Runtz, 1989] for use in assessing the effects of child sexual abuse. The variables are: type of assault, age of first experience, age of perpetrator, frequency of abuse, whether physical force was used, the number of different childhood perpetrators and whether the abuse was incestuous or extrafamilial.
As can be seen in Table 1 (above), 42% (176 women) of the 420 women interviewed for this study had an experience of child sexual abuse and 18% of the women had an experience of rape or attempted rape before the age of 16. Table 2 shows some of the characteristics of the child sexual abuse experiences under analysis. Within the sub-sample of 176 women interviewed for the Women's Safety Project who reported sexual abuse in childhood, 36 women (21%) were sexually abused at age 6 or younger and 132 women or 79% were sexually abused from the age of 7 up to and including age 15. This demarcation was selected as a result of data analysis that indicated that the majority of women incestuously abused were under 6 years of age. Preliminary data analysis revealed a clear demarcation in the age of the perpetrator in relation to whether the sexual abuse was incestuous or extrafamilial. The majority of men under the age of 25 perpetrated sexual abuse outside of the family while incestuous perpetrators were over the age of 25. Eighty-three (51%) of the perpetrators were under the age of 25 and 80 (49%) were 26 years or over.

Force was used against 53 (33%) of the 176 women sexually abused in childhood. One hundred and four women (59%) were sexually abused in childhood by only one perpetrator, 33 women (19%) were sexually abused by two different men, 22 women (12%) were abused by three different childhood perpetrators and the remaining 17 women (10%) had a range from 4 to 10 different perpetrators of child sexual abuse. There was quite a range in terms of the frequency with which women were abused. Eighty percent or 141 women reported that they were abused only once by any one perpetrator. Fourteen women (8%) reported that they were sexually abused 2 to 5 times, 7 women (4%)
### Table 2 - Characteristics of Child Sexual Abuse Experiences

<table>
<thead>
<tr>
<th>Variable Description</th>
<th>Percentages (N=176)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Assault</strong></td>
<td></td>
</tr>
<tr>
<td>Rape</td>
<td>19%</td>
</tr>
<tr>
<td>Attempted Rape</td>
<td>23%</td>
</tr>
<tr>
<td>Fondling</td>
<td>58%</td>
</tr>
<tr>
<td><strong>Age of First Experience</strong></td>
<td></td>
</tr>
<tr>
<td>Age 6 or younger</td>
<td>21%</td>
</tr>
<tr>
<td>Age 7 or older</td>
<td>79%</td>
</tr>
<tr>
<td><strong>Age of Perpetrator</strong></td>
<td></td>
</tr>
<tr>
<td>Age 25 or younger</td>
<td>51%</td>
</tr>
<tr>
<td>Age 26 or older</td>
<td>49%</td>
</tr>
<tr>
<td><strong>Frequency of Abuse</strong></td>
<td></td>
</tr>
<tr>
<td>One time</td>
<td>80%</td>
</tr>
<tr>
<td>More than once</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Physical Force</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>33%</td>
</tr>
<tr>
<td>No</td>
<td>67%</td>
</tr>
<tr>
<td><strong>Number of Childhood Perpetrators</strong></td>
<td></td>
</tr>
<tr>
<td>One</td>
<td>59%</td>
</tr>
<tr>
<td>Two or more</td>
<td>41%</td>
</tr>
<tr>
<td><strong>Relationship to Perpetrator</strong></td>
<td></td>
</tr>
<tr>
<td>Incestuous</td>
<td>42%</td>
</tr>
<tr>
<td>Extra-familial</td>
<td>58%</td>
</tr>
</tbody>
</table>

reported 5 to 10 times and the remaining 14 women reported a frequency of abuse ranging from 11 to 20 times, four (2%) of whom reported that they were abused over 50 times by the same perpetrator. Of the 176 women who reported child sexual abuse, 73 women
(42%) were incestuously abused and 103 women (58%) were sexually abused by extrafamilial offenders.

The prevalence of types of childhood sexual abuse (rape, attempted rape and fondling) are shown in Tables 3 and 4 respectively. Women who experienced more than one of the assaults in childhood (e.g., fondling and rape) were counted only once so as not to inflate the numbers.

<table>
<thead>
<tr>
<th>Type of Child Sexual Assault</th>
<th>Number of Women (N=420)</th>
<th>Percentage of all women surveyed (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercourse</td>
<td>33</td>
<td>8%</td>
</tr>
<tr>
<td>Attempted Intercourse</td>
<td>42</td>
<td>10%</td>
</tr>
<tr>
<td>Fondling</td>
<td>101</td>
<td>24%</td>
</tr>
<tr>
<td>No assault</td>
<td>244</td>
<td>58%</td>
</tr>
<tr>
<td>Total</td>
<td>420</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 4 shows the level of assault in combination with the relationship to the perpetrator for cases of child sexual abuse. Sixteen women were raped by men who were family members. This accounts for less than 4% of the entire sample of 420 women. But by combining the two categories of abuse by family members to include other kinds of sexual assaults, the percentage of the women incestuously abused increases to 17%. Of the women sexually abused by a perpetrator who was not a family member, 4% were sexually abused at the level of rape.
Table 4 - Type of Childhood Abuse According to Relationship to Perpetrator

<table>
<thead>
<tr>
<th>Type of Abuse by Relationship of Perpetrator</th>
<th>Number of Women N=420</th>
<th>Percentage of all women surveyed (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>incestuous rape</td>
<td>16</td>
<td>4%</td>
</tr>
<tr>
<td>non-familial rape</td>
<td>17</td>
<td>4%</td>
</tr>
<tr>
<td>other assault family</td>
<td>53</td>
<td>13%</td>
</tr>
<tr>
<td>other assault non-familial</td>
<td>90</td>
<td>21%</td>
</tr>
<tr>
<td>no childhood abuse</td>
<td>244</td>
<td>58%</td>
</tr>
<tr>
<td>Total</td>
<td>420</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 4 demonstrates that of the 33 childhood rapes reported (adding the 16 incestuous rapes to the 17 non-familial rapes), 16 of these were actually committed by family members. An additional 53 women were sexually abused by family members at the level of attempted rape or fondling. A review of the descriptive data reveals that 8 of the 16 incestuous rapes were committed by the child's own father.

Table 5 - Type of Childhood Sexual Abuse by Familial, Non-Familial Perpetrators

<table>
<thead>
<tr>
<th>Type of Assault</th>
<th>Number of Women N=420</th>
<th>Percentage of all women surveyed (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>incestuous rape &amp; attempted rape</td>
<td>(22)</td>
<td>5%</td>
</tr>
<tr>
<td>non-familial rape &amp; attempted rape</td>
<td>(52)</td>
<td>13%</td>
</tr>
<tr>
<td>other assault family</td>
<td>(38)</td>
<td>9%</td>
</tr>
<tr>
<td>other assault non family</td>
<td>(64)</td>
<td>15%</td>
</tr>
<tr>
<td>no childhood sexual abuse reported</td>
<td>(244)</td>
<td>58%</td>
</tr>
<tr>
<td>Total</td>
<td>420</td>
<td>100%</td>
</tr>
</tbody>
</table>

In reviewing the descriptive data on child sexual abuse experiences, a pattern emerges relating to the kind of assault and by whom it was perpetrated. By comparing Tables 4 and 5, we see that by separating attempted rape from all other child sexual
assault categories and adding them to the rape totals, only 6 additional women fall into the incestuous rape and attempted rape category, while 35 women are added into the non-familial rape and attempted rape category. This indicates that the majority of incestuous assaults at the level of intercourse are completed, whereas the majority of non-familial sexual assaults at the level of intercourse remain as attempted assaults.

The Link Between Childhood Sexual Abuse and Adult Sexual Assault

I now turn to the link between childhood sexual abuse and adult victimization. Of the 176 women who were sexually abused as children (including rape, attempted rape and fondling), 69% reported that they were also sexually assaulted in adulthood. This compares with only 46% of the women who were never sexually abused in childhood but who were sexually assaulted as adults. This finding reveals a significant association between an experience of child sexual abuse and an increased likelihood of a later adult sexual assault [chi-square=22.72, df=1, p<.0001]. It is this apparent increased vulnerability to further victimization in adulthood for those women with histories of childhood sexual abuse to which revictimization refers.
Table 6 -- Comparisons of Types of Childhood Abuse Experiences and Their Relationship to Types of Revictimization in Adulthood

<table>
<thead>
<tr>
<th><strong>Rape and Revictimization</strong></th>
<th>An Experience of Rape in Childhood</th>
<th>No Childhood Rape</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape in Adulthood</td>
<td>69.7%</td>
<td>33.1%</td>
</tr>
<tr>
<td>No Rape in Adulthood</td>
<td>30.3%</td>
<td>66.9%</td>
</tr>
<tr>
<td>( \chi^2 = 17.1 ) df=1</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Rape, Attempted Rape and Revictimization</strong></th>
<th>An Experience of Rape/Attempted Rape in Childhood</th>
<th>No Childhood Rape/Attempted Rape</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape or Attempted Rape in Adulthood</td>
<td>73%</td>
<td>45.6%</td>
</tr>
<tr>
<td>No Rape or Attempted Rape in Adulthood</td>
<td>27%</td>
<td>54%</td>
</tr>
<tr>
<td>( \chi^2 = 18.18 ) df=1</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Childhood Sexual Abuse and Revictimization</strong></th>
<th>Childhood Sexual Abuse (Rape, Attempted Rape, Fondling)</th>
<th>No Childhood Sexual Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>An Experience of Sexual Assault in Adulthood</td>
<td>69%</td>
<td>65%</td>
</tr>
<tr>
<td>No Experience of Sexual Assault in Adulthood</td>
<td>31%</td>
<td>54%</td>
</tr>
<tr>
<td>( \chi^2 = 22.72 ) df=1</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

(176) (244)
Developing a more comprehensive picture of the distinct patterns of revictimization requires an examination of different levels and refinements of the experience to attempt to elucidate what exactly accounts for this association. When the analysis of the data is narrowed to compare only experiences of rape or attempted rape in childhood and adulthood, I found that 73% of the women with an experience of rape or attempted rape in childhood also had an experience of rape or attempted rape in their adult lives. This compares with 46% of the women who had no childhood rape or attempted rape experiences, but who had a rape or attempted rape experience in adult life. This relationship is also statistically significant (p<.0001).

However, when the data on sexual assault at the level of rape only (excluding all cases of attempted rape from the analysis) is analysed, an even greater disparity emerges between the two groups of women. Seventy percent of the women who were raped in childhood were also raped after the age of 15 years, compared with 33% of the women in the sample who were never raped in childhood but were raped as adults. This relationship is also significant (p<.0001). This suggests that women who were raped in childhood are significantly more likely to be raped again in their adult lives by another perpetrator. It appears therefore, that there is something about the particular experience of rape in childhood which predisposes a woman to a greater likelihood of being revictimized, specifically, to another rape in adulthood. These findings, then, demonstrate that a link exists between experiences of sexual abuse in childhood and an increased vulnerability to another sexual assault in adulthood, particularly at the level of rape.

A number of other critical questions emerge if we are to better understand revictimization in women's lives and delineate the relationship between experiences of child sexual abuse and later revictimization. For example, is it the childhood rape itself that is significant or is it the relationship to the perpetrator that increases a woman's vulnerability to further assault? Or is it the factors in combination? Are these rapes perpetrated by men who are highly significant in the child's life, such as a father, brother or
other close family member? Are women who were sexually abused by family members more vulnerable to abuse by other male intimates as adults or are they just as likely to be abused by a stranger or acquaintance as adults? Or is it the kind of assault that is the key to understanding revictimization? If there is a link between incestuous abuse and revictimization, is it a result of the relational aspects of the assault or because of the nature of the sexual violation itself? What types of sexual abuse experiences are associated with revictimization and in what types of relationships? Does revictimization actually start in childhood? What types of childhood sexual abuse experiences, then, lead to what types of revictimization experiences? These are the questions which are analyzed in the findings that follow in the next sections.

**Bivariate Analyses of Child Sexual Abuse and Revictimization**

In order to examine the relationship between each of the child sexual abuse variables and adult revictimization at the level of rape, a series of chi-square tests were calculated. The child sexual abuse variables examined are: the number of different childhood perpetrators, the relationship of the childhood perpetrator to the victim, the use of force, the age the abuse began (under age 6 / age 7 to age 15), the frequency of the abuse, the level of assault, and the age of the perpetrator. For these analyses child sexual abuse was defined by the more stringent criteria of unwanted sexual contact at the level of rape, attempted rape or fondling. Adult revictimization refers to an experience of completed rape only.\(^4\)

The chi square results indicate that the relationship of the childhood perpetrator was significantly related to adult revictimization. What we see from Table 7 is that being abused by a family member, having 2 or more perpetrators, being abused before the age of

\(^4\) Attempted rapes were not included in my analyses as previous data analysis of the WSP data, (see Randall & Haskell 1995) demonstrated no significant differences between women sexually abused in childhood and women with no experiences of childhood sexual abuse and experiences of attempted rape as an adult.
7, and being assaulted at the level of rape, all significantly increase the likelihood of adult revictimization. The age of the perpetrator at the time of the abuse is also relevant.

**Table 7- Percentage of women raped as adults by the characteristics of their child sexual abuse experiences**

<table>
<thead>
<tr>
<th>Child Sexual Abuse Characteristics</th>
<th>% of Adult Revictimization</th>
<th>( \chi^2 )</th>
<th>df</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identity of Childhood Perpetrator</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incestuous</td>
<td>62%</td>
<td>7.3***</td>
<td>1</td>
<td>176</td>
</tr>
<tr>
<td>Extrafamilial</td>
<td>40%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Number of Childhood Perpetrators</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One</td>
<td>40%</td>
<td>6.5**</td>
<td>1</td>
<td>176</td>
</tr>
<tr>
<td>Two or More</td>
<td>61%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Age of First Experience</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to Age 6</td>
<td>61%</td>
<td>1.95</td>
<td>1</td>
<td>168</td>
</tr>
<tr>
<td>Age 7-15</td>
<td>46%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Physical Force</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>49%</td>
<td>.0000</td>
<td>1</td>
<td>163</td>
</tr>
<tr>
<td>No</td>
<td>49%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Frequency of Sexual Abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One time</td>
<td>48%</td>
<td>.022</td>
<td>1</td>
<td>176</td>
</tr>
<tr>
<td>More than one time</td>
<td>51%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Type of Assault</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rape</td>
<td>70%</td>
<td>7.57*</td>
<td>2</td>
<td>176</td>
</tr>
<tr>
<td>Attempted Rape</td>
<td>49%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fondling</td>
<td>42%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Age of Perpetrator</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to age 25</td>
<td>41%</td>
<td>.47*</td>
<td>1</td>
<td>163</td>
</tr>
<tr>
<td>Age 26 and older</td>
<td>59%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*** p<.005  ** p<.01  * p<.05
Bivariate analyses alone suggest that the relationship of the perpetrator is a key variable in understanding the relationship of child sexual abuse to later experiences of revictimization. But what could account for such significant differences in revictimization rates between women sexually abused by perpetrators within the family and women sexually abused outside the family? In order to determine what differences, if any, accounted for this, the same key characteristics of child sexual abuse that were examined in the bivariate analyses reported above were reexamined in three-way multivariate analyses. That is, specific characteristics of sexual abuse were examined in relationship to whether the abuse was incestuous or not, and whether there was an experience of adult rape or not, as is shown in Table 8 below.
Table 8

Percentage of women revictimized (raped) as adults by whether they were sexually abused by a family member or someone outside the family and by the characteristics of the sexual abuse in childhood

<table>
<thead>
<tr>
<th>Characteristics of Child Sexual Abuse for Women Revictimzed as Adults</th>
<th>Relationship of Perpetrator in Childhood</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Incestuous</td>
</tr>
<tr>
<td>1. Number of Childhood Perpetrators (n=176)</td>
<td></td>
</tr>
<tr>
<td>One perpetrator</td>
<td>56%</td>
</tr>
<tr>
<td>Two or more</td>
<td>65%</td>
</tr>
<tr>
<td>2. Age of First Experience (n=168)</td>
<td></td>
</tr>
<tr>
<td>ages 1-6</td>
<td>69%</td>
</tr>
<tr>
<td>ages 7-16</td>
<td>56%</td>
</tr>
<tr>
<td>3. Physical Force (n=163)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>80%</td>
</tr>
<tr>
<td>No</td>
<td>56%</td>
</tr>
<tr>
<td>4. Frequency of Abuse (n=176)</td>
<td></td>
</tr>
<tr>
<td>One time only</td>
<td>59%</td>
</tr>
<tr>
<td>More than once</td>
<td>68%</td>
</tr>
<tr>
<td>5. Type of Assault (n=176)</td>
<td></td>
</tr>
<tr>
<td>Rape</td>
<td>70%</td>
</tr>
<tr>
<td>Attempted Rape</td>
<td>68%</td>
</tr>
<tr>
<td>Fondling</td>
<td>55%</td>
</tr>
<tr>
<td>6. Age of Perpetrator (n=163)</td>
<td></td>
</tr>
<tr>
<td>Under age 25</td>
<td>54%</td>
</tr>
<tr>
<td>Age 26 and over</td>
<td>65%</td>
</tr>
</tbody>
</table>

*p = .06
Table 8.1 examines the relationship of the childhood perpetrator by the number of childhood perpetrators and whether or not there is adult revictimization. No statistically significant relationships were found in this analysis. However, a review of the raw data indicates that nearly two thirds of incestuously abused women had more than one perpetrator in childhood, whereas for women sexually abused outside the family, the opposite is true, as two thirds of these women had only one perpetrator in childhood. Incest histories seem to be related to the risk of a greater number of childhood perpetrators. As is discussed more fully below, it also suggests that revictimization itself may begin in childhood.

It would appear, therefore, that being sexually abused by more than one abuser in childhood creates a greater likelihood for adult revictimization. This is only marginally so in the case of incestuous abuse with very little statistical difference between revictimization rates. However, in cases of extrafamilial abuse 54% of women who had more than one childhood perpetrator were revictimized. This compares to 35% of women who had just one childhood perpetrator.

Table 8.2 examines the age that the sexual abuse began by the relationship to the childhood perpetrator and adult revictimization. Age of onset was divided into six years of age and under, and seven years of age to fifteen years of age. Multivariate analysis demonstrated that sexual abuse perpetrated when the child is age 6 or younger is far more likely to be perpetrated by a family member. In fact, 41% of incestuous abuse was perpetrated against children age 6 years and under, compared to only 7% by extrafamilial perpetrators.

My analysis shows that a girl first sexually abused at age 6 or younger by a family member is more likely to be revictimized as an adult (69%) than if she was first abused at age 7 or older (56%). However, the opposite is true in cases of extrafamilial abuse. Only 29% of the women who were first sexually abused before the age of 6 were revictimized as adults, whereas 42% of the women sexually abused after the age of 6 were revictimized.
as adults. However, the low rate of revictimization for women sexually abused at age 6 or under by someone outside of the family may not be a reliable finding since the cell size was very small, with only 7 women falling into this category.

Table 8.3 examines the role of physical force in the analyses. Incestuous abuse that includes force is bordering on statistical significance [p<.10] in relationship to adult revictimization. In fact, 80% of girls who were sexually abused in their families with the use of force were revictimized as adults. In cases of extrafamilial abuse force is not a significant variable, in fact, the rate of revictimization was higher when force was not used. Thus, the use of force in experiences of sexual abuse has an inverse relationship to revictimization depending on who the perpetrator is.

Table 8.4 examines the variable of the frequency of the sexual abuse. The frequency of sexual abuse within the family is not significant, with only a slightly greater rate of revictimization (65%) when the abuse is ongoing, to a rate of 58% when sexual abuse happened on only one occasion. In cases of extrafamilial abuse, 87% of the sexual abuse was a one time occurrence. Thus the low revictimization rate of 23% for abuse that happened more than one time may be a result of the small sample size for this category.

Table 8.5 examines the relationship of three different levels of sexual abuse experience, rape, attempted rape and fondling by the relationship of the perpetrator and whether there was adult revictimization or not. The findings suggest that the difference between rape, attempted rape and fondling is less important when it is a family member committing the abuse. But in the case of non-family members, it is assault at the level of completed rape that produces the significant relationship to adult revictimization.

In Table 8.6. I examine the age of the perpetrator by the relationship of the perpetrator and whether there was adult revictimization or not. This variable is intended to examine the age discrepancy between the child and the perpetrator. The analysis found that women abused as children by an older perpetrator (over the age of 25 years) were more likely to experience adult revictimization than a younger one (under the age of 25.
years). There appears to be an interaction between age of perpetrator and relationship.
First, there is a larger percentage difference in the case of age among extrafamilial cases,
16% compared to incest, 1%. But overall, incest cases are more likely to result in
revictimization.

Revictimization in Childhood

Because a number of women disclosed multiple experiences of sexual abuse by
different perpetrators before reaching the age of 16, I thought it important to examine
whether a particular kind of sexual abuse -- particularly incestuous abuse -- rendered these
women more vulnerable to revictimization beginning in childhood. As I have shown in the
review of the literature in chapters 2 and 3, other researchers have not posed this question
nor have they worked with data sets with sufficiently refined categories to allow for this
kind of analysis. Furthermore, because an experience of incestuous sexual abuse had such
a significant relationship with adult revictimization, a chi-square analysis was carried out
to determine if there was a connection between the relationship of the childhood
perpetrator and the likelihood of being sexually abused in childhood by two or more
perpetrators.

In fact, a highly significant relationship was found between these experiences.
Specifically, 63% of women incestuously abused were also sexually abused by two or
more different perpetrators in childhood compared to only 25% of the women extra-
familially abused \[ x^2 (1, N=176)=23.67, df=1, p<.0000 \]. This finding is extremely
important since it not only demonstrates again that the phenomenon of revictimization
often actually begins in childhood, but also demonstrates that an experience of sexual
abuse by a close family member creates a particular vulnerability to revictimization in both
childhood and later adulthood.
Two components of childhood sexual abuse appear to be associated with revictimization: childhood sexual abuse at the level of rape and multiple childhood sexual abuse experiences. When these two factors are examined together, we see that 80% of women with two or more experiences of rape in childhood, also had two or more experiences of rape as adults. This compares with only 9% of women who had no experiences of rape in childhood but who were raped as adults.

In order to more fully understand this disturbingly high rate of revictimization for women raped by more than one perpetrator in childhood, it is necessary to examine the initial childhood rapes to ascertain what factors may have contributed to such an alarmingly high rate of multiple revictimization experiences. While there are, no doubt, many other relevant psychological explanations to account for this finding, further data analysis is required in order to give more specific information about the actual sexual assaults. For example, of great importance is the relationships women have to the men who sexually abused them in childhood.

Table 9 - Childhood Revictimization Experiences

<table>
<thead>
<tr>
<th>Single and Multiple Experiences of Child Sexual Abuse</th>
<th>Number of Women N=420</th>
<th>Percentage of all Child Sexual Abuse Sample (N=176)</th>
</tr>
</thead>
<tbody>
<tr>
<td>multiple rape</td>
<td>10</td>
<td>6%</td>
</tr>
<tr>
<td>single rape</td>
<td>23</td>
<td>13%</td>
</tr>
<tr>
<td>multiple attempts</td>
<td>11</td>
<td>6%</td>
</tr>
<tr>
<td>single attempts</td>
<td>41</td>
<td>23%</td>
</tr>
<tr>
<td>multiple other</td>
<td>47</td>
<td>27%</td>
</tr>
<tr>
<td>single other</td>
<td>98</td>
<td>56%</td>
</tr>
<tr>
<td>Total</td>
<td>420</td>
<td>100%</td>
</tr>
</tbody>
</table>

It is noteworthy that of the 75 women who had a rape or attempted rape experience in childhood, 34% (21 women) of those same women also had a second
experience of rape or attempted rape by a different perpetrator before they reached the age of 16. Narrowing the focus to assaults at the level of rape only, 10 or 33% of the 33 women raped in childhood were also raped by more than one perpetrator before they reached the age of 16.

To understand more about the experiences of revictimization in childhood it is important to identify who the childhood perpetrators are. Table 10 shows that women sexually abused (including rape, attempted rape and fondling) by their fathers were significantly more likely to be sexually abused again by another perpetrator in childhood. In fact, the rate of childhood revictimization for women incestuously abused by fathers was more than twice that of women sexually abused by all other perpetrators (including brothers, uncles and grandfathers). This signifies that revictimization at the level of rape in childhood is far greater for women raped by a male family member, especially if it is her father, than for women raped by a perpetrator outside of the family.

<table>
<thead>
<tr>
<th># of Perpetrators</th>
<th>Father</th>
<th>All Other Perpetrators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>18% (4)</td>
<td>65% (100)</td>
</tr>
<tr>
<td>2 or more</td>
<td>82% (18)</td>
<td>35% (54)</td>
</tr>
<tr>
<td>Total</td>
<td>100% (22)</td>
<td>100% (154)</td>
</tr>
</tbody>
</table>

chi-square=17.4, df=1, p<.0000

In summary, the findings presented in these tables on the child sexual experiences of revictimized women reveal the following patterns. First, contrary to the assumption that revictimization begins in adulthood, my analyses show that it often begins in childhood. Second, sexual abuse perpetrated by family members, specifically fathers, is significantly associated with further revictimization in childhood. In other words, the
experience of sexual abuse by a girl’s own father appears to predict a greater likelihood of further sexual abuse in childhood perpetrated by another male offender. This suggests that something crucial about the experience of being sexually violated by one’s own father creates the conditions in which further sexual violation in childhood is more likely, an important finding which warrants much greater attention. While the link between sexual abuse in childhood and further sexual victimization in adulthood has been established in the literature, the link between sexual abuse in childhood and further sexual victimization in childhood is a new and significant finding in the field, calling for further empirical and theoretical exploration.

**Research Questions: The Relationship between Childhood Sexual Abuse Experiences and Adult Revictimization in Adulthood**

The remaining data analysis is organized around the major research questions guiding this work. First, let’s look at the bivariate associations.

*Research Question # 1: Is there an association between the nature of the relationship in which the childhood sexual abuse is perpetrated, and the nature of the relationship in which the sexual assault in adulthood is perpetrated?*
Table 11 -- Type of Assault in Adulthood by Type of Assault in Childhood

<table>
<thead>
<tr>
<th>Type of Assault (Adult)</th>
<th>Incestuous Rape</th>
<th>Non-familial rape</th>
<th>Other assault - familial</th>
<th>Other asslt non familial</th>
<th>No Assault</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>2</td>
<td>11.8</td>
<td>1</td>
<td>6</td>
<td>24</td>
<td>33</td>
</tr>
<tr>
<td>Sexual</td>
<td>2</td>
<td>6</td>
<td>24</td>
<td>38</td>
<td>60</td>
<td>130</td>
</tr>
<tr>
<td>Sexual &amp; Physical*</td>
<td>62.5</td>
<td>35.3</td>
<td>45.3</td>
<td>42.2</td>
<td>24.6</td>
<td>31.0</td>
</tr>
<tr>
<td>No Assault</td>
<td>4</td>
<td>3</td>
<td>14</td>
<td>18</td>
<td>34</td>
<td>82</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>17</td>
<td>53</td>
<td>90</td>
<td>244</td>
<td>420</td>
</tr>
</tbody>
</table>

Fishers' exact test=49.31, p<.0001, df=12

*This cell makes the largest contribution to the calculation of the Fishers' exact test because the observed frequency is never higher than expected.

Table 11 indicates that 10 out of the 16 (62.5%) women raped in childhood by male relatives were then revictimized in an adult relationship where they were both sexually and physically assaulted by their male partners. The data on the combined category of sexual and physical assaults were collected only for women's relationships with live-in partners (husbands, common-law, live-in male intimates). This means that the majority of women raped by male relatives (i.e. incestuously raped) were then revictimized in their most intimate adult relationships with men. This is a very significant finding about the relational context of revictimization.

The pattern of adult revictimization for women raped in childhood by men who were non-family members differs from those of women incestuously raped in that only 35% of their adult revictimization experiences were in relationships where they experienced the combination of both physical and sexual assaults. This means that unlike incestuously abused women, women who were raped in childhood by someone other than
a family member did not have a greater likelihood of revictimization in their relationships with live-in partners. This demonstrates that even though the level of assault was the same in childhood for both groups of women, the relationship of their childhood perpetrator of sexual abuse appears to result in differences in their adult experiences of revictimization. That is, the closer the relationship in which a woman is sexually abused in her childhood, the closer the adult relationship in which she will be revictimized as an adult. Sexual abuse in childhood by a close male relative (father) appears to predict a significant likelihood of further sexual and physical abuse by a male intimate in adulthood.

The research in the field has not sufficiently explicated the relationships in which women have been revictimized and connected these experiences to the original perpetrator of the childhood abuse. Explaining how the relationship of the perpetrator in childhood relates to the adult relationships in which a woman may be revictimized, is largely unexplored and as a result undertheorized in the revictimization literature. Yet this finding clearly warrants more analysis in order to explicate some of the factors that may explain this particular pattern of revictimization. Clearly there is a connection between the formative experiences of sexual abuse in childhood and the violation perpetrated in the familial context, and the repeated victimization perpetrated by male intimate partners in adult familial relationships, a connection which requires more exploration.

Women who were sexually abused at the level of fondling or attempted rape in childhood (incestuously or extra-familially) were revictimized by sexual assault in adulthood at the rate of 45.3% and 42.2% respectively. It appears, therefore, that the relationship of the childhood perpetrator does not play a significant role in revictimization patterns when the childhood sexual abuse is at the less intrusive level of fondling or attempted intercourse, as opposed to abuse at the level of rape. However, when the sexual abuse is at the level of rape and is perpetrated by a family member, the relationship of the perpetrator appears to be very highly significant in determining relationship patterns in revictimization.
In Table 11, we see that when both categories of sexual assault and sexual and physical assault are combined for women across categories of child sexual abuse (incestuous and extra-familial, from rape to fondling) there is no significant difference in the rate of revictimization between any of the women who had been sexually abused in childhood. In order to get a clearer picture of the patterns of adult revictimization the analysis was re-run to exclude adult attempted rape experiences and focus only on rape experiences.

**Table 12 - Adult rape and physical assault only by childhood rape versus childhood fondling and attempted rape.**

<table>
<thead>
<tr>
<th>Type of Assault</th>
<th>Incestuous Rape</th>
<th>Non-familial rape</th>
<th>Other assault - familial</th>
<th>Other assault non-familial</th>
<th>No Assault</th>
<th>Row Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>2</td>
<td>11.8</td>
<td>3.8</td>
<td>11</td>
<td>30</td>
<td>45</td>
</tr>
<tr>
<td>Sexual</td>
<td>2</td>
<td>5</td>
<td>18</td>
<td>19</td>
<td>37</td>
<td>81</td>
</tr>
<tr>
<td>Sexual &amp; Physical</td>
<td>12.5</td>
<td>29.4</td>
<td>34.0</td>
<td>21.1</td>
<td>15.2</td>
<td>19.3</td>
</tr>
<tr>
<td>No Assault</td>
<td>10</td>
<td>6</td>
<td>13</td>
<td>13</td>
<td>28</td>
<td>70</td>
</tr>
<tr>
<td>Total</td>
<td>62.5</td>
<td>35.3</td>
<td>24.5</td>
<td>14.4</td>
<td>11.5</td>
<td>16.7</td>
</tr>
</tbody>
</table>

Table 12 differs from Table 11 in that adult rape attempts are removed from the analysis and are categorized as other assault. The number of adult experiences for women incestuously raped in childhood remained the same after the removal of attempted rapes from the analysis. This indicates that the adult revictimization experiences for women incestuously abused are at the level of completed rape only. Women raped in childhood by non-family members had only one attempted rape experience in adulthood. However, the removal of attempted rapes from the analyses demonstrates a difference in the level of
adult revictimization experiences for women who did not have an experience of childhood rape.

By comparing Table 12 (adult rapes only) with Table 11 (which includes rapes and attempted rapes) for the category of other childhood sexual abuse perpetrated by non-family members, it is evident that 50% of the sexual assaults were attempted sexual assaults and almost a third of the sexual assaults in the combined category of sexual and physical assaults were attempts as well. In contrast, only 25% of the sexual assaults were attempts for those women who experienced other childhood sexual abuse perpetrated by family members. It may be that women who were victimized in childhood by perpetrators outside of the family and who were not assaulted at the level of sexual intercourse may have been more likely to be able to resist sexual assaults in adulthood.

Women sexually abused in childhood by a family member at the level of fondling or attempted intercourse had a higher percentage (34%) of completed rapes, (that is sexual assaults only that do not include physical assaults as well) than the 21% of women who were sexually abused at the same level of assault by someone outside of their family. Additionally, these same incestuously abused women were more likely to be in relationships as adults where they were both sexually and physically abused. Specifically, 24% of these women had this experience compared to only 14% of the women who were sexually abused in childhood by perpetrators outside of their family.

Analysis of the patterns of revictimization that include both the level of assault and the relationship of the perpetrator strongly indicates that there are distinct and diverse differences in the experience of revictimization. Women who were raped in childhood by their own family members are more likely to be revictimized as adults in relationships with live-in partners, such as a husband or lover. Additionally, the kinds of revictimization for women with these childhood experiences primarily consists of completed rapes. There were no experiences of attempted rape reported. On the other hand, women raped in childhood by someone outside of their family also reported experiences of sexual assault
that were mostly completed rapes. The difference, however, is that the relationships in which they were revictimized were more variable and more distant relationally, than for those women who were incestuously abused.

One clear pattern is that women sexually abused in childhood at the level of rape have the highest incidence of revictimization at the level of completed rapes as adults. When child sexual abuse experiences which include only fondling or attempted rapes are examined, whether they were perpetrated by a family member or not, it becomes clear that assaults by family members result in higher rates of revictimization as adults. What this analysis shows, then, is that there are two highly significant variables that contribute to revictimization in women's lives. One is sexual abuse in childhood at the level of rape, and the other is sexual abuse in childhood that is perpetrated by a male family member.

Further refinement is still required to understand more about the relationships in which women were revictimized. The next analysis shifts the focus from the type of assaults to the specific relationship of the perpetrator (see Table 13). This analysis includes revictimization at the level of adult rape only, that is, experiences of physical abuse and attempted rape have been excluded from the analysis.
Examining adult revictimization in terms of the specific relationships in which women were revictimized, reveals a dramatic finding. Across all groups of women the most frequent perpetrator of rape in adulthood are husbands (which includes male common law partners). However, the women with the greatest likelihood of being raped by their own husbands are women who were previously raped by a male family member in childhood. In other words, women raped as children by male relatives were far more likely to be raped again as adults by their male intimates, specifically husbands. No other category of relationship is as striking as that of husbands.
While this pattern of greater vulnerability to rape in relational contexts holds true across the table, the numbers in many of the cells are too small to make significant comparisons or draw any conclusions. It should be pointed out, however, that the converse of the dramatic increase in vulnerability to husband rape for women raped in childhood by male relatives, also holds true. That is, the women who had no rape experiences as adults, were far more likely to have had no sexual abuse experiences in childhood. A remarkable difference is found between women incestuously raped, 25% of whom had no adult rape experiences, compared to women who had no child sexual abuse experiences, 73% of whom reported no adult rape experiences.

Another way to analyze this table is to examine the number of adult rapes under each category of victimization in relationship to the total number of women. This provides the rate of revictimization as well as determines whether some women had multiple rapes as an adult. Of the 16 women incestuously raped there are 4 (25%) women who did not have any adult revictimization at the level of rape. For the remaining 12 women there are 22 rapes in total, indicating that many of the women incestuously raped as children experienced multiple rapes as adults. Of the 17 women raped by extra-familial perpetrators, 6 (35%) of them did not have an adult rape experience. That means that the remaining 11 women had a total of 17 rapes, indicating that many have had multiple rapes as adults as well. Of women sexually abused in childhood at the level of molestation or attempted rape in the family, 22 (42%) women did not have a revictimization experience at the level of rape, leaving 31 women who had a total of 41 adult rape experiences. Of the women sexually abused in childhood included in this table, 58 or 64% had no adult rape experiences, meaning that they were not revictimized, leaving 32 women who had 42 rapes.

This level of analysis demonstrates that women who had an experience of incestuous rape, were far more likely to be raped as adults. These same women also have the greatest ratio of multiple revictimization experiences at the level of rape over all of the
women in the sample. It appears that it must be both the incest and rape in combination that creates this pattern of revictimization because when the category of no rape in adulthood is examined in relation to and across the categories of childhood sexual abuse experiences -- starting with women who experienced non-familial rape, followed by other sexual abuse by a family member, then other sexual abuse non-familiarily, and finally women who had no childhood sexual abuse -- the percentage of women raped as adults decreases incrementally, even though two level of variables (incest and level of assault) are being examined simultaneously throughout the table. This would appear to indicate that the two variables that are associated with the greatest likelihood of revictimization are child sexual abuse at the level of intercourse, and sexual abuse which is perpetrated by a family member. Thus the first category of victimization -- incestuous rape is a combination of both variables.

My exploration of these broad patterns has indicated that two variables are significantly associated with revictimization. The first is sexual abuse at the level of rape and the second, is child sexual abuse perpetrated by a family member. An important next question for my data analysis, then, is what differences between experiences of incestuous and extrafamilial child sexual abuse result in an increased vulnerability to revictimization for women incestuously abused. To answer this question an analysis of significant qualities or characteristics of the sexual abuse experiences and their relationship to revictimization is required.

The key significant variables of child sexual abuse that have been identified by researchers, Briere (1992), Runtz (1987), and Finkelhor (1984), include the age the child was when she was first sexually abused, the frequency of the abuse that she endured, the duration of the abuse, whether or not physical force was used, the level of the assault and the age of the perpetrator. In order to build on the findings that I have explicated in my research thus far, I also included whether the abuse was incestuous or extrafamilial as a significant variable. I have already determined that some revictimization actually begins in
childhood. It is therefore important to include in any further data analysis a variable that includes the number of childhood perpetrators, in order to determine the relationship that childhood revictimization has to adult revictimization.

Data analysis to this point has confirmed that the criteria for adult revictimization should be limited to examining experiences of completed adult rapes only. Attempted rape and experiences of non-sexual physical battering have been eliminated from the model of revictimization that I am developing since my analyses of the data have shown that these experiences do not have a significant relationship to revictimization. In fact, there is no significant difference in the amount of non-sexual physical abuse reported by women without any history of childhood sexual abuse than the women who have had child sexual abuse experiences. However women who were raped by a family member in childhood reported higher rates of sexual and physical assault than any other type of adult victimization experience. Further analysis demonstrates that indeed these sexual and physical assaults were perpetrated by an intimate male partner or husband.

The finding that women sexually abused in childhood by a family member have an increased vulnerability to sexual and physical abuse in their adult relationships with their own husbands or other live-in male partners, requires further analysis. From a contextual perspective, I interpret this finding to suggest that the relationship with an abusive husband or male partner would be the most similar to an abusive relationship with one's father, brother or other male relative. What is difficult to explain, however, are the dynamics or mechanisms that underlie this replication. Further analysis of the actual child sexual abuse experiences may shed light on this phenomenon, as well as qualitative research on the cognitive meanings women place on these experiences and how this shapes their lives.
Multiple Regression Analyses

In order to examine further the unique contributions of the sexual abuse characteristics (including relationship of the perpetrator) in predicting adult revictimization, a logistic regression analysis was conducted. This procedure regresses a dichotomous response variable on a set of independent (predictor) variables by the method of maximum likelihood estimation. The SPSS program for logistic regression was adopted, and seven sexual abuse variables were included in the analysis.

Analyses conducted thus far have revealed an association between childhood sexual abuse and adult revictimization in the form of sexual assault. Although studies, including my own, have documented the phenomenon of revictimization, few studies have explicated the basis for this relationship. In other words, while the bivariate analyses that I conducted support the hypothesized relationship between child sexual abuse and adult revictimization, they do not account for variables that might confound the relationship, nor indicate which variables are most important.

The first regression model includes the entire sample of 420 women (Table 15) and is based on seven of the child sexual abuse variables that I have used throughout my analyses. These variables describe the specific qualities of the sexual abuse experiences that might increase vulnerability to later adult sexual victimization. A continuous variable was created for the number of childhood perpetrators. The presence or absence of force was easily dichotomized into either yes/no categories. The type of assault was divided into three categories, rape, attempted rape and fondling with no abuse as the baseline. Sexual abuse was classified as either incestuous or extrafamilial. If a woman was abused by a
family member and in a separate incident also abused by someone outside of her family, only the abuse experience by the family member was included in the analysis.

Following this analysis, a second regression model was developed to examine both the child sexual abuse characteristic variables and possible mediating factors, specifically psychological measures of depression, dissociation and traumatic sexualization and their association to revictimization. Depression and dissociation were measured using the two subscales from Briere and Runtz’s (1989) trauma symptom checklist (TSC-33). The depression subscale had an alpha coefficient of .74 (based on the unstandardized variables) and the dissociation subscale had an alpha coefficient of .68 also based on unstandardized variables. These measures were deemed to be reliable for use in these analyses. The traumatic sexualization scale had an alpha coefficient of .71 based on unstandardized variables. The reliability for each of the traumatic sexualization subscales are as follows; sexual powerlessness had an alpha coefficient of .44, sexual fearfulness had an alpha coefficient of .63 and sexual disconnectedness had an alpha coefficient of .57. Correlations between the three subscales of sexual disconnectedness, sexual powerlessness and sexual fearfulness were moderate (Table 14) suggesting that each subscale is unique and does measure a different dimension of traumatic sexualization. Multivariate analysis has allowed me to assess the strengths of these scales in the etiology of revictimization. Table 16 presents the same key child sexual variables with the inclusion of Briere’s subscales of depression and dissociation and the three traumatic sexualization subscales of

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5 The alpha coefficients for the three subscales are not as high as I would have liked, which is likely due, in part, to the small number of items in each subscale. The subscales are used here as exploratory measures of traumatic sexualization. Future research will be needed to confirm the measures, and perhaps, improve on their reliability and validity.
sexual powerlessness, sexual fearfulness and sexual disconnection. In this model only the three traumatic sexualization subscales significantly associated with revictimization. In order to look at causal patterns, I now treat the statistically significant traumatic sexualization subscales as dependant variables in Tables 17-19.

Table 14 --
Correlations Between Sexual Disconnectedness, Sexual Fearfulness, and Sexual Powerlessness

<table>
<thead>
<tr>
<th></th>
<th>Sexual Powerlessness</th>
<th>Sexual Disconnectedness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Fearfulness</td>
<td>.1830 (p=.001)</td>
<td>.2015 (p=.000)</td>
</tr>
<tr>
<td>Sexual Powerlessness</td>
<td></td>
<td>.2729 (p=.000)</td>
</tr>
</tbody>
</table>

*Significant levels are reported in parentheses

Table 15
Logit coefficient (unstandardized betas) for adult revictimization by the number of perpetrators, an experience of rape, attempted rape or fondling in childhood, incestuous abuse, extrafamilial abuse and the use of force.

(N=420)

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>Coefficient</th>
<th>Standard error</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Child Sexual Abuse</td>
<td>.27</td>
<td>.15</td>
<td>.08</td>
</tr>
<tr>
<td>Perpetrators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experience of rape</td>
<td>.06</td>
<td>.36</td>
<td>.85</td>
</tr>
<tr>
<td>Experience of att rape</td>
<td>.29</td>
<td>.32</td>
<td>.36</td>
</tr>
<tr>
<td>Experience of fondling</td>
<td>.40</td>
<td>.30</td>
<td>.17</td>
</tr>
<tr>
<td>Incestuous abuse</td>
<td>.66</td>
<td>.33</td>
<td>.04*</td>
</tr>
<tr>
<td>Extrafamilial abuse</td>
<td>.35</td>
<td>.31</td>
<td>.25</td>
</tr>
<tr>
<td>Use of force</td>
<td>.11</td>
<td>.18</td>
<td>.54</td>
</tr>
</tbody>
</table>

R^2 analog is 7.4%

P<.0000

a=Baseline is no abuse
Incest is the only variable that yielded a significant relationship \( [p<.05] \). The number of childhood perpetrators is approaching significance \( p<.08 \). Thus, the relationship of the perpetrator is the most significant variable in predicting adult revictimization. Specifically, women who were sexually abused in childhood by a close family member are more likely to be revictimized as adults than women who were not. Additionally, incest was more significant in predicting revictimization than having a childhood experience of rape perpetrated by an offender who is not in a familial relationship to the sexually abused child. This means that it is not so much the kind of sexual abuse which is significant in predicting revictimization, i.e. the level of assault alone, but the relationship in which the assault took place which is most salient. This may or may not have included rape, but the crucial component is who perpetrated the assault against the girl.\(^6\)

The number of childhood perpetrators was approaching significance, meaning that revictimization in childhood is related to later adult revictimization. Earlier analyses (see Table 7) demonstrated that childhood revictimization was associated with incest. Again, it appears that there is something about the specifically incestuous nature of the relationship which creates an increased vulnerability to revictimization both in childhood and in adulthood as the variables in this model accounted for only 7.4% of the variance, there appears that other relevant factors are missing from the model.

To expand the model, I added the explanatory scales of dissociation, depression and the traumatic sexualization subscales -- sexual fearfulness, sexual powerlessness, and sexual disconnection.

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\(^6\) In other data analysis, I included the interactive term of 'rape x incest' but it was not statistically significant and therefore I excluded it from the analysis.
Table 16 — Adult Revictimization

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>Coefficient</th>
<th>Standard Error</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of child sexual abuse perpetrators</td>
<td>.17</td>
<td>.47</td>
<td>.12</td>
</tr>
<tr>
<td>Experience of rape</td>
<td>.09</td>
<td>.39</td>
<td>.82</td>
</tr>
<tr>
<td>Experience of att rape</td>
<td>.37</td>
<td>.35</td>
<td>.28</td>
</tr>
<tr>
<td>Experience of fondling</td>
<td>.37</td>
<td>.32</td>
<td>.24</td>
</tr>
<tr>
<td>incestuous abuse</td>
<td>.51</td>
<td>.36</td>
<td>.15</td>
</tr>
<tr>
<td>extrafamilial abuse</td>
<td>.42</td>
<td>.33</td>
<td>.19</td>
</tr>
<tr>
<td>use of force</td>
<td>.08</td>
<td>.20</td>
<td>.69</td>
</tr>
<tr>
<td>sex powerlessness</td>
<td>-1.4</td>
<td>.43</td>
<td>.0012*</td>
</tr>
<tr>
<td>sexual disconnection</td>
<td>1.0</td>
<td>.54</td>
<td>.0003*</td>
</tr>
<tr>
<td>sexual fearfulness</td>
<td>1.5</td>
<td>.40</td>
<td>.0003*</td>
</tr>
<tr>
<td>depression</td>
<td>.26</td>
<td>.58</td>
<td>.65</td>
</tr>
<tr>
<td>dissociation</td>
<td>.43</td>
<td>.42</td>
<td>.31</td>
</tr>
</tbody>
</table>

$R^2$ analog is 27%
p<.0000

* Sexual powerlessness is scaled so that a low score means a greater sense of powerlessness and a high score means feeling more powerful.

Table 16 gives the logistic regression results assessing the extent to which the variables in the model predict revictimization. This analysis reveals that the three traumatic sexualization subscale variables; sexual powerlessness, sexual disconnection and
sexual fearfulness, are statistically related to revictimization. Their inclusion in the model rendered incestuous abuse no longer significant in predicting revictimization. In fact, none of the child sexual abuse variables were statistically significant in predicting revictimization, nor were the depression or dissociation scales significant. The addition of these five scales to the model resulted in an increase of 21.5% in the explained variance. What this means, then, is that there is not necessarily a direct relationship between an experience of incest and later revictimization. In fact, the significance of the traumatic sexualization scales in eclipsing the significance of incest suggests that it is something about how the incestuous experience developmentally shapes and distorts a woman’s sexual self and her cognitions about sexual relations.

Essentially there are two levels of causal associations in this model. There are the descriptive variables describing the characteristics of the child sexual abuse itself. Additionally, there are five measures (the depression and dissociation scales and my three subscales on traumatic sexualization) that attempt to explain the effects of the sexual abuse and which are explanatory concepts in the model which capture how the sexual abuse experience may have affected the adult woman. As can be seen, depression and dissociation, which are measures of psychological trauma, and are more common after-effects of child sexual abuse are not links to revictimization. In themselves, they have not had any explanatory power in accounting for revictimization. However, the traumatic sexualization scales which are constructed to tap into the specifically sexual context of the effects of child sexual abuse, have proven to be the most powerful explanatory factors in accounting for revictimization.

The child sexual abuse variables on their own accounted for less than 8% of the explained variance, demonstrating a somewhat tenuous link to revictimization. However, I have hypothesized that an early experience of child sexual abuse often results in traumatic sexualization. It is important therefore to determine which child sexual abuse variables are associated with each of the traumatic sexualization scales. In order to assess
the relationship between each of the traumatic sexualization scales and the child sexual abuse variables, multiple regression analyses were performed. Sexual fearfulness, sexual disconnectedness and sexual powerlessness were treated as the dependent variables and a multiple regression analysis was performed on each scale.

Research Question #2: What dimensions of child sexual abuse experiences are related to each of the three traumatic sexualization scales?

The results presented in Tables 17, 18, and 19 show that the child sexual abuse variables are relevant in determining traumatic sexualization.

Table 17 — Multiple Regression coefficients for sexual fearfulness by sexual abuse variables

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>Sexual Fearfulness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b</td>
</tr>
<tr>
<td>Incestuous abuse a</td>
<td>.21</td>
</tr>
<tr>
<td>Extafamilial abuse a</td>
<td>.05</td>
</tr>
<tr>
<td>Number of perpetrators</td>
<td>.05</td>
</tr>
<tr>
<td>Force</td>
<td>.04</td>
</tr>
<tr>
<td>Rape</td>
<td>-.02</td>
</tr>
<tr>
<td>Attempted rape</td>
<td>.002</td>
</tr>
<tr>
<td>Fondling</td>
<td>-.09</td>
</tr>
</tbody>
</table>

R² = 13.5%
Adj. R = 12.0%
F=9.2, p<.0000 *p<.05

=Base is no assault

Two variables have a direct impact on sexual fearfulness (Table 17). Sexual abuse that is incestuous and number of perpetrators in childhood are both positively related to
sexual fearfulness. This regression model explains 12% of the variance of sexual fearfulness.

Table 18
Multiple Regression* coefficients for sexual powerlessness by sexual abuse variables.

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>Sexual Powerlessness</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b</td>
<td>S.E.</td>
<td>p.</td>
</tr>
<tr>
<td>Incestuous abuse</td>
<td>-.04</td>
<td>.09</td>
<td>.71</td>
</tr>
<tr>
<td>Extrafamilial abuse</td>
<td>.02</td>
<td>.09</td>
<td>.79</td>
</tr>
<tr>
<td>Number of perpetrators</td>
<td>-.02</td>
<td>.02</td>
<td>.15</td>
</tr>
<tr>
<td>Force</td>
<td>.06</td>
<td>.05</td>
<td>.20</td>
</tr>
<tr>
<td>Rape</td>
<td>-.05</td>
<td>.10</td>
<td>.60</td>
</tr>
<tr>
<td>Attempted rape</td>
<td>-.06</td>
<td>.09</td>
<td>.54</td>
</tr>
<tr>
<td>Fondling</td>
<td>-.06</td>
<td>.08</td>
<td>.47</td>
</tr>
</tbody>
</table>

N=420

R² = .04%
Adj. R = .02%
F= 2.5, p<.01

* Sexual powerlessness is scaled so that a low score means a greater sense of powerlessness and a high score means feeling more powerful.

The results of the multiple regression show that none of the variables in this model are statistically significant. In fact the variables included in the model account for only .02% of the variance. Clearly this dimension of traumatic sexualization requires further research.
Table 19
Multiple Regression coefficients for sexual disconnectedness by sexual abuse variables.
N=420

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>Sexual Disconnectedness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b</td>
</tr>
<tr>
<td>Incestuous abuse</td>
<td>.07</td>
</tr>
<tr>
<td>Extrafamilial abuse</td>
<td>-.07</td>
</tr>
<tr>
<td>Number of perpetrators</td>
<td>.04</td>
</tr>
<tr>
<td>Force</td>
<td>.05</td>
</tr>
<tr>
<td>Rape</td>
<td>.08</td>
</tr>
<tr>
<td>Attempted rape</td>
<td>-.04</td>
</tr>
<tr>
<td>Fondling</td>
<td>-.03</td>
</tr>
<tr>
<td>R² = 12%</td>
<td></td>
</tr>
<tr>
<td>Adj. R = 10.0%</td>
<td></td>
</tr>
<tr>
<td>F=9.1, p&lt;.0000</td>
<td></td>
</tr>
</tbody>
</table>

In Table 19 only the number of perpetrators in childhood has a significant
association with sexual disconnectedness. Women who have had repeated sexual assaults
perpetrated against them in childhood appear to have coped by disconnecting from their
bodies and their sexual feelings. Rape was entered into the model prior to the number of
perpetrators and was statistically significant (p<.05) However, number of perpetrators
once entered became the only significant variable.

In order to include additional child sexual abuse variables in the analyses, the
regression analyses were rerun on the child sexual abuse subset of 176 women (see Tables
17-21). This model included three additional variables, the frequency of the abuse, the
age the child was first sexually abused and the age of the perpetrator at the time of the
abuse. A continuous variable was created for the frequency of the abuse. The age at
which the female child was first sexually abused was dichotomized as experiences at age 6
and younger, versus those at age 7 to age 15. Preliminary analysis demonstrated that a
Table 20

Logit coefficient (unstandardized betas) for adult revictimization by the number of childhood perpetrators, the age of the perpetrator, an experience of rape, attempted rape or fondling in childhood, incestuous abuse, extrafamilial abuse and the use of force. (N=176)

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>Coefficient</th>
<th>Standard error</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of child sexual abuse perpetrators</td>
<td>.27</td>
<td>.17</td>
<td>.10</td>
</tr>
<tr>
<td>Age of perpetrator</td>
<td>.02</td>
<td>.08</td>
<td>.80</td>
</tr>
<tr>
<td>Age of first experience</td>
<td>-.00</td>
<td>.05</td>
<td>.94</td>
</tr>
<tr>
<td>Frequency of abuse</td>
<td>.15</td>
<td>.13</td>
<td>.24</td>
</tr>
<tr>
<td>Experience of rape</td>
<td>.26</td>
<td>.25</td>
<td>.30</td>
</tr>
<tr>
<td>Experience of att. rape</td>
<td>.05</td>
<td>.20</td>
<td>.81</td>
</tr>
<tr>
<td>Incestuous abuse</td>
<td>.35</td>
<td>.20</td>
<td>.07</td>
</tr>
<tr>
<td>Use of force</td>
<td>.14</td>
<td>.18</td>
<td>.42</td>
</tr>
</tbody>
</table>

R² analog is 8.6%
P>.05

a=Baseline is fondling  b=Baseline is extrafamilial abuse

large percentage of incestuous abuse occurred before the child was 6 years of age, so this cutoff point was determined in order to reflect that in the data analyses. The age of the perpetrator was divided into perpetrators age 25 and younger, versus those age 26 and older. Again, earlier analysis demonstrated that the majority of incestuous perpetrators were over the age of 25 years. Thus this variable was dichotomized to maximize its meaningfulness.

In order to include the three sexual abuse variables, frequency, age of first experience and age of perpetrator, both the logistic and multiple regression analyses were
executed again on the smaller subsample (N=176) of women who had childhood sexual abuse experiences.

There were no statistically significant variables associated with revictimization when the analyses were performed on the sexual abuse subset of 176 women (see Table 20). However, the one variable approaching significance is incestuous abuse (p<.07) which is the same variable having significance is the first regression analysis conducted on the entire sample of 420 women, suggesting that the small sample size may be a factor in the lack of statistical significance. This model does account for 8.6% of the variance of revictimization. When the traumatic sexualization scales are included in the model (Table 21) both sexual fearfulness and sexual powerlessness are statistically significantly associated with adult revictimization. Sexual fearfulness appears to be the most significant predictor of revictimization. The fact that sexual disconnection is no longer significant on the smaller sample size is most likely a result of the fact that there is less variance associated with this variable and a smaller sample size. Sexual disconnection was constructed to describe a more extreme end of child sexual abuse effects so it would likely relate best to that proportion of the sample.
Table 21

Adult Revictimization — Logit coefficient for adult revictimization by the child sexual abuse variable and the three traumatic sexualization scales (N=176)

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>Coefficient</th>
<th>Standard error</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of child sexual abuse perpetrators</td>
<td>.14</td>
<td>.19</td>
<td>.47</td>
</tr>
<tr>
<td>Age of perpetrator</td>
<td>.03</td>
<td>.09</td>
<td>.75</td>
</tr>
<tr>
<td>Age of first experience</td>
<td>.01</td>
<td>.06</td>
<td>.90</td>
</tr>
<tr>
<td>Frequency of abuse</td>
<td>.19</td>
<td>.16</td>
<td>.19</td>
</tr>
<tr>
<td>Experience of rape</td>
<td>.30</td>
<td>.30</td>
<td>.31</td>
</tr>
<tr>
<td>Experience of att rape</td>
<td>.13</td>
<td>.23</td>
<td>.58</td>
</tr>
<tr>
<td>Incestuous abuse</td>
<td>.07</td>
<td>.24</td>
<td>.78</td>
</tr>
<tr>
<td>Use of force</td>
<td>.13</td>
<td>.22</td>
<td>.54</td>
</tr>
<tr>
<td>Sexual fearfulness</td>
<td>.27</td>
<td>.67</td>
<td>.0001**</td>
</tr>
<tr>
<td>Sexual powerlessness</td>
<td>-1.6</td>
<td>.68</td>
<td>.02*</td>
</tr>
<tr>
<td>Sexual disconnection</td>
<td>.55</td>
<td>.83</td>
<td>.50</td>
</tr>
<tr>
<td>Depression</td>
<td>.83</td>
<td>.93</td>
<td>.37</td>
</tr>
<tr>
<td>Dissociation</td>
<td>.25</td>
<td>.67</td>
<td>.71</td>
</tr>
</tbody>
</table>

R² analog is 26.3%

P<.0000    *p<.05,  **p<.0005

a=Baseline is fondling   l= Baseline is extrafamilial abuse

Again, neither the depression or dissociation measures resulted in a significant association with revictimization. This is an important finding in itself because of the popularity in the literature of dissociation and, to a lesser extent, depression as explanations for revictimization (van der Kolk, 1989; Kluft, 1990; Sorenson et al., 1991). The inclusion of the scales accounted for 26.3% of the variance of revictimization.

A series of multiple regression analyses were conducted in order to assess the relationship between each of the traumatic sexualization scales and the sexual abuse variables among the sexual abuse sample as well (N=176).
In Table 22 we see similar findings to the earlier multiple regression that was based on the full sample (N=420). Again, the number of perpetrators and incestuous abuse are both significantly associated with sexual fearfulness. Interestingly, the inclusion of more variables, such as an experience of rape or the use of force did not alter these findings, again demonstrating that sexual fearfulness is relationally based.
The findings in Table 23 show that the more force used against the woman in childhood, the more sexually powerless she feels. I would explain this by saying that it is difficult for a woman to believe that she can willfully control access to her body when her experience has proven precisely the opposite – that she has been rendered powerless by a man using force against her to impose non-consensual sex.
Table 24
Multiple Regression coefficients for sexual disconnectedness by sexual abuse variables.
N=176

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>b</th>
<th>S.E.</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of perpetrator</td>
<td>.00</td>
<td>.01</td>
<td>.58</td>
</tr>
<tr>
<td>Force</td>
<td>-.02</td>
<td>.03</td>
<td>.50</td>
</tr>
<tr>
<td>Number of perpetrators</td>
<td>.04</td>
<td>.02</td>
<td>.01*</td>
</tr>
<tr>
<td>Incestuous abuse a</td>
<td>.09</td>
<td>.04</td>
<td>.04*</td>
</tr>
<tr>
<td>Frequency of abuse</td>
<td>-.00</td>
<td>.01</td>
<td>.80</td>
</tr>
<tr>
<td>Age of first experience</td>
<td>.00</td>
<td>.01</td>
<td>.65</td>
</tr>
<tr>
<td>Experience of rape b</td>
<td>.11</td>
<td>.06</td>
<td>.05*</td>
</tr>
<tr>
<td>Experience of attempted Rape b</td>
<td>-.01</td>
<td>.05</td>
<td>.86</td>
</tr>
</tbody>
</table>

R² analog = 19%
Adj. R² = 15%
F = 4.8, p < .0000

a = Baseline is fondling     b = Baseline is extrafamilial abuse

Three variables are significantly associated with sexual disconnectedness – the number of perpetrators, incestuous abuse, and an experience of rape. This is consistent with my hypothesis that sexual disconnection is associated with women who experienced more severe levels of sexual abuse. This suggests that women who have been incestuously raped in childhood appear to have developed coping mechanisms that disconnect their sexual feelings from their body and their sexuality, in order to deal with the trauma of sexual abuse and assault.
Chapter Conclusion

The data analyses reported here have delineated a number of significant patterns in adult revictimization. The first of these is that an early experience of childhood sexual abuse creates a greater likelihood of an adult experience of some form of sexual assault. Specifically, 70% of the women who were sexually abused in childhood were also sexually assaulted after 16 years of age, compared with 45% of the women who were never sexually abused in childhood.

Second, an experience of child sexual abuse at the level of rape makes it more likely that a woman will have another sexual assault at the level of rape as an adult. Third, 62% of women who were sexually abused by a family member were revictimized at the level of rape as adults, compared to 40% of women who were sexually abused by a perpetrator outside of their family. Fourth, multiple abuse experiences in childhood are strongly associated with multiple experiences as an adult. Finally and fifth, women who had multiple experiences of rape in childhood have the highest percentage of revictimization as adults. In this analysis, then, the most significant variables isolated which are related to revictimization are childhood sexual abuse that is incestuous, experiences of rape and multiple experiences in childhood.

Further analysis of these key variables determined that they are, in fact, linked. That is, 63% of women sexually abused by their own family members were also sexually abused by two or more different perpetrators in childhood, compared to only 25% of the women abused by men who were not relatives. This indicates two very significant findings, that revictimization begins in childhood, and that sexual abuse by family members creates a particular vulnerability to revictimization in both childhood and later adulthood. An experience of childhood rape, however, results in similar rates of adult revictimization at the level of rape regardless of whether it was committed by a family member or not.
Bivariate and multivariate analyses of the characteristics of the child sexual abuse experiences of revictimized women suggest a relationship between: incest, abuse at the level of rape, multiple childhood perpetrators, abuse which includes force, and perpetrators over the age of 25 and adult revictimization. Regression analyses, however, only support incest and multiple childhood perpetrators as having an indirect causal effect on revictimization through the subscales of sexual fearfulness, sexual powerlessness and sexual disconnectedness.

My most significant findings emerged from the regression model that examined the child sexual abuse characteristics, the three traumatic sexualization scales I developed, and the subscales from Briere and Runtz's (1989) trauma symptom checklist (TSC-33) on depression and dissociation. From this analysis the three traumatic sexualization scales had the most significance in predicting adult revictimization. This finding supports my hypothesis that traumatic sexualization is a significant link to revictimization. In addition, this analysis determines that depression and dissociation are not significantly associated with adult revictimization. The theoretical and clinical implications of these findings are elaborated in the next chapter, including a discussion of directions for future research.
Chapter 7 -- Discussion and Conclusion

In this thesis I have been concerned to analyze and understand the complex phenomenon of revictimization in women's lives. I have argued that in order to understand this phenomenon, a larger analysis of the pervasiveness of men's sexual violence towards women must always be kept in view in order to make the social context of revictimization visible, and to avoid lapsing into victim-blaming accounts.

Essentially, I posit that we need to shift the paradigm away from the purely psychological and individualized models which have characterized most of the research in the field to an approach which understands the social forces which shape and constrain women's lives, particularly through the early lessons of accommodation and disempowerment which inhere in men's sexual abuse of children. In this way, I argue that the psychological paradigm is only one critical component in an explanatory account of revictimization, which must also include attention to the social context, meanings and consequences of violence against women. In my view, women who have been sexually abused in childhood—particularly when the child sexual abuse is at the level of rape and is perpetrated by an intimate male relative, like a father—typically internalize early lessons which inculcate feelings of powerlessness, as well as a sense that women's sexuality is not a site of autonomy but is instead a site through which violation, intrusion and loss of control is experienced. This is a lesson which is repeatedly reinforced in a society in which large numbers of men exhibit sexually predatory and intrusive behaviour towards women.
There may appear to be an inherent contradiction involved in developing a feminist explanation of revictimization. I have argued that the starting point to any explanation of revictimization has to be documenting the prevalence of men's sexual violence against women and children in order to emphasize the great likelihood that any woman could become a victim of this violence. However, at the same time I am examining the nature and impact of women's experiences of childhood sexual abuse to ascertain what features of these experiences may create conditions of greater vulnerability to this violence. This is not to pathologize the women who are revictimized but to look at how a particular set of experiences shapes one's being in the world, a world characterized by gender inequality and sexual violence against women. I assert that much of what accounts for the phenomenon of revictimization lies beyond the individual psyches of the women I am studying, but at the same time I argue that their psyches have been constructed by their experiences of violence. In this way, an analysis of revictimization simultaneously attends to the social and the individual, as they are interrelated and co-created.

By documenting the prevalence of violence in women's lives generally, revictimization no longer appears to be such an extraordinary event given the common occurrence of some kind of an experience of violence for so many women. The finding that 410 of the 420 women interviewed for the Women's Safety Project reported an experience ranging from a sexual or physical assault to other threatening sexual experiences demonstrates the very pervasiveness of violence in women's lives. However, findings that are this sweeping are often used to minimize the seriousness of violence in women's lives rather than to create concern about the magnitude of the problem. Some
critics have argued that if an obscene phone call is considered an experience of violence then it somehow minimizes the seriousness of more serious acts of abuse. These types of arguments, for example, are often popularized in the media. I argue, however, that while they are not the same, all of these experiences taken together must be seen as part of the overall context of pervasive male violence, intimidation and assault in women's lives. We can, and must, both recognize the larger patterns and context of this phenomenon and simultaneously attend to the differentiation of these experiences of violence and coercion in women's lives and their differing effects.

Patterns of Revictimization: Summary of Findings

In reviewing the psychological studies on revictimization in chapters 2 and 3 of this thesis, I outlined how nonspecific and unrefined many of the definitions and information gathered on this phenomenon have been. Most studies have not refined their exploration of child sexual abuse experiences. In the first published literature review of revictimization, Messman & Long (1996) found that there have been few well-controlled studies that have systematically investigated the prevalence of revictimization. They also report that information regarding revictimization is limited as it has been obtained from studies investigating other related phenomena. Many researchers, therefore, do not report statistical comparisons between childhood sexual abuse victims and non-victims concerning experiences of adult abuse, or do not include appropriate control groups to allow for such a comparison. My study includes a broader sample (a random community
sample) that thus allowed me to compare the experiences of women with a history of child sexual abuse with women who did not have such a history.

In my thesis, I have been able to provide data on the specific characteristics of child sexual abuse so that a careful examination could be carried out to determine if specific types of child sexual abuse experience, or the specific relationship of the childhood sexual abuse perpetrator had an association with revictimization. Additionally I was able to offer the same careful documentation of the adult revictimization experiences in order to determine whether revictimization resulted in any form of sexual assault or more often in certain types of sexual assault, such as rape. I was also able to look at the nature of the relationships in which women were revictimized and was able to determine if there was an association between the relationship of the childhood perpetrator and the perpetrator in adulthood. No other research to date has been able to offer such a comprehensive examination of revictimization.

In my data analysis, I have addressed specific questions relating to the particular qualities of sexual abuse experiences and in their relationship to revictimization. As a result of careful refinement of the child sexual abuse experiences and of the subsequent adult revictimization experiences in the statistical analysis conducted for this dissertation, I have been able to draw out several significant patterns in revictimization of particular importance. The findings from my data analysis demonstrate that like child sexual abuse, revictimization is not a unitary phenomenon but refers to a differentiated set of experiences. There are different kinds of revictimization and it has distinct patterns. I
have also been able to demonstrate that certain types of childhood sexual abuse experiences result in specific types of revictimization.

For example, in my sample, 69% of women who reported at least one experience of childhood sexual abuse also reported having been sexually assaulted as compared to only 46% of women without a history of sexual abuse. When I further assessed the child sexual abuse experiences and only focused on childhood rape, I found that 70% of women who were raped as children were raped again as adults compared to only 33% of women who never had a childhood rape. Clearly this is strong evidence for the existence of revictimization.

Briere, Conte & Sexton (1989) have argued that it is important to document revictimization in various abuse populations, but of even greater interest is to collect data which allows for an explication of the basis for this relationship. They reported that only a small number of studies have examined specific qualities of the sexual abuse experiences that might increase proneness to later victimization. Runtz (1987) and Finkelhor (1988) identified key child sexual abuse variables associated with revictimization; they include, the relationship of the childhood perpetrator to the child, the level of assault, the frequency of the abuse, the age of the perpetrator, whether force was used and the age of the child when the abuse began. In my study, bivariate analyses determined that being sexually abused by a family member, being assaulted by 2 or more perpetrators in childhood, being abused before the age of 7, being abused at the level of rape, and the age of the perpetrator all increase the likelihood of revictimization as an adult.
My regression analyses revealed that incest and multiple perpetrators in childhood demonstrated the greatest relative explanatory power as predictors of revictimization. Preliminary analyses demonstrated a link between an experience of incest in childhood and multiple perpetrators in childhood. In fact, being sexually abused by one's own father was significantly associated with childhood revictimization. The fact that the relationship of the perpetrator has more explanatory power in the regression model than level of assault or whether force was used or the age of the child when the abuse began gives some direction in explaining the association of child sexual abuse to revictimization.

One of the more significant and new findings from my work is that revictimization actually manifests itself in childhood in some cases, especially for those women raped by men in their own families. Specifically, 63% of women incestuously abused as children, were also sexually abused by two or more different perpetrators in childhood, compared to only 25% of the women abused by men who were not relatives. Even more striking is the finding that 82% of the women sexually abused by their own fathers are revictimized again in childhood by another offender, compared to 35% for women abused by all other perpetrators (including, for example, brothers, uncles, grandfathers, neighbours and authority figures). Most literature in the field has discussed revictimization as the link between childhood sexual abuse and adult sexual assaults. However, as I have shown one type of sexual abuse, incest, creates the conditions for a child to be revictimized again while still a child. This is a finding with important implications for understanding the effects of child sexual abuse in childhood and in adulthood.
Another significant finding from my analysis is that the pattern of sexual assaults in the adult revictimization of women who were incestuously raped in childhood, indicates that none of the women had any ‘attempted rape’ experiences in adulthood. And women in my sample who were raped in childhood by non familial perpetrators, had only one attempted rape experience in adulthood. There was a significantly different rate of attempted sexual assault for the two groups of women who were sexually abused in childhood by perpetrators who were not relatives and who were sexually abused but not at the level of rape. For these women, half (50%) of the sexual assaults they experienced as adults remained attempted rapes. From this I speculate that women victimized in childhood by perpetrators outside of the family and who were not assaulted at the level of sexual intercourse appear to be better able to resist sexual assaults in adulthood. A clear pattern revealed through the analysis of my data is that women sexually abused as children at the level of rape have the highest incidence of revictimization as adults, also at the level of completed rapes.

When the analysis was shifted to an examination of the relationship between types of childhood sexual abuse experiences and whether they relate to specific types of adult sexual assaults distinct patterns were also revealed. The most striking pattern was that 62% of the women who were raped by a male family member in childhood, were also raped and physically assaulted by a live-in male partner when they were adults. In my view, this type of adult assault is most similar to childhood incest. When the abuse takes place in one’s own home, as a child or as an adult, it often results in more frequent abuse for a longer duration. Sexual battering by one’s husband, like childhood rapes by one’s
father or other male relative, constitutes the most intrusive and violent form of abuse, both physically and emotionally. The sense of betrayal is greater the closer the relationship, and because the abuse takes place in one's own home there is no immediate way to escape. In this way, the dynamics of betrayal and powerlessness are most intense in these intimate relational contexts.

**Revictimization and Social Context: Developing an Explanatory Framework**

Most importantly in this thesis, I have argued that in order to understand the social reality of revictimization, contextualized accounts of women’s lives which integrate the magnitude of men’s violence in women’s everyday lives must be provided. Revictimization has been taken out of context, out of its situatedness within women’s relationships with men. To that end, I have provided comprehensive statistics that document the prevalence of child sexual abuse, wife assault, and adult rape in women’s lives as part of the analysis in this dissertation.

Why is this social context so important? Because part of the experience of what it means to be female is to live with the reality of sexual violence and intimidation as a threat in many women’s day to day lives (Kashak, 1992; Gordon & Riger, 1991; Stanko, 1985). To live with that reality means that most women must find some way to cope and negotiate this daily threat (Stanko, 1985). This daily negotiation and coping to the most part is unnamed and for many women is not conscious. Research has shown that women who do not acknowledge the reality of men’s violence are obviously not going to develop
conscious strategies to negotiate everyday life, they typically respond in indirect ways such as withdrawal or avoidance. Women who are conscious have been found to develop many different strategies to avoid a sexual assault or attack (Gordon and Riger, 1991).

But even that consciousness is fairly limited for many women, in so much as the strategies they develop are mostly directed at an attack by a stranger (Gordon & Riger, 1991; Haskell & Randall, forthcoming, 1998). Yet the reality is that most sexual violence is perpetrated by a male intimate (Randall & Haskell, 1995; Statistics Canada, 1994). The Women's Safety Project found that very few women strategized about how to increase their safety with men they knew as dates or acquaintances. How can we account for this gap between strategies and reality? One major impediment to women's recognition and understanding that the men who are most likely to assault them are the men with whom they are most intimate is social denial of who the perpetrators of sexual violence are.

Additionally, explanations for why so many men commit acts of sexual violence are not readily available or accessible. Not only is men's violence minimized generally, perpetrators specifically are rarely discussed. Because there is little social recognition or explanation of who the men are that sexually abuse their daughters, or who the men are that rape their wives, many women do not make the connection to the men they know and love. This, I would argue renders many women more vulnerable to sexual violence. A problem unnamed is very difficult to eliminate, let alone to protect oneself from.

Elizabeth Stanko (1989) discusses how taken for granted it is that women are supposed to be able to predict and resist intrusive male violence. Yet it is never discussed when or how women are supposed to learn these skills. Melanie Randall's (1996) work
documents that many women do resist sexual violence in their lives. But all women are not able to resist to the same degree because of a number of factors, some of them socially produced, others a result of a woman’s particular life experiences and psychology. My findings on revictimization would suggest that many women sexually abused in childhood are not able to resist further experiences of violence to the same degree as women who did not have the experience of child sexual abuse. Specifically, women with an experience of rape in childhood had few experiences of attempted rape as adults, instead they were more likely to experience “completed” rapes. Is it because they choose dangerous men or the wrong men? Is it that the men are different or is it the women already victimized in childhood are even more limited in their ability to resist men’s violence? If it is the case that women sexually abused in childhood are not able to resist sexual assault to the same degree as women who were not sexually abused in childhood, what is it about the childhood sexual abuse experience that creates this greater vulnerability? To elucidate this link requires an examination of the childhood sexual abuse experiences and their link to adult sexual assaults.

My study aims to provide a basis for such a feminist interpretation of revictimization, one that not only acknowledges the context of pervasive sexual violence with which all women contend, but also addresses revictimization not as an exclusively intra-psychic phenomenon but rather as one with both psychological and social dimensions. Some of the explanations that have been put forward to explain revictimization fall short because they only describe half of the problem.
A good example of this was provided by Russell (1986) in her critique of Irene Frieze’s (1983) explanation of why a child sexually abused by her father and grandfather in childhood was also raped by her brother-in-law and husband as an adult. Frieze speculated that this revictimization was because the woman learned that this was just one of the ways in which men treat women. Russell challenged this explanation by asking, “why would an acceptance of rape cause a person to be raped? Would it not be better explained that perhaps such a woman does not resist as strenuously or does not outwit her attacker as well?” (1986, p. 166). The same critique has been put forward about Lenore Walker’s adaptation and use of the theory of learned helplessness in relation to women who are battered (Mahoney, 1991; Stark, 1995). Her theory is that once women are operating from a belief of helplessness, the perception becomes reality and they become passive, submissive and helpless. This theory is only relevant in the event that an attack is taking place. It still begs the question as to why these women are being assaulted in the first place. As Russell (1986) argues, any explanation of revictimization must take into account the behavior and attitude of the perpetrator as, I would add, the originating cause of the violence. This point cannot be overemphasized in any discussion of revictimization.

Understanding that revictimization has both psychological and social dimensions can help develop a fuller explanatory account of the phenomenon which does not pathologize and blame women (even if only indirectly) for the repeated sexual assaults they experience. It can also assist in developing psychotherapy and educational approaches that are more meaningful, in that they not only address the psychological after-effects of sexual violence but provide a critical framework to start to deconstruct the meanings and
normalization of men’s intrusive, sexualized behavior. These are crucial directions for future work in the area to follow.

**Child Sexual Abuse, Revictimization, and Women’s Sexuality**

Messman and Long (1996) also reported that based on their literature review no theories about the etiology of revictimization have been empirically tested and they suggest that research within this area is clearly needed. They point out that Finkelhor and Browne’s (1986) model of traumagenic dynamics which has been offered as a possible explanation of revictimization by a few researchers, mainly Runtz (1987) and Russell, (1986), appears to be the most all encompassing in terms of different theories put forward. But whether the traumagenic model adequately explains revictimization had not yet been tested when Messman and Long reviewed this literature.

In this thesis, my analysis seeks to address this gap, and contributes to the way in which we understand the process by which child sexual abuse increases the likelihood of revictimization by way of sexual trauma, or what is more often described as traumatic sexualization (Finkelhor, 1989). In my view, one of the key psycho-social factors in revictimization is its general relationship to women’s sexuality. The effects of child sexual abuse on women’s sexuality have been theorized by Finkelhor and Browne (1986) in their conceptualization of the traumagenic factors. The four trauma-causing dimensions include: traumatic sexualization, powerlessness, stigmatization and betrayal (Finkelhor & Browne, 1986). Traumatic sexualization is the only one of the four traumagenic factors
that is specific to child sexual abuse. The other three also occur to a certain extent during child physical abuse. When this conceptualization of traumatic sexualization is melded with a gender analysis, a fruitful approach to analyzing the intersection of child sexual abuse, socialized femininity and revictimization can be undertaken.

In order to move beyond what is captured by Finkelhor and Browne’s conceptualization of traumatic sexualization, I wanted to document the ways in which sexual abuse in childhood can be a formative and distorting influence in shaping some women’s sexuality and their understandings of sexual relations with men throughout their lives. Being sexually abused in childhood can create a number of powerful impacts, at two extreme ends. First, the early lesson in child sexual abuse is that intrusion, obliteration and violation become seen as normalized—in other words, that is what sex is taken to be. Second, there can develop an intensely fearful, hypervigilant and avoidant response to sex. These two impacts can also co-exist.

In fact, in my data analysis in this thesis, the findings of most interest emerge from the traumatic sexualization scales I developed, which are based on my clinical knowledge of the formative influence that child sexual abuse, particularly incest, has in women’s lives, including the link to revictimization. In my study I have shown that early child sexual abuse often results in “traumatic sexualization.” It is this link between a distorted understanding of sexual relationships between men and women, combined with the normalization or taken for granted nature of men’s sexually intrusive and predatory behavior that creates increased vulnerability for survivors of child sexual abuse.
In this study I separated and operationalized traumatic sexualization into three more specific dynamics; sexual powerlessness, sexual disconnectedness and sexual fearfulness, and assessed their association with experiences of adult revictimization and with specific characteristics of the child sexual abuse experience. The most compelling and I think unique contribution of my research, then, has been to demonstrate statistically that traumatic sexualization—the result of childhood sexual abuse—is a significant link to an increased likelihood of revictimization. I developed scales with items that corresponded to each of the three dimensions of traumatic sexualization—sexual powerlessness, sexual fearfulness and sexual disconnection and administered them to a random sample of women, many of whom disclosed in an earlier stage of the interview process that they had been sexually abused.

The traumatic sexualization scales I developed are an expansion and blending of powerlessness and traumatic sexualization, two of the four traumagenic dynamics described by Finkelhor & Browne (1986). The scales are designed to tap into the confusion about sexual norms and confusion of sex with love and care, and the anxiety, fear and lowered sense of efficacy associated with powerlessness. This dynamic is not only internally represented in the psyches of women who have been sexually abused in childhood, but I would argue that it is also a dynamic that is socially constructed in traditional femininity. That is, many women in our society have been socialized to associate personal power with sexual desirability to men. In other words, women are taught to believe that they have power when men find them sexually attractive or desirable. This is where the dissonance is constructed—women want to feel power and
yet they also fear that they can not control men’s behavior when they do become the object of desire. So sexual attention from men becomes aversive at the same time that it feels essential for self worth and self definition.

My analysis demonstrated that the three measures of traumatic sexualization developed for this research were significantly associated with revictimization. In fact once these three sub-scales were entered into the regression model none of the previously significant variables were statistically significant. By examining the relationship between child sexual abuse and the three traumatic sexualization subscales, I have been able to explicate with more specificity which particular child sexual abuse characteristics were associated with each of the three dimensions of traumatic sexualization, and which child sexual abuse variables predicted traumatic sexualization. I found that sexual fearfulness had significant associations with incest and the frequency of abuse. Sexual powerlessness was significantly associated with force and sexual disconnectedness with the number of childhood perpetrators and an experience of rape in childhood.

In my analysis I also included Briere and Runtz’s Trauma Symptom Checklist (TSC-33) sub-scales of depression and dissociation (Briere & Runtz, 1989). These researchers constructed their scale to measure abuse specific symptoms. In my research however, I was not interested in documenting the symptoms of child sexual abuse generally, but wanted to expand our understanding of the extent to which depression and dissociation might specifically be related to revictimization. The predominant explanations of revictimization in the literature cites trauma theory (Briere, 1992; Kluft, 1990; Putman, 1989; van der Kolk 1989) specifically dissociation and depression, as explanatory and
causal factors which account for revictimization. For this reason, I specifically included these measures in my study to determine their explanatory power of revictimization in my data analysis.

My analysis, however, has shown that revictimization was not associated with depression or dissociation, as it was measured in this study. This finding could result from the fact that the women interviewed for this study were drawn from a random community sample, as opposed to a clinical sample as other studies have utilized. However, traumatic sexualization appears to be a significant link between child sexual abuse and revictimization. Not only did the three sub-scales—sexual fearfulness, sexual powerlessness and sexual disconnectedness—have a statistically significant relationship to adult revictimization, but the three scales also had statistically significant associations with certain characteristics of the child sexual abuse experiences. What this means is that by identifying the three different dimensions of traumatic sexualization I have been able to explicate differentiations in child sexual abuse experiences and the links to revictimization.

For instance, multiple regression analysis with sexual fearfulness as the dependent variable indicates that incestuous abuse and the number of perpetrators are significantly associated. I interpret this to mean that women who had repeated experiences of child sexual abuse by different perpetrators, including men in their own families, learn that men’s sexual interest or desire is threatening. In childhood, the sexually abused girl would first have learned the lesson that the nature of sexual relations with men is intrusive and violent, then she would have had that lesson reinforced in both her childhood and again as an adult through exposure to other’s men’s sexual violations upon her.
When I included even more variables of the child sexual abuse experiences into the data analysis—specifically an experience of rape, attempted rape, age of the first experience or the frequency of the abuse, I still found that only incest and the number of the perpetrators were statistically significantly associated with sexual fearfulness. From this finding, I conclude that it is not the type of assault or the characteristics of the assault that create the sexual fear, but the relationships of the men who perpetrated the assaults -- and the corresponding levels of betrayal and violation which inhere in being sexually abused by a trusted and older family member -- which was the most salient and determining aspect of the experience. I would interpret this to mean that sexual fearfulness must be understood to be relationally based.

Sexual powerlessness was also significantly associated with the number of childhood perpetrators. This would indicate that the greater number of perpetrators who assaulted a woman in her childhood, the greater sense of sexual powerlessness she would learn to internalize. Repeated sexual violations reinforce the lesson that one’s sexuality is a site over which there is little control or autonomy. With the inclusion of the full set of childhood sexual abuse variables added to the second run of the multiple regression analysis, a different result emerged. This time the variable force demonstrated a statistical relationship with sexual powerlessness. This is consistent with what the sexual powerlessness scale is intended to document—that is, that when a woman believes that she can not control access to her body she will experience and internalize a sense of sexual powerlessness. This, of course, is to be expected in a society in which male sexual predatory behaviour is more the norm than a deviation.
The Sexual Disconnectedness scale, indicates the existence of a significant relationship with incestuous abuse, the number of perpetrators, and an experience of rape. This is consistent with my hypothesis that sexual disconnection describes a long term effect of child sexual abuse for women who experienced more severe levels of sexual abuse. This means that women who have been incestuously raped in childhood and who were then revictimized again while still in their childhood years, appear to have developed coping mechanisms that disconnect their sexual feelings from their body and from their sexuality. This finding is consistent with clinical research and literature which demonstrates that sexual disconnection is a common long-term effect of child sexual abuse (Herman, 1993).

In summary, then, these three scales, while not providing a complete explanation for revictimization, contribute to our understanding of some of the long term effects of the child sexual abuse experience on women’s sexual development and experience of sexual relations which make revictimization more likely in a society characterized by pervasive male violence. In this way we can see the intersection of the social with the psychological in women’s lives.

**Chapter Conclusion**

In my review of the literature in the field, I have argued that most of the research on the topic of revictimization has been limited by significant methodological and conceptual problems which have not allowed for an expanded or more nuanced understanding of this phenomenon. In the analysis of this dissertation, then, I have
attempted to overcome many of these shortcomings in the research in the field. First, while many of the mainstream studies relied on data sets with insufficiently refined categories describing abuse experiences, my analysis is based on a data set which allows for important distinctions and categorization to be made about the characteristics, qualities and contexts of both the child and adult abuse experiences.

By basing my analysis on more refined and concise categories to define abuse experiences, I have been able to delineate specific patterns of revictimization and identify their relational contexts, something which other studies have not done. In this way I have shown that revictimization itself is not a homogeneous phenomenon but is instead a term which captures a set of abuse patterns linked to the early child sexual abuse, but which are also differentiated across women’s experiences. In other words, there are different patterns and different kinds of revictimization, and this expanded and more nuanced view of revictimization should be incorporated into future work in the area. As I have shown in my analyses, revictimization should not be assumed to be a monolithic or homogeneous phenomenon.

Furthermore, as I argued in my review of the literature, much of the research in the field which attempts to explicate the psychological dimension of revictimization is fundamentally severed from an analysis which takes into account gender inequality, the construction of sexuality in the context of gender inequality, and the pervasive social reality of men’s sexual violence against women and children. But we can not possibly understand revictimization or do justice to the social structures in which women’s lives are situated if we advance a purely psychological account of revictimization divorced from
these larger material and social conditions. Yet this is precisely what most of the
mainstream literature on revictimization does. This is best exemplified by the tautological
suggestion made by some researchers that “victimization creates further victimization”
(Mandoki & Burkhart, 1989) as if this happened in a vacuum and was a self-produced
phenomenon.

I have attempted to address these problems in my analysis not merely at the
abstract or theoretical level, but by developing scales which capture and measure
previously unexamined dimensions of women’s cognitive and behavioral experiences of
sexual relations with men particularly as these are shaped by a history of sexual abuse in
childhood. Embedded in these scales is a way of looking at the long-term effects of child
sexual abuse, particularly fearfulness, disconnectedness and accommodation in sexual
relations. What is most striking in my data analysis is that a strong statistically significant
relationship was found between these scales and adult revictimization. This analysis
demonstrates that a crucial and fundamental aspect of women’s increased vulnerability to
revictimization lies in the formative and distorted construction of their sexuality, stemming
from early experiences of sexual violation in childhood at the hands of the men who were
supposed to love and protect them, not subject them to sexual abuse. In a society in
which compulsory heterosexuality (Rich, 1986) remains the norm and traditional notions
of femininity are still normative, women’s sexuality is necessarily shaped by these
patriarchal forces. For women sexually abused in childhood these effects are exacerbated.

Although my traumatic sexualization scale is exploratory in nature, its significance
lies in its contribution to an increased understanding of key elements of the processes of
revictimization. In other words, it helps explicate what the causal pathway is from an experience of early child sexual abuse to a sexual assault as an adult.

Future work needs to be done to further explore and expand upon our understanding the phenomenon of traumatic sexualization. In my analysis in this dissertation, I have delineated only a few key dimensions of traumatic sexualization. I think that a more expanded analysis of how the distortion and violation of a young girl’s sexuality results in long-term vulnerability to revictimization, is critically important for psychologists, therapists and other mental health providers to understand in their work with female survivors of child sexual abuse.

A fruitful approach would begin with an integration of both an analysis of the psychological processes of psycho-sexual development, with a feminist social theory of gender and violence against women and children. For example, Finkelhor and Browne (1986) argue that an early experience of child sexual abuse distorts a child’s sexuality including both sexual feelings and sexual attitudes. They believe that sexual abuse experiences vary in terms of the amount and kind of traumatic sexualization they provoke. Finkelhor and Browne (1986) also suggest that children who have been traumatically sexualized emerge with inappropriate repertoire of sexual behaviour, confusion and misconceptions about their sexual self concepts and with unusual emotional associations to sexual activities.

I would argue that this early traumatic sexualizing of female children through child sexual abuse is only the beginning of what is an ongoing process, one which cannot be grasped without attention to social context and gender relations. The everyday lives of young girls and women are filled with lessons about female socialization, the production of femininity and the construction of women’s sexuality under relations of gender inequality. In order for therapists to truly interrupt the process of revictimization there has to be, as a starting point, an awareness and recognition of the social forces that co-create and reinforce the initial distortions in women’s understanding of sexuality. Perhaps the
problem is that the distortions are not recognized by therapists as distortions but are too often seen as normal or taken for granted ways that sexuality is experienced.

Women's coping with and healing from the trauma of any form of sexual violence requires, as part of the process, some developing awareness of the experience as part of a larger social problem. This ideally involves some recognition that is not about women who have been victimized but about the society, and the social production of the men who are victimizers. Clinicians fail to reduce women's self-blame and distortions, for example, if they do not explain the social injustice done to them through sexual violence, and address its social causes.

Without this awareness women are unable to name men's intrusive sexual behavior for what it is, instead it remains normal and taken for granted that this is "just the way it is" between men and women. This profoundly limits a woman's ability to fight back, resist or make different choices about the men with whom she will be intimate. Additionally, understanding the larger social context for sexual assault and child sexual abuse helps women understand how they have been socialized into feminity. As part of this socialization a woman learns it is important to please men, to have their approval, and receiving their approval often means being compliant and accommodating their needs, especially their sexual needs. This intersects with and reinforces the lessons that female children learn as a result of an experience of child sexual abuse.

Child sexual abuse involves the sexualized abuse and objectification of a relatively powerless and vulnerable female child most often by a male. This results in the obliteration of the child in order to serve the perpetrator's need for control, sexuality and dominance. The lessons of sexual abuse in childhood are similar and linked to the lessons of socialized femininity in our society more generally. The lessons of powerlessness, fear, low self-worth, accommodation of men's sexual demands and intrusions, and women's self-esteem as linked to their sexual attractiveness to men, are all components of both the experience
of being sexually abused as a little girl and of the experience of growing up female -- sexually abused or not.

Young girls who have been sexually abused often believe that the only thing of value about themselves is that they are sexually attractive to men. The only attention they may have received from their father was sexual attention. This results in confusion between intimacy and sex, that is, some women do not believe they are loved unless they are sexually desired. Additionally, many young girls are told by their perpetrators that they were exceptionally sexy children and this is often internalized to mean that they held incredible sexual powers that caused men to abuse them. This belief results in accommodating unwanted sexual contact because they believe that it is their responsibility if a man becomes sexually aroused. Some survivors of child sexual abuse accommodate sex that they don't want because they never learned that they that they were entitled to not offer their bodies if they did not want to. All of these complex and intersecting components are part of the phenomenon of revictimization and its social production.

In this dissertation my analysis of revictimization is primarily statistical. But I am also advancing theoretical arguments about a new way to conceptualize the phenomenon itself, one which is contextual, and which takes men's violence against women and children and the society which produces it as constitutive of the problem. Further research is needed in order to enrich and extend these arguments, and to situate them within the growing body of feminist theories on sexuality, women's developmental psychology, and the damaging and long-term consequences of experiences of sexual violence, if we are to develop a richer and more complete account of revictimization in women's lives and more effective ways to work to end it.
References


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Herman, J.L. (1992). *Trauma and recovery — from domestic abuse to political terror*. New York: BasicBooks.


Jehu, D., & Gazan, M. Psychosocial adjustment of women who were sexually victimized in childhood or adolescent. *Canadian Journal of Community Mental Health* 2(2), 1-15.


Appendices

Relevant Portions of Women’s Safety Project Questionnaire
SECTION 6:

Now I would like to ask you some questions about your personal beliefs and attitudes about intimate relationships and sexuality. Please indicate after each statement if you STRONGLY AGREE, AGREE, DISAGREE, STRONGLY DISAGREE.

[INTERVIEWER: GIVE R CARD #4]

<table>
<thead>
<tr>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In order for a man to care for me I believe I have to have sex with him.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Being found sexually attractive to the opposite sex is important to me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. When men find me sexually attractive I feel powerful.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. In a relationship, a woman should pretend she is sexually excited if the man is.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Sex is not something that I enjoy very much, but I participate in order to satisfy my partner.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

I would like to ask you some questions about experiences or situations that you may or may not have had.

7a. When you first meet a man do you usually find yourself thinking "I wonder if he desires me sexually?"

   Yes ........................................ 1
   No. ........................................ 2
   Don't Know. ................................. 8
   Refused ..................................... 9

7b. Has there ever been a time in your life when you were very sexually active with many different partners?

   Yes ........................................ 1
   No. ........................................ 2
   Don't Know. ................................. 8
   Refused ..................................... 9
8. Have you ever felt confused or surprised when a situation with a man became sexual?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don't Know</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

9. Are you ever afraid of men because you fear they'll be sexually interested in you?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don't Know</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

10. Have you ever been in a situation with a man who became so sexually aroused that you felt you couldn't stop him?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don't Know</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

11. Have you ever had sexual intercourse with a man when you didn't want to because you felt you would lose your relationship?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don't Know</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

12. Are there times when you need a drink before you are able to have sex?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don't Know</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

13. Do you ever feel outside of your body during sex?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don't Know</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

14. Are there times when you have disturbing images during sex?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don't Know</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>
15. Have you ever felt afraid when a date, lover or partner desires you sexually?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

16. Do you only have sex when you want to?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

17. Are there times that you believe your partner will be angry or punish you if you say no to sex?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>
SECTION 8:

I'd now like to ask you some general questions about your health.

[INTERVIEWER: GIVE R CARD #6]

I'm going to read you a list of problems and complaints that people sometimes have. Please tell me how often in the past two months you have had any of these problems, by answering: NEVER, OCCASIONALLY, FAIRLY OFTEN, or VERY OFTEN.

In the past two months how often have you had:

<table>
<thead>
<tr>
<th>Number</th>
<th>Problem Description</th>
<th>Never</th>
<th>Occasionally</th>
<th>Fairly Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Insomnia (trouble getting to sleep)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2)</td>
<td>Restless sleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3)</td>
<td>Nightmares</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5)</td>
<td>Waking up early in the morning and can't get back to sleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6)</td>
<td>Weight loss (without dieting)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7)</td>
<td>Feeling isolated from others</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8)</td>
<td>Loneliness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9)</td>
<td>Low sex drive</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10)</td>
<td>Sadness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11)</td>
<td>&quot;Flashbacks&quot; (sudden, vivid, distracting memories)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12)</td>
<td>Not feeling rested in the morning</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13)</td>
<td>&quot;Spacing out&quot; (going away in your mind)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14)</td>
<td>Headaches</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16)</td>
<td>Stomach problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17)</td>
<td>Uncontrollable crying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18)</td>
<td>Anxiety attacks</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>Occasionally</td>
<td>Fairly Often</td>
<td>Very Often</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>--------</td>
<td>--------------</td>
<td>--------------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>19) Trouble controlling temper</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>20) Waking up in the middle of the night</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>21) Trouble getting along with others</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>22) Dizziness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>23) Passing out</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>24) Desire to physically hurt yourself</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>25) Desire to physically hurt others</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>29) Fear of men</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>30) Fear of women</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>31) Unnecessary or over-frequent washing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>32) Feelings of inferiority</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>34) Feelings of guilt</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>35) Feelings that things are &quot;unreal&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>36) Memory problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>37) Feelings that you are not always in your body</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>38) Feeling tense all the time</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>40) Having trouble breathing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
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</table>
2. At any time in your life, have you ever felt so hopeless that you thought seriously of killing yourself?

Yes.............................................1
No...........................................2

3a. Have you ever attempted suicide?

Yes.............................................1
No...........................................2

[IF YES TO Q. 2 OR Q. 3A ASK, OTHERWISE GO TO SECTION 9]

3b. How many times? __________________# times

3c. How old were you when you attempted suicide or thought seriously of killing yourself?

Age in years ______ (1st time)
Age in years ______ (2nd time)

3cc. Was this related to any experience of physical or sexual abuse in your life?

Yes. ........................................1
No...............................................2

3d. Did you receive the help you needed after your suicide attempt?

Yes........[SKIP TO SECTION 9]........1
No...........................................2

[IF NO, ASK]

3e. What kind of help would you have needed and wanted at that time? ___
SECTION 9:

Now I'd like to ask you about some other unwanted sexual experiences you might have had. First,

1. Have you ever received a sexually obscene telephone call?
   Yes ............................................. 1
   No. .............................................. 2

2a. Have you ever been upset ON THE STREET by men's sexual comments or advances?
   Yes ............................................. 1
   No. .............................................. 2

2b. Have you ever been upset ON THE STREET by being followed by a man?
   Yes ............................................. 1
   No. .............................................. 2

3. Have you ever been upset by seeing pornographic pictures or films?
   Yes ............................................. 1
   No. .............................................. 2

5. Has anyone ever upset you by pinching or rubbing against your body in a public place against your will?
   Yes ............................................. 1
   No. .............................................. 2

6. Before you turned 16, were you ever upset by anyone exposing their genitals?
   Yes ............................................. 1
   No. .............................................. 2

7. And since you turned 16, have you ever been upset by someone exposing their genitals?
   Yes ............................................. 1
   No. .............................................. 2
Now I'm going to be asking you several more questions about the years BEFORE YOU TURNED 16, and about any unwanted sexual experiences you may have had during this time. Take a minute to think about where you lived before you were 16, or what you were doing then - anything that will help you remember better what happened during those years. Later I'll ask about what might have happened to you AFTER you turned 16.

8. Can you remember ever being afraid of sexual assault before you turned 16?
   Yes . . . . . . . . . . . . . . . . . . . . 1
   No . . . . . . . . . . . . . . . . . . . . 2

9a. Did anyone ever try or succeed in having any kind of sexual intercourse with you against your wishes before you turned 16? When I ask you about sexual intercourse, I mean vaginal, anal or oral intercourse.
   Yes . . . . . . . . . . . . . . . . . . . . 1
   No . . . . [SKIP TO Q. 11a]. . . . . . . . 2

9b. How many different people can you think of right now that this has happened with?
   Number __________
   [PROBE FOR EXACT NUMBER]

9c. Would you give me an initial, name, word or phrase to remind you of this (each) experience when I ask you a few questions about it later?
   Identifier 1: ____________________________
   Identifier 2: ____________________________
   Identifier 3: ____________________________
   [INTERVIEWER: RECORD IDENTIFIERS ON P-KEY]

11a. (Besides the people you already mentioned), in those years before you turned 16, did anyone ever try or succeed in getting you to touch their genitals against your wishes?
   Yes . . . . . . . . . . . . . . . . . . . . 1
   No . . . . [SKIP TO Q. 12a]. . . . . . . . 2

11b. How many different people can you think of, right now, that this has happened with?
   Number __________
   [PROBE FOR EXACT NUMBER]

11c. Would you give me an initial, name, word or phrase to remind you of this/these experience(s) when I ask you a few questions about it later?
   Identifier 1: ____________________________
   Identifier 2: ____________________________
   Identifier 3: ____________________________
   [INTERVIEWER: RECORD IDENTIFIERS ON P-KEY]
(you’ve already mentioned), did anyone ever try or succeed
in breasts or genitals, with, for example, their hands or
your wishes before you turned 16?

Yes ........................................ 1
No ................................ [SKIP TO Q.13a] ........ 2

Rent people can you think of, right now, that this has

Number ___
[PROBE FOR EXACT NUMBER]

me an initial, name, word or phrase to remind you of
ence(s) when I ask you a few questions about it later?

ifier 1: ________________________________
ifier 2: ________________________________
ifier 3: ________________________________
[INTERVIEWER: RECORD IDENTIFIERS ON P-KEY]

(you’ve already mentioned), did anyone ever feel you,
ss you before you turned 16, in a way you felt was
tening?

Yes ........................................ 1
No ................................ [SKIP TO Q.14a] ........ 2

Rent people can you think of, right now, that this has

Number ___
[PROBE FOR EXACT NUMBER]

RECORDED HERE MUST MATCH NUMBER OF IDENTIFIERS GIVEN
C. 13c
13c. Would you please give me an initial, name, word or phrase to remind you of this/these experience(s) when I ask you a few questions about it later?

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<th>IDENTIFIERS</th>
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<td>Att/Com</td>
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<td>Intercourse</td>
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<td>Fondling</td>
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<td>None of above</td>
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* RECORD ON P-KEY AND EVENTUALLY COMPLETE P-SHEET

# OF P-SHEETS TO BE COMPLETED ON THIS QUESTION:   

[PROBE TO DETERMINE IF P-SHEET CRITERIA MET & RECORD AS REQUIRED ABOVE.]

13d. Would you please tell me about the experience with "Identifier #1" briefly? [PROBE: WAS _____________ A RELATIVE? DID IDENTIFIER #1 ATTEMPT INTERCOURSE?]

13e. Would you please tell me about the experience with "Identifier #2" briefly?

13f. Would you please tell me about the experience with "Identifier #3" briefly?
14a. Before you turned 16, did you have any (other) upsetting sexual experiences that you haven’t mentioned yet?

Yes
No [SKIP TO Q.15a]

14b. How many different people can you think of, right now, that this has happened with?

Number

[PROBE FOR EXACT NUMBER]

14c. Would you please give me an initial, name, word or phrase to remind you of this/these experience(s) when I ask you a few questions about it later?

**IDENTIFIERS**

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<td>None of above</td>
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</table>

* RECORD ON P-KEY AND EVENTUALLY COMPLETE P-SHEET

# OF P-SHEETS TO BE COMPLETED ON THIS QUESTION: ___

[PROBE TO DETERMINE IF P-SHEET CRITERIA MET AND RECORD AS REQUIRED ABOVE.]

14d. Would you please tell me about the experience with "Identifier #1" briefly?

14e. Would you please tell me about the experience with "Identifier #2" briefly?

14f. Would you please tell me about the experience with "Identifier #3" briefly?
15a. At any time in your life, have you ever had an unwanted sexual experience with a girl or a woman because you felt forced, physically threatened or in some other way helpless?

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
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<tbody>
<tr>
<td>No</td>
<td>2</td>
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</table>

15b. How many different people can you think of, right now, that this has happened with?

**Number**

[PROBE FOR EXACT NUMBER]

15c. Have you already mentioned this person/these people?

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
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<tbody>
<tr>
<td>No</td>
<td>2</td>
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</table>

If yes, which Identifier(s)?

[IF THIS IDENTIFIER ALREADY LISTED ON P-KEY, ASK ABOUT ANY UNMENTIONED PEOPLE, AND PROBE TO DETERMINE IF P-SHEET CRITERIA MET THIS TIME. OTHERWISE, SKIP TO Q.16]

15d. Would you give me an initial, name, word or phrase to remind you of this/these experience(s) when I ask you a few questions about it later?

**IDENTIFIERS**

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<td>Fondling</td>
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* RECORD ON P-KEY AND EVENTUALLY COMPLETE P-SHEET

**# OF P-SHEETS TO BE COMPLETED ON THIS QUESTION:**

[RECORD GIST OF EACH EXPERIENCE(S) AND PROBE TO DETERMINE IF P-SHEET REQUIRED]

15e. Would you please tell me about (each of) the(se) experience(s) briefly?
16a. At any time in your life, have you ever been the victim of rape, sexual assault, or attempted rape or sexual assault?

Yes ........................................ 1
No ............................................. 2

[IF YES, ASK]

16b. How many different people can you think of, right now, that this has happened with?

Number ________
[PROBE FOR EXACT NUMBER]

16c. Have you already mentioned this person/these people?

Yes ........................................ 1
No ............................................. 2

[IF YES, ASK] Which Identifier(s)? ____________________________
[IF YES, ASK] How many? ____________________________

[IF THIS IDENTIFIER ALREADY LISTED ON P-KEY, ASK ABOUT UNMENTIONED PEOPLE OR SKIP TO 17.]

[IF NO, EXPERIENCE NOT ALREADY MENTIONED, ASK]

16d. Would you give me an initial, name, word or phrase to remind you of this/these experience(s) when I ask you a few questions about it later?

IDENTIFIERS #1 __________________ #2 __________________ #3 __________________ #4 __________________
* RECORD ON P-KEY AND EVENTUALLY COMPLETE P-SHEET
Now I'd like to ask you about other unwanted sexual experiences you might have had AFTER YOU TURNED 16 that you found upsetting or threatening. First, I'll be asking you about experiences with strangers, then about experiences with acquaintances or friends, and then about experiences with people you know or have known as dates, lovers, or partners.

17a. After you turned 16, did a STRANGER (other than someone you've already mentioned), ever physically force you, or try to force you, to have any kind of sexual intercourse? When I ask you about sexual intercourse, I mean vaginal, anal or oral intercourse.

Yes ........................................... 1
No ........................................... [SKIP TO Q.18a] ............................ 2

17b. [IF YES]

How many people?

17c. IDENTIFIER 1: ..............................................................
IDENTIFIER 2: ..............................................................
IDENTIFIER 3: ..............................................................

INTERVIEWER: RECORD IDENTIFIERS ON P-KEY

[REPEAT QUESTION IN FULL AS ABOVE, OR ASK AS BELOW]

18a. Did this ever happen with a FRIEND or ACQUAINTANCE?

Yes ............................................................. 1
No ............................................................ [SKIP TO Q.19a] .................... 2

18b. [IF YES]

How many people?

18c. IDENTIFIER 1: ..............................................................
IDENTIFIER 2: ..............................................................
IDENTIFIER 3: ..............................................................

INTERVIEWER: RECORD IDENTIFIERS ON P-KEY

19a. Did this ever happen with a DATE, a BOYFRIEND or a LOVER?

Yes ............................................................. 1
No ............................................................ [SKIP TO Q.20a] .................... 2

19b. [IF YES]

How many people?

19c. IDENTIFIER 1: ..............................................................
IDENTIFIER 2: ..............................................................
IDENTIFIER 3: ..............................................................

INTERVIEWER: RECORD IDENTIFIERS ON P-KEY
20a. (Besides anyone you've already mentioned), have you ever had any unwanted sexual experience, including fondling or intercourse with a STRANGER because you felt physically threatened?

Yes .................................. 1
No. .................................... [SKIP TO Q.21] .................................. 2

20b. [IF YES]
How many people?

20c. IDENTIFIER 1: ________________________________________________
IDENTIFIER 2: ________________________________________________
IDENTIFIER 3: ________________________________________________
INTERVIEWER: RECORD IDENTIFIERS ON P-KEY

[REPEAT QUESTION IN FULL OR ASK AS BELOW]
21a. Did this ever happen with a FRIEND or ACQUAINTANCE?

Yes .................................. 1
No. .................................... [SKIP TO Q.22a] .................................. 2

21b. [IF YES]
How many people?

21c. Identifier 1: ________________________________________________
Identifier 2: ________________________________________________
Identifier 3: ________________________________________________
[INTERVIEWER: RECORD IDENTIFIERS ON P-KEY]

22a. Did this ever happen with a DATE, a BOYFRIEND or a LOVER?

Yes .................................. 1
No. .................................... [SKIP TO Q.23a] .................................. 2

22b. [IF YES]
How many people?

22c. Identifier 1: ________________________________________________
Identifier 2: ________________________________________________
Identifier 3: ________________________________________________
[INTERVIEWER: RECORD IDENTIFIERS ON P-KEY]
23a. (Besides anyone you've already mentioned), have you ever had any kind of unwanted sexual experience with a STRANGER because you were asleep, unconscious, drugged, or in some other way helpless?

Yes ........................................ 1
No. ........ [SKIP TO Q.24a] ........ 2

23b.  
[IF YES]
How many people? 

[LIST IDENTIFIER BELOW, AND GET BRIEF DESCRIPTION, Q.25d, COMPLETE P-SHEET ONLY IF CRITERIA MET]

[REPEAT QUESTION IN FULL OR ASK AS BELOW]

24a. Did this ever happen with a FRIEND or ACQUAINTANCE?

Yes ........................................ 1
No. ........ [SKIP TO Q.25a] ........ 2

24b.  
[IF YES]
How many people? 

[LIST IDENTIFIER BELOW, AND GET BRIEF DESCRIPTION, Q.25e, COMPLETE P-SHEET ONLY IF CRITERIA MET]

25a. Did this ever happen with a DATE, a BOYFRIEND or a LOVER?

Yes ........................................ 1
No. ........ [SKIP TO Q.26a] ........ 2

25b.  
[IF YES]
How many people? 

[LIST IDENTIFIER BELOW, AND GET BRIEF DESCRIPTION, Q.25f, COMPLETE P-SHEET ONLY IF CRITERIA MET]

IDENTIFIERS

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<tr>
<td>Att/Com:</td>
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<tr>
<td>Fondling</td>
<td></td>
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<tr>
<td>None of the above</td>
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<td>:□:</td>
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* COMPLETE P-SHEET

# OF P-SHEETS TO BE COMPLETED FOR Q.23, 24, AND 25: 

35
[RECORD GIST OF EACH EXPERIENCE, COMPLETE P-SHEET ONLY IF EXPERIENCE
RESULTED IN FONDLING OR ATTEMPTED/COMPLETED INTERCOURSE]

25d. Would you please tell me about the experience(s) with
[STRANGER/IDENTIFIER(S)] briefly?

25e. Would you please tell me about the experience(s) with
[FRIEND/
ACQUAINTANCE/IDENTIFIER(S)] briefly?

25f. Would you please tell me about the experience(s) with
[DATE, BOYFRIEND OR
LOVER/IDENTIFIER(S)] briefly?
26a. (Besides anyone you've already mentioned) has a STRANGER ever touched or felt your breasts or genitals against your will?

Yes ........................................... 1
No. ................................... [SKIP TO Q.27a] ............. 2

26b. [IF YES]
How many people?

26c. Identifier 1: ____________________________
Identifier 2: ____________________________
Identifier 3: ____________________________
[GET BRIEF DESCRIPTION BELOW, Q.26d]

[REPEAT QUESTION IN FULL OR ASK AS BELOW]
27a. Did this ever happen with a FRIEND or ACQUAINTANCE?

Yes ........................................... 1
No. ................................... [SKIP TO Q.27b] ............. 2

27b. [IF YES]
How many people?

27c. Identifier 1: ____________________________
Identifier 2: ____________________________
Identifier 3: ____________________________
[GET BRIEF DESCRIPTION BELOW, Q.27c]

28a. Did this ever happen with a DATE, a BOYFRIEND or a LOVER?

Yes ........................................... 1
No. ................................... [SKIP TO Q.28a] ............. 2

28b. [IF YES]
How many people?

28c. Identifier 1: ____________________________
Identifier 2: ____________________________
Identifier 3: ____________________________
[GET BRIEF DESCRIPTION BELOW, Q.28b]
28d. Would you please tell me about the experience(s) with [STRANGER/IDENTIFIER] briefly?

28e. Would you please tell me about the experience(s) with [FRIEND OR ACQUAINTANCE/IDENTIFIER] briefly?

28f. Would you please tell me about the experience(s) with [DATE, BOYFRIEND OR LOVER/IDENTIFIER] briefly?

[IF ANY EXPERIENCE(S) ABOVE RESULTED IN COMPLETED/ATTEMPTED INTERCOURSE, COMPLETE P-SHEET, OTHERWISE ONLY BRIEF DESCRIPTION ABOVE IS REQUIRED.]
29a. Some women have experienced unwanted sexual advances by someone in authority, such as a doctor or employer.

I'm going to read you a list of people in positions of authority and I'd like you to answer yes or no if you have ever had any kind of unwanted sexual experience with any of these people in authority.

Have you ever had any kind of unwanted sexual experience at any time in your life with a:

... Doctor ........................................ 1 2
... Dentist ...................................... 1 2
... Any Other Health Care Provider(specify) 1 2
... Teacher .................................... 1 2
... Employer .................................. 1 2
... Therapist ................................... 1 2
... Religious Leader .......................... 1 2
... Police Officer ............................. 1 2
... Any other Person in a position of authority that I haven't mentioned? 1 2

Specify

29b. Have you already mentioned this person/these people?

Yes .............................................. 1
No ............................................... 2

[IF YES, ASK]
Which Identifier(s)? __________________________ [ADD "AF" ON P KEY] [IF THIS IDENTIFIER ALREADY LISTED ON P-KEY, ASK ABOUT OTHER AUTHORITY FIGURES TO DETERMINE IF P-SHEET CRITERIA MET THIS TIME; OTHERWISE SKIP TO Q. 30.]

29c. Would you give me an initial, name, word or phrase to remind you of this/these experience(s) when I ask you a few questions about it later?

IDENTIFIERS #1___________ #2___________ #3___________ #4___________
Att/Com
Intercourse:
Fondling:
None of above

* RECORD ON P-KEY AND COMPLETE P-SHEET

# OF P-SHEETS TO BE COMPLETED ON THIS QUESTION:

39
29d. Would you please tell me about the experience with "Identifier #1" briefly?

29e. Would you please tell me about the experience with "Identifier #2" briefly?

29f. Would you please tell me about the experience with "Identifier #3" briefly?
Because so few people think of husbands or live-in partners when they think of sexual assault, I want to ask you a question about that.

30a. Did you ever have any kind of unwanted sexual experience with your husband(s), ex-husbands(s), live-in partners or any ex-live in partner?

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<th>Response</th>
<th>Code</th>
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<tbody>
<tr>
<td>Yes</td>
<td>1</td>
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<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Not applicable/Never married</td>
<td>8</td>
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</table>

30b. How many husbands/live in partners has this happened with?

- Number Husbands/Ex-Husbands
- Number Live-in Partners/Ex-Partners

30c. Have you already mentioned this person/these people?

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<tr>
<th>Response</th>
<th>Code</th>
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<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
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</table>

30d. Would you give me an initial, name, word or phrase to remind you of this/these experience(s) when I ask you a few questions about it later?

- Ident. 1
- Ident. 2
- Ident. 3

30e. Could you tell me briefly about the(se) experience(s)?
Some women have had physical force used against them by a partner, husband or lover, and I'd like to ask you about that.

31a. Has a husband (or ex-husband)/live-in partner or lover ever been physically violent with you? By that I mean, have you ever been hit, slapped, punched or otherwise physically hurt by a husband, partner, boyfriend or lover?

Yes ................1
No. ........ [SKIP TO Q.32] ........ 2

31b. How many husbands/live in partners has this happened with?

<table>
<thead>
<tr>
<th>Number of husbands</th>
<th>Number of Live-in Partners</th>
<th>Number of Lovers</th>
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31c. Have you already mentioned him (them)?

Yes ........ [SKIP TO Q.32] ........ 1
No. ......... ................ 2

Which Identifier ___________________

31d. Would you give me an initial, name, word or phrase to remind you of this/these experience(s) when I ask you a few questions about it later?

Identifier 1: _____________________________________________
Identifier 2: _____________________________________________
Identifier 3: _____________________________________________

[INTERVIEWER: RECORD IDENTIFIERS ON P-KEY]

# P-SHEETS TO BE COMPLETED FOR THIS QUESTION

People often don't think about their relatives when thinking about sexual experiences, so the next two questions are about relatives.

32a. At any time in your life, has an uncle, brother, father, grandfather, or female relative ever had or ever attempted any kind of sexual contact with you?

Yes ................1
No. ........ [SKIP TO Q.33] ........ 2

32b. How many different people can you think of right now?

Number ____

[PROBE FOR EXACT NUMBER]
32c. Have you already mentioned this person/these people?

Yes . . . . . . . . . . . . . . . 1
No. . . . . . . . . . . . . . . . . 2

Which Identifier? ________________________

[IF EXPERIENCE NOT ALREADY MENTIONED]

32d. Would you give me an initial, name, word or phrase to remind you of this/these experience(s) when I ask you a few questions about it later?

Identifier #1 ________________________
Identifier #2 ________________________
Identifier #3 ________________________

[INTERVIEWER: RECORD INFORMATION FOR EACH PERSON ON P KEY SHEET]

33a. At any time in your life has anyone less closely related to you, such as a step-parent, step-brother or step-sister, in-law or first cousin had, or attempted, any kind of sexual contact with you?

Yes . . . . . . . . . . . . . . . . . . 1
No. . . . . . . . . . . . . . . . . . . 2

33b. How many different people can you think of right now? Number ______

[PROBE FOR EXACT NUMBER]

33c. Have you already mentioned this person/these people?

Yes . . . . . . . . . . . . . . . . . . 1
No. . . . . . . . . . . . . . . . . . . 2

Which identifier? ________________________

[IF THIS IDENTIFIER ALREADY LISTED ON P-KEY, RECORD ANY UNMENTIONED PEOPLE ON P-KEY.]

[IF EXPERIENCE NOT ALREADY MENTIONED]

33d. Would you give me an initial, name, word or phrase to remind you of this/these experience(s) when I ask you a few questions about it later?

Identifier #1 ________________________
Identifier #2 ________________________
Identifier #3 ________________________

[INTERVIEWER: RECORD INFORMATION FOR EACH PERSON ON P KEY SHEET]
Now I'd like to go back and ask you to tell me a bit more about some of the experiences you mentioned.

Could we begin with the experience which happened when you were the youngest?

[IF R HAS MENTIONED UNWANTED SEXUAL EXPERIENCES BUT NO P-SHEETS TO BE COMPLETED, i.e. CRITERIA NOT MET, ASK:]  
37a. Were any of the unwanted sexual experience(s) you mentioned upsetting to you?  

Yes. . . . . . . . . . . . . . . . . . . . . . . . . . . 1  
No . . . [SKIP TO SECTION 10, Q.1] . . . . 2  

[IF YES, ASK]  
37b. Could you please briefly describe the experience you found most upsetting?

[IF, IN THE WOMAN'S DESCRIPTION HER EXPERIENCE MEETS THE P-SHEET CRITERIA, COMPLETE APPROPRIATE P-SHEET]
1a. You mentioned...[RECAP EXPERIENCE AND IDENTIFIER].
Did this happen more than once with ______________ [IDENTIFIER/S]?

YES .... 1 Tell me about the most upsetting time.
NO .... 2 Tell me briefly what happened.

[RECORD VERBATIM] [PROBES]
1b. Did any other kind(s) of unwanted sexual experience(s) ever happen with this person (these people)?
1c. Besides what you've described, what else exactly did [IDENTIFIER/S] to you or force you to do to him/her/them?
1d. Is there anything else [IDENTIFIER/S] tried to do to you or tried to force you to do to him/her/them?

[IF MORE THAN ONE EXPERIENCE ASK]
1e. What other kinds of sexual things did IDENTIFIER do to you at other times?
[CIRCLE TOPMOST CODE THAT APPLIES FOR ANY ASSAULTS BY ______ [IDENTIFIER(S)]
   Intercourse (oral/anal/vag) ...................... 1
   Attempted Intercourse .......................... 2
   Fondling (touching breasts or genitals) ....... 3
   Attempted fondling .............................. 4
   Necking (kissing, other touching) ............ 5
   Other ............................................ 6
   (specify)

[IF EXPERIENCE WAS WITH A PEER (MORE DISTANTLY RELATED THAN A SIBLING), AND WANTED, DO NOT COMPLETE P-SHEET.]  [ ] Peer (not sibling)  [ ] Wanted
2a. About how many different times did this happen with him/her/them? [IF UNSURE, ASK HOW MANY TIMES A WEEK, A MONTH, IT HAPPENED ON AVERAGE AND FOR HOW LONG A PERIOD OF TIME]

- 2-5 times .............................................. 1
- 6-10 times............................................ 2
- 11-20 times........................................... 3
- 21-40 times.......................................... 4
- 41-50 times.......................................... 5
- [IF] More than 50 times......................... 6

Could you specify?________________________

2b. Over how long a period did these experiences go on—that is, how long was it from the first one until the last one?

- # of weeks ______________________________________
- # of months ______________________________________
- # of years _______________________________________

3. How old were you at the time of the (first) experience with [IDENTIFIER]?

____________ [AGE]

[FILL IN INFORMATION, BUT ASK ONLY IF NECESSARY]

4. How many attacker(s) were there?__________ [ # ]

5a. Was (were) _______ (IDENTIFIER) male or female?

- Male (skip to q.6) ................................. 1
- Female (skip to q.6) ............................. 2
- Both .................................................. 3

[IF MORE THAN ONE]

5b. How many were male ________________________

- female ________________________________
6. What was the relationship, if any, between you and [IDENTIFIER/S] at the time of the (first) experience?

[IF MORE THAN ONE AttACKER, CIRCLE ALL THAT APPLY AND INDICATE NUMBER OF ATTACKERS IN PARENTHESES TO THE RIGHT OF THE CATEGORY.]

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stranger</td>
<td>01</td>
</tr>
<tr>
<td>Acquaintance</td>
<td>02</td>
</tr>
<tr>
<td>Friend of R's Family</td>
<td>03</td>
</tr>
<tr>
<td>Friend of R</td>
<td>04</td>
</tr>
<tr>
<td>Boyfriend</td>
<td>05</td>
</tr>
<tr>
<td>Neighbour</td>
<td>06</td>
</tr>
<tr>
<td>Biological father</td>
<td>07</td>
</tr>
<tr>
<td>Biological mother</td>
<td>08</td>
</tr>
<tr>
<td>Adoptive father</td>
<td>09</td>
</tr>
<tr>
<td>Adoptive mother</td>
<td>10</td>
</tr>
<tr>
<td>Stepfather</td>
<td>11</td>
</tr>
<tr>
<td>Stepmother</td>
<td>12</td>
</tr>
<tr>
<td>Foster father</td>
<td>13</td>
</tr>
<tr>
<td>Foster mother</td>
<td>14</td>
</tr>
<tr>
<td>Sibling</td>
<td>15</td>
</tr>
<tr>
<td>Half or step sibling</td>
<td>16</td>
</tr>
<tr>
<td>In-law</td>
<td>17</td>
</tr>
<tr>
<td>Grandfather</td>
<td>18</td>
</tr>
<tr>
<td>Grandmother</td>
<td>19</td>
</tr>
<tr>
<td>Aunt</td>
<td>20</td>
</tr>
<tr>
<td>Uncle</td>
<td>21</td>
</tr>
<tr>
<td>Cousin (first)</td>
<td>22</td>
</tr>
<tr>
<td>Parent's lover (specify)</td>
<td>23</td>
</tr>
<tr>
<td>Authority figure</td>
<td>24</td>
</tr>
<tr>
<td>OTHER (specify)</td>
<td>24</td>
</tr>
</tbody>
</table>

[IF A BOYFRIEND:]

Had you had intercourse by this point?

___ Yes ___ No

7. Did this happen in Toronto?

Yes... (SKIP TO Q.8) ............... 1
No.................................... 2

[IF NO, ASK]

7b. In what country and city/town did this experience take place?

________________________________

[ASK IF UNCLEAR]

7c. In what location did this experience take place?

<table>
<thead>
<tr>
<th>Location</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your home</td>
<td>1</td>
</tr>
<tr>
<td>His home</td>
<td>2</td>
</tr>
<tr>
<td>Someone else's home</td>
<td>3</td>
</tr>
<tr>
<td>Car</td>
<td>4</td>
</tr>
<tr>
<td>Public place (specify)</td>
<td>5</td>
</tr>
<tr>
<td>School</td>
<td>6</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>7</td>
</tr>
</tbody>
</table>
8. Were you living with your parents at the time of these experiences?
   Yes. ..... (SKm TO Q. 9) ...................... 1
   No. .................. ........................................ 2

   [IF NO]
   8b. Where were you living at the time?

   ______________________________

   9a. Had [IDENTIFIER] (ever) been drinking alcohol at the time he assaulted you?
   Yes ..................................................... 1
   No ...................................................... 2
   Don’t Know ......................................... 3

   9b. Had [IDENTIFIER] (ever) taken drugs at the time he assaulted you?
   Yes ..................................................... 1
   No ...................................................... 2
   Don’t Know ......................................... 3

   10a. Did [IDENTIFIER] ever make any verbal threats during the time of the (se) experience?
   Yes ..................................................... 1
   No. ..... (SKm TO Q. 11a) ...................... 2

   [IF YES]
   10b. What kinds of threats were made by [IDENTIFIER]?
        [RECORD VERBATIM]

   ______________________________

   11a. Did [IDENTIFIER] ever try to trick or bribe you during the time of this/these experience(s)?
   Yes ..................................................... 1
   No. .....(SKm TO Q. 12a) ...................... 2

   [IF YES]
   11b. How did [IDENTIFIER] try to trick or bribe you? [RECORD VERBATIM]
12a. Was any physical force used against you at the time of the(se) experience(s)?

Yes ......................................................1
No .......(SKIP TO Q.13a) .........................2

12b. What kind of physical force was it?

[CIRCLE TOPMOST CODE THAT APPLIES FOR ANY ASSAULTS BY THIS PERSON]
Used weapon e.g., stabbed, cut, etc.......1
Beat, slugged, kicked, choked, etc........2
Hit, slapped, etc......................................3
Pushed, pinned etc...................................4
Tied up/bound ........................................5
Other ______________________________________6
(specify)

13a. Did [IDENTIFIER/S] (ever) have a weapon?

[INTERVIEWER: IF ATTACKER SAID HE HAD A WEAPON, CODE AS "YES"]

Yes ......................................................1
No .......(SKIP TO Q.14a) .........................2

[IF YES]
13b. What was the weapon?

Gun.......................................................1
Knife......................................................2
Strap/belt...............................................3
Other .....................................................4
(specify)

13c. Was it ever used against you?

Yes ......................................................1
No .......(SKIP TO Q.14a) .........................2

13d. How was it used?

[BEFORE ANY RESISTANCE R MAY HAVE ALREADY MENTIONED:]

14a. At the time of the(se) experience(s), was/were there ever any way that you felt able to resist?

Yes ......................................................1
No .......(SKIP TO Q.15) ............................2
30. About how old was (were) ____________ [IDENTIFIER] at the time of the (first) experience with you?

[IF UNCERTAIN OF AGE, SAY:] What would be your best guess?

[IF MORE THAN ONE ATTACKER, CIRCLE ALL CATEGORIES THAT APPLY AND INDICATE NUMBER OF ATTACKERS IN PARENTHESES TO THE RIGHT OF THE CATEGORY.]

- 15 years and younger..................................1
- [specify]
- 16-20 years................................................2
- 21-25 years................................................3
- 26-30 years................................................4
- 31-40 years................................................5
- 41-50 years................................................6
- 51-60 years................................................7
- Over 60 years.............................................8
- Don't know................................................9

31. What race or ethnic background was (were) ____________ [IDENTIFIER/S] — White, Black, Asian, Native, or what?

[IF UNCERTAIN; WHAT WOULD BE YOUR BEST GUESS?]

[IF MORE THAN ONE ATTACKER, CIRCLE ALL CATEGORIES THAT APPLY AND INDICATE NUMBER OF ATTACKERS IN BRACKETS TO THE RIGHT OF THE CATEGORY.]

- White/Caucasion............................................1
- Black..........................................................2
- Asian ..........................................................3
- Oriental.......................................................4
- Native..........................................................5
- Other .........................................................6
- [specify]

32. [ASK ONLY IF ____________ [IDENTIFIER/S] WAS/WERE 25 OR OLDER;]

Do you know how far ____________ [IDENTIFIER/S] had gone in school at the time?

[IF MORE THAN ONE ATTACKER, CIRCLE ALL CATEGORIES THAT APPLY AND INDICATE NUMBER OF ATTACKERS IN BRACKETS TO THE RIGHT OF THE CATEGORY.]

- No formal schooling .....................................01
- Some elementary school...................................02
- Completed elementary school...........................03
- Some high school..........................................04
- Completed high school...................................05
- Completed trade school ..................................06
- Completed community college...........................07
- Some university............................................08
- Bachelor's Degree (BA, BSc, etc.) ....................09
- Master's Degree (MA, MSc, MSW, etc.) .............10
- Doctorate (PhD, DSc, DEd) ................................11
- Completed Professional Degree.........................12

33. What was (were) ____________ [IDENTIFIER/S]'s occupation(s) at that time?

Job Title __________________________________________

Industry __________________________________________

Duties ____________________________________________
Q# from Questionnaire ________________ I.D. # __________________
Identifier _______________________ Interviewer I.D. # ____________
#P-Sheets for this R______ ____________ NOV 23/91

"PERSON/PEOPLE" SHEET - 16 YEARS OR OVER

1a. You mention (RECAP EXPERIENCE AND IDENTIFIER). Did this happen more than once with [IDENTIFIER] _______?

YES ....1  ASK: Tell me about the most upsetting time.
NO ....2  ASK: Tell me briefly what happened.

[PROBES:]

1b. Did any other kind(s) on unwanted sexual experience(s) ever happen with this person (these people)?

1c. Besides what you've described, what else exactly did he/she/them do to you or force you to do to him/her/them?

1d. Is there anything else he/she/them tried to do to you or tried to force you to do to him/her/them?

[RECORD VERBATIM]

[CIRCLE TOPMOST CODE THAT APPLIES FOR ANY ASSAULTS BY _______[IDENTIFIER(s)]

Intercourse (oral/anal/vag)....................1
Attempted Intercourse........................2
Fondling (touching breasts or genitals).....3
Attempted fondling.............................4
Necking (kissing, other touching)..........5
Other _________________________________6
(specify)

[IF EXPERIENCE WAS WITH A PEER (MORE DISTANTLY RELATED THAN A SIBLING), AND WANTED, DO NOT COMPLETE P-SHEET.] [ ] Peer(not sibling) [ ] Wanted
2a. About how many different times did this (something sexual) happen with him/her/them? [IF R UNSURE, ASK HOW MANY TIMES A WEEK, A MONTH IT HAPPENED ON AVERAGE AND FOR HOW LONG A PERIOD OF TIME]

2-5 times ......................................1
6-10 times......................................2
11-20 times....................................3
21-30 times....................................4
31-40 times....................................5
41-50 times....................................6
[IF] More than 50 times..........................7
Could you specify?________________________

2b. Over how long a period did these experiences go on -- that is, how long was it from the first one until the last one?

# of weeks _____________________________
# of months ____________________________
# of years _____________________________

3. How old were you at the time of the (first) experience with [IDENTIFIER]? [AGE]

[CODE BUT ACK ONLY IF NECESSARY]

4. How many attacker(s) were there? #________

[CODE BUT ASK ONLY IF NECESSARY]

5a. Was (were) the attacker(s) male or female?

Male (skip to q.6) ............................1
Female (skip to q.6) ..........................2
Both ............................................3

5b. How many were male _________________________________?
female _________________________________?
[CODE BUT ASK ONLY IF NECESSARY]

5. What was the relationship, if any, between you and this person/these people at the time of the (first) experience?

[IF MORE THAN ONE ATTACKER, CIRCLE ALL THAT APPLY AND INDICATE NUMBER OF ATTACKERS IN BRACKETS TO THE RIGHT OF THE CATEGORY.]

[IF DATE, LOVER, ETC., ASK:]

<table>
<thead>
<tr>
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<tr>
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<td>Friend of R's Family</td>
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<tr>
<td>Friend of R</td>
<td>04</td>
</tr>
<tr>
<td>Date</td>
<td>05</td>
</tr>
<tr>
<td>Boyfriend</td>
<td>06</td>
</tr>
<tr>
<td>Lover</td>
<td>07</td>
</tr>
<tr>
<td>Ex-Lover</td>
<td>08</td>
</tr>
<tr>
<td>Husband</td>
<td>09</td>
</tr>
<tr>
<td>Ex-Husband</td>
<td>10</td>
</tr>
<tr>
<td>Other Relative</td>
<td></td>
</tr>
<tr>
<td>Biological parent</td>
<td>11</td>
</tr>
<tr>
<td>Adoptive parent</td>
<td>12</td>
</tr>
<tr>
<td>Stepparent</td>
<td>13</td>
</tr>
<tr>
<td>Foster parent</td>
<td>14</td>
</tr>
<tr>
<td>Sibling</td>
<td>15</td>
</tr>
<tr>
<td>Half or step sibling</td>
<td>16</td>
</tr>
<tr>
<td>In-law</td>
<td>17</td>
</tr>
<tr>
<td>Grandparent</td>
<td>18</td>
</tr>
<tr>
<td>Aunt</td>
<td>19</td>
</tr>
<tr>
<td>Uncle</td>
<td>20</td>
</tr>
<tr>
<td>Cousin</td>
<td>21</td>
</tr>
<tr>
<td>Mother's partner</td>
<td>22</td>
</tr>
<tr>
<td>Father's partner</td>
<td>23</td>
</tr>
<tr>
<td>Authority figure</td>
<td>(specify)</td>
</tr>
<tr>
<td>OTHER</td>
<td>(specify)</td>
</tr>
</tbody>
</table>

7. Did this happen within the last 12 months?

Yes...........................................1
No.............................................2

8a. Did this happen in Toronto?

Yes...........................................1
No.............................................2

[IF NO ASK:]

8b. In what country and city/town did the(se) experience(s) take place?
[CODE, BUT ASK ONLY AS NECESSARY]

9. What was the location of the(se) experience(s)?

<table>
<thead>
<tr>
<th>Location</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Home</td>
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<td>2</td>
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<tr>
<td>Someone Else's Home</td>
<td>3</td>
</tr>
<tr>
<td>Car</td>
<td>4</td>
</tr>
<tr>
<td>Public Place</td>
<td>5</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>6</td>
</tr>
</tbody>
</table>

10a. Had [IDENTIFIER/S] (ever) been drinking alcohol when you were assaulted?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don't know</td>
<td>3</td>
</tr>
</tbody>
</table>

10b. Had [IDENTIFIER/S] (ever) been taking drugs when you were assaulted?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don't know</td>
<td>3</td>
</tr>
</tbody>
</table>

11a. Did [IDENTIFIER] (ever) make any threats during the time of this/these experience(s)?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No (SKIP TO Q.12a.)</td>
<td>2</td>
</tr>
</tbody>
</table>

[IF YES]

11b. What kinds of threats were made? [RECORD VERBATIM]

12a. Did he/she/they (ever) have a weapon?

[INTERVIEWER: IF ATTACKER SAID HE HAD A WEAPON, CODE AS "YES"]

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No (SKIP TO Q.13a.)</td>
<td>2</td>
</tr>
</tbody>
</table>
12b. What was the weapon?

- Gun ................................................................. 1
- Knife ................................................................. 2
- Strap/Belt ........................................................... 3
- Other _________________________________ 4
    (specify)

12c. Was the weapon ever used against you?

- Yes ................................................................. 1
- No ................................................................. 2

12d. How was it used?

13a. Was any physical force used against you at the time of the(s) experience(s)?

- Yes ................................................................. 1
- No ................................................................. 2

13b. What kind of physical force was it?

- Used weapon e.g. stabbed, cut, etc............ 1
- Beat, slugged, kicked, choked, etc............ 2
- Hit, slapped, etc............................................. 3
- Pushed, pinned, etc........................................ 4
- Tied up/bound ............................................... 5
- Other ________________________________________ 6
    (specify)

14a. At any time during the/these experience(s) or after, were you ever afraid that you might die or be killed as a result of what happened?

- Yes ................................................................. 1
- No ................................................................. 2
[IF YES]
14b. What made you think this?

[BESIDES ANY RESISTANCE R MIGHT HAVE ALREADY MENTIONED]
15a. Were there ever any ways you felt able to resist?

Yes..................................................1
No........................(SKIP TO Q.16)..............2

[IF YES, ASK]
15b. What were you able to do?

[ASK ONLY IF UNCLEAR]
16. What finally brought the(se) experience(s) to an end?
[IF YES]
30b. Who else did they assault?

Now I have a few questions about [IDENTIFIER(s)].

[IF ATTACKER A STRANGER, READ] Even though he/she (they) was (were) stranger(s), maybe you have some information about him/her (them).

31. About how old was (were) [IDENTIFIER(s)] at the time of the (first) experience? ____________ AGE

IF UNCERTAIN OF AGE, SAY: What would be your best guess? IF MORE THAN ONE ATTACKER, CIRCLE ALL CATEGORIES THAT APPLY AND INDICATE NUMBER OF_attackers in parentheses to the right of the category.

15 years and younger.........................1
16-20 years..................................2
21-25 years..................................3
26-30 years..................................4
31-40 years..................................5
41-50 years..................................5
51-60 years..................................7
Over 60 years...............................8
Don't know..................................9

32. What race or ethnic background was (were) he/she/they-- White, Black, Asian, Oriental, Native, or what?

[IF R UNCERTAIN; What would be your best guess?]
[IF MORE THAN ONE ATTACKER, CIRCLE ALL CATEGORIES THAT APPLY AND INDICATE NUMBER OF ATTACKERS IN PARENTHESES TO THE RIGHT OF THE CATEGORY.]

White/Caucasian..........................1
Black........................................2
Asian........................................3
Oriental.....................................4
Native.......................................5
Other ........................................6
(specify)
1a. You mentioned that you had an experience with [IDENTIFIER]. Did this happen more than once with him/her?

Yes ....1  ASK: Tell me about the most upsetting time.
No ....2  ASK: Tell me briefly what happened.

[PROBE: What kinds of things did he/she do exactly?]
[RECORD VERBATIM]

1b. What kinds of physical force did he/she use?

[IF MORE THAN ONE EXPERIENCE ASK:] What other kinds of force did [IDENTIFIER] use at other times?

[CIRCLE ALL THAT APPLY FOR ANY PHYSICAL ASSAULTS BY THIS PERSON]

- Threw something at you ......................1
- Pushed, grabbed or shoved you ............1
- Slapped you .....................................1
- Kicked you .....................................1
- Hit or tried to hit you with something ....1
- Beat you up/Repeated hitting ...............1
- Choked you .....................................1
- Stabbed or cut you ............................1
- Punched you or hit you with fist ..........1
- Knocked you to the ground ..................1
- Forced sex .....................................1
- Other ...........................................1

(Specify)
[IF MORE THAN ONCE ASK:]

2. About how many times did this happen? [IF R UNSURE, ASK HER HOW MANY TIMES A WEEK, A MONTH, ETC., IT HAPPENED ON AVERAGE, AND FOR HOW LONG A PERIOD OF TIME]

   2-5 times .................................. 1
   6-10 times .................................. 2
   11-20 times .................................. 3
   20-30 times .................................. 4
   30-40 times .................................. 5
   40-50 times .................................. 6
   50-75 times .................................. 7
   75-100 times .................................. 8
   [IF] More than 100 times ...................... 9
   Could you estimate? ________________________

3a. Over how long a period did these experiences go on—that is, how long was it from the first one until the last one?

   # of weeks ______________________________
   # of months ______________________________
   # of years ________________________________

3b. What was your relationship to [IDENTIFIER] at the time of the(se) experiences(s)?

   Husband ...................................... 1
   Ex-husband .................................. 2
   Common Law Partner ......................... 3
   Ex-Common Law Partner ..................... 4
   Lover ........................................ 5
   Ex-Lover ................................... 6
   Boyfriend ................................... 7
   Date ......................................... 8
   Other ......................................... 9
   (specify)

3c. How long had you been in a relationship with [IDENTIFIER] at the time of the first experience?

   ______________________________

3d. What was the total amount of time that you were in this relationship?

   ______________________________

[ASK ONLY IF UNCLEAR]

3e. Are you still in a relationship with [IDENTIFIER]?

   Yes .......................................... 1
   No ........................................... 2
4. Did this happen in Toronto?
   Yes..........................[SKIP TO Q.5]................1
   No............................................2

4b. In what country and city/town did this take place?
   ________________________________

5. Did this happen within the last 12 months?
   Yes..........................[SKIP TO 6a]................1
   No............................................2

5b. How long ago did this happen?
   ________________________________

6a. Had ______ (ever) been drinking at the time of the assault?
   Yes............................................1
   No............................................2
   Don't Know.................................3

6b. Had ______ (ever) been taking any drugs at the time of the assault?
   Yes............................................1
   No............................................2
   Don't Know.................................3

7a. Did he (ever) have a weapon?
   [IF HE SAID HE DID, CODE AS YES]
   Yes............................................1
   No...................(skip to q.8)..............2

7b. What was the weapon?
   Club/bat....................................1
   Belt..........................................2
   Bottle......................................3
   Screwdriver.................................4
   Machete.....................................5
   Handgun.....................................6
   Knife........................................7
   Rifle.........................................8
   Other........................................9
   (specify)
7c. Did he ever use it?

Yes..................................................1
No..................................................2

7d. How did he use it?

8a. Did he ever threaten to kill you?

Yes..................................................1
No..................................................2

8b. Did you ever fear that you would be killed?

Yes..................................................1
No...........(skip to q. 9).......................2

8c. What made you fear this?

9a. Did your children ever see you being hit by __[IDENTIFIER]__?

Yes..................................................1
No...........(skip to q. 10).......................2

9b. Did __[IDENTIFIER]__ ever also hit the children when you were assaulted?

Yes..................................................1
No..................................................2

10aa. During your relationship or after did __[IDENTIFIER]__ ever force you or try to force you to have sex?

Yes..................................................1
No...........(skip to q. 16).......................2
[IF YES,]
10a. Did this ever happen at the time(s) that he physically assaulted you?

Yes................................................1
No..................................................2

11. Did the ever happen after he physically assaulted you?

Yes................................................1
No..................................................2

[IF YES TO Q. 10 OR 11, ASK, OTHERWISE SKIP TO Q.14]
12. Did this happen more than once?

Yes....1 [ASK] Tell me about the most upsetting time.
No....2 [ASK] Tell me briefly what happened.
[PROBE: What exactly did he force you to do?]

Forced vaginal intercourse...............1
Forced anal intercourse.....................2
Forced oral sex.................................3
Other ________________________________4
(specify)
13. About how many times would you say that he forced you to have sex? [IF UNSURE, ASK HER HOW MANY TIMES A WEEK, A MONTH, IT HAPPENED ON AVERAGE AND FOR HOW LONG A PERIOD OF TIME]

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-5 times</td>
<td>1</td>
</tr>
<tr>
<td>6-10 times</td>
<td>2</td>
</tr>
<tr>
<td>11-20 times</td>
<td>3</td>
</tr>
<tr>
<td>20-30 times</td>
<td>4</td>
</tr>
<tr>
<td>40-50 times</td>
<td>5</td>
</tr>
<tr>
<td>More than 50 times</td>
<td>6</td>
</tr>
</tbody>
</table>

Could you estimate? ____________

14. Was there ever any way that you felt able to resist?

Yes.__________________________1

No.__________________________2

[IF YES]

15a. What kind of things were you able to do?

15b. Did you ever have an unwanted pregnancy as a result of this experience?

Yes.__________________________1

No.__________________________2

[IF YES,]

15c. Did you have a child as a result?

Yes.__________________________1

No.__________________________2

16. Did [IDENTIFIER] stop physically abusing you?

Yes.__________________________1

No.__________________________2

[IF YES]

17. What finally stopped him/her?
34. How old was [IDENTIFIER] when you were first assaulted?

16-20 years ...................................... 2
21-25 years .................................... 3
26-30 years ..................................... 4
31-40 years ...................................  5
41-50 years ...................................  6
51-60 years ...................................  7
Over 60 years ..................................  8
Don't know ......................................  9

35. What race or ethnic background is/was [IDENTIFIER] -- White, Black, Asian, Native, or what? [IF R UNCERTAIN] What would be your best guess?

White/Caucasian ................................  1
Black ............................................  2
Asian ............................................  3
Oriental ........................................  4
Native/Aboriginal ..............................  5
Other .............................................  6

36. (Do you know) how far had/has [IDENTIFIER] gone in school (at the time)?

[IF MORE THAN ONE ATTACKER, CIRCLE ALL CATEGORIES THAT APPLY AND INDICATE NUMBER OF ATTACKERS IN PARENTHESES TO THE RIGHT OF THE CATEGORY.]

No formal schooling ............................. 01
Some elementary school ....................... 02
Completed elementary school ................. 03
Some high school ............................... 04
Completed high school ......................... 05
Completed trade school ....................... 06
Completed community college ................. 07
Some university ................................ 08
Bachelor's Degree (BA, BSc, etc.) .......... 09
Master's Degree (MA, MSc, MSW, etc.) .... 10
Doctorate (PhD, DSc, DEd) ................. 11
Completed Professional Degree .............. 12

37. What was (were) [IDENTIFIER] occupation(s) at that time?

Job Title ........................................
Industry ........................................
Duties ...........................................