THE IMPACT OF CHILDHOOD SEXUAL ABUSE ON ADULT WOMEN'S
SELF-REPORTED HEALTH FACILITY UTILIZATION

by

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STATEMENT BY AUTHOR

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ABSTRACT

This study illustrates how structural equations analysis is useful in the investigation of childhood sexual abuse and its effects on adult women's health functioning. Factor analytic equation models permitted simultaneous evaluation on a priori factor models of the complex interrelationships of abuse, health perception, symptomatology, and health facility utilization.

Structural path analysis supported the prediction that childhood sexual abuse impacts on health facility utilization, both directly and indirectly. According to the models, abuse has a causal relationship to health symptom reporting, and the use of mental and medical health services. Overall, the indices of fit were very high; however, the models do not account perfectly for all the covariance between subscales. The group studied were college women (N=608) who volunteered to complete a comprehensive questionnaire about childhood sexual experiences and their health status.
INTRODUCTION

Interest in the effects and prevalence of child sexual abuse has flourished since the late 1970's when an increase in the number of reported cases prompted an examination of variables related to differential effects on long term functioning. Childhood sexual abuse is commonly used in reference to sexual activity involving a child that occurs within a relationship that is: (1) deemed exploitative by virtue of an age difference or caretaker status or (2) results from threat or force (Finkelhor, 1987). The term childhood sexual abuse generally includes the categories of both incest and molestation. However, the definition for child sexual abuse in research has varied dramatically along several dimensions (Finkelhor, 1986).

The lack of concordance among researchers as to how to operationally define incest makes the prevalence of childhood sexual abuse difficult to determine. Researchers have studied child sexual abuse by assessing numerous categories including: type of abuse, age of perpetrator, degree of threat, victim's age, relationship of the abuser, and perceived severity of abuse. For example, Seidner and Calhoun (1984) accessed all types of contact and noncontact child sexual abuse. They utilized 17 years of age as an upper limit and required an age discrepancy of five years between perpetrator and abuse victim. Finkelhor (1986) used
16 years of age as the criterion, studied all types of contact and noncontact abuse. In addition to the five year age difference between victim and perpetrator Finkelhor (1986) required the respondent to consider the experience sexually abusive. Sexual body contact prior to the age of 18 with an individual five years older is also a common definition. If less than a five year age difference existed between the perpetrator and victim Wyatt and Newcomb (1990) included contact that was unwanted or coerced. In general, most current research excludes peer relationships, has an age disparity of at least five years between the perpetrator and victim or assesses unwanted sexual contact. The current study defines child sexual abuse as: the involvement of a child before the age of fourteen in any sexual act or situation in which the experience was unwanted or exploitative. A criterion age of 14 was used in an effort to minimize reporting of sexual relationships involving peers; especially early sexual experiences that were perceived negatively.

In a study conducted by Finkelhor (1979) child sexual abuse was experienced by one out of five girls and one out of eleven boys. A critical review of recent studies indicate that between 11 and 62% (Bagley et al., 1984; Kercher & McShane, 1984; D. Russell, 1983; Wyatt, 1985; Wyatt & Newcomb, 1990) of women have experienced at least one incident of child sexual abuse. In contrast the Los
Angeles Catchment Study reported a prevalence rate of only 5.3% among 3,132 men and women participants (Stein, Golding, Siegal, Burnam, & Sorenson, 1988). The definition used in the catchment investigation was narrow, and excluded noncontact experiences. Finkelhor (1979) found that 19% (101/530) of the women in his college sample reported at least one episode of childhood sexual abuse before the criterion age of 16. However, he included both contact and noncontact experiences, but required the perpetrator to be five years older than the victim if she was under 12, and 10 years older than the victim if the victim was 13 or older. D. Russell (1983) found that 38% (357/930) of the urban women she interviewed reported at least one incidence of incestuous or extrafamilial childhood sexual abuse.

Discrepancies between prevalence figures derived from self-report surveys of clinical populations and official figures have always created problems and may in part emerge from the disparate study designs used to investigate incest (Klosky, 1987). Differences in the incidence of reported abuse can also be attributed to the variance in the operational definitions of child sexual abuse employed in different studies and the use of convenience samples used for research.

Men are also victims of abuse, but the incidence of male victimization is thought to be underreported with the reported rates between 3 to 31% (Finkelhor, 1986). Several
reasons can account for the disparity between reported childhood sexual abuse of males and females. More evidence is currently available documenting childhood sexual abuse in females; 78% of the substantiated cases of sexual abuse involve girls (Flanagan, Baum, & Singer, 1986; Koss & Heslet, 1992; Wyatt & Powell, 1988). The majority of research has focused on female survivors of child sexual abuse. Additionally, males reporting sexual abuse are often faced with the threat of being labeled homosexual (Finkelhor, 1984; Nasjleti, 1980) since their offenders also tend to be male. Current evidence indicates the impact of childhood sexual abuse has negative sequelae for both genders (Nasjleti, 1980). However, the majority of reported child sexual abuse is directed toward women by male perpetrators (Finkelhor, 1982) and the research has studied the long term sequelae and mediating variables affecting women survivors (Finkelhor, 1979; A. Russell & C. M. Trainor, 1984; Wyatt, 1985).

Most empirical evidence focuses on the psychological and emotional sequelae of adult women that result from the experience of child sexual abuse. Women that have been sexually abused as children are more likely to manifest a plethora of psychological symptoms including: depression, poor self-esteem, self destructive behavior, relationship problems, and feelings of isolation (Beitchman et al., 1992; Browne & Finkelhor, 1986a; Conte & Schuerman, 1987a;
Finkelhor, 1987). Klosky (1987) reviewed incest literature and found that over half the incest victims describe being coerced by violence or threats of violence. Levels of violence, like prevalence figures may be highly dependent on the characteristics of the samples chosen for evaluation (Klosky, 1987). The incidence and severity of violence is important because violence may significantly influence later outcome. For instance, Klosky (1987) reported 80% of women who recalled violence associated with childhood sexual abuse later experienced what were defined as 'serious difficulties', including multiple divorces, institutional care for mental illness, drug dependency and prostitution. Recent research has shown long term effects of child sexual abuse include elements of "Post-Traumatic Stress" syndrome such as dissociation, flashbacks, and nightmares (Briere & Runtz, 1987; Finkelhor, 1987; Putnam, 1988). Other researchers (Peters, 1988; Stein et al., 1988) have focused on psychosocial consequences such as mood alteration, depressive symptoms, and interpersonal dysfunction (Briere & Elliot, 1990; Briere & Runtz, 1990). Beitchman et al. (1992) provide an excellent overview of research in the field evaluating psychological sequelae of childhood sexual abuse. Short term consequences of childhood sexual abuse are also reviewed elsewhere (Beitchman, Zucker, Hood, daCosta, & Arkman, 1991; Browne & Finkelhor, 1986).

Although current research has shown that a correlation
exists between sexual abuse during childhood and the development of long term psychosocial consequences (Arnold, Rogers, & Cook, 1990; Beitchman et al., 1992; Browne & Finkelhor, 1986b; Conte & Schuerman, 1987b) few studies have investigated the impact child sexual abuse has on the subsequent physical well being of adults sexually abused as children. Physical symptoms indicative of anxiety, depression, sleep disturbance, and eating disorders are reported as correlates of emotional reactions to child sexual abuse; most recently conceptualized as symptoms of Post-Traumatic Stress (Briere & Runtz, 1987; Finkelhor, 1987; Herman, 1981; Putnam, 1988).

The emphasis in research has been on psychosocial factors and not physical symptomatology (Arnold et al., 1990). Research that has addressed physical symptoms is retrospective and based on small clinical populations seeking medical treatment for a specific complaint (Henker, 1979; Rosenthal, Ling, Rosenthal, & McNeely, 1984). Our ability to understand the effects of childhood sexual abuse on adult functioning is often hindered when women present for health care services with complaints that seem unrelated to a history of childhood sexual abuse (Koss & Heslet, 1992). However, studies have consistently documented a range of chronic health problems that are diagnosed more frequently among women with a history of childhood sexual abuse (Koss & Heslet, 1992).
Medical Diagnoses Associated with Childhood Sexual Abuse

Chronic Pelvic Pain

It has been demonstrated repeatedly that women with chronic pelvic pain have a significantly higher incidence of physical and sexual abuse than various comparison groups (Calderola, Gamperle, Guzinski, Gross, & Doerr, 1983; Harrop-Griffiths et al., 1988; Reiter, 1990; Reiter & Gambone, 1990). Haber and Roos (1985) reported an association between different types of chronic pain that had no identified organic basis and a history of physical and/or sexual abuse. A growing concern exists that an inordinate proportion of medical and surgical patients have a history of childhood sexual assault and may be vulnerable to specific physical symptoms (Arnold et al., 1990; Fellitti, 1991).

The possibility of a causal association between childhood sexual abuse and chronic pelvic pain is important because of the high incidence and serious consequences of chronic pain symptoms. Ten to nineteen percent of hysterectomies reported in three large review series from the United States indicated chronic pelvic pain as the reason for performing surgery (Reiter & Gambone, 1990). Of the 650,000 hysterectomies performed annually, an estimated 78,000 are performed for idiopathic chronic pain (Reiter & Gambone, 1990). Women having a history of childhood sexual victimization also had more negative postoperative sequelae,
some resulting in longer hospital stays (Reiter & Gambone, 1990). A higher prevalence (64% versus 23%) of childhood sexual abuse has been reported (Harrop-Griffiths et al., 1988) for women who had diagnostic laparoscopy performed for chronic pelvic pain compared to women having the procedure for bilateral tubal ligation or infertility. Some studies have, however, confounded pelvic pathology with chronic pain and have reported associations that could reflect correlates of chronic pain (Koss & Heslet, 1992). Correlates of chronic pain could be linked with numerous psychosocial variables including childhood sexual abuse. In a study that compared women patients with age-matched pain free controls, 48% of women referred for idiopathic pelvic pain reported a history of childhood sexual trauma, including molestation and rape, compared to only 7% of controls (Reiter & Gambone, 1990).

Early investigations compared women having chronic pelvic pain based on the presence or absence of plausible organic pathology. Women with chronic pelvic pain and positive laparotomy findings were initially found to be equally as likely to have a history of sexual assault as those exhibiting chronic pain and negative pathology (Walker et al., 1988). These findings may be misleading since patients may have been erroneously classified as organically negative due to laparoscopically occult pathology (Reiter, Sharkerin, Gambone, & Milburn, 1991). Reiter and Gambone
(1990) have identified organic findings in almost half of a large group of patients referred for evaluation of pelvic pain after normal laparoscopy findings. In a second study (Reiter & Gambone, 1990) reassessed patients referred for idiopathic pelvicgia and categorized them as having positive or negative organic pathology. After reclassification, the prevalence of sexual abuse before age 20 was 67% in the group without organic pathology compared to 28% among those with somatic etiology for their symptoms. In addition to chronic pelvic pain, multiple physical complaints and a higher incidence of hospitalizations and surgeries are common in patients with a history of childhood sexual abuse but lacking an identified organic basis for their complaints (Haber & Roos, 1985; Reiter & Gambone, 1990).

**Generalized Chronic Pain Disorders**

An association between childhood sexual abuse and an array of chronic pain disorders including headache, backpain, bruxism, facial pain and TMJ syndrome has been described in the literature (Cunningham, Pearce, & Pearce, 1988; Fellitti, 1991; Haber & Roos, 1985; Hendricks-Matthews, 1991). Empirical data supporting this association are sparse and have most often focused on the effect of violence that occurred during adulthood. For example, Haber and Roos (1985) evaluated women referred to a multidisciplinary pain center and found that 53% were either physically and/or sexually abused. Although the majority
(90%) of the victimization in this sample occurred in adulthood, victimization always preceded the onset of chronic pain. Cunningham et al. (1988) found that women who had been sexually abused in childhood had a significantly higher frequency of medical complaints when compared to a matched group of women who had not been abused. In this study women with histories of childhood sexual abuse had more frequent headaches, asthma, chronic pelvic pain, ulcer disease, spastic colon, and heart palpitations. Fellitti (1991) also found chronic headaches of all types were almost twice as frequent in sexually abused women (45% vs 25% of the control group (p<.05). 

Premenstrual Syndrome

Women with a history of childhood sexual abuse often seek help for treatment for premenstrual symptoms. The syndrome is heralded by changes that occur regularly during the luteal phase and include cognitive, affective, behavioral, and somatic complaints (Stout, Steege, Blazer, & George, 1986). Paddison et al. (1990) found a high prevalence of sexual victimization among women who seek treatment for premenstrual symptoms and among women prospectively diagnosed with Premenstrual Syndrome. Forty percent of the women having premenstrual syndrome reported a past history of sexual victimization including childhood sexual abuse and rape. Of the women reporting a history of childhood sexual victimization, 55% report that the
incidence occurred before the age of 14, and 45% were sexually abused or assaulted during adolescence or adulthood.

**Upper Respiratory and Allergic Responses**

In clinical lore, respiratory disorders and allergic responses have also been associated with childhood sexual assault. Although very little empirical evidence exist relating childhood sexual abuse with asthma, Fellitti (1991) found that condition in 13% of the women who had childhood sexual abuse compared to only 8% for the control group. Cunningham et al. (1988) also reported an association between childhood sexual abuse and asthma.

**Gastrointestinal Disorders**

Gastrointestinal disorders are also prevalent in women who have been sexually abused in childhood. The term "irritable bowel" has been utilized to describe numerous symptoms occurring from the oesophagus through the entire length of the gastrointestinal tract, including irritable bowel syndrome, spastic colon, non-ulcerative dyspepsia, and chronic abdominal pain or diverticulitis (Lowman, Drossman, Cramer, & McKee, 1987)(Drossman et al., 1990). Recent studies have started to examined the prevalence of negative psychosocial events in the past history of patients presenting with irritable bowel symptoms (Drossman et al., 1990; Lowman et al., 1987). In a study evaluating women at a university-based gastroenterology clinic, 44% reported
some type of sexual or physical abuse during childhood or adulthood. Individuals with functional disorders reported more experiences of sexual exposure, threatened sex, incest or rape, and physical abuse. Approximately one-third of the gastrointestinal complaints in these patients were identified as functional disorders, and more extensive victimization histories were associated with greater pain symptoms and a increased number of surgical interventions (Drossman et al., 1990). Interestingly, symptoms consistent with irritable bowel syndrome are present in more than 60% of gynecological patients referred for chronic pelvic pain (Hogston, 1987). Recurrent gastrointestinal problems were found in 64% versus 39% of the control group studied by Fellitti (1991).

Eating Disorders

Eating disorders are also frequently associated with a childhood sexual abuse history. Although anorexia and bulimia are multiply-determined, an unusually high rate of past sexual abuse has been identified in eating-disordered patients (Palmer, Oppenheimer, Dignon, & Chaloner, 1990). Paddison et al. (1990) found that the prevalence of sexual abuse before the age of 13 was 31% among one large series of eating disordered patients, but when the criterion age was increased to 15, the prevalence of sexual abuse was 58%. In another study, the incidence of childhood sexual abuse in a large bulimic population was 29% (Root & Fallon, 1988).
Obesity

Obesity has been diagnosed more often in women with a history of childhood sexual abuse. Fellitti (1991) surveyed adult members of a health maintenance organization (HMO) who presented themselves for a complete medical evaluation. The members of the group studied represented a broad cross section of a major American city: predominantly white, middle-class, and working, with significant numbers of Hispanics and fewer Asians and blacks. In the women reporting abuse, 60% were 50 pounds or more overweight compared to 28% in the control group. Fellitti (1991) found obesity in the sexually abused group to be both more severe and more frequent than in non-abused women. No reported association has been reported between the type of eating disorder and the severity, duration, or age of onset of the abuse (Palmer et al., 1990).

Chemical Substance Abuse

Chemical substance abuse is both a medical and behavioral outcome that has been associated with childhood sexual abuse (Herman, 1986; Stark et al., 1981; Strickland, 1991). Although empirical evidence is scanty, females with a history of childhood sexual abuse appear to have a greater risk than nonabused women for substance abuse and development of alcoholism (Miller, Downs, Gondoli, & Keil, 1987). Ten out of nineteen women with a history of chemical
abuse being treated in an outpatient psychiatric clinic reported a greater incidence of physical, childhood sexual abuse, rape, and spousal abuse when compared to women without chemical abuse backgrounds (Herman, 1986). Briere (1984) assessed the drinking behavior of women (n=153) in a community health center and determined that 27% of the women with childhood sexual abuse histories had concomitant alcoholism compared to 11% of the nonvictimized women. The incidence of drug addiction reported was 21% for women sexually abused as children, versus 2% of nonvictimized individuals.

The medical consequences associated with alcohol abuse in women are numerous and can result in pancreatitis, ulcers, cardiovascular disease, and alcoholic hepatitis and cirrhosis. Although mortality rate among women with cirrhosis are half the mortality rate exhibited by males, women have a faster progression and a decreased life expectancy (Center for Disease Control, 1989). Estimates of the prevalence of abuse histories, including incest, among alcoholic women range from 34 to 75% (Hurley, 1991; Strickland, 1991). Since approximately 90% of cirrhosis patients aged 40-59 are women (Sherlock, 1988), the importance of understanding how childhood sexual abuse mediates substance abuse behavior is substantial. Among women who were sexually abused in childhood, those who are chemically dependent were exposed to longer-lasting trauma.
In one sample of addicts, 51% had endured abuse that lasted 5 or more years compared to only 7.7% of a nonaddicted sample (Hurley, 1991).

**Human Immunodeficiency Virus**

HIV infection is also a behaviorally mediated outcome related to childhood sexual abuse, and it poses grave medical consequences. In a sample of New England adults selected on the basis of nonzero risk for HIV acquisition or transmission, only 54% of the women lacked histories of sexual victimization, compared to 81% of the men. The victimizations reported for those at risk for HIV infection occurred in childhood (20%), adolescence (9%), and adulthood (18%) (Zierler et al., 1991). Current theory suggests that alcohol and other drugs are used to self-medicate, to repress memories of traumatic experiences, particularly childhood sexual abuse, outside of painful awareness (Strickland, 1991).

**Childhood Sexual Abuse and Pathological Findings**

Tissue damage may be one outcome of childhood sexual abuse that can result in overt or occult pathology. If direct tissue damage were the link, one would expect more problems with greater physical force, younger age, and longer duration. Few investigations have evaluated the health status of women in detail to identify any pathological findings. The most relevant work has been in laparoscopic studies of chronic pelvic pain patients. Some
indication of overt pathology has been found in this subsample, but the findings are not consistent. One problem is the lack of technology, another is the prohibitive cost of doing this type of research in sample sizes large enough for adequate assessment of the relationship between abuse and pathological changes. Finally, pathological changes in one organ system may affect one or more other organ systems, and the relationship of abuse to pathology may not be direct nor easily identifiable.

Although it is plausible, perhaps, to think that pathology might be identified, even more plausible reasons for the abuse-medical utilization link exists. Misattribution of body sensations, stress-illness relationships, and negative health behaviors may account for increased health care utilization. Additionally, the interaction between health care providers and victims may modify utilization of services.

Health Perceptions

Health perceptions determine how individuals perceive their health, whether they perceive they are in a state of wellness or in ill health (Davies & Ware, 1981). Health perceptions also reflect the feelings, ideas, and beliefs an individual has about her health status (Connelly, Philbrick, Smith, Kaiser, & Wymer, 1989). Correlations between illness behavior and most of the Health Perception scales have been found in the expected directions (Ware, Davies-Avery, &
Donald, September 1978). Understanding how individuals perceive their health, identifying unique health perceptions associated with different health problems, and learning how perceptions alter psychosocial functioning are important variables that can have profound consequences on the effectiveness of health care delivery systems.

Subjective distress is one of the best predictors of individual differences in health care utilization (Shapiro et al., 1984). Psychological distress may cause individuals to perceive their health as poorer and will enhance subjective perception of symptoms of illness (Barsky, 1981; Connelly et al., 1989). Self-evaluation of need and self-initiated health care behavior depend on the individual's perception of their physical and mental health (Connelly et al., 1989; Davis & Ware, 1981). Very little is currently known about the excess stress child sexual abuse survivors may have experienced during their lives. Investigations of clinically identified samples suggests that childhood sexual abuse may predispose an individual to prolonged emotional discomfort as well as somatic distress for which medical treatment is requested. In these cases, a primary medical approach to intervention may not be effective in relieving either psychological distress or physical symptoms (Barsky, 1981).
**Stress-illness Theory**

An appealing mechanism to account for abuse-symptom path is stress-illness theory. This theory suggests that stressful life events suppress host's resistance to illness by mediation of the immune system functioning (Cohen, Tyrell, & Smith, 1991; Cohen & Williamson, 1991). Several mechanisms of immune system modulation have been hypothesized including both direct and indirect pathways. Some of the neural pathways linking the central nervous system to the immune system have been identified, and a wide range of neuroendocrine hormonal effects have been implicated in function of the immune response (Cohen & Williamson, 1991).

Stressor-response changes in immune functioning are able to account for temporally related infectious disease processes following exposure to trauma (Koss, Koss, & Woodruff, 1991). Although the repetitive nature of much childhood sexual abuse could set up a continuing state of stress, the diversity and persistence of the health effects associated with childhood sexual abuse suggests that additional processes may be operating. Sexual abuse may, or may not, be associated with other types of abuse. Briere & Runtz (1990) found that specific impacts of physical, sexual and psychological abuse, above and beyond any effects they have in common with one another.
**Negative Health Behaviors**

An alternative mechanism that could account for a decrease in health status is behavioral alterations in response to stress that enhance vulnerability to disease onset (Cohen & Williamson, 1991). Consuming more alcohol, initiating or increasing smoking, poor dietary habits, and sleeplessness are a few examples of behavioral adaptation or coping responses to stress that have deleterious effects on immune response (Cohen & Williamson, 1991; Kiecolt-Glaser & Glaser, 1987). For example, eating disorders may be a negative health behavior resulting from childhood sexual abuse that could have both short and long term health consequences. To the extent that changes in health behaviors initiated in the immediate postvictimization period endure, they could influence disease susceptibility many years after termination of the abuse (Koss & Heslet, 1992). This mechanism may be more useful in explaining behavioral changes in victims that were older at the onset of abuse or older when the childhood sexual abuse terminated.

**Misattribution of Bodily Sensations**

Exposure to childhood sexual abuse may influence health by intensifying an individual's focus on internal sensations. Childhood sexual abuse victims may fear being disfigured, injury, or death (Bard & Sangrey, 1985). Intense experiences of this nature may focus attention on
bodily sensations and establish or heighten concerns about physical integrity (Wickramaseka, 1986). Physicians, however, may also potentiate an iatrogenic effect by not acknowledging non-organic problems. Once the focus of attention is established, normal bodily sensations as well as physiological concomitant of emotional responses to victimization may be misperceived or labeled by the victim as symptoms of physical disease (Cohen, Tyrell, & Smith, 1991; Cohen & Williamson, 1991). When these concerns exceed some threshold of severity, they trigger patient initiation of a physician visit. To the extent that heightened attention persists, a pattern of high medical service utilization could continue for years. The heightened attention argument is strengthened by evidence that high utilization followed but did not precede criminal victimization in adulthood (Koss et al., 1991). Some writers have suggested that a pattern of multiple medical complaints and over-utilization of health care services is learned in childhood from the way care givers behave during illness (Whitehead & Crowell, 1991).

**Interaction with Health Care Providers**

The interaction of the medical services system with individuals seeking help needs to be evaluated. In most cases physicians focus on treatment of the current complaint and overlook the underlying etiology (Randall, 1990). Routine screening for childhood sexual abuse is rare even in
psychiatric settings, emergency rooms, or when taking a sexual history (Jacobson & Richardson, 1987; Liese, Larson, Johnson, & Hourigan, 1989; Stark et al., 1981). Survivors of childhood sexual abuse seek help for bodily sensations that they have labeled as symptoms of disease or illness. If health care practitioners fail to elicit relevant psychosocial experiences in the rush to seize organic pathology, they are potentially responsible for entrenching misattributions about the significance and meaning of physical sensations (Koss & Heslet, 1992).

A theme throughout the literature reviewed is that patients rarely tell, nor do practitioners ask, about history of childhood sexual abuse. Failure to screen for childhood sexual abuse histories, especially in a medical setting, has negative consequences. First, ignoring an abuse history may very well produce a patient who will continue to seek help for medical problems. Second, the patient can mentor illness behavior for members of her family, which in turn can increase their potential to become high utilizers. Third, failure to screen for childhood sexual abuse communicates a lack of permission to discuss these issues in a helping environment. When psychosocial variables are ignored in diagnosis, somatic complaints may be inaccurately and inappropriately diagnosed and treated exclusively as organic pathology (Katon, Ries, & Kleinman, 1984).
Victim Responses

Identifying psychosocial variables that impact on health can be difficult. For most individuals, the process of labeling oneself a victim is not only difficult, but complicated when events occurred within a family setting or if actions were ambiguous (Browne, 1991). Browne has identified several ways victims may respond to abuse: (1) victims seek a private solution, (2) victims re-evaluate the event so the situation is not defined as victimization, (3) victims report the event, formally or informally, as victimization, (4) victims do nothing. Health care providers have an opportunity to assist victims of childhood sexual abuse by aiding in disclosure and can help make the disclosure experience positive.

Factors Mediating Health Status

Our nation's health status has improved (Barsky, 1988) over the last decade but there has not been any decrease in the use of ambulatory medical care facilities. There is also an increased awareness that patients with unresolved psychological problems are relatively high users of ambulatory health facilities (Shapiro et al., 1984). Most studies to date have addressed the health behavior of patients with diagnosable mental disorders (Jones, Mabe, & Riley, 1989; Thompson & Thompson, 1985). Very few investigations have been done, however, to assess long term vulnerability to physical symptoms (Arnold et al., 1990),
or to evaluate health perceptions and health behavior of adult survivors of childhood sexual abuse in non-clinical populations. Because of national attention to reduction of health care costs and enactment of diagnosis-related groups, it is appropriate to try to identify groups of patients with inordinately high utilization of health care services (Smith, Monson, & Ray, 1986). Early recognition of variables affecting patient health can lead to more efficacious treatment, enhanced patient satisfaction and prevention of unnecessary procedures or hospitalizations (Smith et al., 1986).

A consistent pattern of findings indicates that deleterious and long-term consequences for health are associated with childhood sexual abuse experience. The range of acute and chronic effects across body systems suggests that childhood sexual abuse may be an etiological factor in the development of physical symptoms. Establishing a causal link between childhood sexual abuse and physical symptoms identified in adulthood may be difficult because outcome phenomena tend to be multiply determined. How the context and severity of childhood sexual abuse impacts on health mandates further investigation and is essential if the processes by which childhood sexual abuse affect health are to identified.
Methodological Review

Our knowledge base on the consequences of child sexual abuse is currently uneven and many of the research techniques are deficient. Although some research methods may not be ideal, substantial evidence shows a strong and consistent relationship between childhood sexual abuse and adult dysfunction (Browne & Finkelhor, 1986; Finkelhor, 1987).

Empirical studies have focused on deviant and pathological populations, seldom evaluating nonclinical samples (Fromuth, 1986; Koss & Heslet, 1992). In addition to sampling bias, few empirical studies have looked at the long term effects of child sexual abuse (Briere & Runtz, 1990). A wide range of independent and dependent variables have been employed in an effort to understand the relationship among type and severity of childhood sexual abuse and possible consequences of abuse (Beitchman et al., 1992).

The lack of consistent definitions for the term survivor, perpetrator, and abuse also limit the ability to discover factors related to the consequences of child sexual abuse. Fellitti (1991) attempted to study medical consequences of childhood sexual abuse but treated rape, molestation, and incest as a single category. A review of the literature indicates that most research focuses on univariate criteria; few studies employ multivariate
techniques to clarify the complexity of child sexual abuse and its long term consequences.

The use of self-report as a means of collecting data has often been thought to be highly suspect. Self-report, however, may be the only effective means of obtaining the information needed about sensitive subjects such as traumatic events, or sexual and health issues. Problems inherent in self reporting of behavior include reporting biases that can under or over estimate the incidence (Braverman, 1989). Underreporting may occur when respondents feel guilty or conflicted about the behavior being studied, when memories have been repressed, when perception of the truth is very different from actual facts, or when participants fear social sanctions. Underreporting may occur when individuals believe the questions are too private and they refuse to answer (Braverman, 1989). Reasons that potentiate overreporting also exist. Overreporting occurs, primarily, when there is secondary gain. For example, participants may wish to enhance their image by reporting they have engaged in a socially desirable activity, or report that they have participated in an effort to enhance their own self-esteem (Braverman, 1989).

The use of self-report in childhood sexual abuse research is more often the rule. It offers women who have not disclosed their experiences a safe milieu without fear of social sanction or embarrassment. Although some
individual's perceptions may not be accurate, individual perceptions are also thought to predict later functioning (Wyatt & Mickey, 1987). A final use for self-report is the ease of administration to a large sample population. Although reporting biases may not be equally prevalent, utilizing a large sample is expected to more accurately reflect experiences of the population in general.

**Proposed Hypotheses**

In summary, the goal of this study is to investigate the impact child sexual abuse has on adult health perception and health behavior. It is proposed that adult survivors of child sexual abuse perceive their health status as less satisfactory than non-abused adults. It is also suggested that adults who have been sexually abused as children will report a greater number of symptoms and that incidence of health facility utilization of abuse survivors will also be greater than nonabused adults.

**Model Development**

On the basis of the hypotheses, a structural equations model was developed that could account for the relationships between childhood sexual abuse and adult health functioning. Several studies have addressed isolated relationships between abuse and outcome measurements such as: abuse and mental health, abuse and social functioning, or abuse and physical symptoms in clinical populations. Health perception research has documented the relationship between
perceived health and increased medical facility utilization in general. Currently there is a need to increase our knowledge of the long term sequelae of childhood sexual abuse: (1) to enhance understanding of how abuse affects future health status and (2) in an effort to develop possible intervention strategies.

The theorized relationships were based on current research in the field. Even though few studies have addressed the impact of childhood sexual abuse on women's health the associations are intuitively reasonable. An a priori analysis was then undertaken to evaluate the direct and indirect influence of childhood sexual abuse.

**Operational Definitions**

Operational definitions of criterion variables for the current investigation are:

*Child sexual abuse* is defined as the involvement, by self-report, before the age of fourteen in any sexual act or situation in which the experience was unwanted or exploitative.

*Health facility utilization* is operationally defined by responses to survey questions that reflect the number of times a subject sees a health care provider and the number of health care providers seen. Both mental health care and physical health care parameters will be addressed.
METHOD

Subjects
Volunteers from undergraduate Psychology courses at the University of North Texas, during the Summer and Fall 1991 enrollment periods, were used to obtain a sample of 892 subjects. Of these, 608 subjects were female. Current research suggests that at least 20% and as many as 65% of the female subjects would report a history of childhood sexual abuse. The rate for males acknowledging childhood sexual abuse experiences is expected to be much lower, and that an adequate sample of male victims probably could not be claimed. Males also participated, however, and information gathered from them will be analyzed at a future time.

Although most child sexual abuse research has failed to identify consistent specific demographic characteristics as covariates of child sexual abuse, demographic characteristics and family background information were be obtained.

Instrumentation

Few measures exist that assess the circumstances and outcomes of childhood sexual abuse and its relationship to adult health functioning. Therefore, a questionnaire was developed that assessed participants self-reported health status, including use of health care facilities and related expenditures.
CASE Questionnaire. The CASE questionnaire is a 744 item instrument developed for the current project. It was used to obtain both retrospective and current data regarding participant's childhood sexual experiences and the effects of childhood sexual abuse on adult health status. The questionnaire was administered as part of a larger study and the measure has ten parts; however, only the following five sections are pertinent to the current study:

Health Care Utilization Measures. This measure included is a self-report survey, in which the respondent indicates the number of health care providers, the frequency of health facility utilization, expenditures for insurance, prescriptions and satisfaction with care. Questions address the dimensions of physical and mental health behaviors. (Appendix B, pages 115-117, 120, 136-137).

Measurement of Abuse. The measurement of abuse was based on the a sum of two scales, Invasive and SevAbuse. The invasiveness (Invasive) score used was based on a scale developed in previous research (Zetzer, 1990). The invasiveness scale was one of several devised to measure different aspects of the childhood sexual experience: a) physical invasiveness, b) the frequency, c) duration of the abuse, d) age of onset, e) age differences between victim and offender, f) the forcefulness used by the perpetrator. After pilot testing the scale Zetzer (1990) used a computerized chi-square minimization routine to
estimate rational level measures of the following sexually abusive behaviors, which are listed from least to most physically invasive and accompanied by their scale values:

- Offender exposes genital (.360),
- Attempted fondling (.476),
- Hugging and kissing (.550),
- Offender makes sexual comments (.630),
- Victim disrobed (.653),
- Offender masturbates (.698),
- Offender takes pornographic photos (1.220),
- Offender fondles victim (1.237),
- Fondle each other (1.332),
- Both masturbate (1.398),
- Attempted genital touching (1.522),
- Victim made to fondle offender (1.602),
- Victim made to masturbate (1.918),
- Attempted digital penetration (2.132),
- Offender touches victim's genitals (2.191),
- Attempted oral sex (2.369),
- Victim made to touch offender's genitals (2.485),
- Touch each other's genitals (4.151),
- Offender performs dry intercourse (5.232),
- Victim made to perform oral sex on the offender (8.846),
- Attempted anal or vaginal intercourse (10.0),
- Offender performs oral sex on the victim (10.338),
- Offender performs digital penetration (15.660),
- Both perform oral sex (17.741),
- And offender performs anal or vaginal intercourse (33.049).

The SevAbuse score was based on summing the number of responses that indicated any of the following behaviors: the victim felt betrayed in a sexual manner by the offender, the victim felt betrayed in a situation by the offender, the victim was asked to show her body, the offender took picture of the victim having sex, or indicating something not
identified in the questionnaire was problematic for them. This score was included in an effort to evaluate the total range of abuse, including noncontact experiences.

**General Health Perception Scales** (Davis & Ware, 1981). These health perception measures are scales that assess subjective perception of general health status. The variables in the General Health Index reflect the feelings, beliefs, and ideas that individuals have about their health and are the items used to evaluate individual subject's health perceptions. Reliability estimates for the ability of the subscales to assess general health parameters range from .58 to .98. The general index measure is a composite of these subscales. (See Appendix B, pages 111-115).

**Trauma Symptom Checklist (TSC-40).** Another measure included is an existing instrument (Elliott & Briere, 1990). The TSC-40 is a measurement scale designed to be an abuse-oriented instrument that can serve as an indicator of traumatic impact. The symptom perspective used by the checklist identifies observable and reportable problems and permits examination of variation between abused and nonabused subjects. In non-clinical samples the TSC-40 subscales have reported reliabilities ranging from .59 to .90 (Briere & Runtz, 1990). The Trauma Symptom Checklist has discriminated among abused and non-abused women consistently. Bagley, as reported by Briere and Runtz (1989), found that results obtained when using the TCS-40
correlated with other research instruments. Bagley suggest that reasonable concurrent validity exists (Briere and Runtz, 1989). (See page 101-102, Appendix B)

Health Symptom Checklist. This instrument was developed by Schinker (1989) and modified by this researcher to include additional symptoms that have been reported in child abuse research. Although this checklist has not been employed specifically as a research tool, it is used widely by primary care physicians as a health screening tool. Thus, it appears to have good face validity. The 170 item questionnaire requires the respondent to subjectively rate the presence or absence of symptoms. Questions regarding the number of childhood illnesses and number of surgeries are included to aid in assessment of abuse-specific symptomatology. (Appendix B, pages 117-120)

Procedure

A nonclinical sample of college aged students, including six hundred and eight women used in this study, were asked to complete an anonymous questionnaire. Students taking entry level psychology courses were asked to take part in the survey. Participation was voluntary, but as an incentive subjects were able to obtain extra credit for their course work. To standardize administration the questionnaire was accompanied by an explanatory statement describing that the intent of the study was to examine consequences of sexual experience during childhood. The
statement explained that the nature of the study required responses to sexually explicit questions that may be understandably difficult to answer. Subjects who chose to participate were required to sign consent forms (Appendix A). Subjects were also advised that they could discontinue participation in the study at any time but that their cooperation would aid research on the impact of child sexual experience on adult health status. To maintain anonymity, participants returned their questionnaires through a slot in an enclosed box. A second box was available for returning signed informed consent forms. Abused women were identified based on subject's self-reporting of childhood sexual experiences.

Method of Analysis

The data were subjected to a multivariate causal analysis by factor analytical structural equations modeling (Bentler, 1989). The lower order subscale factors were based on theoretical concepts and supported by principal components factor analysis in SAS (PROC FACTORS). Item covariance matrices were then computed using SAS, and using these covariance matrices, structural equations modeling was performed using EQS. Structural Equations Modeling was done to model the effects of abuse on health perceptions, symptomatology, mental health facility usage, and medical facility utilization. Structural path analysis was used to evaluate the prediction that childhood sexual abuse impacts
health facility utilization both directly and through mediation of health perceptions and symptoms. The alternative path analyses assessing the heuristic abuse-perceptions-symptoms-utilization and abuse-symptoms-utilization were also evaluated as part of a "saturated" model.

Missing Data. Logical replacement of missing data was done. Because of the format of the questionnaire, most items that did not have a response were thought to indicate a true "no" or "not applicable". For example, respondents were asked to check the health symptoms that pertained to them; thus, if the item was not checked, a blank was taken to indicate not applicable.

RESULTS

Measurement Model

Figure 1 displays the measurement model for the higher-order factors of the first degree. The factor loadings, estimated by Generalized Least Squares, are expressed as standardized regression coefficients (Beta weights) for the causal pathways. Simultaneous estimation of all higher-order factors was performed in the structural equation models. This method tests the interrelationships among variables that reflect a mediational hypothesis and can also assess direct effects. Table 1 describes the factor structure of the Measurement Model.
### Table 1

**Standardized Solution for "Inclusive" Model**

<table>
<thead>
<tr>
<th>Standardized Solution:</th>
</tr>
</thead>
<tbody>
<tr>
<td>INVASIVE=V1 = .611*F1 + .792 E1</td>
</tr>
<tr>
<td>DAYSOFAB=V2 = .581*F1 + .814 E2</td>
</tr>
<tr>
<td>FREQSXAB=V3 = .878*F1 + .478 E3</td>
</tr>
<tr>
<td>SEVABUSE=V4 = .763*F1 + .647 E4</td>
</tr>
<tr>
<td>PRIORRTH=V5 = -.491*F5 + .871 E5</td>
</tr>
<tr>
<td>HTHOUTLK=V6 = .723*F2 + .691 E6</td>
</tr>
<tr>
<td>RESIST =V7 = -.696*F2 + .718 E7</td>
</tr>
<tr>
<td>WORRY =V8 = -.142*F2 + .990 E8</td>
</tr>
<tr>
<td>CURHEALT=V9 = .706*F2 + .708 E9</td>
</tr>
<tr>
<td>SICORIEN=V10 = -.077*F2 + .997 E10</td>
</tr>
<tr>
<td>MEDUTILZ=V11 = .632*F5 + .775 E5</td>
</tr>
<tr>
<td>MHUTILZ =V12 = .495*F4 + .869 E12</td>
</tr>
<tr>
<td>MDEXPEND=V13 = .244*F5 + .970 E13</td>
</tr>
<tr>
<td>MHEXPEND=V14 = .489*F4 + .872 E14</td>
</tr>
<tr>
<td>LENMH =V15 = .758*F4 + .653 E15</td>
</tr>
<tr>
<td>GENHEALT=V16 = .561*F3 + .828 E16</td>
</tr>
<tr>
<td>DERMHEAL=V17 = .647*F3 + .763 E17</td>
</tr>
<tr>
<td>HEMHEALT=V18 = .472*F3 + .882 E18</td>
</tr>
<tr>
<td>NEUROMUS=V19 = .814*F3 + .581 E19</td>
</tr>
<tr>
<td>GUHEALTH=V20 = .500*F3 + .866 E20</td>
</tr>
<tr>
<td>GYNHEALTH=V21 = .591*F3 + .807 E21</td>
</tr>
<tr>
<td>ORALPHAR=V22 = .812*F3 + .584 E22</td>
</tr>
<tr>
<td>CVHEALTH=V23 = .721*F3 + .693 E23</td>
</tr>
<tr>
<td>GIHEALTH=V24 = .774*F3 + .634 E24</td>
</tr>
<tr>
<td>VISHEALT=V25 = .572*F3 + .820 E25</td>
</tr>
<tr>
<td>AUDTH =V26 = .507*F3 + .862 E26</td>
</tr>
<tr>
<td>NASALHTH=V27 = .609*F3 + .793 E27</td>
</tr>
<tr>
<td>HTHBATS=V28 = .419*F3 + .908 E28</td>
</tr>
<tr>
<td>HEALTHHX=V29 = .685*F5 + .728 E29</td>
</tr>
<tr>
<td>TRAUMA =V30 = .545*F3 + .838 E30</td>
</tr>
<tr>
<td>CONCEPTS=F2 = -.102*F1 + .995 D2</td>
</tr>
<tr>
<td>SYMPTOMS=F3 = -.524<em>F2 + .127</em>F1</td>
</tr>
<tr>
<td>MENTLUSE=F4 = .173*F2 + .834 D3</td>
</tr>
<tr>
<td>MEDUSE =F5 = -.337<em>F2 + .080</em>F3</td>
</tr>
</tbody>
</table>


Structural Models

Figures 2 and 3 display both the "inclusive" and "restricted" structural equation models. The "inclusive" or "saturated" model is the initial model and includes all the causal pathways originally hypothesized. Nonsignificant pathways are drawn as dotted lines, significant pathways are solid lines with Beta weights indicated for each significant path. The "restricted" model is the final model, with all nonsignificant paths eliminated. Figure 2 and Figure 3 represent the "saturated" and "restricted" models.

Although the chi-squared values for both the "inclusive" and "restricted" models were statistically significant, indicating that the models do not account for all the covariance between the subscales, all of the indices of fit (NFI, NNFI, and CFI) were highly acceptable. The indices of fit include the Bentler-Bonett Normed Fit Index, the NNFI is the Bentler-Bonett Nonnormed Fit Index, and the CFI is the Comparative Fit Index. Indices of fit exceeding .90 are generally acceptable for practical purposes.

On the basis of selected modification indices, nonsignificant paths were removed from the "inclusive" model. The "difference" statistical and practical indices of fit indicate the relative loss of fit of the model as a result of by eliminating nonsignificant pathways (Hoyle, 1991). The difference chi-square test indicates both the "saturated" and "restricted" model perform nearly as well
in predicting the observed covariances. Therefore, on the basis of parsimony the "restricted" model is preferred. For clarity only the "restricted" model will be used in future discussion. Table 2 represents the model indices of fit and difference chi-square statistics.

Hypotheses Supported in the Structural Equations Model

The main results of the structural equation model evaluated in this study support the hypothesis that: (1) childhood sexual abuse has a causal relationship to increased mental health facility utilization, (2) childhood sexual abuse experience has a causal link to increased usage of medical services, (3) childhood sexual abuse directly affects the number of health symptoms reported. The hypothesis that a causal relationship exist between the experience of childhood sexual abuse and health perceptions was not supported. Health Perceptions was found to be an independent factor, which in turn affected symptom reporting and health facility utilization.

Prevalence

The prevalence of childhood sexual abuse was 54.1 % (336/608) in this sample. About 1.3% of the women reported childhood sexual abuse occurred "very frequently" with the mean response approximately 1.9 on a likert scale of 1 to 5 (1=never, 5=very frequently). Sexual contact between the perpetrator and victim ranged from one day (14%) to one year (2.8%) or more (11.8%). The invasiveness of the abuse also
Table 2.

**Statistical and Practical Indices of Fit for Structural Equation Models**

<table>
<thead>
<tr>
<th>Model</th>
<th>DF</th>
<th>CHI 2</th>
<th>NFI</th>
<th>NNFI</th>
<th>CFI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inclusive</td>
<td>395</td>
<td>735.037**</td>
<td>0.976</td>
<td>0.988</td>
<td>0.989</td>
</tr>
<tr>
<td>Restricted</td>
<td>397</td>
<td>738.790**</td>
<td>0.976</td>
<td>0.988</td>
<td>0.989</td>
</tr>
<tr>
<td>Difference</td>
<td>2</td>
<td>3.75</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
</tr>
</tbody>
</table>

**(p<.001)**
varied widely across the sample from 0 to 6.9, on a 33 point scale (mean=6.0). Additionally, 42% of the respondents acknowledging childhood sexual abuse reported feeling emotionally abused. 34.5% of the respondents felt other children in the house were emotionally neglected or abused.

The descriptive characteristics of the sample including age, ethnicity, and marital status are included in Table 3.

Subjects

The sample of women (N=608) studied had a mean age of 22.8. Eighty-two percent were White, 9.4% Black, 5.3% Hispanic, 2.8% Asian, and less than 1% were Native American. The sample had an ethnic composition comparable to colleges nationwide (Digest of Educational Statistics, 1991). Table 4 compares the ethnic characteristics of the sample to the U.S. college population.

Perpetrator Characteristics

The relationship between the perpetrator and victim is one variable that is believed to mediate lasting effects of abuse. Perpetrator characteristics were not studied in detail, but females were the reported offenders 14.8% of the time. In 69% of the cases males were the offenders. Offenders of both sexes were reported by 5% of the participants acknowledging childhood sexual abuse.
Table 3

Descriptive Statistics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Abused</th>
<th>Nonabused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Age (years)</td>
<td>23.4</td>
<td>21.9</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>76.2%</td>
<td>79.6%</td>
</tr>
<tr>
<td>Co-habitating</td>
<td>5.9%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Married</td>
<td>14.6%</td>
<td>12.9%</td>
</tr>
<tr>
<td>Widowed</td>
<td>.4%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Divorced</td>
<td>3.0%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>5.6%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Anglo/Caucasian</td>
<td>81.5%</td>
<td>85.2%</td>
</tr>
<tr>
<td>Asian/Pacific</td>
<td>2.6%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Black/Afro</td>
<td>10.2%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Native American</td>
<td>0.0%</td>
<td>1.9%</td>
</tr>
</tbody>
</table>
Table 4

Ethnic Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Sample</th>
<th>U. S. Colleges</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1988</td>
<td>1990</td>
</tr>
<tr>
<td>Hispanic</td>
<td>5.3%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Anglo/Caucasian</td>
<td>82.0%</td>
<td>81.1%</td>
</tr>
<tr>
<td>Asian/Pacific</td>
<td>2.8%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Black/Afro</td>
<td>9.4%</td>
<td>8.9%</td>
</tr>
<tr>
<td>Native American</td>
<td>&lt; 1%</td>
<td>.7%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>5.7%</td>
</tr>
</tbody>
</table>

(-) not reported

Digest of Educational Statistics, 1991
DISCUSSION

The general purpose of this thesis was to examine the relationship between childhood sexual abuse and adult health behaviors, specifically investigating causal relationships. These findings highlight the usefulness of structural equation modeling in understanding the causal link between childhood sexual abuse, adult health and health facility utilization. Structural equation modeling allows the researcher to test competing hypotheses regarding the effects of childhood sexual abuse. The method provides information about relative contributions of health perceptions, symptoms, mental health facility utilization and medical facility usage. The present findings support both direct and indirect effects of childhood sexual abuse on adult health status and health care facility utilization. Prevalence of Childhood Sexual Abuse

Approximately 54.1% (336/608) of the survey sample of college women reported at least one incident of sexual abuse before the age of 14. This figure is comparable to those obtained in other studies and is quite close to the 60% prevalence rate reported by Peters (1988) and the 51% reported by Wyatt and Newcomb (1990). Prevalence rates do, however, vary considerably across research.

Historically, researchers have used numerous criteria in defining childhood sexual experiences and have produced varying prevalence rates. The difference between the
prevalence rates reported in this study and those of other investigators is probably due to the broad definition of abuse that was used to elicit responses. Both contact and noncontact abuse was included in the definition. Additionally, no constraints were placed on the characteristics of the perpetrator.

The prevalence rates reported by the different researchers are difficult to compare. First, differing operational definitions are used to describe childhood sexual abuse. In addition to differing researchers have also targeted different populations. Third, the use of different methodological approaches limited comparison of results between studies.

Targeted Population

The population used in this study was a college age sample of women (N=608), who volunteered to participate in an anonymous questionnaire. Because research has evaluated women in clinical populations, a nonclinical sample was used in an effort to gain insight into the relationship of childhood sexual abuse and health. Although a college population may be demographically restricted, it is not insignificant. Approximately 7 million individuals ages 18 to 24 attend U.S. colleges and universities (Digest of Education Statistics, 1991). Extending the age downward in this study is an appropriate aim for several reasons. A college group will exclude women who seek help because of
age related factors. A younger population group will include unidentified victims, and may also represent more degrees of childhood sexual abuse. Yet another reason is the easy access of large numbers of subjects. The focus on nonclinical, and college age individuals may account for the different prevalence rate reported in this sample.

The Relationship Between Childhood Sexual Abuse and Health Status

The structural equations model supports the hypothesis that childhood sexual abuse is causally related to physical symptoms and health facility utilization. Increased health facility utilization appears to be both a direct and indirect consequence of childhood sexual abuse. This finding is in part consistent with previous research.

Mental Health Service Utilization. A significant finding in this study was that mental health facility usage is directly linked to either an abuse history or health perceptions. Increased mental health problems have been consistently identified in women presenting with a history of childhood sexual abuse and in women being treated for psychiatric illnesses. Past research, however, has been problematic because the focus has been on clinical populations. One hypothesis is that women with a psychiatric diagnosis may tend to report more negative events. The results of this study suggest that abuse has a causal relationship with increased mental health problems.
Mental health utilization in this model is causally linked to increased medical facility utilization, with abuse having both a direct and an indirect impact on use of health care services.

**Medical Services Usage.** Based on the results of this study, abuse is also causes an increase in medical service utilization. A direct path exists between abuse and medical services usage. Indirect paths abuse-symptoms-utilization, and abuse-mental health also exist.

Women with specific medical problems have often reported greater abuse histories. The exact nature of this relationship is not understood and may be multiply determined. Several plausible explanations exists for the direct increase in services by women with childhood sexual abuse histories. Among these are: the stress-illness, misattribution of bodily sensations, negative health habits, lowered health perceptions, or pathology.

**Health Symptoms**

The abuse-symptom-medical facility utilization and the abuse-symptom-mental health facility utilization pathways were validated by the structural equation models. Although the nature of the symptoms and their frequency among women reporting childhood sexual abuse were not evaluated in this study, the increased reporting of health problems may account for the fact that women utilize health care facilities more that men do.
Health Perceptions

The hypothesis that abuse causes lowered health perceptions was not substantiated in this study. However, the health perception variable was directly related to both mental and medical facility utilization and indirectly through symptoms. As health perceptions, as measure by the Health Perceptions Questionnaire become more negative, medical facility utilization increased. Misattribution of bodily sensations is a mechanism that could explain why abuse and health perceptions both increase symptom reporting.

Interestingly, more positive health perceptions increased the use of mental health services. One possible explanation for this finding may be a willingness to acknowledge non-medical causes of distress. Alternatively, an individual may need to feel good about her physical integrity before seeking mental health services.

Overview. Results reported here may provide insight into the effects of childhood sexual abuse. The results are provocative and useful in understanding how the experience of childhood sexual abuse impacts on women's health and service utilization. Never the less, more research needs to be undertaken in order to discover what other factors affect survivor's health status. Childhood sexual abuse rarely occurs in isolation. Discovering what unique contribution childhood sexual abuse makes to adult health is important.
Identifying concomitant factors such as: age of abuse, duration and type of sexual abuse, family dynamics, or socioeconomic factors is also necessary.

**Implications and Recommendations**

**Research.** Research investigating childhood sexual abuse is fraught with methodological problems. Research repeatedly suggests, however, that the experience has negative impact on women's adult functioning and should remain a priority issue. Of primary concern is the need for more consistent and uniform criteria used in defining childhood sexual abuse, perpetrators, types of abuse and other factors of interest. Without consistency in definitions, results cannot appropriately be compared across studies.

In addition, prospective research also needs to be conducted. Such research would serve several purposes. First, prospective research reduces dependence on participant recollection of the event and subsequent outcomes. Because abuse victims frequently repress all or some of their experiences, retrospective data may have an inherent bias that cannot be easily detected. Secondly, most studies have evaluated adult survivors, and the temporal relationship between the childhood sexual abuse experience and current functioning may not be accurately determined. Finally, prospective information may help researchers identify factors that multiply determine
negative outcomes of childhood sexual abuse.

Additionally, multivariate analysis techniques should be incorporated into future investigations. Specifically, implementing causal modeling techniques may lead to findings that would help health care providers in prevention of negative sequelae.

Investigating the link between childhood sexual abuse and other phenomena may also increase our understanding. Research may need to assess the relationship between childhood sexual abuse and other factors such as: (1) level of functioning, and recall, (2) differentiating between symptoms and their impact on help seeking behavior, (3) relationship between disclosure experiences and health behaviors, and (4) cross-validating the current findings.

Implications for Health Care Providers

Many women who have been sexually abused as children have never told anyone about their experience. In this study 27.8% of the participants reporting childhood sexual abuse have never disclosed. Of those who have disclosed, 13.7% labeled the experience very negative, only 1.2% described it as very positive, and 38% termed it "neutral". The implication for health care providers is to help women who have been victims of childhood sexual abuse avoid devaluation and facilitate a positive disclosure experience. First, health care providers have to be willing to ask appropriate questions. Practitioners may be able to detect
more women who have been abused as children if they avoid professional jargon and use terms that are not implicitly negative. Behaviorally concrete questions are often most effective in eliciting a history of childhood sexual abuse. Positive responses need to be followed up to determine how the experience influences current functioning and health. By routinely asking a few simple questions, health care providers offer their patients an opportunity to confide in a caring person in a safe milieu. The simple act of disclosure has been shown to exert positive changes in indicators of immune system functioning (Pennebaker, Kiecolt-Glaser, & Glaser, 1988), and may influence subsequent health status. Despite theoretical differences, most models agree that the nature of the help received at the time of the disclosure may have a profound effect on outcome (Klosky, 1987).

In response to confidences shared, practitioners need to validate the women's experience. Women who assert charges of abuse are often met with questioning about credibility and culpability. Health care providers need to be comfortable talking about the experience with the patient; providers also need to refer patients for appropriate resources for additional support.

Currently health care providers are under enormous pressure to handle efficiently a large number of patients without lowering standards of care. Prompt identification
of women with a history of childhood sexual abuse reduces the potential of negative health consequences, promotes more efficient use of resources, and improves patient well-being.

**Education and Training for Health Care Providers.** A major problem in identifying women who are survivors of childhood sexual abuse may be the paucity of training health care providers receive in this area (Surgeon General's Workshop on Violence and Public Health, 1986). This study suggests that a causal link exists between childhood sexual abuse and adult health functioning; thus, early identification of abuse as a possible predictor of health status would improve diagnosis, enhance health care delivery, and decrease unnecessary procedures. Subsequently, women might have a reduction in health risks, and enjoy longer, healthier lives.
APPENDIX A

INFORMED CONSENT

I, ____________, am at least 18 years old and agree to participate in a research project involving the completion of a questionnaire during a single experimental session. The research project involves the examination of factors which contribute to adult psychological and physical functioning. I understand that many of the questions I will be asked involve personal and sensitive subject areas, including questions regarding my childhood, family life, and my sexual behavior. I understand that my participation is voluntary and I have the right to decline participation or to withdraw from the study at any time without penalty. If, as a result of my participation in this research, I experience any emotional discomfort or problems of any type, I agree to contact Dr. Teresa Nezworski through the University of North Texas Psychology Department at (817) 565-2671, who will assist me in arranging for appropriate services.

I understand that I will not be asked to identify myself, and that all information I provide will remain anonymous and confidential in accordance with the standards of the American Psychological Association. I understand that the results of this research may be presented or published, however, as mentioned above, all participants will remain anonymous. I understand that I will receive 3 extra credit points for my participation as arranged with my instructor, or a chance at a raffle drawing for a prize not to exceed $25 in value. If I am not satisfied with my participation in this research, or if I have any questions about it, I understand that I can contact Dr. Teresa Nezworski at (817) 565-2671.

________________________________________  ________________________
Signature                                                  Date
APPENDIX B

CASE QUESTIONNAIRE

Date: ___________ Age: ____________ ID# __________________

Gender: M   F   (circle one)

Religious Preference: ________________________________

What is your ethnic background?  (circle one)
   a. Hispanic
   b. Anglo/Caucasian
   c. Black/Afro-American
   d. Asian/Pacific Islander
   e. American Indian

What is your marital Status?
   a. Single, not married
   b. Married
   c. Divorced
   d. Living with someone, but not married
   e. Widowed

Please respond to the following questions about members of your family

1. Is your father:
   1. Living with your mother
   2. Divorced or separated from your mother
   3. Widowed
   4. Living apart for some other reason
   5. Deceased

2. When you last lived with him (if not currently), how close did you feel to him?

   1----------2---------3--------4--------5
   Distant       Not    Somewhat Close    Very
                  Close   Close     Close

3. Did you have a stepfather?  (circle one)
   a. yes
   b. no  (go to item #6)

4. Is your stepfather:
   1. Living with your mother currently
   2. Divorced or separated from your mother
   3. Widowed from her
   4. Living apart for some other reason
   5. Deceased
5. When you last lived with him, how close did you feel to him?

   1-----------2-----------3-----------4-----------5
   Distant      Not close    Somewhat    Close      Very
           Close

6. Your mother is:
   1. Living with your father
   2. Divorced or separated from your father
   3. Widowed
   4. Living apart from your father for some other reason
   5. Deceased

7. When you last lived with your mother, how close did you feel to her?

   1-----------2-----------3-----------4-----------5
   Distant      Not close    Somewhat    Close      Very
           Close

8. Did you have a stepmother?
   a. yes
   b. no (go to item #11)

9. Is your stepmother:
   1. Living with your father
   2. Divorced or separated from your father
   3. Widowed from your father
   4. Living apart from your father for some other reason
   5. Deceased

10. When you last lived with your stepmother, how close did you feel to her?

    1-----------2-----------3-----------4-----------5
    Distant      Not close    Somewhat    Close      Very
           Close

11. Please identify all the people who lived with you and your family during the time you were growing up.

    Be sure to include everyone, even though they may not have been related to you

(continued on next page)
CASE QUESTIONNAIRE (continued)

<table>
<thead>
<tr>
<th>Family Member/Houseguest</th>
<th>Your age during the time they lived with you</th>
<th>Number of Years they lived with you</th>
</tr>
</thead>
<tbody>
<tr>
<td>ex: Mother</td>
<td>0-18</td>
<td>19</td>
</tr>
<tr>
<td>ex: Stepbrother</td>
<td>16-18</td>
<td>3</td>
</tr>
</tbody>
</table>

12. When you were growing up, before your 14th birthday, who was your primary caregiver? (circle one)

1. Mother  
2. Father  
3. Step-Mother  
4. Step-Father  
5. Aunt  
6. Uncle  
7. Mother’s Boyfriend  
8. Mother’s Girlfriend  
9. Father’s Girlfriend  
10. Father’s Boyfriend  
11. Grandmother  
12. Grandfather  
13. Other (specify) ______________________________________

13. When you were growing up, before your 14th birthday, what kind of relationship do you think your parents/caregivers had? (circle one)

1. Very Poor  
2. Poor  
3. Fair  
4. Good  
5. Excellent

17. Please estimate your parent’s/caregiver’s combined annual income for the previous year. (use the household you lived in before you were 14 for this) (circle one)

1. $ 0 - $ 6,000  
2. $ 7,000 - $12,000  
3. $13,000 - $20,000  
4. $21,000 - $35,000  
5. $36,000 - $50,000  
6. >$50,000
CASE QUESTIONNAIRE (continued)

18. I think this income is ________ than it was during my early growing up years. (please circle answer below)

   1---------2----------3-----------4--------5
   Much Lower    Same     Much Higher

19 - 21. What is the highest level of education attained by your parents/caregivers? (circle one for each)

<table>
<thead>
<tr>
<th>Caregiver</th>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

22 - 25. What were your parent's/caregiver's primary occupations when you were growing up, before your 14th birthday? (circle one for each person)

<table>
<thead>
<tr>
<th>Caregiver</th>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
CASE QUESTIONNAIRE (continued)

26. When you were growing up, before your 14th birthday were any of your parents or caregivers chronically ill?
   a. No
   b. Yes  Who was ill? ________________________________
           What was wrong? ________________________________

27. When you were growing up, before your 14th birthday did any of your parents/caregivers have psychiatric or psychological problems that required treatment?
   a. No
   b. Yes  Who had problems? __________________________
           What was wrong? ________________________________

28. When you were growing up, before your 14th birthday did any of your parents/caregivers have problems with drugs or alcohol?
   a. No
   b. Yes. Who had problems? __________________________
           What kind of drugs/alcohol? ______________________

29. When you were growing up, before your 14th birthday, did your mother/female caregiver ever hit, strike, or attempt to harm your father/male caregiver in any physical way?

   1--2--3--4--5
   Never Rarely Sometimes Often Very often

30. When you were growing up, before your 14th birthday, did your father/male caregiver ever hit, strike, or attempt to harm your mother/female caregiver in any physical way?

   1--2--3--4--5
   Never Rarely Sometimes Often Very often

31. When you were growing up, before your 14th birthday, how often would your mother spank/hit you?  (circle one)

   1--2--3--4--5
   Never Rarely Sometimes Often Very often

32. When you were growing up, before your 14th birthday, how often would your father spank you?  (circle one)

   1--2--3--4--5
   Never Rarely Sometimes Often Very often
CASE QUESTIONNAIRE (continued)

33. When you were growing up, before your 14th birthday, were you ever physically harmed by your father?

1--------2--------3--------4--------5
Never Rarely Sometimes Often Very Often

34. When you were growing up, before your 14th birthday, were you ever physically harmed by your mother?

1--------2--------3--------4--------5
Never Rarely Sometimes Often Very Often

35. Were you ever treated by a doctor for injuries caused by your mother/female giver or father/male caregiver?

a. No
b. Yes, for injuries caused by my father
c. Yes, for injuries caused by my mother
d. Yes, for injuries caused by both parents
e. Yes, for injuries caused by my male caregiver
f. Yes, for injuries caused by my female caregiver

36. Were any of your parents/caregivers abused as children? (circle all that apply)

a. Mother
b. Father
c. Other (specify) ______________________
d. Don't know
e. No

37. Do you feel you were emotionally neglected/abused as a child? (circle one)

1--------2--------3--------4--------5
Not Mildly Moderately Very Severely Neglected Neglected Neglected Neglected Neglected

38. Was there any other child in the family that you felt was emotionally neglected or abused by parents/caregivers?

a. No
b. Yes
CASE QUESTIONNAIRE (continued)

Please respond to the following questions about the set of caregivers that you had for the longest period of time between your birth and 18 years of age.

How true is this of your mother?

<table>
<thead>
<tr>
<th>Question</th>
<th>NEVER</th>
<th>SOMETIMES</th>
<th>VERY OFTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>39. Treated you as if you were important</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>40. Was verbally abusive toward you</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>41. Played games with you</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>42. Was tense, nervous, worried</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>43. Was ill</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>44. Drank heavily</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>45. Used drugs</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>46. Understood you</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>47. Kissed you</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>48. Hugged you</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>49. Talked to you when you had a problem</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>50. Was responsive to your emotional needs</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>51. Had emotional problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

How true is this of your father?

<table>
<thead>
<tr>
<th>Question</th>
<th>NEVER</th>
<th>SOMETIMES</th>
<th>VERY OFTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>52. Treated you as if you were important</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>53. Was verbally abusive toward you</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>54. Played games with you</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>55. Was tense, nervous, worried</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
CASE QUESTIONNAIRE (continued)

56. Was ill
   NEVER  SOMETIMES  VERY
   1  2  3  4  5

57. Drank heavily
   1  2  3  4  5

58. Used drugs
   1  2  3  4  5

59. Understood you
   1  2  3  4  5

60. Kissed you
   1  2  3  4  5

61. Hugged you
   1  2  3  4  5

62. Talked to you when you had a problem
   1  2  3  4  5

63. Was responsive to your emotional needs
   1  2  3  4  5

64. Had emotional problems
   1  2  3  4  5

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CIRCLING THE BEST ANSWER OR
FILLING IN THE BLANK. TRY TO ANSWER ALL THE QUESTIONS.

Please indicate how old you were when the following things first
happened to you. If you can't remember exactly, give an approximate
age.

65. _______ Started going out on dates

66. _______ First menstrual period/awareness of spontaneous erection

67. _______ First had sexual intercourse

68. _______ First used birth control

69. _______ First masturbated

70. At what age did you first become aware of sex, such as body
differences, reproduction, or anything else related to sexual
behavior?

   ________________ years old

71. Which of these best represent how you first became aware of sex?
(circle one)
   1. By observing differences between boys and girls
   2. From something friends said
   3. Through something in school, like a film or class
   4. From something my parents told me
   5. From observing some kind of sexual behavior on TV or in the
      movies
   6. From observing others engaged in sexual behavior
   7. By having some kind of sexual experience, such as being kissed
      or touched in a sexual way
CASE QUESTIONNAIRE (continued)

72. When you were growing up, before your 14th birthday, were you ever in a situation where you narrowly missed being sexually assaulted?
   a. No
   b. Yes

73. If yes, how did you get out of the situation?

74. When you were growing up, before your 14th birthday, were you ever in a situation where there was violence or threat of violence, where you were afraid of being sexually assaulted?
   a. No
   b. Yes. What happened?

If you answer "yes" to any of the following questions, please indicate the relationship of the other person involved. (ie: stranger, brother, acquaintance, father, mother, friend, uncle, aunt, family friend etc.)

75. When you were growing up, before your 14th birthday, did you ever feel betrayed by a close friend or relative because they approached you in a sexual manner?
   a. yes; that person's relationship to you ________________
   b. no

76. When you were growing up, before your 14th birthday, did you ever feel betrayed by a close friend or relative because they failed to help you out of an uncomfortable sexual situation?
   a. yes; that person's relationship to you ________________
   b. no

77. When you were growing up, before your 14th birthday did anyone ever make sexual comments to you, like making a sexual proposition or a sexually explicit statement that made you feel uncomfortable?
   a. yes; that person's relationship to you ________________
   b. no

78. When you were growing up, before your 14th birthday, did anyone watch you undress, change your clothes, or take a bath when you didn't want them to?
   a. yes; that person's relationship to you ________________
   b. no
79. When you were growing up, before your 14th birthday, did anyone ask you or make you show your sexual parts (breasts, genitals, bottom) to him or to her?
   a. yes; that person’s relationship to you _________________________
   b. no

80. When you were growing up, before your 14th birthday, did anyone ever take pictures of you while you were completely or partially nude?
   a. yes; that person’s relationship to you _________________________
   b. no

81. When you were growing up, before your 14th birthday, did anyone masturbate (massage, rub or touch their own genitals) in front of you?
   a. yes; that person’s relationship to you _________________________
   b. no

82. When you were growing up, before your 14th birthday, did anyone ever ask you or make you masturbate (massage, rub or touch your own genitals) in front of them
   a. yes; that person’s relationship to you _________________________
   b. no

83. When you were growing up, before your 14th birthday, did anyone ever kiss you or hug you in a sexual way? For example, did anyone ever kiss you full on the mouth or french kiss you in a way that make you feel uncomfortable?
   a. yes; that person’s relationship to you _________________________
   b. no

84. When you were growing up, before your 14th birthday, did anyone ever touch or fondle your body, but not your genitals in a sexual way? (include touching breasts & bottom, unwanted back and neck rubs, stroking hair, etc)
   a. yes; that person’s relationship to you _________________________
   b. no

85. When you were growing up, before your 14th birthday, did anyone ever try to have you arouse them or touch their body (but not their genitals) in a sexual way? (include touching breasts & bottom, also caressing or kissing the body)
   a. yes; that person’s relationship to you _________________________
   b. no

86. When you were growing up, before your 14th birthday, did anyone ever massage, touch or rub your genitals?
   a. yes; that person’s relationship to you _________________________
   b. no
CASE QUESTIONNAIRE (continued)

87. When you were growing up, before your 14th birthday, did anyone ever ask you or make you massage, touch, or rub their genitals?
   a. yes; that person’s relationship to you _________________________
   b. no

88. When you were growing up, before your 14th birthday, did anyone attempt or succeed in any of the following:
   1) putting their genitals in your mouth, 2) putting your mouth on their genitals, or 3) both 1 & 2 (e.g. fellatio, oral sex, cunnilingus)
   a. yes; that person’s relationship to you _________________________
   b. no

89. When you were growing up, before your 14th birthday, did anyone ever rub their genitals against your body (includes rubbing between legs from front or behind) in a sexual way?
   a. yes; that person’s relationship to you _________________________
   b. no

90. When you were growing up, before your 14th birthday, did anyone ever put their finger or other object inside your vagina or anus?
   a. yes; that person’s relationship to you _________________________
   b. no

91. When you were growing up, before your 14th birthday, did anyone ever attempt or succeed in putting their penis inside you? (vaginal or anal intercourse)
   a. yes; that person’s relationship to you _________________________
   b. no

92. When you were growing up, before your 14th birthday, did anyone ever take pictures of you while you were having sex with someone else?
   a. yes; that person’s relationship to you _________________________
   b. no

93. Have you ever had any sexual experiences where there was more than one person involved?
   a. yes; that persons’ relationship to you _________________________
   b. no

94. When you were growing up, before your 14th birthday, did you have any other sexual experience the you consider to be upsetting and has not been mentioned yet?
   a. Yes; please describe ____________________________
   b. No
CASE QUESTIONNAIRE (continued)

If you have had any of the previously mentioned experiences (question #72-94), please complete this next section of the questionnaire. If you have not, please skip to question # 196 on page 28.

95. What means did the person(s) use to involve you, to gain or attempt to gain your cooperation? (circle all that apply)

a. No obvious strategy; nothing used; it just happened
b. Psychological coercion; said that sex should be a part of your relationship, adult authority, verbal persuasion
c. Bribery: money or favors or drugs for sex
d. Trickery; involved you in "games" which led to sex or pretending to do something else as a cover up for sex
e. Entrapment: He/she gave you a ride, blocked your path, took advantage of your dependence on them, came to you while you were asleep
f. Threat of punishment; Removal of privileges, restriction of freedom, physical discipline
g. Threat of consequences; family break-up, he/she will tell someone what you did
h. Verbal threat of bodily harm; suicide threat, threat to kill/hurt someone else or you
i. Physical coercion; hit or slapped you, beat or choked or threatened you with a weapon
j. Used a weapon on you; gun, knife, etc

A. What was the gender of the person(s) who initiated the sexual experience(s) described in #72-94?
   a. Female
   b. Male

96. Thinking back to the situation in which you found yourself, had he/she been drinking or using drugs?
   a. yes
   b. no

97. Had you been drinking or using drugs?
   a. yes
   b. no

98. When you think back over the early sexual experiences you indicated earlier,

A. How often did these experiences occur?

1---------2---------3---------4---------5
Never    Several    Very
          Times    Frequently
CASE QUESTIONNAIRE (continued)

B. Over what period of time would you estimate they occurred? (a day, weeks, 6 months, 3 yrs, etc.) ________________________

Children and adolescents who have sexual experiences often do different things to help them get through the experience. Please examine the following list.

FIRST: rate how frequently you used each thing, by circling the number (1 - 5).

SECOND: indicate if it was helpful, harmful, or neither, by circling the proper word.

HIM or HER refers to the person who initiated the childhood sexual experience with you.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very</th>
</tr>
</thead>
</table>
| 99. I avoided him/her | 1------2--------3--------4------5
| This was: | Helpful | Harmful | Neither |       |
| 100. I avoided physical contact with him/her | 1------2--------3--------4------5
| This was: | Helpful | Harmful | Neither |       |
| 101. I tried to get pregnant | 1------2--------3--------4------5
| This was: | Helpful | Harmful | Neither |       |
| 102. I tried to get married | 1------2--------3--------4------5
| This was: | Helpful | Harmful | Neither |       |
| 103. I ran away | 1------2--------3--------4------5
| This was: | Helpful | Harmful | Neither |       |
### CASE QUESTIONNAIRE (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Scale</th>
<th>This was:</th>
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<tbody>
<tr>
<td>104. I got sexually involved with other males/females</td>
<td>1-5</td>
<td>Helpful</td>
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<td></td>
<td></td>
<td>Harmful</td>
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<td></td>
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<td>Neither</td>
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<tr>
<td>105. I moved away from home</td>
<td>1-5</td>
<td>Helpful</td>
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<td></td>
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<td>Harmful</td>
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<td>Neither</td>
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<td>106. I threatened to tell</td>
<td>1-5</td>
<td>Helpful</td>
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<td></td>
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<td>Harmful</td>
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<td></td>
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<td>Neither</td>
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<td>107. I screamed, yelled or cried out</td>
<td>1-5</td>
<td>Helpful</td>
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<td></td>
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<td>Harmful</td>
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<td>Neither</td>
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<td>108. I persuaded him/her to stop or let</td>
<td>1-5</td>
<td>Helpful</td>
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<td></td>
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<td>Harmful</td>
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<td></td>
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<td>Neither</td>
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<td>109. I tried to escape</td>
<td>1-5</td>
<td>Helpful</td>
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<td></td>
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<td>Harmful</td>
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<td></td>
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<td>Neither</td>
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<tr>
<td>110. I refused to participate</td>
<td>1-5</td>
<td>Helpful</td>
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<td></td>
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<td>Harmful</td>
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<td></td>
<td></td>
<td>Neither</td>
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</table>
CASE QUESTIONNAIRE (continued)

111. I showed signs of distress
Never Rarely Sometimes Often Very
1------2---------3--------4-----5

This was: Helpful Harmful Neither

112. I hit him/her with an object
Never Rarely Sometimes Often Very
1------2---------3--------4-----5

This was: Helpful Harmful Neither

113. I used a weapon against him/her
Never Rarely Sometimes Often Very
1------2---------3--------4-----5

This was: Helpful Harmful Neither

114. I fought back
Never Rarely Sometimes Often Very
1------2---------3--------4-----5

This was: Helpful Harmful Neither

115. I attacked him/her
Never Rarely Sometimes Often Very
1------2---------3--------4-----5

This was: Helpful Harmful Neither

116. I threatened him/her
Never Rarely Sometimes Often Very
1------2---------3--------4-----5

This was: Helpful Harmful Neither

117. I pleaded with him/her to stop
Never Rarely Sometimes Often Very
1------2---------3--------4-----5

This was: Helpful Harmful Neither
<table>
<thead>
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<th>Case Questionnaire (continued)</th>
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<tbody>
<tr>
<td><strong>118. I said &quot;NO!&quot;</strong></td>
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<tr>
<td><strong>This was:</strong> Helpful</td>
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<td><strong>119. I tried to tell others about the incident in an indirect way</strong></td>
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<td><strong>This was:</strong> Helpful</td>
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<td><strong>120. I told others directly</strong></td>
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<td><strong>This was:</strong> Helpful</td>
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<tr>
<td><strong>121. I sought help from someone</strong></td>
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<td><strong>This was:</strong> Helpful</td>
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<tr>
<td><strong>122. I told no one about the incident</strong></td>
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<td><strong>This was:</strong> Helpful</td>
</tr>
<tr>
<td><strong>123. I prevented others from finding out about it</strong></td>
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<tr>
<td><strong>This was:</strong> Helpful</td>
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</table>
CASE QUESTIONNAIRE (continued)

124. I went along with it to protect myself
    1----2-------3--------4------5

   This was:  Helpful   Harmful   Neither

125. I went along with it to protect someone/something else (sibling, friend, pet)
    1----2-------3--------4------5

   This was:  Helpful   Harmful   Neither

126. I went along with it to get the things or attention I wanted
    1----2-------3--------4------5

   This was:  Helpful   Harmful   Neither

127. I went along with it because I enjoyed it
    1----2-------3--------4------5

   This was:  Helpful   Harmful   Neither

128. I just accepted it
    Sometimes
    1----2-------3--------4------5

   This was:  Helpful   Harmful   Neither

129. I pretended that I was somewhere else
    1----2-------3--------4------5

   This was:  Helpful   Harmful   Neither
**CASE QUESTIONNAIRE (Continued)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Scale</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>130. I pretended to be asleep</td>
<td>1- Never</td>
<td>2 Rarely</td>
</tr>
<tr>
<td>This was: Helpful</td>
<td>Harmful</td>
<td>Neither</td>
</tr>
<tr>
<td>Part of my body went numb</td>
<td>1- Never</td>
<td>2 Rarely</td>
</tr>
<tr>
<td>This was: Helpful</td>
<td>Harmful</td>
<td>Neither</td>
</tr>
<tr>
<td>I stepped out of my body and watched what was happening to me</td>
<td>1- Never</td>
<td>2 Rarely</td>
</tr>
<tr>
<td>This was: Helpful</td>
<td>Harmful</td>
<td>Neither</td>
</tr>
<tr>
<td>I tried to ignore what was happening to me</td>
<td>1- Never</td>
<td>2 Rarely</td>
</tr>
<tr>
<td>This was: Helpful</td>
<td>Harmful</td>
<td>Neither</td>
</tr>
<tr>
<td>I blocked out the physical sensations</td>
<td>1- Never</td>
<td>2 Rarely</td>
</tr>
<tr>
<td>This was: Helpful</td>
<td>Harmful</td>
<td>Neither</td>
</tr>
<tr>
<td>I pretended that I was someone else</td>
<td>1- Never</td>
<td>2 Rarely</td>
</tr>
<tr>
<td>This was: Helpful</td>
<td>Harmful</td>
<td>Neither</td>
</tr>
<tr>
<td>I experienced altered states of consciousness often</td>
<td>1- Never</td>
<td>2 Rarely</td>
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<tr>
<td>This was: Helpful</td>
<td>Harmful</td>
<td>Neither</td>
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<td>Case Questionnaire (Continued)</td>
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<tr>
<td><strong>137.</strong> I blocked out my sense of pain</td>
<td>Never</td>
<td>Rarely</td>
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<tr>
<td>This was: Helpful</td>
<td>Harmful</td>
<td>Neither</td>
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<tr>
<td><strong>138.</strong> I thought I had more than one personality</td>
<td>Never</td>
<td>Rarely</td>
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<tr>
<td>This was: Helpful</td>
<td>Harmful</td>
<td>Neither</td>
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<tr>
<td><strong>139.</strong> I pretended that it wasn't happening to me</td>
<td>Never</td>
<td>Rarely</td>
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<tr>
<td>This was: Helpful</td>
<td>Harmful</td>
<td>Neither</td>
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<tr>
<td><strong>140.</strong> I blocked out my sense of pleasure</td>
<td>Never</td>
<td>Rarely</td>
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<tr>
<td>This was: Helpful</td>
<td>Harmful</td>
<td>Neither</td>
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<tr>
<td><strong>141.</strong> I made myself forget about it</td>
<td>Never</td>
<td>Rarely</td>
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<tr>
<td>This was: Helpful</td>
<td>Harmful</td>
<td>Neither</td>
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<tr>
<td><strong>142.</strong> I became unconscious</td>
<td>Never</td>
<td>Rarely</td>
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<tr>
<td>This was: Helpful</td>
<td>Harmful</td>
<td>Neither</td>
</tr>
<tr>
<td><strong>143.</strong> I blamed myself for what happened because there was something about me which made me deserve it</td>
<td>Never</td>
<td>Rarely</td>
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<tr>
<td>This was: Helpful</td>
<td>Harmful</td>
<td>Neither</td>
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</tbody>
</table>
**CASE QUESTIONNAIRE (Continued)**

<table>
<thead>
<tr>
<th>144. I blamed myself for what happened because I did something that made it happen</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very</th>
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</table>

**This was:** Helpful Harmful Neither

<table>
<thead>
<tr>
<th>145. I blamed him/her for what happened</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very</th>
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**This was:** Helpful Harmful Neither

<table>
<thead>
<tr>
<th>146. I blamed someone other than him/her or myself for what happened</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very</th>
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**This was:** Helpful Harmful Neither

<table>
<thead>
<tr>
<th>147. I blamed no one for what happened</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
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**This was:** Helpful Harmful Neither

<table>
<thead>
<tr>
<th>148. I refused to blame myself for what happened</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very</th>
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**This was:** Helpful Harmful Neither

<table>
<thead>
<tr>
<th>149. I felt hopeful</th>
<th>Never</th>
<th>Rarely</th>
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<th>Often</th>
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**This was:** Helpful Harmful Neither
CASE QUESTIONNAIRE (Continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
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<tbody>
<tr>
<td>150. I imagined myself in the future, in a better place</td>
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<td>This was: Helpful</td>
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<td>151. I dreamed about another life</td>
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<td>This was: Helpful</td>
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<td>152. I invented imaginary friends</td>
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<td>This was: Helpful</td>
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<td>153. I prayed</td>
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<td>This was: Helpful</td>
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<td>154. I wished that I could change what was happening or how I felt about it</td>
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<td>This was: Helpful</td>
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<td>155. I wished someone would come and save me</td>
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<td>This was: Helpful</td>
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<td>Case Questionnaire (Continued)</td>
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<td><strong>156. I wished it would end soon</strong></td>
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<td><strong>This was:</strong> Helpful</td>
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<td><strong>Very</strong></td>
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<td><strong>157. I hoped for a miracle</strong></td>
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<td><strong>This was:</strong> Helpful</td>
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<td><strong>158. I expressed my feelings</strong></td>
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<td><strong>This was:</strong> Helpful</td>
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<td><strong>159. I was belligerent</strong></td>
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<td><strong>This was:</strong> Helpful</td>
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<tr>
<td><strong>160. I did things to try to hurt myself (dangerous or destructive things)</strong></td>
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<td><strong>This was:</strong> Helpful</td>
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<td><strong>Very</strong></td>
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<td><strong>161. I hid my feelings</strong></td>
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<td><strong>This was:</strong> Helpful</td>
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<td><strong>Very</strong></td>
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<td><strong>162. I turned my feelings inward</strong></td>
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<td><strong>This was:</strong> Helpful</td>
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</table>
CASE QUESTIONNAIRE (Continued)

163. I smoked, drank alcohol or used drugs
   Never Rarely Sometimes Often Often
   1-------2--------3-------4-----5
   This was: Helpful Harmful Neither

164. I avoided getting close to anyone
   Never Rarely Sometimes Often Often
   1-------2--------3-------4-----5
   This was: Helpful Harmful Neither

165. I avoided people in general
   Never Rarely Sometimes Often Often
   1-------2--------3-------4-----5
   This was: Helpful Harmful Neither

166. I tried to be successful in another part of my life
   Never Rarely Sometimes Often Often
   1-------2--------3-------4-----5
   This was: Helpful Harmful Neither

167. I told myself I had control over other aspects of my life
   Never Rarely Sometimes Often Often
   1-------2--------3-------4-----5
   This was: Helpful Harmful Neither

168. Did you do anything else to help yourself get through that time that was not mentioned? (please write down what you did)
CASE QUESTIONNAIRE (Continued)

After early sexual involvement has ended, many children/adolescents do different things to manage their uncomfortable feelings.

Please examine the following list of things.
FIRST: Rate how frequently you used each thing, by circling a number.
SECONDS: Indicate if it was helpful, harmful, or neither by circling the appropriate word.

169. I put it out of my mind, tried not to think about it
   Never Rarely Sometimes Often Often
   1--------2--------3--------4--------5
   This was: Helpful Harmful Neither

170. I pretended it didn’t happen
   Never Rarely Sometimes Often Often
   1--------2--------3--------4--------5
   This was: Helpful Harmful Neither

171. I talked about it with others
   Never Rarely Sometimes Often Often
   1--------2--------3--------4--------5
   This was: Helpful Harmful Neither

172. I tried to accept it
   Never Rarely Sometimes Often Often
   1--------2--------3--------4--------5
   This was: Helpful Harmful Neither

173. I worried about it
   Never Rarely Sometimes Often Often
   1--------2--------3--------4--------5
   This was: Helpful Harmful Neither

174. I tried to get over it on my own
   Never Rarely Sometimes Often Often
   1--------2--------3--------4--------5
   This was: Helpful Harmful Neither
CASE QUESTIONNAIRE (Continued)

175. I tried to get over it with professional help (therapy, etc) Never Rarely Sometimes Often Very Often 1--------2--------3--------4--------5

This was: Helpful Harmful Neither

176. I tried to confront the person who did this to me Never Rarely Sometimes Often Very Often 1--------2--------3--------4--------5

This was: Helpful Harmful Neither

177. I wrote in a journal Never Rarely Sometimes Often Very Often 1--------2--------3--------4--------5

This was: Helpful Harmful Neither

178. Tried to help others in the same situation Never Rarely Sometimes Often Very Often 1--------2--------3--------4--------5

This was: Helpful Harmful Neither

179. I read about the subject to help me understand what happened Never Rarely Sometimes Often Very Often 1--------2--------3--------4--------5

This was: Helpful Harmful Neither

180. I joined a support group Never Rarely Sometimes Often Very Often 1--------2--------3--------4--------5

This was: Helpful Harmful Neither

181. How often did you feel you were "trading" sex for something (e.g. attention, rewards, privileges) Never Rarely Sometimes Often Very Often 1--------2--------3--------4--------5

182. A. How much did you trust the person who engaged you in sexual activity before it occurred?

Never Rarely Sometimes Often Very Often 1--------2--------3--------4--------5

Never Rarely Sometimes Often Very Often
CASE QUESTIONNAIRE  (Continued)

B. Did you feel betrayed by the person who engaged you in sexual activity?

1---------2---------3---------4---------5
No, Not Somewhat Very Betrayed
Not at All Betrayed

183. A. How strongly do you think this early sexual experience affected your overall life?

1---------2---------3---------4---------5
No Effect Strong Very Strongly
Effect Affected

B. How strongly do you think this early sexual experience affected your ability to do well in school and/or work?

1---------2---------3---------4---------5
No Effect Strong Very Strongly
Effect Affected

184. A. In general, how different from others did you feel because of these early childhood sexual experiences?

1---------2---------3---------4---------5
Not Different Somewhat Very Different
at All Different

B. Did other people perceive you negatively because of what happened?

1---------2---------3---------4---------5
No, Not Somewhat Yes, Very
Not at All Negative Negatively

C. Did you think negatively about yourself because of what happened?

1---------2---------3---------4---------5
No, Not Somewhat Yes, Very
Not at All Negatively Negatively

185. A. How strongly do you think this early sexual experience affected your ability to form close friendships?

1---------2---------3---------4---------5
No Effect Strong Very Strongly
Effect Affected
B. How strongly do you think this early sexual experience effected your ability to form long lasting romantic relationships?

1-2-3-4-5
No Effect Strong Very Strongly Effected

C. How much of an effect would you say these early childhood sexual experiences has had on your adult sexuality?

1-2-3-4-5
No Effect Strong Very Strongly Effected

186. Have you ever told anyone about these experiences? Y N
Who have you told? ___________________________________

(please include everyone you told)

187. How long after the incident did you tell someone about it?
   a. days
   b. weeks
   c. months
   d. years

188. If/when you told someone about what happened to you at the time it was going on, who did you tell? ____________________

189. If/when you told someone about what happened to you at the time it was going on, how did they react?
   a. They actively demonstrated disapproval towards the person involved in this incident.
   b. They remained passive / refused to take sides (did not change child care arrangements, did not stay home at crucial times, etc)
   c. Chose to support the other person and not you
   d. Helped the other person continue this behavior
   e. I told no one during this time

190. If/when you told someone about what happened to you at the time it was going on, how emotionally supportive were they?
   a. They were committed to you and provided a lot of support
   b. They were somewhat committed and supportive
   c. They were not always able/willing to be supportive
   d. They were not supportive, but did not reject you
   e. They were not at all supportive, and were angry and hostile
   f. I told no one during this time
CASE QUESTIONNAIRE (Continued)

191. If/when you told someone about what happened to you at the time it was going on, what did they do that made you feel as if they believed you?
   a. They made definite statements of their belief to others
   b. They said or indicated that they believed you, but did not say it to others
   c. They sometimes said or indicated that they did not believe you
   d. They totally denied what you told them, did not believe you at all
   e. I told no one during this time

192. In looking back to when you first told someone about your experience(s), (regardless of when it was) would you say the experience was:

   1---------2---------3---------4---------5
   very negative    neutral    very positive

193. After you told someone about what was happening, did the circumstances result in your actually being more or less safe?

   1---------2---------3---------4---------5
   less safe    no change    more safe

194. After you told someone about what was happening, did you actually feel more or less safe?

   1---------2---------3---------4---------5
   less safe    no change    more safe

195. If you told someone at a later time, did it make you feel more or less safe?

   1---------2---------3---------4---------5
   less safe    no change    more safe

196. Your first romantic involvement which included intercourse was with: (circle one)
   a. A steady boyfriend/girlfriend
   b. My spouse (after marriage)
   c. My fiance
   d. Someone I knew, but had not dated steadily
   e. A casual acquaintance
   f. A stranger
   g. A relative (please specify)__________________
   h. Someone else (please specify)__________________
   i. Never had intercourse (please go to question #201)

197. How old was he/she? _________
198. How old were you? __________

199. Some people have intercourse the first time because they want to, and others because their partner pressures or forces them into it. Please circle the response that best fits your first experience.

1--2--3--4--5
No force Moderate force Extreme force
or pressure or pressure or pressure

200. After you first had intercourse, how long was it before you had intercourse again? ________________

201. On average, how many times do you go out on dates per month? _______/month

202. A. During the past month, how many times were you intimate with a partner, without having intercourse? __________times/month

B. What is your primary sexual orientation?
   a. Bisexual
   b. Homosexual
   c. Heterosexual

203. Over the past month how often have you engaged in sexual intercourse.
   a. 0
   b. 1 - 3
   c. 4 - 6
   d. 6 - 10
   e. > 10

204. Do you usually have an orgasm with intercourse? Y N
   About what percentage of the time do you experience this? _______percent of the time

205. How frequently do you wish you could engage in sexual intercourse? _______times/month

Please indicate your answer to the following questions by circling the best answer

206. I'm afraid to have sex.

1--2--3--4--5
never sometimes frequently
CASE QUESTIONNAIRE (Continued)

207. I only date or have a sexual relationship with one person at a time (monogamous relationships).

1---------2---------3---------4---------5
never    sometimes    frequently

208. I usually have unprotected sex (no form of birth control or condoms)

1---------2---------3---------4---------5 n/a____
never    sometimes    frequently

209. I have considered being/am celibate.

1---------2---------3---------4---------5
never    sometimes    frequently

210. I have at times had sex with someone I had just met.

1---------2---------3---------4---------5
never    sometimes    frequently

211. Men/women have made unwanted advances toward me in the past.

1---------2---------3---------4---------5
never    sometimes    frequently

212. I often feel as if I am expected to "pay" for a date with sex.

1---------2---------3---------4---------5
never    sometimes    frequently

213. When I have sex, I sometimes feel like I'm not really there.

1---------2---------3---------4---------5
never    sometimes    frequently

214. I would like to lose control during sex.

1---------2---------3---------4---------5
never    sometimes    frequently

215. I have lost control during sex.

1---------2---------3---------4---------5
never    sometimes    frequently
CASE QUESTIONNAIRE (Continued)

216. When I have sex, I fantasize that I am with someone else.

1--------2--------3--------4--------5
never sometimes frequently

217. When I have sex, I fantasize I am someone else.

1--------2--------3--------4--------5
never sometimes frequently

218. When I have sex, I am afraid of losing control

1--------2--------3--------4--------5
never sometimes frequently

219. When I have sex, I am concerned about how I look

1--------2--------3--------4--------5
never sometimes frequently

For the following section, please circle all the words that apply to your feelings during/after intercourse.

220. When I have sex, I feel:

like running away special powerful
womanly/manly warm loved
dirty empty used
like a child guilty violated
wanted ugly accepted
sad virile cheated
fulfilled happy powerless
pretty/handsome cheap disappointed
CASE QUESTIONNAIRE (Continued)

WE ARE INTERESTED IN HOW OFTEN YOU HAVE THE FOLLOWING EXPERIENCES. IT IS IMPORTANT, HOWEVER, THAT YOUR ANSWERS SHOW HOW OFTEN THESE EXPERIENCES HAPPEN TO YOU WHEN YOU ARE NOT UNDER THE INFLUENCE OF ALCOHOL OR DRUGS.

221. Have you had the experience of driving a car and suddenly realize that you don’t remember what has happened during all or part of the trip?

1- never, 2- sometimes, 3- frequently

222. Have you had the experience of listening to someone talk and suddenly realize that you did not hear part or all of what was just said?

1- never, 2- sometimes, 3- frequently

223. Have you had the experience of finding yourself in a place and have no idea how you got there?

1- never, 2- sometimes, 3- frequently

224. Have you had the experience of finding yourself dressed in clothes that you don’t remember putting on?

1- never, 2- sometimes, 3- frequently

225. Have you had the experience of finding new things among your belongings that you did not remember buying?

1- never, 2- sometimes, 3- frequently

226. Have you had the experience of being approached by people that you do not know who call you by another name or insist that they have met you before?

1- never, 2- sometimes, 3- frequently
CASE QUESTIONNAIRE (Continued)

227. Have you had the experience of feeling as though you are standing next to yourself or watching yourself do something and actually see yourself as if you were looking at another person?

1-------2-------3-------4-------5
never Sometimes Frequently

228. Have you been told that you sometimes do not recognize friends or family members?

1-------2-------3-------4-------5
never Sometimes Frequently

229. Do you find that you have no memory for some important events in your life (for example, a wedding or graduation)?

1-------2-------3-------4-------5
never Sometimes Frequently

230. Have you had the experience of being accused of lying when you do not think you have lied?

1-------2-------3-------4-------5
never Sometimes Frequently

231. Have you had the experience of looking in a mirror and not recognizing yourself?

1-------2-------3-------4-------5
never Sometimes Frequently

232. Have you had the experience of feeling that other people, objects, and the world around you are not real?

1-------2-------3-------4-------5
never Sometimes Frequently

233. Have you had the experience of feeling that your body does not seem to belong to you?

1-------2-------3-------4-------5
never Sometimes Frequently

234. Have you had the experience of sometimes remembering a past event so vividly that you felt as if you were reliving that event?

1-------2-------3-------4-------5
never Sometimes Frequently
CASE QUESTIONNAIRE (Continued)

235. Have you had the experience of not being sure whether things that you remember happening really did happen or whether you just dreamed them?

1---------2------------3-----------4--------5
never sometimes frequently

236. Have you had the experience of being in a familiar place but finding it strange and unfamiliar?

1---------2------------3-----------4--------5
never sometimes frequently

237. Have you had the experience of being so absorbed in a television story or movie that you were unaware of other events happening around you?

1---------2------------3-----------4--------5
never sometimes frequently

238. Have you had the experience of becoming so involved in a fantasy or daydream that it felt as though it were really happening to you?

1---------2------------3-----------4--------5
never sometimes frequently

239. Are you able to ignore pain?

1---------2------------3-----------4--------5
never sometimes frequently

240. Are there times where you sit staring off into space, thinking of nothing, and are not aware of the passage of time?

1---------2------------3-----------4--------5
never sometimes frequently

241. Do you talk out loud to yourself when you are alone?

1---------2------------3-----------4--------5
never sometimes frequently

242. Do you find that in one situation you may act so differently compared with another situation that you feel almost as if you were two different people?

1---------2------------3-----------4--------5
never sometimes frequently
243. Do you find that in certain situations you are able to do things with amazing ease and spontaneity that would usually be difficult for you (for example, sports, work, social situations, etc.)?

1-never  2-sometimes  3-frequently

244. Do you sometimes find that you cannot remember whether you have done something or have just thought about doing that thing (for example, not knowing whether they have just mailed a letter or have just thought about mailing it)?

1-never  2-sometimes  3-frequently

245. Have you sometimes found writings, drawings, or notes among your belongings that you must have done but can’t remember doing?

1-never  2-sometimes  3-frequently

246. Do you sometimes hear voices inside your head that tell you to do things or comment on things that you are doing?

1-never  2-sometimes  3-frequently

247. Have you had the experience of feeling as if you are looking at the world through a fog so that people and objects appear far away or unclear?

1-never  2-sometimes  3-frequently

248. Do you ever see shadowy figures when there isn’t anyone there?

1-never  2-sometimes  3-frequently

249. Do you ever see movement out of the corner of your eye when there is no one else around?

1-never  2-sometimes  3-frequently

250. Do you sometimes hear sounds (footsteps, breathing, bumps, doors or windows opening or closing) even though there is no one there?

1-never  2-sometimes  3-frequently
CASE QUESTIONNAIRE (Continued)

251. Do you ever hear voices that you cannot account for, such as someone calling your name or children crying or a distressed sounding cry?
   1---------2---------3---------4---------5
   never       sometimes       frequently

252. Do you ever feel as though you were physically touched, but you knew that you were alone at the time?
   1---------2---------3---------4---------5
   never       sometimes       frequently

253. Do you ever feel as though something was inside your body?
   1---------2---------3---------4---------5
   never       sometimes       frequently

254. Do you ever smell odors (such as perfume) when there was no one else around?
   1---------2---------3---------4---------5
   never       sometimes       frequently

255. How often do you have nightmares?
   1---------2---------3---------4---------5
   never       sometimes       frequently
CASE QUESTIONNAIRE (Continued)

IN THE FOLLOWING SECTION PLEASE RATE THE STATEMENTS BY CIRCLING THE NUMBER WHICH REPRESENTS YOUR DEGREE OF AGREEMENT

256. On the whole, I am satisfied with myself.

1-2-3-4
Strongly Agree Agree Disagree Strongly
Agree Disagree

257. At times I think I am no good at all.

1-2-3-4
Strongly Agree Agree Disagree Strongly
Agree Disagree

258. I feel that I have a number of good qualities.

1-2-3-4
Strongly Agree Agree Disagree Strongly
Agree Disagree

259. I am able to do things as well as most other people.

1-2-3-4
Strongly Agree Agree Disagree Strongly
Agree Disagree

260. I feel I do not have much to be proud of.

1-2-3-4
Strongly Agree Agree Disagree Strongly
Agree Disagree

261. I certainly feel useless at times.

1-2-3-4
Strongly Agree Agree Disagree Strongly
Agree Disagree

262. I feel that I’m a person of worth, at least on an equal plane with others.

1-2-3-4
Strongly Agree Agree Disagree Strongly
Agree Disagree
CASE QUESTIONNAIRE (Continued)

263. I wish I could have more respect for myself.

1-2-3-4
Strongly Agree Disagree Strongly
Agree Disagree

264. All in all, I am inclined to feel that I am a failure.

1-2-3-4
Strongly Agree Disagree Strongly
Agree Disagree

265. I take a positive attitude toward myself.

1-2-3-4
Strongly Agree Disagree Strongly
Agree Disagree
**CASE QUESTIONNAIRE** (Continued)

**HOW OFTEN HAVE YOU EXPERIENCED EACH OF THE FOLLOWING IN THE LAST TWO MONTHS?** (please circle the response that fits you)

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<td>266. Headaches</td>
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<td>267. Insomnia (trouble sleeping)</td>
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<td>268. Weight loss (without dieting)</td>
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<td>269. Stomach problems</td>
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<td>270. Sexual problems</td>
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<td>271. Feeling isolated from others</td>
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<td>272. &quot;Flashbacks&quot; (sudden, vivid distracting memories)</td>
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<td>273. Restless sleep</td>
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<td>274. Low sex drive</td>
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<td>275. Anxiety attacks</td>
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<td>276. Sexual overactivity</td>
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<td>277. Loneliness</td>
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<td>278. Nightmares</td>
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<td>279. &quot;Spacing out&quot; (going away in your mind)</td>
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<td>282. Not feeling satisfied with your sex life</td>
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<td>283. Trouble controlling your temper</td>
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<td>284. Waking up early in the morning &amp; can't get back to sleep</td>
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<td>285. Uncontrollable crying</td>
<td>0</td>
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<td>286. Fear of men</td>
<td>0</td>
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<td>287. Not feeling rested in the morning</td>
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<td>288. Having sex that you didn’t enjoy</td>
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<td>289. Trouble getting along with others</td>
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<td>290. Memory problems</td>
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<tr>
<td>291. Desire to physically hurt yourself</td>
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<tr>
<td>292. Intentionally injured your body (cut, burn, scratch)</td>
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<td>293. Waking up in the middle of the night</td>
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<td>294. Bad thoughts or feelings during sex</td>
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<td>295. Passing out</td>
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<td>296. Feeling that things are &quot;unreal&quot;</td>
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<td>297. Unnecessary or over-frequent washing</td>
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<td>298. Feelings of not being good enough</td>
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<td>299. Feeling tense all the time</td>
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<td>300. Being confused about your sexual feelings</td>
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<td>301. Desire to physically hurt others</td>
<td>0</td>
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<td>302. Feelings of guilt</td>
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<td>303. Feeling that you are not always in your body</td>
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<td>304. Having trouble breathing</td>
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<td>305. Sexual feelings when you shouldn’t have them</td>
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</table>
CASE QUESTIONNAIRE (Continued)

PLEASE FILL IN THE FOLLOWING BLANKS

306. Current weight: ______ pounds

307. Height: ______ feet ______ inches

308. Highest past weight excluding pregnancy: ______ pounds
   How long ago did you first reach this weight? ______ months
   How long did you weigh this weight? ______ months

309. Lowest weight as an adult: ______ pounds
   How long ago did you first reach this weight? ______ months
   How long did you weigh this weight? ______ months

310. What weight have you been at for the longest period of time? ______ pounds
   At what age did you first reach this weight? ______ yrs old

311. If your weight has changed a lot over the years, is there a weight that you keep coming back to when you are not dieting?
   Y    N    (circle one)
   If yes, what is this weight? ______ pounds
   At what age did you first reach this weight? ______ yrs old

312. What is the most weight you have ever lost? ______ pounds
   Did you lose this weight on purpose? Y    N
   What weight did you lose to? ______ pounds
   At what age did you reach this weight? ______ years old

313. What do you think your weight would be if you did not consciously try to control your weight? ______ pounds

314. How much would you like to weigh? ______ pounds

315. Age at which weight problems (if any) began: ______ yrs
**CASE QUESTIONNAIRE (Continued)**

For each item, decide if the item is true about you: (1) Never, (2) rarely, (3) sometimes, (4) often, or (5) always. Circle the letter that corresponds to your rating. Please respond to all of the items, making sure that you circle the letter for the rating that is true about you.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>316</td>
<td>I eat sweets and carbohydrates without feeling nervous.</td>
<td>1-2-3-4-5</td>
</tr>
<tr>
<td>317</td>
<td>I think that my stomach is too big</td>
<td>1-2-3-4-5</td>
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<tr>
<td>318</td>
<td>I wish that I could return to the security of childhood</td>
<td>1-2-3-4-5</td>
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<tr>
<td>319</td>
<td>I eat when I am upset</td>
<td>1-2-3-4-5</td>
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<tr>
<td>320</td>
<td>I stuff myself with food</td>
<td>1-2-3-4-5</td>
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<tr>
<td>321</td>
<td>I wish that I could be younger</td>
<td>1-2-3-4-5</td>
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<tr>
<td>322</td>
<td>I think about dieting.</td>
<td>1-2-3-4-5</td>
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<td>323</td>
<td>I get frightened when my feelings are too strong</td>
<td>1-2-3-4-5</td>
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<tr>
<td>324</td>
<td>I think that my thighs are too large</td>
<td>1-2-3-4-5</td>
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<td>325</td>
<td>I feel ineffective as a person</td>
<td>1-2-3-4-5</td>
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<td>326</td>
<td>I feel extremely guilty after overeating</td>
<td>1-2-3-4-5</td>
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<tr>
<td>327</td>
<td>I think that my stomach is just the right size</td>
<td>1-2-3-4-5</td>
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<td>328</td>
<td>Only outstanding performance is good enough in my family</td>
<td>1-2-3-4-5</td>
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<tr>
<td>329</td>
<td>The happiest time in life is when you are a child</td>
<td>1-2-3-4-5</td>
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<td>330</td>
<td>I am open about my feelings</td>
<td>1-2-3-4-5</td>
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<tr>
<td>331</td>
<td>I am terrified of gaining weight</td>
<td>1-2-3-4-5</td>
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<tr>
<td>332</td>
<td>I trust others</td>
<td>1-2-3-4-5</td>
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<tr>
<td>Question</td>
<td>Never</td>
<td>Sometimes</td>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td>333. I feel alone in the world</td>
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<td>334. I feel satisfied with the shape of my body</td>
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<td>335. I feel generally in control of things in my life</td>
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<tr>
<td>336. I get confused about what emotion I am feeling</td>
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<tr>
<td>337. I would rather be an adult than a child</td>
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<td>338. I can communicate with others easily</td>
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<tr>
<td>339. I wish I were someone else</td>
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<td>340. I exaggerate or magnify the importance of weight</td>
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<td>341. I can clearly identify what emotion I am feeling</td>
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<td>342. I feel inadequate</td>
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<td>343. I have gone eating binges where I felt that I could not stop</td>
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<tr>
<td>344. As a child, I tried very hard to avoid disappointing my parents and teachers</td>
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<td>345. I have close relationships</td>
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<tr>
<td>346. I like the shape of my buttocks</td>
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<tr>
<td>347. I am preoccupied with the desire to be thinner</td>
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<td>348. I don’t know what’s going on inside me</td>
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<tr>
<td>349. I have trouble expressing my emotions to others</td>
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<tr>
<td>350. The demands of adulthood are too great</td>
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<td>Case Questionnaire (Continued)</td>
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<td>351. I hate being less than best at things</td>
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<td>352. I feel secure about myself</td>
<td>1-----2----3----4----5</td>
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<td>353. I think about bingeing</td>
<td>1-----2----3----4----5</td>
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<td>354. I feel happy that I am not a child any more</td>
<td>1-----2----3----4----5</td>
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<td>355. I get confused as to whether or not I am hungry</td>
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<td>356. I have a low opinion of myself</td>
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<td>357. I feel that I can achieve my standards</td>
<td>1-----2----3----4----5</td>
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<td>358. My parents have expected excellence of me</td>
<td>1-----2----3----4----5</td>
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<td>359. I worry that my feelings will get out of control</td>
<td>1-----2----3----4----5</td>
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<td>360. I think my hips are too big</td>
<td>1-----2----3----4----5</td>
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<td>361. I eat moderately in front of others and stuff myself when they are gone</td>
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<tr>
<td>362. I feel bloated after eating a normal meal</td>
<td>1-----2----3----4----5</td>
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<tr>
<td>363. I feel that people are happiest when they are children</td>
<td>1-----2----3----4----5</td>
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<td>364. If I gain a pound, I worry that I will keep gaining</td>
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<td>365. I feel that I am a worthwhile person</td>
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<tr>
<td>366. When I am upset, I don’t know if I’m sad, frightened or angry.</td>
<td>1-----2----3----4----5</td>
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<td>367. I feel that I must do things perfectly or not do them at all</td>
<td>1-----2----3----4----5</td>
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<tr>
<td>368. I have the thought of trying to vomit in order to lose weight</td>
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### CASE QUESTIONNAIRE (Continued)

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<tr>
<th></th>
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<tbody>
<tr>
<td>369. I need to keep people at a certain distance feel uncomfortable if someone tries to</td>
<td>1-----2-----3-----4-----5</td>
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<tr>
<td>370. I think that my thighs are just the right size</td>
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<td>371. I feel empty inside (emotionally)</td>
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<td>372. I can talk about personal thoughts or feelings</td>
<td>1-----2-----3-----4-----5</td>
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<tr>
<td>373. The best years of your life are when you become an adult</td>
<td>1-----2-----3-----4-----5</td>
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<td>374. I think my buttocks are too large</td>
<td>1-----2-----3-----4-----5</td>
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<td>375. I have feelings I can't quite identify</td>
<td>1-----2-----3-----4-----5</td>
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<td>376. I eat or drink in secrecy</td>
<td>1-----2-----3-----4-----5</td>
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<tr>
<td>377. I think that my hips are just the right size</td>
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<td>378. I have extremely high goals</td>
<td>1-----2-----3-----4-----5</td>
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<tr>
<td>379. When I am upset, I worry that I will start eating</td>
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<tr>
<td>380. I am ashamed of my human weaknesses</td>
<td>1-----2-----3-----4-----5</td>
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<tr>
<td>381. I would like to be in total control of my bodily urges</td>
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<tr>
<td>382. I go out of my way to experience pleasure</td>
<td>1-----2-----3-----4-----5</td>
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<td>383. I have to be careful of my tendency to abuse drugs</td>
<td>1-----2-----3-----4-----5</td>
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<td>384. I feel trapped in relationships</td>
<td>1-----2-----3-----4-----5</td>
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<tr>
<td>385. Self-denial makes me feel stronger spiritually</td>
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</table>
### CASE QUESTIONNAIRE (Continued)

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<tr>
<th>Question</th>
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<th>Sometimes</th>
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<tbody>
<tr>
<td>386. Eating for pleasure is a sign of moral weakness</td>
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<td>1-2-3-4-5</td>
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<tr>
<td>387. I am prone to outbursts of anger or rage</td>
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<td>1-2-3-4-5</td>
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<td>388. I have to be careful of my tendency to abuse alcohol</td>
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<td>389. I believe that relaxing is simply a waste of time</td>
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<td>390. I am embarrassed by my bodily urges</td>
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<td>391. Suffering makes you a better person</td>
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<td>392. I feel like I must hurt myself or others</td>
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<td>1-2-3-4-5</td>
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CASE QUESTIONNAIRE (Continued)

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Please answer "Y" for Yes and "N" for No

Have you ever:

___393. Had sexual intercourse with someone when you both wanted to?

___394. Had someone misinterpret the level of sexual intimacy you desired?

___395. Been in a situation where someone became so sexually aroused that you felt it was useless to stop him/her even though you did not want to have sexual intercourse?

___396. Had sexual intercourse with someone even though you didn’t really want to because he/she threatened to end your relationship otherwise?

___397. Had sexual intercourse with someone when you didn’t really want to because you felt pressured by his/her continual arguments?

___398. Found out that someone had obtained sexual intercourse with you by saying things he/she didn’t really mean?

___399. Been in a situation where someone used some degree of physical force (twisting your arm, holding you down, etc.) to try to make you engage in kissing or petting when you didn’t want to?

___400. Been in a situation where someone tried to have sexual intercourse with you when you didn’t want to by threatening to use physical force (twisting your arm, holding you down, etc.) if you didn’t cooperate, but for various reasons sexual intercourse did not occur?

___401. Been in a situation where someone used some degree of physical force (twisting your arm, holding you down, etc) to try to get you to have sexual intercourse with him/her when you didn’t want to, but for various reasons sexual intercourse did not occur?

___402. Had sexual intercourse with someone when you didn’t want to because he/she threatened to use physical force (twisting your arm, holding you down, etc) if you didn’t cooperate?

___403. Had sexual intercourse with someone when you didn’t want to because he/she used some degree of physical force (twisting you arm, holding you down, etc.)?
CASE QUESTIONNAIRE (Continued)

___ 404. Been in a situation where someone obtained sexual acts with you such as anal or oral intercourse when you didn’t want to by using threats of physical force (twisting your arm, holding you down, etc)?

___ 405. Have you ever been raped?

PLEASE ANSWER THE FOLLOWING QUESTIONS

Please answer "Y" for Yes and "N" for No

Have you ever:

___ 406. Had sex play with someone (fondling, kissing, or petting, but not intercourse) when he/she didn’t want to because he/she was overwhelmed by your continual arguments and pressure?

___ 407. Had sex play with someone (fondling, kissing or petting, but not intercourse) when he/she didn’t want to because you used your position of authority (boss, teacher, camp counselor, supervisor) to make him/her?

___ 408. Had sex play with someone (fondling, kissing, or petting, but not intercourse) when he/she didn’t want to because you threatened or used some degree of physical force (twisting his/her arm, holding him/her down, etc.) but intercourse did not happen?

___ 409. Attempted sexual intercourse with someone (get on top of him/her, etc.) when he/she didn’t want to by threatening or using some degree of force (twisting his/her arm, holding him/her down, etc.), but intercourse did not occur?

___ 410. Attempted sexual intercourse with someone (get on top of him/her, etc.) when he/she didn’t want to by giving him/her alcohol or drugs, but intercourse did not occur?

___ 411. Had sexual intercourse with someone when he/she didn’t want to because he/she was overwhelmed by your continual arguments and pressure?

___ 412. Had sexual intercourse with someone when he/she didn’t want to because you used your position of authority (boss, teacher, camp counselor, supervisor) to make him/her?

___ 413. Had sexual intercourse with someone when he/she didn’t want to because you gave him/her alcohol or drugs?
CASE QUESTIONNAIRE (Continued)

414. Had sexual intercourse with someone when he/she didn't want to because you threatened or used some degree of physical force (twisting his/her arm, holding him/her down, etc.) to make him/her?

415. Had sex acts (anal or oral intercourse or penetration by objects other than the penis) with someone when he/she didn't want to because you threatened or used some degree of physical force (twisting his/her arm, holding him/her down, etc.) to make him/her?

Please read each of the following statements and then circle one of the numbers to indicate how true the statement is about you.

417. According to the doctors I've seen, my health is not excellent.

1---------2--------3--------4--------5
Definitely   Sometimes   Definitely
False       True        True

418. I try to avoid letting illness interfere with my life.

1---------2--------3--------4--------5
Definitely   Sometimes   Definitely
False       True        True

419. I seem to get sick a little easier than other people.

1---------2--------3--------4--------5
Definitely   Sometimes   Definitely
False       True        True

420. I feel better now than I ever have before.

1---------2--------3--------4--------5
Definitely   Sometimes   Definitely
False       True        True

421. I will probably be sick a lot in the future.

1---------2--------3--------4--------5
Definitely   Sometimes   Definitely
False       True        True
CASE QUESTIONNAIRE (Continued)

422. I never worry about my health.
1-2-3-4-5
Definitely Sometimes Definitely
False True True

423. Most people get sick a little easier than I do.
1-2-3-4-5
Definitely Sometimes Definitely
False True True

424. I don’t like to go to the doctor.
1-2-3-4-5
Definitely Sometimes Definitely
False True True

425. I am somewhat ill.
1-2-3-4-5
Definitely Sometimes Definitely
False True True

426. In the future, I expect to have better health than other people I know.
1-2-3-4-5
Definitely Sometimes Definitely
False True True

427. I was so sick once I thought I might die.
1-2-3-4-5
Definitely Sometimes Definitely
False True True

428. I'm not as healthy now as I used to be.
1-2-3-4-5
Definitely Sometimes Definitely
False True True

429. I worry about my health more than other people worry about their health.
1-2-3-4-5
Definitely Sometimes Definitely
False True True
CASE QUESTIONNAIRE (Continued)

430. When I’m sick, I try to just keep going as usual.

1--------2--------3--------4--------5
Definitely         Sometimes         Definitely
False             True               True

431. My body seems to resist illness very well.

1--------2--------3--------4--------5
Definitely         Sometimes         Definitely
False             True               True

432. Getting sick once in a while is a part of my life.

1--------2--------3--------4--------5
Definitely         Sometimes         Definitely
False             True               True

433. I’m as healthy as anybody I know.

1--------2--------3--------4--------5
Definitely         Sometimes         Definitely
False             True               True

434. I think my health will be worse in the future than it is now.

1--------2--------3--------4--------5
Definitely         Sometimes         Definitely
False             True               True

435. I’ve never had an illness that lasted a long period of time.

1--------2--------3--------4--------5
Definitely         Sometimes         Definitely
False             True               True

436. Others seem more concerned about their health than I am about mine.

1--------2--------3--------4--------5
Definitely         Sometimes         Definitely
False             True               True

437. When I’m sick, I try to keep it to myself.

1--------2--------3--------4--------5
Definitely         Sometimes         Definitely
False             True               True
438. My health is excellent.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely</td>
<td>Sometimes</td>
<td>Definitely</td>
<td>False</td>
<td>True</td>
</tr>
</tbody>
</table>

439. I expect to have a very healthy life.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
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<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely</td>
<td>Sometimes</td>
<td>Definitely</td>
<td>False</td>
<td>True</td>
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</tbody>
</table>

440. My health is a concern in my life.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
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<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely</td>
<td>Sometimes</td>
<td>Definitely</td>
<td>False</td>
<td>True</td>
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</tbody>
</table>

441. I accept that sometimes I'm just going to be sick.

<table>
<thead>
<tr>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely</td>
<td>Sometimes</td>
<td>Definitely</td>
<td>False</td>
<td>True</td>
</tr>
</tbody>
</table>

442. I have been feeling bad lately.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely</td>
<td>Sometimes</td>
<td>Definitely</td>
<td>False</td>
<td>True</td>
</tr>
</tbody>
</table>

443. It doesn't bother me to go to a doctor.

<table>
<thead>
<tr>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely</td>
<td>Sometimes</td>
<td>Definitely</td>
<td>False</td>
<td>True</td>
</tr>
</tbody>
</table>

444. I have never been seriously ill.

<table>
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<th>1</th>
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<th>3</th>
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<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely</td>
<td>Sometimes</td>
<td>Definitely</td>
<td>False</td>
<td>True</td>
</tr>
</tbody>
</table>

445. When there is something going around, I usually catch it.

<table>
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<th>1</th>
<th>2</th>
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<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely</td>
<td>Sometimes</td>
<td>Definitely</td>
<td>False</td>
<td>True</td>
</tr>
</tbody>
</table>
CASE QUESTIONNAIRE (Continued)

446. Doctors say that I am now in poor health.

<table>
<thead>
<tr>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>Definitely</td>
<td>Sometimes</td>
<td>Definitely</td>
<td></td>
<td></td>
</tr>
<tr>
<td>False</td>
<td>True</td>
<td>True</td>
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</tbody>
</table>

447. When I think I am getting sick, I fight it.

<table>
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<th>1</th>
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<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely</td>
<td>Sometimes</td>
<td>Definitely</td>
<td></td>
<td></td>
</tr>
<tr>
<td>False</td>
<td>True</td>
<td>True</td>
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</tbody>
</table>

448. I feel about as good now as I ever have.

<table>
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<th>1</th>
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<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely</td>
<td>Sometimes</td>
<td>Definitely</td>
<td></td>
<td></td>
</tr>
<tr>
<td>False</td>
<td>True</td>
<td>True</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please answer the following questions specifically excluding any contact you may have had with mental health care workers. (Psychologist, Psychiatrist, or other mental health care provider)

449. How many different health care providers have you seen in the past year? (include MD, DO, Nurse, Physician’s Assistant) __________

450. How many times have you received medical care (office/clinic visits) during the past month? ______________

451. How many times have you received medical care during the past 6 months? ______________

452. How many times have you received medical care during the past year? ______________

For what? ____________________________________________________________

453. How much do you estimate you or your family have paid for your office visits to a health care provider in the last year?

__________________

454. How much do you estimate you or your family have paid for your Hospital expenses in the past year? ____________________

(if 0, please put 0)
CASE QUESTIONNAIRE (Continued)

455. How much do you estimate you or your family have paid for your Health Insurance premiums in the past year?

456. How much do you estimate you or your family have paid for your prescription medication (including birth control pills) in the past year?

457. How much do you estimate you or your family have paid for your over the counter medications (Aspirin, Tylenol, Vitamins, etc) in the past year?

458. How likely is it that you would tell your health care provider (doctor, nurse, etc) if you had been sexually assaulted in the past?

1----------2--------3--------4--------5
Not at Somewhat Very Likely
all likely likely

459. How likely is it that you would tell your health care provider (doctor, nurse, etc) if you had been sexually assaulted recently?

1----------2--------3--------4--------5
Not at Somewhat Very Likely
all likely likely

460. Do you have a gender preference for your primary health care provider?

a. Yes, I prefer a male
b. Yes, I prefer a female
c. I do not have a gender preference

FOR THE NEXT TWO QUESTIONS PLEASE INDICATE YOUR LEVEL OF AGREEMENT WITH THE STATEMENT AS IT APPLIES TO YOUR FEELINGS.

461. I feel as though the health care providers I have seen have been unable to help me.

1----------2--------3--------4--------5
Strongly neutral Strongly
disagree agree
CASE QUESTIONNAIRE (Continued)

462. I have/would like to explore alternative health care methods for my health problems (herbalist, acupuncture, acupressure, massage therapy, chiropractor, nutritionist, etc.)

1---------2---------3---------4---------5
Strongly disagree neutral Strongly agree

FEMALES:
463. How often have you seen a Gynecologist this year?

MALES:
464. How often have you seen a Urologist this year?

CHECK ALL ITEMS WHICH YOU HAVE EXPERIENCED IN THE LAST 3 YEARS:

- 465. Poor health
- 466. Recent change in health
- 467. Always feel sick
- 468. Trouble sleeping
- 469. Trouble falling asleep
- 470. Feeling weak all over
- 471. Get tired easily
- 472. Loss of strength
- 473. Get sick often
- 474. Loss of appetite
- 475. Weight has changed
- 476. Often have fever/chills
- 477. Texture of skin has changed
- 478. Itching
- 479. New warts, moles, or other growths
- 480. Skin breaking out
- 481. Loss of hair
- 482. Have rashes
- 483. Change in vision
- 484. Double vision
- 485. Trouble seeing at night
- 486. Flashing lights in vision
- 487. Blind spots in vision
- 488. Nearsightedness
- 489. Ringing in ears
- 490. Strange sounds in ears
- 491. Change in hearing in one ear
- 492. Loss of sense of smell
- 493. Sinus problems
- 494. Inflamed eyes
- 495. Often have tears in eyes
- 496. Itching eyes
- 497. Swollen eyelids
- 498. Soreness around eyes
- 499. Change in sense of smell
- 500. Smell bad odors
- 501. Runny nose
- 502. Stuffed up nose
- 503. Nosebleed
CASE QUESTIONNAIRE (Continued)

- 504. Tooth ache
- 505. Sore gums or tongue
- 506. Sores in or around mouth
- 507. Sore throat
- 508. Hoarseness
- 509. Change in voice
- 510. Difficulty swallowing
- 511. Dry mouth
- 512. Too much saliva
- 513. Change in sense of taste
- 514. Stiff neck
- 515. Swollen glands in neck
- 516. Lump in neck
- 517. Neck is sore and tender
- 518. Pain in chest
- 519. Pain when taking a breath
- 520. Difficulty breathing
- 521. Difficulty taking a full breath
- 522. Wheezy or noisy breathing
- 523. Frequent cough
- 524. Cough up blood or mucus
- 525. Frequent colds
- 526. Frequently aware of heart
- 527. Heartbeat seems irregular
- 528. Lips turn blue
- 529. Swelling of legs/ankles
- 530. High blood pressure
- 531. Fingernails turn blue
- 532. Frequent Nausea/upset stomach
- 533. Heartburn
- 534. Burning in back of throat
- 535. Stomach always feel full
- 536. Frequently burp/belch
- 537. Have a lot of gas
- 538. Difficulty swallowing food
- 539. Frequent vomiting
- 540. Sudden / forceful vomiting
- 541. Frequent stomach cramps
- 542. Change in bowel movements
- 543. Diarrhea / loose stools
- 544. Constipation
- 545. Frequent use of laxatives
- 546. Painful bowel movements
- 547. Pain in rectum
- 548. Rectum itches
- 549. Stomach pain
- 550. Vomiting undigested food
- 551. Bruise or bleed easily
- 552. Discomfort with heat or cold
- 553. Increased appetite
- 554. Skin heals slowly
- 555. Gums bleed after brushing
- 556. Pale or yellow skin
- 557. Change in amount of hair
- 558. Change in texture of hair
- 559. Excessive sweating
- 560. Often thirsty
<table>
<thead>
<tr>
<th>Question Number</th>
<th>Symptom Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>561</td>
<td>Muscle weakness</td>
</tr>
<tr>
<td>562</td>
<td>Tics or twitching muscles</td>
</tr>
<tr>
<td>563</td>
<td>Muscle spasms</td>
</tr>
<tr>
<td>564</td>
<td>Trouble walking</td>
</tr>
<tr>
<td>565</td>
<td>Balance problems</td>
</tr>
<tr>
<td>566</td>
<td>Tremors or shakiness</td>
</tr>
<tr>
<td>567</td>
<td>Problems dropping things</td>
</tr>
<tr>
<td>568</td>
<td>Muscle tension</td>
</tr>
<tr>
<td>569</td>
<td>TMJ / Jaw pain</td>
</tr>
<tr>
<td>570</td>
<td>Numbness in arms or legs</td>
</tr>
<tr>
<td>571</td>
<td>Tingling or burning skin</td>
</tr>
<tr>
<td>572</td>
<td>Loss of feeling on skin</td>
</tr>
<tr>
<td>573</td>
<td>Loss of sense of touch</td>
</tr>
<tr>
<td>574</td>
<td>Blackouts/fainting spells</td>
</tr>
<tr>
<td>575</td>
<td>Seeing unusual things</td>
</tr>
<tr>
<td>576</td>
<td>Having strange feelings</td>
</tr>
<tr>
<td>577</td>
<td>Having trouble following a conversation</td>
</tr>
<tr>
<td>578</td>
<td>Deliberately hurting self</td>
</tr>
<tr>
<td>579</td>
<td>Seizures or fits</td>
</tr>
<tr>
<td>580</td>
<td>Headaches</td>
</tr>
<tr>
<td>581</td>
<td>Forgetting things</td>
</tr>
<tr>
<td>582</td>
<td>Getting lost while driving</td>
</tr>
<tr>
<td>583</td>
<td>Hearing unusual voices/sound</td>
</tr>
<tr>
<td>584</td>
<td>Having trouble concentrating</td>
</tr>
<tr>
<td>585</td>
<td>Having trouble reading</td>
</tr>
<tr>
<td>586</td>
<td>Getting confused</td>
</tr>
<tr>
<td>587</td>
<td>Frequent urination</td>
</tr>
<tr>
<td>588</td>
<td>Blood in urine</td>
</tr>
<tr>
<td>589</td>
<td>Trouble stopping urination</td>
</tr>
<tr>
<td>590</td>
<td>Pain or burning on urination</td>
</tr>
<tr>
<td>591</td>
<td>Lose or leak urine</td>
</tr>
<tr>
<td>592</td>
<td>Vaginal discharge</td>
</tr>
<tr>
<td>593</td>
<td>Painful menstrual periods</td>
</tr>
<tr>
<td>594</td>
<td>Menstrual periods have stopped</td>
</tr>
<tr>
<td>595</td>
<td>Change in menstrual flow</td>
</tr>
<tr>
<td>596</td>
<td>Irregular menstrual periods</td>
</tr>
<tr>
<td>597</td>
<td>Sores in area of vagina</td>
</tr>
<tr>
<td>598</td>
<td>Pain/swelling in vagina</td>
</tr>
<tr>
<td>599</td>
<td>Discharge from breast</td>
</tr>
<tr>
<td>600</td>
<td>Pain/tenderness in breast</td>
</tr>
<tr>
<td>601</td>
<td>Lumps in breast</td>
</tr>
<tr>
<td>602</td>
<td>Change in size of breasts</td>
</tr>
<tr>
<td>603</td>
<td>Pain during intercourse</td>
</tr>
<tr>
<td>604</td>
<td>Change in sexual performance</td>
</tr>
</tbody>
</table>
CASE QUESTIONNAIRE (Continued)

- Rarely exercise
- Have a regular exercise plan
- Exercise on weekends
- Eat a balanced diet
- Have a poor diet
- Eat three meals/day
- Eat at irregular times
- Take vitamins
- Always see doctor for checkup
- Have had checkup recently
- Am taking medicine prescribed by a doctor
- Often use aspirin
- Do not drink alcohol
- Have alcohol few times/week
- Have alcohol every day
- Have a problem with alcohol
- Do not smoke
- Smoke less than 1 pack/day
- Smoke a pack/day or more
- Have smoked less than 5 yrs
- Have smoked more than 5 yrs
- History of head injury
- History of heart problems
- History of stroke
- History of high blood pressure
- Attempted suicide
- History of diabetes
- History of epilepsy
- History of cancer
- Hospitalized in last year
- Use street drugs

List any operations you have had within the last 3 years:

List any serious childhood illnesses you have had:

List any medications you are now taking (include birth control pills)

List any medical diagnoses you have been told apply to you (by your doctor)

Have you ever been pregnant? Y N
Have you had any abortions? Y N
How many?
Do you have any children? Y N
CASE QUESTIONNAIRE (Continued)

Please try to vividly imagine yourself in the situations that follow. If such a situation happened to you, what would you feel would have caused it? While events may have many causes, we want you to pick only one - the major cause if this event happened to you. Please write this cause in the blank provided after each event. Next we want you to answer some questions about the cause and a final question about the situation. To summarize, we want you to:

A. Read each situation and vividly imagine it happening to you.
B. Decide what you feel would be the major cause of the situation if it happened to you.
C. Write one cause in the blank provided.
D. Answer three questions about the cause.
E. Answer one question about the situation.

636. You meet a friend who compliments you on your appearance.

A. Write down the one major cause _______________________

B. Is the cause of this compliment due to something about you, to something about other people or circumstances? (circle one number)

<table>
<thead>
<tr>
<th>Totally due to other people</th>
<th>Totally due to me</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

C. In the future when someone compliments you, will this cause again be present? (circle one number)

<table>
<thead>
<tr>
<th>Will never again be present</th>
<th>Will always be present</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

D. Is the cause something that just influences receiving compliments or does it also influence other areas of your life? (circle one number)

<table>
<thead>
<tr>
<th>Influences just this particular situation</th>
<th>Influences all situations in my life</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

E. How important would this situation be if it happened to you? (circle one number)

<table>
<thead>
<tr>
<th>Not at all important</th>
<th>Extremely important</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
CASE QUESTIONNAIRE (Continued)

637. You have been looking for a job unsuccessfully for some time.
A. Write down the one major cause ________________________.
B. Is the cause of your unsuccessful job search due to something about you, to something about other people or to circumstances (circle one number)
   Totally due to other people
   or circumstances 1 2 3 4 5
   Totally due to me
C. In the future when looking for a job, will this cause again be present? (circle one number)
   Will never again be present 1 2 3 4 5
   Will always be present
D. Is the cause something that just influences looking for a job or does it also influence other areas of your life? (circle one number)
   Influences just this particular situation 1 2 3 4 5
   Influences all situations in my life
E. How important would this situation be if it happened to you? (circle one number)
   Not at important 1 2 3 4 5
   Extremely important

638. You become very rich.
A. Write down the one major cause ________________________.
B. Is the cause of becoming rich due to something about you or to something about other people or circumstances? (circle one number)
   Totally due to other people
   or circumstances 1 2 3 4 5
   Totally due to me
C. In the future when you become rich, will this cause again be present? (circle one number)
   Will never again be present 1 2 3 4 5
   Will always be present
CASE QUESTIONNAIRE (Continued)

D. Is the cause something that just influences becoming rich or does it also influence other areas of your life? (circle one number)

Influences just Influences all
this particular situations in
situation  1  2  3  4  5

E. How important would this situation be if it happened to you? (circle one number)

Not at all Extremely
important  1  2  3  4  5

639. A friend comes to you with a problem and you don’t try to help.

A. Write down the one major cause ________________________________.

B. Is the cause of your lack of help due to something about you, to something about other people or circumstances? (circle one number)

Totally due to Totally due
other people other circumstances
or circumstances  1  2  3  4  5

C. In the future when you don’t try to help someone, will this cause again be present? (circle one number)

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

D. Is the cause something that just influences not giving help or does it also influence other areas of your life? (circle one number)

Influences just Influences all
this particular situations in
situation  1  2  3  4  5

E. How important would this situation be if it happened to you? (circle one number)

Not at all Extremely
important  1  2  3  4  5

important
CASE QUESTIONNAIRE (Continued)

640. You give an important talk in front of a group and the audience reacts negatively.

A. Write down the one major cause _______________________.

B. Is the cause of the audience reaction due to something about you, or to something about other people or circumstances?
   (circle one number)

   Totally due to other people
   or circumstances 1 2 3 4 5

   Totally due to me

C. In the future when an audience reacts negatively, will this cause again be present? (circle one number)

   Will never again be present 1 2 3 4 5

   Will always be present

D. Is the cause something that just influences the audience’s reaction or does it also influence other areas of your life?
   (circle one number)

   Influences just this particular situation 1 2 3 4 5

   Influences all situations in my life

E. How important would this situation be if it happened to you?
   (circle one number)

   Not at all important 1 2 3 4 5

   Extremely important

641. You do a project that is highly praised.

A. Write down the one major cause _______________________.

B. Is the cause of this praise due to something about you or to something about other people or circumstances? (circle one number)

   Totally due to other people
   or circumstances 1 2 3 4 5

   Totally due to me
CASE QUESTIONNAIRE (Continued)

C. In the future when you are praised, will this cause again be present? (circle one number)

| Will never again be present | 1 | 2 | 3 | 4 | 5 | Will always be present |

D. Is the cause something that just influences receiving praise or does it also influence other areas of your life? (circle one number)

| Influences just this particular situation | 1 | 2 | 3 | 4 | 5 | Influences all situations in my life |

E. How important would this situation be if it happened to you? (circle one number)

| Not at all important | 1 | 2 | 3 | 4 | 5 | Extremely important |

642. You meet a friend who acts hostilely toward you.

A. Write down the one major cause ____________________________.

B. Is the cause of the hostility due to something about you or to something about other people or circumstances? (circle one number)

| Totally due to other people or circumstances | 1 | 2 | 3 | 4 | 5 | Totally due to me |

C. In the future when someone acts hostilely toward you, will this cause again be present? (circle one number)

| Will never again be present | 1 | 2 | 3 | 4 | 5 | Will always be present |

D. Is the cause something that just influences a friend's hostility toward you or does it also influence other areas of your life? (circle one number)

| Influences just this particular situation | 1 | 2 | 3 | 4 | 5 | Influences all situations in my life |
CASE QUESTIONNAIRE (Continued)

E. How important would this situation be if it happened to you? (circle one number)

Not at all important 1 2 3 4 5 Extremely important

643. You can't get all the work done that others expect of you.

A. Write down the one major cause ____________________________.

B. Is the cause of your inability to get all the expected work done due to something about you or to something about other people or circumstances? (circle one number)

Totally due to other people or circumstances 1 2 3 4 5

C. In the future when you are unable to meet the expectations of others, will this cause again be present? (circle one number)

Will never again be present 1 2 3 4 5 Will always be present

D. Is the cause something that just influences not meeting expectations or does it also influence other areas of your life? (circle one number)

Influences just this particular situation 1 2 3 4 5 Influences all situations in my life

E. How important would this situation be if it happened to you? (circle one number)

Not at all important 1 2 3 4 5 Extremely important

644. Your spouse (boyfriend/girlfriend) has been treating you more lovingly.

A. Write down the one major cause ____________________________.
B. Is the cause of this loving treatment due to something about you or to something about other people or circumstances? (circle one number)

Totally due to other people or circumstances 1 2 3 4 5

Totally due to me

C. In the future when someone treats you more lovingly, will this cause again be present? (circle one number)

Will never again be present 1 2 3 4 5

Will always be present

D. Is the cause something that just influences being treated more lovingly or does it also influence other areas of your life? (circle one number)

Influences just this particular situation 1 2 3 4 5

Influences all situations in my life

E. How important would this situation be if it happened to you? (circle one number)

Not at all important 1 2 3 4 5

Extremely important

645. You apply for a position that you want very badly (e.g., important job, graduate school admission) and you get it.

A. Write down the one major cause ____________________.

B. Is the cause of you getting the position due to something about you or to something about other people or circumstances? (circle one number)

Totally due to other people or circumstances 1 2 3 4 5

Totally due to me

C. In the future when you get a position you want, will this cause again be present? (circle one number)

Will never again be present 1 2 3 4 5

Will always be present
CASE QUESTIONNAIRE (Continued)

D. Is the cause something that just influences getting a position you want or does it also influence other areas of your life? (circle one number)

<table>
<thead>
<tr>
<th>Influences just this particular situation</th>
<th>Influences all situations in my life</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

E. How important would this situation be if it happened to you? (circle one number)

<table>
<thead>
<tr>
<th>Not at all important</th>
<th>Extremely important</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

646. You go out on a date and it goes badly.

A. Write down the one major cause ____________________________.

B. Is the cause of the date going badly due to something about you or to something about other people or circumstances? (circle one number)

<table>
<thead>
<tr>
<th>Totally due to other people or circumstances</th>
<th>Totally due to me</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

C. In the future when a date goes badly, will this cause again be present? (circle one number)

<table>
<thead>
<tr>
<th>Will never again be present</th>
<th>Will always be present</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

D. Is the cause something that just influences a date going badly or does it also influence other areas of your life? (circle one number)

<table>
<thead>
<tr>
<th>Influences just this particular situation</th>
<th>Influences all situations in my life</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

E. How important would this situation be if it happened to you? (circle one number)

<table>
<thead>
<tr>
<th>Not at all important</th>
<th>Extremely important</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
647. You get a raise.

A. Write the one major cause ____________________________.

B. Is the cause of getting a raise due to something about you or to something about other people or circumstances? (circle one number)

<table>
<thead>
<tr>
<th>Totally due to other people</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totally due to me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. In the future when you get a raise, will this cause again be present? (circle one number)

<table>
<thead>
<tr>
<th>Will never again be present</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will always be present</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. Is the cause something that just influences getting a raise or does it also influence other areas of your life? (circle one number)

<table>
<thead>
<tr>
<th>Influences just this particular situation</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influences all situations in my life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E. How important would this situation be if it happened to you? (circle one number)

<table>
<thead>
<tr>
<th>Not at all important</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely important</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CASE QUESTIONNAIRE (Continued)

Please imagine yourself in the following stressful situation. By stressful we mean a situation that was difficult or troubling for you, either because you felt distressed about it or because you had to use considerable effort to deal with the situation.

You are out with a person who is very close to you (best friend, relative, boyfriend/girlfriend, etc) and they do something to deliberately hurt your feelings.

Please read each item below and indicate, circling the appropriate number, how often you would be likely to use that behavior to help you manage your feelings (in the situation just described above).

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Never</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>648.</td>
<td>Just concentrated on what I had to do next-the next step.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>649.</td>
<td>I tried to analyze the problem in order to understand it better.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>650.</td>
<td>I turned to work or another activity to take my mind off things.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>651.</td>
<td>I felt that time would make a difference-the only thing to do was to wait.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>652.</td>
<td>Bargained or compromised to get something positive from the situation.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>653.</td>
<td>I did something which I didn’t think would work, but at least I was doing something.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>654.</td>
<td>Tried to get the person responsible to change his or her mind.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>655.</td>
<td>Talked to someone to find out more about the situation.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>656.</td>
<td>Criticized or lectured myself.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>657.</td>
<td>Tried not to burn my bridges, but leave things open somewhat.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>658.</td>
<td>Hoped a miracle would happen.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>659.</td>
<td>Went along with fate; sometimes I just have bad luck.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>(660). Went on as if nothing had happened.</td>
<td>Never</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(661). I tried to keep my feelings to myself.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(662). Looked for the silver lining, so to speak; tried to look on the bright side of things.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(663). Slept more than usual.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(664). I expressed anger to the person(s) who caused the problem.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(665). Accepted sympathy and understanding from someone.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(666). I told myself things that helped me to feel better.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(667). I was inspired to do something creative</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(668). Tried to forget the whole thing.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(669). I got professional help.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(670). Changed or grew as a person in a good way.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(671). I waited to see what would happen before doing anything.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(672). I apologized or did something to make up.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(673). I made a plan of action and followed it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(674). I accepted the next best thing to what I wanted.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(675). I let my feeling out somehow.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(676). Realized I brought the problem on myself.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(677). I came out of the experience better than when I went in.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(678). Talked to someone who could do something concrete about the problem.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>CASE QUESTIONNAIRE (Continued)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>679.</strong> Got away from it for a while; tried to rest or take a vacation.</td>
<td><strong>Never</strong> 0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>680.</strong> Tried to make myself feel better by eating, drinking, smoking, using drugs or medication, etc...</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>681.</strong> Took a big chance or did something very risky.</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>682.</strong> I tried not to act too hastily or follow my first hunch.</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>683.</strong> Found new faith.</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>684.</strong> Maintained my pride and kept a stiff upper lip.</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>685.</strong> Rediscovered what is important in life.</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>686.</strong> Changed something so things would turn out all right.</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>687.</strong> Avoided being with people in general.</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>688.</strong> Didn't let it get to me; refused to think too much about it</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>689.</strong> I asked a relative or friend I respected for advice.</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>690.</strong> Kept others from knowing how bad things were</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>691.</strong> Made light of the situation; refused to get too serious about it.</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>692.</strong> Talked to someone about how I was feeling.</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>693.</strong> Stood my ground and fought for what I wanted.</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>694.</strong> Took it out on other people.</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>695.</strong> Drew on my past experiences; I was in a similar situation before.</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>696.</strong> I knew what had to be done, so doubled my efforts to make things work.</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CASE QUESTIONNAIRE (Continued)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Never</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>697. Refused to believe that it had happened.</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>698. I made a promise to myself that things would be different next time.</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>699. Came up with a couple of different solutions to the problem.</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>700. Accepted it, since nothing could be done.</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>701. I tried to keep my feelings about the problem from interfering with other things.</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>702. Wished that I could change what had happened or how I felt.</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>703. I changed something about myself.</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>704. I daydreamed or imagined a better time or place than the one I was in.</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>705. Wished that the situation would to away or somehow be over with.</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>706. Had fantasies or wishes about how things might turn out.</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>707. I prayed.</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>708. I prepared myself for the worst.</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>709. I went over in my mind what I would say or do</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>710. I thought about how a person I admire would handle this situation and used that as a model</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>711. I tried to see thing from the other person’s point of view.</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>712. I reminded myself how much worse things could be.</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>713. I jogged or exercised.</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
CASE QUESTIONNAIRE (Continued)

AFTER READING THE EACH GROUP OF STATEMENTS BELOW CAREFULLY, CIRCLE THE LETTER (a b c d) NEXT TO THE ONE STATEMENT IN EACH GROUP WHICH BEST DESCRIBES THE WAY YOU HAVE BEEN FEELING THE PAST WEEK, INCLUDING TODAY. IF SEVERAL STATEMENTS WITHIN A GROUP SEEM TO APPLY EQUALLY WELL, CIRCLE EACH ONE. BE SURE TO READ ALL THE STATEMENTS IN EACH GROUP BEFORE MAKING YOUR CHOICE.

714. a. I do not feel sad
   b. I feel sad
   c. I am sad all the time and I can’t snap out of it
   d. I am so sad or unhappy that I can’t stand it

715. a. I am not particularly discouraged about the future
   b. I feel discouraged about the future
   c. I feel I have nothing to look forward to.
   d. I feel that the future is hopeless and that things cannot improve

716. a. I do not feel like a failure
   b. I feel I have failed more than the average person
   c. As I look back on my life, all I can see is a lot of failures
   d. I feel I am a complete failure as a person

717. a. I get as much satisfaction out of things as I used to
   b. I don’t enjoy things the way I used to
   c. I don’t get real satisfaction out of anything anymore
   d. I am dissatisfied or bored with everything

718. a. I don’t feel particularly guilty
   b. I feel guilty a good part of the time
   c. I feel quite guilty most of the time
   d. I feel guilty all of the time

719. a. I don’t feel I am being punished
   b. I feel I may be punished
   c. I expect to be punished
   d. I feel I am being punished

720. a. I don’t feel disappointed in myself
   b. I am disappointed in myself
   c. I am disgusted with myself
   d. I hate myself

721. a. I don’t feel I am any worse than anybody else
   b. I am critical of myself for my weaknesses or mistakes
   c. I blame myself all the time for my faults
   d. I blame myself for everything bad that happens
CASE QUESTIONNAIRE (Continued)

722. a. I don't have any thoughts of killing myself
    b. I have thoughts of killing myself, but I would not carry them out
    c. I would like to kill myself
    d. I would kill myself if I had the chance

723. a. I don't cry any more than usual
    b. I cry more now than I used to
    c. I cry all the time now
    c. I used to be able to cry, but now I can't cry even though I want to

724. a. I am no more irritated now than I ever am
    b. I get annoyed or irritated more easily than I used to.
    c. I feel irritated all the time now
    d. I don't get irritated at all by the things that used to irritate me.

725. a. I have not lost interest in other people
    b. I am less interested in other people than I used to be
    c. I have lost most of my interest in other people
    d. I have lost all of my interest in other people

726. a. I make decisions about as well as I ever could
    b. I put off making decisions more than I used to
    c. I have greater difficulty in making decisions than before
    d. I can't make decisions at all anymore

727. a. I don't feel I look any worse than I used to
    b. I am worried that I am looking old or unattractive
    c. I feel that there are permanent changes in my appearance that make me look unattractive
    d. I believe that I look ugly

728. a. I can work about as well as before
    b. It takes an extra effort to get started at doing something
    c. I have to push myself very hard to do anything
    d. I can't do any work at all

729. a. I can sleep as well as usual
    b. I don't sleep as well as I used to
    c. I wake up 1 - 2 hours earlier than usual and find it hard to get back to sleep
    d. I wake up several hours earlier than I used to and cannot get back to sleep
CASE QUESTIONNAIRE (Continued)

730. a. I don't get more tired than usual
   b. I get tired more easily than I used to
   c. I get tired from doing almost anything
   d. I am too tired to do anything

731. a. My appetite is no worse than usual
   b. My appetite is not as good as it used to be
   c. My appetite is much worse now
   d. I have no appetite at all anymore

732. a. I haven't lost much weight, if any, lately
   b. I have lost more than 5 pounds
   c. I have lost more than 10 pounds
   d. I have lost more than 15 pounds
   I am purposely trying to lose weight by eating less.
   Yes_____  No_______

733. a. I am no more worried about my health than usual
   b. I am worried about physical problems such as aches and pains; or upset stomach; or constipation
   c. I am very worried about physical problems and it's hard to think of much else
   d. I am so worried about my physical problems that I cannot think about anything else

734. a. I have not noticed any recent change in my interest in sex
   b. I am less interested in sex than I used to be
   c. I am much less interested in sex now.
   d. I have lost interest in sex completely

The following questions refer to contact with mental health care providers (Psychologist, Psychiatrist, Counselor, Therapist), and specifically EXCLUDES contact for medical care only.

735. How many times have you seen a mental health care provider during last month? _____________________

736. How many times have you seen a mental health care provider in the last year? _____________________

737. How many different mental health care providers have you seen in the past year? _____________________
CASE QUESTIONNAIRE (Continued)

738. How much do you estimate you or your family have paid for your visits to a mental health care provider in the past year? ________________

739. How much do you estimate you or your family have paid for prescriptions from a mental health care provider in the last year? ________________

740. Were you ever seen by a mental health care provider as a child?
   a. No
   b. Yes
   A. If yes, how old were you when you saw this provider?
      1. 1-4 years old
      2. 5-9 years old
      3. 10-14 years old
      4. 15-18 years old

741. Are you currently seeing a mental health care provider?
   a. No
   b. Yes How long have you been seeing a mental health care provider? ________________

742. How likely is it that you would tell your mental health care provider if you had been sexually abused in the past?

   1---2---3---4---5
    Not at Somewhat Very Likely
    all Likely

743. How likely is it that you would tell your mental health care provider if you had been sexually assaulted recently?

   1---2---3---4---5
    Not at Somewhat Very Likely
    all Likely

Please indicate your level of agreement with the following statement by circling the appropriate number:

744. I feel as though the mental health care providers I have seen have been unable to help me with my problems.

   1---2---3---4---5
    Strongly Neutral Strongly
    Disagree Agree
745. After reading each of the following three descriptions, circle the response which best describes your feelings.

A. I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, love partners/significant others want me to be more intimate than I feel comfortable being.

B. I find it relatively easy to get close to others and am comfortable depending on them. I don’t often worry about being abandoned or about someone getting too close to me.

C. I find that others are reluctant to get as close as I would like. I often worry that my partner or significant other doesn’t really care for me in the way that I want or that he/she won’t want to continue the relationship. I want to get very close to my partner or significant other, and this sometimes scares people away.

746. After reading each of the following three descriptions, circle the response which best describes your feelings.

A. In general, I prefer to work alone; I usually don’t like it when others get involved in my work. I feel that most people don’t really understand my approach to work, and I sometimes get annoyed because they fail to appreciate the importance of my contributions or achievements. I like to keep busy, so I have less time than most people for vacationing or socializing.

B. I feel comfortable working alone or with other people. I get pleasure from working and usually don’t get pleasure from working and usually don’t worry too much about failing. It’s unusual for me to put off work until the last minute. Though I work hard, I also look forward to and enjoy my vacations. I rarely allow work to interfere with my relationships or my health.

C. I would rather work with someone else than work alone; just having another person around makes it easier for me to work. I often wish that others would recognize and praise or thank me for my efforts. I often worry that I will fail and lose other people’s affection or respect. These worries sometimes cause me to put things off.
REFERENCES


