

Running Head: INTERGENERATIONAL TRANSMISSION

Intergenerational Transmission of Child Sexual Abuse: Partner Preference, Boundaries,  
Safety Evaluation, and Attachment among Female Survivors

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## Abstract

Researchers have documented that child sexual abuse (CSA) tends to follow a multigenerational pattern in families. Female CSA survivors are likely to report significant parenting difficulties, particularly with boundary setting and attachment. Mothers of sexually abused children commonly report sexual abuse in their own childhood. This has led some writers to speculate that mothers with a history of childhood abuse may unknowingly choose partners who are sexual perpetrators and that they may have difficulty recognizing unsafe situations for their own children. As a result, their children appear to be at increased risk. The purpose of this study was to examine several mechanisms which be related to the indirect transmission of CSA. Two-hundred and forty-five female university students completed a series of questionnaires concerning child abuse history, partner preference, parenting boundaries, child safety evaluation, and attachment style. Data analyses revealed that females with CSA were more likely than non-abused females to prefer and select partners with childhood abuse histories. While this finding that “like attracts like” is somewhat consistent with the mate selection literature, it has huge implications for sexual abuse survivors. As well, results also showed that survivors were more likely than non-abused females to rate all situations as posing an increased risk to child safety. While it appears that abused females are more likely to label situations as highly unsafe, it is possible that this type of hyper-vigilance may lead to difficulties in recognizing danger cues. Finally, this study also demonstrated that significantly more females in the abused group presented with a Dismissive attachment style. One explanation is that this type of attachment style might limit communication in families, placing children at further risk for abuse.

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Intergenerational Transmission of Child Sexual Abuse: Partner Preference, Boundaries,  
Safety Evaluation, and Attachment among Female Survivors

Are victims of childhood sexual abuse doomed to continue the cycle of maltreatment with their own children? This is a question that has been debated and explored for decades. Indeed, a number of studies have documented the negative effects of child sexual abuse including school problems, childhood behaviour problems, depression, anxiety, and post-traumatic stress disorder (Beitchmann, Zucker, Hood, DaCosta, & Akman, 1991; Beitchmann, Zucker, Hood, DaCosta, Akman, & Cassavia, 1992; Jumper, 1995; Neumann, Houskamp, Pollock, & Briere, 1996; Sigmon, Greene, Rohan, & Nichols, 1996). Less attention, however, has been given to the impact of sexual abuse on later parenting. The relationship between a parent's past history and current parenting behaviour is of particular interest when studying intrafamilial child sexual abuse because of the widespread clinical observation that sexual abuse tends to occur in one generation after another within the same family. The intergenerational hypothesis states that abused children are at greater risk to grow up to abuse their own children or expose their children to the same type of abuse that they themselves suffered (Croghan & Miell, 1999; Dijkstra, 1995). However, sweeping statements such as "as the tree so the fruit" can have long-lasting and damaging effects on adult survivors of child sexual abuse.

While the intergenerational transmission of child sexual abuse has been well documented, little is known about the process through which such abuse is transmitted. Several mechanisms have been proposed to account for the intergenerational transmission of sexual abuse. One suggestion is that survivors of sexual abuse may unknowingly

attract perpetrators of abuse, thus setting the stage for abuse of their own children (Faller, 1989). While such ideas have been speculated, researchers have not yet examined partner preferences among a population of sexual abuse survivors. There has also been considerable interest in boundary disturbances in families where sexual abuse is occurring (Burkett, 1991). Sexual abuse survivors have been noted to have difficulty in setting boundaries with their children, particularly in the area of parent-child role reversal (e.g., Alexander, Titi, & Anderson, 2000). Such behaviours may set the stage for intrafamilial child sexual abuse. Additionally, theorists have suggested that parents may be unable to protect their children due to unresolved issues around their own childhood abuse (Kreklewetz & Piotrowski, 1998). Finally, researchers have argued that it is the attachment relationship with one's primary caregiver that is transmitted and not abuse per se. There is sufficient evidence to suggest that attachment problems are characteristic of abusive homes and that these attachment difficulties are carried over into the next generation (e.g., Wiehe, 1992). Therefore, the purpose of this study is to examine if female survivors of childhood sexual abuse are different from females without abuse histories on measures of partner preference, parent-child boundaries, child safety evaluation, and attachment style.

#### Intergenerational Transmission Rates

In the past several decades the intergenerational hypothesis has received much attention (e.g., Bennett, 1992; Green, 1998; Greenspun, 1994; Langeland & Dijkstra, 1995; Leifer & Smith, 1990; Pears & Capaldi, 2001; Putallaz, Costanzo, Grimes, & Sherman, 1998; Trickett & Susman, 1989; Zuravin, McMillen, DePanfilis, & Risley-Curtiss, 1996). Support for the intergenerational hypothesis has largely come from

retrospective studies (for review, see Kaufman & Zigler, 1989, 1993; Zeanah & Zeanah, 1989). This approach involves looking backward in time as parents are studied after they have been identified as having abused their own children. This retrospective approach provides information about the percentage of abusers who were abused as children, but it does not provide information about the caregiving behavior of all individuals who were abused. It appears that the majority of abusing parents have suffered some type of childhood abuse themselves, but it may also be the case that the majority of parents who were abused in childhood are providing adequate care for their children. Looking backward, the rate of abuse across generations is high; looking forward, using a prospective approach, the rate is likely to be lower. Unfortunately, there has never been a true prospective study, where groups of abused and non-abused children were followed into adulthood and the quality of their parenting assessed.

Taking these limitations into account, best estimates suggest that approximately one-third of child victims grow up to continue the pattern of abuse as parents. Of the remaining victims, one-third break the cycle of abuse and one-third remain vulnerable to the effects of social stress on the likelihood of becoming abusive parents (Oliver, 1993). Similar rates are noted in other reviews. For example, Kaufman and Zigler (1987) provide an approximate estimate of  $30\% \pm 5\%$  for the intergenerational transmission of child maltreatment. In another review, Buchanan (1996) suggests that between 30 and 40% of abused parents will abuse their own children. In addition, researchers have suggested that female victims of childhood sexual abuse may continue the cycle by unknowingly choosing sexually abusive partners and therefore increasing the likelihood that their children will be abused. The rates of this “indirect” generational transmission of

sexual abuse range from 24% to 42% (Faller, 1989). These estimates suggest that while a history of abuse is a considerable risk factor for child maltreatment, the pathway to abusive parenting is far from inevitable or direct. Therefore, while it appears that not all victims of childhood sexual abuse become adult offenders, research has suggested a strong association between the likelihood of being a sexual offender and having experienced a history of sexual abuse (Allen, 1991; Araji & Finkelhor, 1986). Findings such as these offer insight into the cycle of abuse but fail to answer the question of why some victims of sexual abuse grow up to become perpetrators while others do not.

### The Concept of Collusion

While the focus of this study is on the indirect transmission of child sexual abuse by female survivors, it is important that it is not perceived as a mother-blaming approach. Earlier researchers have described the mother's role in an incestuous family as one of the colluder. This view portrays the mother as the family member who sets up the father and daughter for the incest relationship, usually by withdrawing from her sexual role in the marriage and ignoring the special relationship that may then develop between husband and daughter. Until the mid-1980s, these perceptions were prevalent in the literature and had an impact on how incestuous families were viewed by mental health and child protection agencies. For example, Dietz & Craft (1980) conducted a survey to assess the prevalence of detrimental attitudes regarding incestuous families among 200 child protection workers. Results showed that 87% of the workers believed that the mother gives her unconscious consent to incest and 67% believed that she is equally responsible for its occurrence.

The historical shortage of research on mothers themselves may have contributed to a skewing of clinicians' understanding of mothers, and an uncritical acceptance of collusion as an explanation. In addition, many of the earlier researchers suggested that incest victims blame their mothers for the abuse, sometimes even more so than the perpetrator, and view their mothers with intense anger and contempt (for review see Joyce, 1997). In the last decade and with the rise of the feminist movement, clinicians and researchers are recognizing the need to obliterate the mother-blaming attitude. Wattenberg (1985) asserts that "collusion is a myth, created by poor research carried out within a patriarchal system which attacks and blames mothers for the offender's crimes".

Recent studies do not support collusion as an explanation for the behavior of mothers of sexually abused children. Instead, when a child victim discloses sexual abuse, most mothers report that they were not aware of the abuse, most believe the child, and the majority of mothers display concern for the child and take protective action (Carter, 1999; Deblinger, Hathaway, Lippman, & Steer, 1993; Hiebert-Murphy & Burnside, 2001; Hooper, 1992; Joyce, 1997; Myer, 1985). Current perspectives on the role of the mother in child sexual abuse often take a feminist stance, viewing the mother as a victim and, as such, somewhat unable to protect her children (Tamraz, 1996). While it is important to avoid mother-blaming attitudes and to acknowledge that mothers are generally not responsible for the sexual abuse of their children, it is also important to examine these mothers in an effort to understand possible mechanisms through which sexual abuse may be transmitted within families. In short, avoiding research on mothers does not solve the problem. The fact remains that mothers who have been sexually abused as children appear to be at higher risk to have children who will be abused

(Kreklewitz & Piotrowski, 1998; McCloskey & Bailey, 2000). The purpose of this study was to investigate this “indirect” transmission of child sexual abuse, that is, why the children of sexual abuse surviving mothers are at risk. However, in order to avoid a mother-blaming attitude, researchers must also continue to examine other possible mechanisms that may be involved in the transmission process (i.e., role of the offender, child characteristics, environmental factors).

### Research into the Intergenerational Hypothesis

Female Survivors as Parents. Support for the intergenerational hypothesis, as it relates to child sexual abuse, have typically come from three areas. First, researchers have examined the parenting behaviours and attitudes among survivors of intrafamilial child sexual abuse. Since the majority of survivors are female, the bulk of the research has been on this population.

Zuravin and DiBlasio (1992) examined the parenting practices of 102 adolescent mothers with and without histories of child sexual abuse. Results indicated that mothers with a history of child sexual abuse were significantly more likely to maltreat their own children than mothers without such histories. DiLillo, Tremblay, and Peterson (2000) compared 138 mothers classified as victims of childhood sexual abuse with a sample of 152 mothers who were not sexually abused in childhood. Results showed that childhood sexual victimization significantly predicted adult risk of physically abusing one’s own children. Similarly, Banyard (1997) found that sexual abuse in the childhood histories of mothers was significantly associated with greater use of physical punishment strategies. These results remained significant even after controlling for other negative family-of-origin experiences, such as physical abuse. However, in a later study, Zuravin and

Fontanella (1999) were not able to replicate Banyard's findings. They conducted a retrospective study of 516 low-income non-maltreating mothers in order to measure the relationship between childhood history of sexual abuse and current parenting attitudes and competencies. The significant relationship between childhood sexual abuse and later parenting difficulties disappeared when a third variable, growing-up experiences, was controlled for. The difference that may account for these contradictory findings is that Banyard included mothers who were identified as maltreating whereas Zuravin and Fontanella used a sample of non-maltreating mothers. It may be that for those mothers with a maltreated child, child sexual abuse is related to parenting problems over and above other aversive family-of-origin experiences.

Ruscio (2001) compared mothers who grew up with alcoholic parents, mothers who were raised by abusive parents, and a large community sample of mothers on measures of parenting practices. One of the most striking findings was that mothers who were sexually abused in childhood were significantly more permissive and less authoritarian in their own parenting. These mothers found it difficult to provide their children with structure, guidance, clear behavioural expectations, and consistent discipline. Furthermore, compared to the other mothers, sexually abused mothers made fewer age appropriate maturity demands on their children. Similar results were found by Cole and her colleagues in two studies investigating the parenting attitudes and experiences of abuse survivors (Cole & Woolger, 1989; Cole, Woolger, Power, & Smith, 1992). The first study compared the child-rearing attitudes of incest and non-incest sexual abuse survivors. Results showed that incest survivors expected their children to become autonomous more rapidly than survivors of non-incest abuse. These mothers were less

likely than mothers of non-incestuous sexual abuse to respond appropriately to their child's dependency demands. The second study compared the parenting experiences of incest survivors with those of adult children of alcoholic fathers and a non-risk group of mothers. Both incest survivors and adult children of alcoholics reported a diminished sense of control and less confidence in their own parenting than the non-risk mothers. Incest survivors also reported less spousal support in parental tasks, less consistency and organization in their parenting, and fewer maturity demands on their children than mothers in either comparison group.

Cohen (1995) compared 26 mothers with histories of child sexual abuse with 28 mothers without such histories on the Parenting Skills Inventory (Nash & Morrison, 1984). Results showed that the sexually abused mothers scored significantly lower than the non-abused mothers on all seven scales measured by the inventory. Specifically, mothers who were victims of child sexual abuse reported less parental cohesiveness, were more likely to have negative and inadequate views of themselves as parents, had a more fearful, over-involved, intrusive and overprotective approach to their child, and had unreasonable, rigid, and unrealistic expectations for their children. Furthermore, these mothers had more rejecting and unaccepting attitudes toward their children, lower levels of closeness in the parent-child relationship, fewer communication skills, and more difficulties in limit setting with their children.

A study by Burkett (1991) also examined the relationship between a childhood history of sexual abuse and current parenting behaviors of 40 mothers of school-aged children. Interviews with mothers and observations of family interactions strongly suggested blurred boundaries between parent and child subsystems in families in which

mothers experienced childhood sexual abuse. Role-reversals were also evident in the families of mothers who were sexual abuse victims. This was revealed by self-focused, as opposed to child-focused, behaviors in the sexually abused mothers and parental behaviors in their children. Mothers in this group were described as smothering, dependent, and sometimes unable to provide their children with protection. As well, their children were responsible for taking on an adult role and for providing their mothers with emotional support. Similar results were found by Alexander, Titi, and Anderson (2000) through an exploration of the self-reported parenting styles among a community sample of 90 mothers. A reported history of child sexual abuse uniquely predicted a specific type of parent-child role reversal – namely a mother’s emotional over-dependence upon her child.

Overall, these findings imply that while intergenerational transmission of sexual abuse may be curbed, more subtle types of boundary issues are likely to be found in families with a history of childhood sexual abuse and to continue in subsequent generations.

Mothers of Abused Children. A second approach to examining the intergenerational hypothesis, as it relates to child sexual abuse, has involved investigating mothers of child victims of sexual abuse. The intergenerational hypothesis predicts that childhood sexual victimization is a common experience in the history of mothers of abused children. To date, this idea has received significant support (Caliso & Milner, 1992; Faller, 1989; Goodwin, McCarthy, & DiVasto, 1981; Hiebert-Murphy, 1998; Oates, Tebbutt, Swanson, Lynch, & O’Toole, 1998). For example, Goodwin and colleagues (1981) found that mothers of abused children were eight times more likely to

report childhood incest than mothers of non-abused children. In a study of 154 mothers of sexually abused children, half of the mothers had experienced sexual abuse in their own childhoods (Faller, 1989). Faller also noted that in cases where incest occurred inside the home, non-offending mothers were more likely to have experienced childhood sexual abuse than in cases where incest occurred outside the home by a non-custodial father. In these latter cases, the offenders were more likely than the mothers to have experienced childhood sexual abuse. In a more recent study, McCloskey and Bailey (2000) studied risk factors for childhood sexual abuse among 179 preadolescent girls (M age = 9 years). Results showed that the girls in the sample whose mothers were sexually abused in childhood were 3.6 times more likely to be sexually victimized. While the association between a mother's history of childhood abuse and her own children's abuse has been well documented, little is known about the mechanisms through which this occurs.

There has also been considerable interest in the personality and emotional functioning of Mothers of sexually abused children. Tamraz (1996) reviewed the opinion- and research-based literature on the personality characteristics and clinical presentation of non-offending mothers of sexually abused children. Analyses of the opinion-based literature showed that the mothers presented with significant emotional concerns, such as depression and emotional dependency, and personality characteristics, such as submissiveness and feelings of powerlessness. However, a review of the empirical evidence did not indicate such consistent findings. While a portion of this research suggested that mothers of abused children present with attachment difficulties, depression, and personality dysfunction, other studies documented normal scores on measures of depression and personality. For example, Friedrich (1991) and Scott and

Stone (1986) examined the MMPI profiles of mothers of sexually abused children and found that these mothers presented with personality characteristics within normal limits on all clinical scales. Similarly, Muram, Rosenthal, & Beck (1994) found that the personality characteristics of mothers of sexually abused children fell within the normal limits on the Eysenck Personality Questionnaire. On the other hand, Peterson, Basta, and Dykstra (1993) found that mothers of sexually abused children scored significantly higher than mothers of non-abused children on 7 out of 12 scales assessing abnormal personality functioning on the Clinical Analysis Questionnaire. Mothers of abused children had elevated scores on the Hypochondriasis, Low Energy Depression, Guilt/Resentment, Paranoia, Schizophrenia, Psychasthenia, and Psychosocial Inadequacy scales. Significant differences were also found on three secondary scales, with mothers of sexually abused children scoring higher on the Anxiety, Depression, and Psychoticism scales.

Personality disturbances and emotional problems in mothers of abused children may be associated with the intragenerational cycle of child abuse in so much as mothers who are emotionally unavailable to their children, perhaps because of their own history of abuse, may be less able to provide their children with protection. This hypothesis was supported by Fleming, Mullen, & Bammer (1997) in an investigation of the potential risk factors for childhood sexual abuse. Several of the factors that significantly predicted childhood sexual abuse were having a mother who was mentally ill, experiencing the death of a mother, and not having someone to confide in. While it appears that a mother's emotional and physical availability to her children may help to prevent childhood sexual abuse, the ultimate responsibility lies with the perpetrator. However, irrespective of

responsibility, mothers with a history of untreated childhood sexual abuse may suffer from more mental health problems, such as depression and PTSD, which may leave their child more vulnerable to being victimized.

Other researchers have examined the non-offending mother's reaction to their child's allegations of sexual abuse (e.g., Carter, 1999; Hooper, 1992). Hiebert-Murphy (1998) found that mothers with a history of child sexual abuse experienced more distress following her child's disclosure than mothers without such histories. Furthermore, higher levels of emotional distress predicted the use of avoidance coping strategies in dealing with their child's disclosure. Paredes, Leifer, & Kilbane (2001) examined maternal variables which may be related to children's functioning following their disclosure of sexual abuse. Results indicated that children showed poorer functioning and higher symptomatology when their mothers had experienced more problems in her own family-of-origin, such as family discord and childhood sexual abuse. Myer (1985) documented the reactions of 43 mothers of incest victims. Fifty-six percent of the mothers protected their daughters upon disclosure of the abuse, 9% of the mothers were described as immobilized and took no action upon their child's disclosure, and 35% of the mothers rejected their daughters and protected the offending spouse. Interestingly, of the protecting mothers, over half were characterized as having Dependent Personality Disorder. Furthermore, all of the immobilized mothers were characterized as having Borderline Personality Disorder and all of the rejecting mothers were characterized as having Narcissistic Personality Disorder. However, Hooper (1992) noted that it is generally more difficult to gather information about mothers who remain in denial or

reject their children following a sexual abuse disclosure because these mothers are likely to drop out of treatment compared to mothers who are more protective.

Sexual Offenders. A third approach to studying the intergenerational hypothesis, as it relates to child sexual abuse, involves examining those who commit sexual offences against children themselves. Statistics suggest that approximately 65% of male sexual offenders and 80% of female sexual offenders were sexually abused as children (Allen, 1991; Araji & Finkelhor, 1986; Grayston & De Luca, 1999; Tardif & Gijseghem, 2001). However, the vast majority of sexual offenders are male whereas a greater number of victims are female (Davis & Leitenberg, 1987; Finkelhor & Russell, 1984; Grayston & De Luca, 1999; Russell, 1983; Wakefield & Underwager, 1991). This indicates that males who are abused as children are more likely to become offenders than their female counterparts. However, this does not explain why many individuals who have experienced childhood abuse do not become sexual perpetrators and why some sexual perpetrators do not report a childhood history of abuse. Attempts to understand this distinction have been two-fold. In the last decade, there has been considerable interest into protective factors that are related to resiliency in sexually abused children. Secondly, characteristics that distinguish sexual offenders from non-sexual offenders have been explored in order to identify personality types associated with sexual offending behavior.

In terms of resiliency, Langeland and Dijkstra (1995) reviewed studies of abusive and non-abusive parents who experienced a history of child maltreatment in an attempt to isolate protective factors that may break the cycle of abuse. On an individual level, non-abusers were less likely to be abused by both parents in their family-of-origin and were more likely to have had an emotionally supportive relationship with one parent, a foster

parent, or a relative while growing up. As well, the non-abusive parents experienced less severe and less persistent forms of abuse than the abusive parents. In addition, parents who broke the cycle had come to terms with their history of abuse whereas those who continued the cycle were still attempting to deny the abuse they suffered or had formed idealized images of their abusing parents. On a familial and community level, non-abusers were more likely to have physically healthy children, economic security, supportive spouses, and strong social supports in general.

Similar results were reported by Egeland (1993), who showed that mothers who broke the cycle were, as children, more likely to have had foster parents or relatives who provided them with emotional support. As adults this type of supportive relationship was continued in the marital relationship. Another important factor that distinguished the continuity and the discontinuity groups was involvement in psychotherapy as an adolescent or young adult. A number of mothers who broke the cycle of abuse were in long-term, intensive psychotherapy. Mothers who failed to break the cycle appeared to dissociate the abusive experience rather than integrating it into their view of themselves. Many of these mothers idealized their pasts, unrealistically describing their parents and childhood experiences in a positive light.

Gilgun (1991) examined the factors associated with breaking the cycle of child maltreatment by conducting intensive life-history interviews with 48 adults maltreated as children. The main finding that differentiated the non-offenders from the offenders was the non-offenders ability to confide in others about their experiences of childhood victimization. This finding may shed light on why males who have been sexually abused in childhood are more likely to become sexual perpetrators than their female

counterparts. Traditionally, females have been socialized to talk about their feelings and depend on others for support while males have been taught to be unemotional and self-reliant. As a result, males who are abused may be less likely to disclose the abuse or seek therapy and, therefore, may be at greater risk for becoming a sexual offender.

Heavily investigated is what, if anything, distinguishes sexual offenders from other individuals. While a solid profile characterizing individuals who sexually abuse children does not yet exist, researchers have identified a number of characteristics that are commonly found among this population, including: (1) generalized delinquency, (2) social incompetence and introversion, (3) family dysfunction, (4) offender as victim, (5) lack of empathy, (6) emotional dependency, (7) poor impulse control, and (8) sex offender specific variables, such as deviant sexual arousal patterns and the use of cognitive distortions to justify the offence (Aljazeera, 1993; Blaske, Borduin, Henggeler, & Mann, 1989; Davis & Leitenberg, 1987; Dhawan & Marshall, 1996; Hanson, 2000; Hanson, Lipovsky, & Saunders, 1994; Knight & Prentky, 1993; Marshall, Barbaree, & Fernandez, 1995; Marshall, Serran, and Cortoni, 2000; Murphy, Haynes, & Page, 1992; Starzyk & Marshall, 2003; Tardif & Gijseghem, 2001).

#### Partner Preferences

While the path from victimization to offending has been extensively investigated (e.g., Briggs, 1995; Kaufman & Zigler, 1987), the path followed by non-offending survivors has been greatly neglected. Several theorists have argued that mothers with a history of child sexual abuse are more likely to unknowingly choose partners who are sexual perpetrators, thus setting the stage for their own child's abuse (Faller, 1989; Green, 1998). However, an alternative explanation is that sexual perpetrators seek out

women with certain characteristics. As previously discussed, mothers of sexually abused children may display personality characteristics that distinguish them from mothers of non-abused children (e.g., Peterson, Basta, & Dykstra, 1993). Kreklewetz (2001) interviewed 13 incest offenders and noted that before these men sought out their victim, the process began with selecting women as partners who had certain characteristics. These men reported that they looked for women whom they could manipulate, who lacked independence and assertiveness, and who may have had a history of being abused as a child or adult. Interestingly, Smith and Saunders (1995) found that father/perpetrators and non-offending mothers in incest families shared similar personality traits and that both groups differed from norms on traits reflecting social inadequacy. Therefore, it may be that individuals with similar personality characteristics attract each other rather than the alternative assumption that victims attract perpetrators and vice versa. This latter hypothesis has received some support in the mate selection literature (e.g., Buss, Shackelford, Kirkpatrick, & Larsen, 2001; Rytting, Ware, & Hopkins, 1992). However others have argued that differences in romantic attraction between men and women are greater than the similarities (e.g., Ben Hamida, Mineka, & Bailey, 1998; Berry & Miller, 2001; Pines, 1998).

The mate selection literature has typically focused on university and community populations rather than sexual abuse survivors. As well, partner characteristics such as facial attraction, financial security, fidelity, parental investment, and personal resources are generally examined (e.g., Bereczkei, Voros, Gal, & Bernath, 1997; Cashdan, 1993; Fink & Penton-Voak, 2002; Fletcher, Simpson, Thomas, & Giles, 1999; Frederick & Morrison, 1999; Surbey & Conohan, 2000). Less attention has been given to one's

attraction for individuals with undesirable personality characteristics such as social incompetence, introversion, and empathy deficits, and to behavioral characteristics such as sexual deviance and involvement in criminal activity. Since these characteristics are commonly found among sex offender populations, it would be interesting to examine if sexual abuse survivors are more accepting of these characteristics in their partners compared to non-survivors. Unfortunately, this idea has not yet been explored. The small number of studies on the partners of sexual abuse survivors generally focuses on the idea of secondary trauma and on other issues unrelated to partner selection (Chauncey, 1994; Firth, 1997).

Geher (2000) examined the psychoanalytic theory of mate selection which proposes that people choose romantic partners similar to their opposite sex parents. Five hundred and thirty-two participants were asked to describe the personality characteristics of their parents, significant others, and ideal significant others. In addition, actual parents and partners of participants were asked to describe themselves. Results indicated that participants perceived their partners as similar to their parents across all variables. In fact, on 4 out of 8 personality variables, participants' opposite-sex parent scored similarly to their partner. This study has far reaching implications for female survivors of father-daughter incest and, therefore, possibly provides some insight into the intergenerational cycle of child sexual abuse.

A number of studies suggest that sexual abuse survivors, as well as mothers of incest victims select aggressive partners and commonly experience domestic violence (e.g., Carter, 1999; Dilillo, Giuffre, Tremblay, & Peterson, 2001; Hiebert-Murphy, 2001; Hiebert-Murphy & Burnside, 2001; Whitfield, Anda, Dube, & Felitti, 2003). This

research suggests that survivors may be more attracted to men with dominant personalities. While this question has not been examined with a population of sexual abuse survivors, preferences for dominance have been investigated among college-aged women. For example, Sadalla, Kenrick, and Vershure (1987) found that females rated a hypothetical dominant male as a more sexually appealing and desirable dating partner than a non-dominant male. However, in a later study, Burger and Cosby (1999) were the first to include a control condition in studying whether female university students prefer men who display dominant personality traits. The control condition consisted of males who were described as neither dominant nor non-dominant. Results of this study suggested that females do not consider male dominance a desirable characteristic when choosing a dating partner. In fact, both dominance and non-dominance decreased the desirability of hypothetical dating partners. Interestingly however, when women were asked to report characteristics that they prefer in choosing a romantic partner, traits associated with dominance, such as assertiveness and confidence, were identified. Therefore it is likely that these traits may be of higher importance in mate selection than dominance per se.

#### Child Safety Evaluation

Faller (1989) speculated that because of the victims' own sense of vulnerability, due to their past exploitation, they may have difficulty recognizing danger cues or unsafe situations. It is well known that child sexual abuse victims are often victimized repeatedly and by multiple offenders (Boney-McCoy & Finkelhor, 1995; Fergusson, Horwood, & Lynskey, 1997; Jacobs, 1994; Kellogg & Hoffman, 1997; Krahe, Scheinberger-Olwig, Waizenhofer, & Kolpin, 1999; Messman & Long, 1996; Swanston, Parkinson, Oates,

O'Toole, Plunkett, & Shrimpton, 2002). One possible explanation is that victims may have greater difficulty recognizing danger cues than those without abuse histories. Perhaps repeated exposure to abuse, particularly by multiple perpetrators, leaves children less skilled in their ability to identify safe and unsafe people and situations. It is also possible then that these victims, as parents, may be less likely to recognize unsafe or vulnerable situations for their own children. However, this hypothesis has not yet been examined.

Kreklewetz and Piotrowski (1998) examined the protective behaviors used by incest surviving mothers toward their children. Sixteen mothers with a history of paternal incest were interviewed about the strategies they use to protect their children, particularly their daughters, from sexual victimization. In general, all of the mothers described themselves as very protective, and often overly-protective. The mothers noted that they wanted to parent their children differently and better than they were parented. Mothers indicated that they used communication, described as education and information sharing, with their children as the most frequent method of protection. These mothers felt that keeping the lines of communication open would offer some protection to their children. A second protection strategy involved supervision. Some mothers reported that they had worries and concerns over trusting their male partner alone with their preadolescent daughter. Several of the mothers described experiences where they would monitor their partner with their daughter. A third protective strategy employed by these mothers was monitoring their child's activities outside the home. The mothers expressed fear over situations in which they perceived as very high risk. Several of the mothers described themselves as overly-protective. The mothers reported differences between when they

perceive children to be at greater risk for abuse. Some mothers perceived younger and smaller children to be more vulnerable, while others considered younger children to be at little risk because they were easier to monitor. Other mothers felt that their preadolescent children were at lower risk because of their greater ability to protect themselves compared to smaller children. However, others felt that preadolescents were at greater risk because they were more difficult to monitor. Finally, several mothers reported that their children were more at risk when they were at the same age as when they themselves had been abused.

Kreklewetz and Piotrowski's study is a first step toward understanding the protection strategies of mothers with a history of child abuse. However, with such a small sample, more investigations are needed to generalize the findings. While the mothers in this study described themselves as protective of their daughters, it must be noted that 50% of the mothers revealed that their daughters had been sexually abused. However, it is unclear whether the mothers' protection strategies were not effective in protecting their children or rather the mothers became more protective upon their children's disclosure of sexual abuse. One solution might involve interviewing women regarding how they plan to protect their children from abuse when they become mothers. However, this solution has its own unique limitations because it is often difficult to accurately predict one's behavior. Another solution might involve asking parents to evaluate a child's risk for abuse in certain situations. Perhaps parents who have been abused as children have more difficulty in recognizing unsafe situations, and therefore their children are more vulnerable to being abused. Kritsberg (1993) describes survivors' difficulty in the protection of their children as "blind spots", where a mother's defences, due to past

victimization, interfere with her ability to avoid potentially dangerous situations for her own children.

### Multigenerational Transmission and Attachment Theory

Attempts to explain the intergenerational transmission of child maltreatment have focused on Bowlby's (1969 & 1982) attachment theory. According to this theory, infants are genetically predisposed to form attachments with their primary caregivers. Children internalize this early caregiver-infant relationship, thereby forming the prototype for which all future relationships are assimilated. Children who are maltreated form a representation of their caregivers as unresponsive, rejecting, and unavailable. Because these children have not had the benefit of a secure attachment, it is unlikely that they will be able to form a secure relationship with their own children. Thus, it is the caregiving relationship that is transmitted across generations and not violence per se.

To date, it has been well documented that survivors of intrafamilial child sexual abuse have a strong propensity toward insecure attachments (Alexander, Anderson, Brand, Schaeffer, Grelling, & Kretz, 1998). As a result, considerable attention has been given to the role of early parent-child attachment in the intergenerational transmission of child maltreatment (e.g., Green, 1998; Leifer & Smith, 1990, Morton & Browne, 1998; Putallaz, Costanzo, Grimes & Sherman, 1998; Zeanah & Zeanah, 1989). This has often been done by examining the family-of-origin relationships among parents who were maltreated as children. Zuravin, McMillen, DePanfilis, and Risley-Curtiss (1996) compared the type, severity, and frequency of childhood sexual abuse and the quality of attachment to the family-of-origin in 213 mothers maltreated as children. The quality of attachment to parent(s) or the primary caretaker(s) was measured with eight items from a

larger parent-screening questionnaire, where higher scores indicate poorer attachment. Results showed that mothers who had experienced severe forms of abuse or who had poorer quality attachments in childhood increased the likelihood that their children would be abused. In fact, for each 1-point increase in score, the probability of transmission increased by 6%.

Another method used to explore the link between early parent-child attachment and later adult offending, involves investigating how abusive and non-abusive parents were parented. Wiehe (1992) compared abusive parents' (N=153) and non-abusive parents' (N=141) descriptions of how they were parented in childhood. Results showed that the abusers rated their mothers as significantly less nurturing and more restrictive than the non-abusers. Also, the abusing parents rated their fathers as significantly less nurturing than the non-abusers. This study suggests that parents who have experienced deficiencies in nurturing and very restrictive behavior from their parents may repeat these behaviors or tend to have abusive relationships with their children. Similarly, Cole and Woolger (1989) found that incest survivors perceived their own mother as negatively controlling and uninvolved. As well, Herrenkohl, Herrenkohl, and Toedter (1983) examined the relationship between severity of discipline, nurturance, and family stress in parents' families-of-origin on the likelihood of them becoming abusive parents. Results showed that abusive techniques used by the respondent's mother alone, and mother and father together were significantly related to current abusive parenting. Also, parents that were raised by a less nurturing family, who experienced greater levels of stress, were more likely to use severe discipline strategies with their own children. While these results suggest that abuse in childhood significantly increases the risk that a parent will mistreat

his/her own children, other past and current life stresses or supports can be highly influential in tipping the balance and positively or negatively affecting parental behavior.

In a review of the literature, Green (1998) examined behavioral, psychodynamic and attachment theories of child maltreatment and outlined several mechanisms through which the transmission of sexual abuse is possible. The first mechanism described, “trauma-induced repetitions”, can be applied to the intrusive re-experiencing of symptoms of posttraumatic stress disorder (PTSD), frequently described in physically and sexually abused children. These children reenact their victimization experiences in play and in their relationships with others. They tend to assume either the role of abuser, and victimize others, or become the victim and recreate their own victimization. The next possible mechanism accounting for continuing the cycle of abuse is what Green classified as “identification with the aggressor-victim dyad”. Through this process, the maltreated child forms a working model of an abusing parent-child dyad in which the child is viewed as inadequate and unlovable and the parent is regarded as inaccessible or frightening. Green suggested that prolonged exposure to an abusive and rejecting parent may lead to “identification with the aggressor” in a defense against helplessness. Similarly, a child may also internalize the victim role and assume “identification with the victim” as a defense. Green notes that an additional defense, “identification with the nonprotective parent,” is frequently used by victims of sexual abuse. These victims, as adults, may consciously or unconsciously allow their children to be sexually abused. Green also explained other mechanisms through which abuse may be transmitted, such as the generational transmission of an impaired parent-child attachment. Finally, Green described how the use of dissociation and other defenses can lead to the transmission of

abuse. Dissociation obliterates the memory link between parents' own childhood abuse and the maltreatment they inflict onto their child. Their failure to learn from the past prevents them from experiencing empathy for their child's feelings of victimization. As well, acknowledging their child's abuse is difficult because it may mean facing the reality of their own childhood victimization. In addition to dissociation, the abused mother-child dyad uses other defenses, such as avoidance and distancing behavior, hypervigilance, denial, and projection. According to Green, all of these defenses may prevent mother and child victims from integrating their painful memories and affects into awareness, making them more likely to continue the cycle of abuse.

The process involved in the transmission of sexual abuse across generations has also been explained by using Bowen's (1978) transgenerational theory. Bowen views the family as a multigenerational system characterized by certain patterns of emotional interaction. According to Bowen, individuals tend to repeat in their marriages and other significant relationships the patterns of relating learned in their families-of-origin. Bowen's concept of *differentiation of self* refers to an individual's emotional independence or maturity. Within relationships, low differentiation results in little distinction between self and others. Research has found that poor differentiation of self is often identified in incestuous families (Bennett, 1992). This may be largely due to the interesting pattern with regard to boundaries in families of sexual abuse. According to Greenspun (1994), in incestuous families, a rigid, impermeable boundary exists between the family and the outside world, resulting in a high degree of isolation from outsiders. At the same time, boundaries within the family are poorly defined. According to Bowen, people tend to choose mates with similar levels of differentiation of self; thus comparable

levels of differentiation are passed on to the next generation unless interventions are made to increase emotional autonomy. Therefore, without therapy, people who have been abused and people who are potential abusers may unknowingly attract each other. As a result, the cycle of abuse continues.

#### Social Learning Theory and the Cycle of Abuse.

Other attempts to explain the intergenerational transmission of child sexual abuse have come from social learning theory (Kaufman & Zigler, 1989). It is postulated that abused children learn aberrant patterns of parent-child interaction through the principles of observational learning, modeling, and patterns of reinforcement. According to this theory, abusive parenting behaviours are transmitted by teaching children that abuse is appropriate. Once learned, children develop a set of rules that support abusive behaviour. This increases the likelihood that they will repeat these same learned behaviours with their offspring.

Hertzberger (1983) speculated that abused children are most likely to form rules supporting abusive behaviour if the parent's action is seen as normative, if the abuse is accompanied by rationalizing verbalizations, and if the abuse occurs during discipline following an actual wrongdoing. College students were asked to judge the abusive treatment of children in case histories. Students who had experienced childhood physical abuse were more likely than their non-abused counterparts to rate the abuse as appropriate. Furthermore, when students were given information about the child's provocative behaviour along with a description of the parent's abuse, the students judged the child to be more responsible for the abuse and judged the abuse to be less severe. This

study adds to society's understanding of the cycle of abuse by suggesting that abusive parenting behaviours may be transmitted by teaching children that abuse is appropriate.

### The Current Study

This current study examined the intergenerational cycle of child sexual abuse by exploring partner preferences, parenting attitudes/behaviours, and relationship styles, among a population of sexual abuse survivors. Specifically, this study investigated whether females who had experienced childhood sexual abuse were different from females who had not experienced such abuse with regard to the personality characteristics that they desire and select in their partners, their ability to set appropriate boundaries with children, their appraisal of child safety, and their style of romantic attachment.

Although authors have theorized that survivors of child sexual abuse are more likely than non-survivors to choose partners that are abusive, this idea has not yet been adequately investigated. This study examined whether female sexual abuse survivors prefer and select different characteristics in their dating partners compared to females who have not experienced childhood abuse. Since it has been theorized that female survivors may unknowingly attract sexual perpetrators, this study only examined the personality characteristics that are commonly found among sexual offender populations (i.e., dependency, lack of empathy, social inadequacy, victim of abuse, criminal history, etc.). The second variable examined involved boundary setting in parent-child relationships. As previously discussed, sufficient evidence suggests that boundary disturbances are common with sexual abuse survivors and in homes in which incest is occurring. This study investigated the relationship between childhood sexual abuse and boundary disturbances in females with and without histories of childhood sexual abuse.

Third, this study examined differences between sexual abuse survivors and females who have not experienced childhood sexual abuse in their ability to evaluate child safety. This is a relatively new idea that has thus far received only limited attention. However, since children of incest surviving mothers appear to be at high risk for sexual abuse, it is possible that these mothers have difficulty recognizing situations that may place their children at risk. These deficiencies in evaluating risk might be the result of repeat exposure to sexual abuse as a child. Finally, attachment problems among sexual abuse survivors have been well documented. These problems have been suggested to serve a central role in understanding the intergenerational transmission process. Therefore, this study explored whether childhood sexual abuse is related to attachment style in romantic relationships.

While the existing research focuses on mothers of abused children or on sexual abuse survivors as parents, this study was one of the first of its kind to examine the intergenerational hypothesis in a population of potential mothers. This approach has the advantage of investigating female survivors before they become parents in order to identify variables that may be associated with increased risk of child abuse in the next generation.

It is hypothesized that:

1. Females who have experienced childhood sexual abuse would report a greater occurrence of sexual abuse within their family-of-origin compared to females without such histories.
2. Females who have experienced childhood sexual abuse would display a greater acceptance of partners who are introverted, lacking in social skills,

unempathic, emotionally dependent, and have a history of childhood abuse and involvement in criminal activity.

3. Females who have experienced childhood sexual abuse would report more diffuse boundaries with children compared to females who have not experienced such abuse.
4. Compared to females who are not victims of childhood sexual abuse, females who have been sexually abused as children would have more difficulty in evaluating child safety in situations where the risk for abuse may be greater.
5. Females who have experienced childhood sexual abuse would display more insecure attachment styles in romantic relationships compared to females without abuse histories.

## Method

### Participants

Sexually Abused group. There were 91 female university students in the Childhood Sexual Abuse Group. This group included those females who responded positively to any of the first 5 items on the Childhood History Questionnaire. These items asked about sexually abusive experiences prior to the age of 14. The cut-off age of 14 was used in order to capture those who have been abused during childhood and to rule out sexual experiences that may occur within the context of a dating relationship.

Non-Abused Group. There were 154 female university students in the Non-Abused group. This group included females who responded negatively to the first 5 items in the Childhood History Questionnaire. While this group did not report childhood sexual

abuse, this group did include some individuals who reported sexually abusive experiences beyond the age of 14.

### Measures

Partner Preference Questionnaire. This 8-item questionnaire was developed for the purpose of this study to assess partner preferences (Appendix A). This questionnaire required the participant to rate their preferences for different personality characteristics in their ideal partner. Each subscale measured a personality characteristic that has commonly been reported among sex offender populations. Such characteristics included: introversion and poor social skills, interest in children, low empathy, dependency needs, history of abuse in childhood, and criminal history. Each characteristic was rated on a 6-point scale with extremes representing opposite characteristics. For example, item 1 read “Some women would prefer that their partner be an extrovert. This means that they have many friends, enjoy socializing, and perform well in social situations. Other women prefer that their partner be an introvert. This means that they are more of a shy and quiet individual and prefer spending time alone. Which type do you prefer” (1 = High Extrovert, 6 = High Introvert). Items 1 and 3 were reverse scored. As a result, low scores on this measure reflected preferences for characteristics that are frequently noted among sexual offenders.

Partner Choice Questionnaire. This 5-item questionnaire is slightly different than the Partner Preference Questionnaire in that it asked participants to rate personality qualities found in the partners they typically dated (Appendix B). Again, this questionnaire was developed for the purpose of this study and each subscale measured a

personality characteristic common among sex offender populations. The five items on this scale are the same as the first five items on the Partner Preference Questionnaire, with the exception that the word “prefer” was replaced with “choose”. The decision to develop this questionnaire was based on the idea that partner preference and partner choice may be different in individuals, particularly in those with a history of abuse.

Parenting Behaviours/Attitudes Questionnaire. This 10-item questionnaire was developed for the purpose of this study to assess parent-child boundaries (Appendix C). This measure required the participant to imagine how they would interact with their hypothetical 8-year-old daughter and to rate the appropriateness or inappropriateness of certain behaviours (e.g., role-reversals). Each item was measured on a 6-point likert scale, with high scores indicating that the participant strongly agreed that it would be appropriate to engage in certain behaviours. For example, item 10 read “Would you agree with telling your child about a traumatic event that you experienced in your past”. Overall, high scores on this scale reflected poorly defined parent-child boundaries. Several items (items 3, 7, & 9) served as distracters in the questionnaire and questioned about neutral behaviours such as the appropriateness of giving children chores or discussing appropriate television programs. These items were not included in data analyses.

Safety Questionnaire. This 10-item questionnaire was developed for the purpose of this study to examine safety issues with children (Appendix D). The participant was required to imagine how safe they would feel in certain parenting scenarios involving their hypothetical 8-year-old daughter. For example, item 1 read “how safe would you feel leaving your child to be babysat by a teenage male from the neighbourhood”. Again,

a 6-point likert scale was used, with high scores indicating that the participant evaluated the situation as “highly safe” for their child and with low scores indicating they felt “highly unsafe”. Overall, high scores on this measure suggested that participants evaluated situations as having a low degree of risk.

Experiences in Close Relationships Scale (ECR; Brennan, Clark, & Shaver, 1998). This 36-item questionnaire was used to assess adult attachment style in romantic relationships (Appendix E). This measure was developed from a pool of 323 items from various attachment questionnaires. The authors reported that a principle components analysis produced two major factors (Avoidance and Anxiety), which accounted for 63% of the variance in the subscales, each having an alpha coefficient greater than .90. Two 18-item scales were constructed from the 36 items with the highest absolute-value correlations with one of the two higher-order factors. These scales were reported to correspond to Hazan and Shaver’s (1987) Attachment Prototypes (i.e., Avoidant Attachment and Anxious-Ambivalent Attachment). Using a hierarchical clustering procedure (Ward’s method, with squared Euclidean distance) the two higher-order factors were then used to cluster participants into one of four attachment categories corresponding to Bartholomew and Horowitz’s (1991) four-category diagram (Secure, Preoccupied, Dismissive, and Fearful). Low scores on Anxiety and Avoidance resulted in a Secure attachment style, whereas high scores on Anxiety and Avoidance were labelled as “Fearful”. Those labelled as “Preoccupied” scored low on Avoidance and High on Anxiety, while those labelled as “Dismissive” scored high on Avoidance and low on Anxiety.

It was expected that females in the abused group would score higher on levels of Avoidance and/or Anxiety and would be categorized with insecure attachment styles (i.e., Fearful, Dismissing, or Preoccupied) more frequently than the non-abused females.

Personal Information Questionnaire. This 11-item questionnaire was designed to obtain information about participant's demographics (i.e., age, marital and parental status), psychosexual behaviour (i.e., age first consented to sex, number of sexual partners), history of childhood physical and emotional abuse, and a history of childhood sexual abuse among family members (Appendix F).

Childhood History Questionnaire. Information about childhood sexual abuse was gathered with a schedule of 13- items adapted from those used by Russell (1983) (Appendix G). Childhood sexual abuse was defined as upsetting sexual experiences prior to the age of 14 such as exposure to another person's genitals, being grabbed or kissed in a sexually threatening way, touching another person's genitals or being touched on one's own genitals against their will, and forced intercourse. Items 1-5 explored the presence of childhood sexual abuse and were used to divide the participants into abused and non-abused groups. Item 6 asked about other upsetting sexual experiences before the age of 14. Items 7 – 13 asked about sexually abusive experiences at any age and obtained specific information regarding the victim's relationship to the offender.

#### Design and Procedure

Participants received bonus points for volunteering in this study. These points could be used toward their undergraduate psychology courses. An additional incentive was a draw for one-hundred dollars. Participants were asked to read and sign the information/cover sheet (Appendix H) and the informed consent form (Appendix I)

before completing the questionnaires. They were then asked to complete all measures and to leave no identifying information on the questionnaires to ensure confidentiality.

Approximately 20 minutes was required. Upon completion, participants were offered a list of counselling services in Thunder Bay (Appendix J). Participants were also informed that, if necessary, they would be debriefed / counselled on site and referred to the appropriate counselling agency. However, none of the participants requested this service.

#### Treatment of Data

The questionnaires were examined through Factor Analyses to determine, what, if any underlying structure exists and to create factor scores where appropriate. The Partner Preference Questionnaire included items that represented characteristics commonly found in sexual offender populations. Prior to the analysis, evaluation of linearity and normality led to the dropping of items six through eight due to severely skewed distributions. Natural log transformations of these variables proved futile. Principal components Factor Analysis was conducted on the remaining five items in the questionnaire. Two factors with eigenvalues greater than one were extracted, which together explained 50% of the variance. The first four items loaded on the first measure (loadings of .46 or higher), and appeared to reflect a measure of relationships with others. The fifth item (*childhood history*) loaded highly (.84) on the second factor. As a result, it was decided that items in the Partner Preference Questionnaire would be examined both in terms of their underlying structure, as well as their individual contribution. Similar results were found when principal components Factor Analysis was conducted on the 5-items in the Partner Choice Questionnaire. Therefore, these items were treated in the same way in subsequent analyses.

The Parenting Behaviors/Attitudes Questionnaire measured boundary disturbances with children. Principal components Factor Analysis was conducted on all ten items in the questionnaire. Four factors with eigenvalues greater than one were extracted, which together explained 66% of the variance. The first factor (items 1, 2, 4, 5 & 10) explained 30% of the variance and loaded .62 or higher. These items appeared to form a good measure of parent-child role-reversal. A reliability analysis was conducted on the items in the first Factor, resulting in a Cronbach's Alpha of .77. As expected, the second factor included three items (items 3, 7, & 9) that were intended to be distracters in the questionnaire. One item (item 6) loaded highly on Factor 3 and appeared to measure child privacy. One item (item 8) loaded highly on Factor 4 and appeared to measure sexual boundaries. As a result, one 5-item Factor and two individual items were used to investigate group differences in boundaries in all subsequent analyses.

The Safety Questionnaire measured evaluation of child safety. Prior to the analysis, evaluation of linearity and normality led to the dropping of items eight through ten due to their severely skewed distributions. Natural log transformations of these items proved futile. Principal components Factor Analysis was conducted on the 7 remaining items in the questionnaire. One factor with an eigenvalue greater than one was extracted. While Item five had the lowest loading (.39), all remaining items loaded at .75 or higher on this factor and appeared to form a good measure of child safety. A reliability analysis was conducted on these items, resulting in a Cronbach's Alpha of .88. As a result, an average of all seven items was used to examine child safety evaluation in subsequent analyses.

The last questionnaire, Experiences in Close Relationships, is a well-known measure of romantic attachment style. It included two scales, which measure Avoidance and Anxiety, with a reported Cronbach's Alpha of .94 and .91 respectively (Brennan, Clark, & Shaver, 1998). Similar results were found when reliability analyses were conducted on the data obtained from this study. The Avoidance scale yielded a Cronbach's Alpha of .90 and the Anxiety scale resulted in a Cronbach's Alpha of .91.

For clarification purposes, Table 1 summarizes the dependent variables examined through data analyses.

Table 1

Summary of the Dependent Variables, Derived from the Measures used in this Study

<b>Partner Preference Questionnaire:</b>	<b>Partner Choice Questionnaire:</b>	<b>Parenting Behaviors / Attitudes Questionnaire:</b>	<b>Safety Questionnaire:</b>	<b>Experiences in Close Relationships Scale (Brennan, Clark, &amp; Shaver, 1998):</b>
Item 1: Extroversion – Introversion (reverse scored)	Item 1: Extroversion – Introversion (reverse scored)	Mean if Items 1, 2, 4, 5 & 10: Parent Child Role Reversal	Mean of Items 1-7: Child Safety Evaluation	Avoidance Score
Item 2: Child Orientation – Adult Orientation	Item 2: Child Orientation – Adult Orientation	Item 6: Child Privacy		Anxiety Score
Item 3: Focus on Others – Focus on Self (reverse scored)	Item 3: Focus on Others – Focus on Self (reverse scored)	Item 8: Sexual Boundaries		Attachment Style: (4 Levels: Secure, Fearful, Preoccupied, Dismissive)
Item 4: Dependent – Independent	Item 4: Dependent – Independent			
Item 5: Difficult Childhood – Easy Childhood	Item 5: Difficult Childhood – Easy Childhood			
Mean of Items 1-4: Relationships With Others	Mean of Items 1-4: Relationships With Others			

## Results

SPSS for Windows Version 12.0 (2003) was used to analyse the data obtained from the questionnaires. This statistical program was also used to screen the data for errors, examine assumptions underlying inferential statistics, transform variables, and conduct descriptive statistics, factor analyses, reliability tests, and group comparisons. An alpha level of .05 was used to determine significance across all analyses unless otherwise indicated.

### Descriptive Statistics

In total, 245 female university students were included in the study. Their ages ranged from 18 to 50 years of age ( $M = 23.69$ ,  $SD = 6.19$ ). Seventy-nine percent ( $n = 194$ ) of the sample reported that they were single or dating, whereas 18% ( $n = 44$ ) were married or living common law. Fourteen percent ( $n = 33$ ) said that they currently had children and 70% ( $n = 172$ ) of those who did not have children said that they plan on having children in the future. Finally, of the 82% ( $n = 202$ ) that admitted to engaging in consensual sexual intercourse at some point in their lives, the average age of consent was 17 years and the average number of partners was 5.

In terms of familial history of abuse, 11% ( $n = 27$ ) of the overall sample reported that their mothers were victims of sexual abuse and 2% ( $n = 4$ ) reported having knowledge that their fathers were sexually abused in childhood. As well, 9% ( $n = 21$ ) said that their siblings experienced childhood sexual abuse. Regarding their own history of abuse, 15% ( $n = 36$ ) reported that they were physically abused and 29% ( $n = 71$ ) reported being emotionally abused or neglected in childhood. In terms of their histories of sexual abuse, 37% ( $n = 91$ ) of the overall sample reported sexually abusive experiences

prior to the age of 14 and 58% ( $n = 142$ ) reported an unwanted sexual experience at some point in their life.

### Preliminary Group Comparisons

Before comparing differences in the dependent measures, One-way Analysis of Variance (ANOVA) and Chi-square analyses were used to compare groups on a number of demographic variables obtained from the Personal Information Questionnaire. First, age was examined to ensure that the groups were not significantly different. The Sexually Abused group ranged in age from 19 to 50 years ( $M = 25.4$ ,  $SD = 7.7$ ), whereas the Non-Abused group ranged in age from 18 to 46 years ( $M = 22.7$ ,  $SD = 4.9$ ). These group differences were significant,  $F(1, 243) = 11.69$ ,  $p = .001$ , and, as a result, age was controlled for in subsequent analyses. Two additional variables, Marital and Parental Status, were also explored because of their possible association with age. As expected, results showed that the Sexually Abused group was significantly more likely than the Non-Abused group to be married or living in common law relationships,  $\chi^2(1, N = 244) = 16.41$ ,  $p < .001$ , and were also more likely to have children currently,  $\chi^2(1, N = 245) = 8.99$ ,  $p = .003$ . However, since both variables were strongly associated with age, they were not included as covariates in further analyses.

Regarding involvement in sexual activity, results showed that the Sexually Abused group consented to sex at an earlier age ( $M = 16.8$ ,  $SD = 2.3$ ) than the Non-Abused group ( $M = 17.4$ ,  $SD = 1.9$ ) and that these differences were significant,  $F(1, 200) = 4.31$ ,  $p = .039$ . Twelve participants in the Sexually Abused group and 31 participants in the Non-Abused group reported that they had not yet engaged in sexual intercourse. Groups were then compared on their average number of sexual partners. The number of

sexual partners in the Sexually Abused group ranged from 0 to 75 ( $M = 5.9$ ,  $SD = 9.5$ ), whereas the number of sexual partners in the Non-Abused group ranged from 0 to 30 ( $M = 3.5$ ,  $SD = 4.4$ ). Group differences in average number of sexual partners were also significant,  $F(1, 243) = 7.70$ ,  $p = .006$ . Furthermore, after screening the data for outliers and extracting cases from the analysis with z-scores greater than 2.96, the Sexually Abused group continued to report a significantly greater number of sexual partners than the Non-Abused group,  $F(1, 238) = 4.03$ ,  $p = .01$ .

Next, Chi-square analyses were used to compare groups on a number of child abuse specific variables obtained from the Personal Information Questionnaire and the Childhood History Questionnaire. The data related to the Sexually Abused group and the Non-Abused group comparisons are presented in Table 2 (Familial Abuse History) and Table 3 (Sexual Abuse History). With respect to familial history of abuse, the Sexually Abused group was significantly more likely than the Non-Abused group to report that their mother,  $\chi^2(1, N = 244) = 21.28$ ,  $p < .001$ , and their siblings,  $\chi^2(1, N = 244) = 8.48$ ,  $p = .004$ , were sexually abused as children. In terms of the participant's own history of childhood abuse, the Sexually Abused group was significantly more likely than the Non-Abused group to report physical abuse in childhood,  $\chi^2(1, N = 244) = 12.77$ ,  $p < .001$ , as well as emotional abuse and neglect,  $\chi^2(1, N = 245) = 9.60$ ,  $p = .002$ .

While groups varied significantly in their reported sexually abusive experiences, it is also important to note that a number of participants who did not report sexual abuse prior to the age of 14, did report abuse beyond that age. For example, 11% ( $n = 17$ ) of the Non-Abused group reported having been victims of rape or attempted rape after the age of 14 and 15% ( $n = 23$ ) of the Non-Abused group reported having experienced other

Table 2

Sexually Abused and Non-Abused Group Comparisons on Familial History of Abuse

Personal Information Questionnaire (Answered Affirmatively)	Sexually Abused ( $\underline{n} = 91$ ) $\underline{n}$ (%)	Non-Abused Group ( $\underline{n} = 154$ ) $\underline{n}$ (%)
Is your mother a victim of childhood sexual abuse**	21 (23.1)	6 (3.9)
Is your <i>father a victim</i> of childhood sexual abuse	3 (3.3)	1 (0.7)
Are any of your <i>siblings victims</i> of childhood sexual abuse**	14 (15.4)	7 (4.6)
Are you a victim of childhood <i>physical abuse</i> **	23 (25.3)	13 (8.5)
Are you a victim of childhood <i>emotional abuse or neglect</i> **	37 (40.7)	34 (22.1)

Note: \* $p < 0.05$ . \*\* $p < 0.01$ .

Table 3

Sexually Abused and Non-Abused Group Comparisons on History of Childhood SexualAbuse.

Childhood History Questionnaire (Answered Affirmatively)	Sexually Abused ( $n = 91$ ) $n$ (%)	Non-Abused Group ( $n = 154$ ) $n$ (%)
Before you turned 14, were you ever upset by anyone exposing their genitals**	48 (52.7)	0 (0)
Did anyone ever try or succeed in having sexual intercourse with you against your will before you turned 14**	17 (18.7)	0 (0)
In those years, did anyone ever try or succeed in getting you to touch their genitals against your wishes**	28 (30.8)	0 (0)
Did anyone ever try or succeed in touching your breasts or genitals against your wishes before you turned 14**	43 (47.3)	0 (0)
Before you turned 14, did anyone ever feel you, grab you, or kiss you in a way you felt was sexually threatening**	58 (63.7)	0 (0)
Before you turned 14, did you have any other upsetting sexual experiences that you haven't mentioned yet**	25 (27.5)	2 (1.3)
At any time in your life, have you ever had an unwanted sexual experience with a girl or a woman**	15 (16.5)	7 (4.5)
At any time in your life, have you ever been the victim of rape or attempted rape**	25 (27.5)	17 (11.0)
Some people have experienced unwanted sexual advances by someone who had authority over them, such as a doctor, teacher, employer, minister, therapist, policeman, or much older person. Did you ever have any kind of unwanted sexual experience with someone who had authority over you, at any time in your life**	20 (22.0)	5 (3.2)
People often don't think about their relatives when thinking about sexual experiences, so the next two questions are about relatives. At any time in your life, has an uncle, brother, father, grandfather, or female relative ever had any kind of sexual contact with you**	23 (25.3)	3 (1.9)
At any time in your life, has anyone less closely related to you such as a step-parent, step-brother or step-sister, in-law, or first cousin had any kind of sexual contact with you**	15 (16.5)	5 (3.2)
In general, have you narrowly missed being sexually assaulted by someone at any time in your life**	32 (35.2)	23 (14.9)
At any time in your life, did you have any other upsetting sexual experiences that you haven't mentioned yet**	37 (40.7)	23 (14.9)

Note: \* $p < 0.05$ . \*\* $p < 0.01$ .

upsetting sexual experiences after the age of 14 that were not asked about in the childhood history questionnaire. As a result, the Non-Abused group may have included some participants who experienced sexually abusive experiences in their teenage or later years.

#### Group Differences on Dependent Measures

Table 4 outlines group means (and standard deviations) for the various dependent measures used in the study.

Partner Preferences. A Multivariate Analysis of Covariance (MANCOVA) was used to test whether groups significantly differed in their reported preferences for their ideal partner, after controlling for age. The independent variable in this analysis was Groups (the Sexually Abused group and the Non-Abused group). Dependent variables included the first five items on the Partner Preference Questionnaire. These items reflected personality and personal history characteristics such as introversion, child-orientation, empathy, emotional dependence, and history of childhood abuse. An additional dependent variable included in this analysis was the factor extracted from the Principal Components Analysis on the Partner Preference Questionnaire, Relationships with Others – PPQ. Results of evaluation of the assumptions of normality of sampling distributions, linearity, and homogeneity of variance were satisfactory. With the use of Wilks'

Table 4

#### Group means (and standard deviations) for the Dependent Measures

Dependent Variables	Sexually Abused ( <i>n</i> = 91) <u>M</u> (SD)	Non-Abused Group ( <i>n</i> = 154) <u>M</u> (SD)
<b>Partner Preference Questionnaire:</b>		
Item 1: High Extrovert – High Introvert ( <i>reverse scored</i> )	3.98 (1.03)	3.88 (1.09)

Item 2: Child Oriented – Adult Oriented	2.95 (1.29)	3.02 (1.08)
Item 3: Other Oriented – Self Oriented ( <i>reverse scored</i> )	4.41 (0.89)	4.49 (0.86)
Item 4: High Dependent – High Independent	3.82 (1.06)	3.82 (0.95)
Item 5: Difficult Childhood – Easy Childhood*	4.66 (1.05)	4.99 (0.91)
Items 1-4 (mean): Poor Relationships with Others – Good Relationships with Others	3.79 (0.50)	3.80 (0.45)
<b>Partner Choice Questionnaire:</b>		
Item 1: High Extrovert – High Introvert ( <i>reverse scored</i> )	3.80 (1.25)	3.75 (1.24)
Item 2: Child Oriented – Adult Oriented	3.57 (1.25)	3.33 (1.27)
Item 3: Other Oriented – Self Oriented ( <i>reverse scored</i> )	3.48 (1.24)	3.41 (1.35)
Item 4: High Dependent – High Independent	3.96 (1.20)	3.87 (1.24)
Item 5: Difficult Childhood – Easy Childhood**	3.82 (1.54)	4.50 (1.44)
Items 1-4 (mean): Poor Relationships with Others – Good Relationships with Others	3.70 (0.53)	3.59 (0.59)
<b>Parenting Behaviors / Attitudes Questionnaire:</b>		
Items 1,2,4,5, & 10 (mean): Parent Child Role Reversal	2.69 (1.03)	2.51 (0.83)
Item 6: Child Privacy	1.63 (0.93)	1.58 (0.85)
Item 8: Sexual Boundaries	3.23 (1.69)	3.06 (1.48)

Table 4 continued...

Dependent Variables	Sexually Abused ( <i>n</i> = 91) <i>M</i> (SD)	Non-Abused Group ( <i>n</i> = 154) <i>M</i> (SD)
<b>Safety Questionnaire:</b>		
Items 1-7 (mean): Child Safety Evaluation*	3.75 (1.06)	4.18 (0.78)
<b>Experiences in Close Relationships Scale (Brennan, Clark &amp; Shaver, 1998):</b>		
Avoidance Subscale*	3.08 (1.02)	2.74 (0.91)
Anxiety Subscale	3.47 (1.13)	3.46 (1.05)

Note: \**p* < 0.05. \*\**p* < 0.01.

criterion, results showed that the combined dependent variables were significantly different between Groups,  $F(5, 238) = 2.41, p = .04$ . Follow-up Analyses of Covariance (ANCOVAs) on each dependent variable revealed a significant main effect for item 5 (Difficult Childhood – Easy Childhood),  $F(1, 243) = 6.66, p = .01$ . With item 5 scored inversely, the Non-Abused group reported a greater preference ( $M = 4.99, SD = 0.91$ ) compared to the Sexually Abused group ( $M = 4.66, SD = 1.05$ ) for a partner who had experienced an easy childhood, free from abuse or neglect. No other significant differences were found between groups on other items in the Partner Preference Questionnaire, nor on the variable Relationships with Others-PPQ.

Partner Choices. A MANCOVA was also used to test whether groups were significantly different in their reported partner selections. Again, age was controlled for in this analysis. Similarly, the dependent variables included the first five items on the Partner Choice Questionnaire, as well as the factor extracted from the Principal Components Analysis on the Partner Choice Questionnaire, Relationships with Others – PCQ. Results of evaluation of the assumptions of normality of sampling distributions, linearity, and homogeneity of variance were satisfactory. With the use of Wilks'

criterion, results showed that the combined dependent variables were significantly different between Groups,  $F(5, 238) = 2.78, p = .02$ . Follow-up Analyses of Covariance (ANCOVAs) on each dependent variable revealed a significant main effect for item 5 (Difficult Childhood – Easy Childhood),  $F(1, 243) = 8.74, p = .003$ . With item 5 scored inversely, the Non-Abused group ( $M = 4.57, SD = 1.44$ ) more commonly selected partners who had experienced an easy childhood, free from abuse or neglect, compared to the Sexually Abused group ( $M = 3.82, SD = 1.54$ ). No other significant differences were found between groups on the remaining items in the Partner Choice Questionnaire, nor on the variable Relationships with Others – PCQ.

Parenting Attitudes/Behaviors. A MANCOVA was conducted to test whether groups were significantly different, after controlling for age, in their reported ability to set appropriate boundaries with children. The independent variable in this analysis was Groups (Sexually Abused and Non-Abused). The dependent variables included item 6 (Child Privacy), item 8 (Sexual Boundaries), and the factor extracted from the Principal Components Analysis on the Parenting Attitudes/Behaviors Questionnaire (Parent-Child Role-Reversal). Using Wilks' criterion, the combined dependent variables were not significantly affected by the covariate or Groups.

Child Safety Evaluations. An Analysis of Covariance was conducted to test whether groups were significantly different, after controlling for age, in their evaluation of child safety. The dependent variable included in this analysis was the factor extracted from the Principal Components Analysis on the Safety Questionnaire (Child Safety Evaluation). Results showed that groups were significantly different in their evaluation of child safety,  $F(1, 244) = 6.81, p = .010$ , however this difference was not in the expected

direction. Means showed that the Abused group ( $M = 3.75$ ,  $SD = 1.06$ ) were more likely to rate situations as posing an increased risk to child safety compared to the Non-Abused group ( $M = 4.18$ ,  $SD = .78$ ). Note: Low scores on this scale indicated that participants anticipated a high degree of risk.

Attachment Style. Since the scale which measured attachment style provided both continuous and categorical data, two separate analyses were conducted to determine if group differences were related to attachment style. First, separate ANCOVAs were used to test whether groups were significantly different in their reported levels of Avoidance and Anxiety in romantic relationships. Results showed that the Sexually Abused Group reported a greater level of Avoidance in romantic relationships ( $M = 3.08$ ,  $SD = 1.02$ ) compared to the Non-Abused group ( $M = 2.74$ ,  $SD = .91$ ),  $F(1, 244) = 5.60$ ,  $p = .02$ . Similar levels of Anxiety were found in both groups. Next, Chi Squared analyses were used to test whether groups differed in their attachment styles (i.e., Secure, Fearful, Preoccupied, and Dismissive). Results showed that the Sexually Abused group were significantly more likely to have a Dismissive attachment style,  $\chi^2(1, N = 245) = 6.70$ ,  $p = .008$  compared to the Non-Abused group. See Figure 1 for a bar graph outlining group percentages for each of the four attachment styles.

### Discussion

The purpose of this study was to evaluate differences between sexually abused and non-abused female university students on a number of variables that may be associated with the indirect transmission of child sexual abuse. Specifically, it was hypothesized that females with a history of childhood sexual abuse would differ in their partner preferences and choices, their ability to set appropriate boundaries with children, their

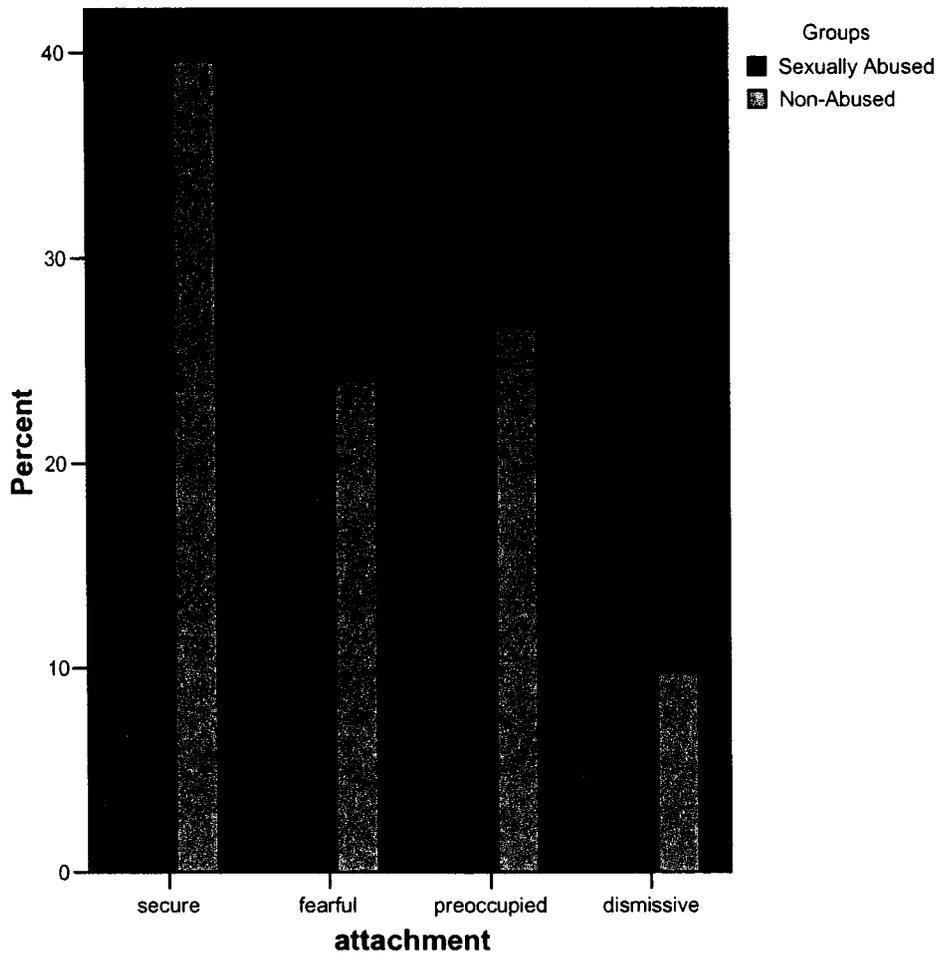


Figure Caption

Figure 1. Bar Graph comparisons of the Sexually Abused and Non-Abused Groups on Attachment Style.

evaluation of child safety, and their romantic attachment style. While this study was able to support the intergenerational hypothesis insofar as female child sexual abuse victims were more likely than non-victims to report sexual abuse histories among their siblings and their mothers, the main focus of this study was on the prevention of future abuse by identifying variables that may be associated with the indirect transmission of child sexual abuse.

Partner Preference & Choice. It is well known that mothers of sexually abused children often report their own histories of childhood sexual abuse (Carter, 1999; Fallor, 1989; Goodwin, McCarthy, & Divasto, 1981; Hiebert-Murphy, 1998; Oates et al., 1998; Tamraz, 1996). It is also well known that the most common type of perpetrator of child sexual abuse is a father figure (DiLillo et al., 2000; Douglas, 2000; Gold, Hughes, & Swingle, 1996; Russell, 1983; Sigmon et al, 1996). For example, Jonson-Reid, Drake, Chung, and Way (2003) found that 84% of their national sample of sexual offenders had a parental relationship to the child victim. What is less known are the dynamics involved in the intergenerational transmission of abuse. It has been suggested that perpetrators often begin their cycle of offending by selecting mothers with certain types of characteristics (Kreklewetz, 2001). However, to date, partner preferences or selection strategies among adult victims of childhood sexual abuse have not yet been examined. While it is possible that perpetrators select victims, it is also possible that female victims are attracted to partners who possess certain characteristics. Among the sexual offender population, several personality / behavioral characteristics have been identified. For example, individuals who sexually abuse children have been described as introverted, child-like or immature, socially awkward, lacking in empathy, dependent, and often have

a history of abuse in their own childhood. As well, these individuals commonly have a history of criminal activity, involving sexual or nonsexual offences (e.g., Davis & Leitenberg, 1987; Hanson, Lipovsky, & Saunders, 1994; Knight & Prentky, 1993; Marshall, Barbaree, & Fernandez, 1995). One goal of this study was to compare Abused and Non-Abused groups on their acceptance of partners with these characteristics. It was expected that abused females would show a greater acceptance for individuals who display characteristics that are commonly recognized in sexual offender populations.

In order to test this hypothesis, two scales were developed. The first scale examined preference for partners with the above noted characteristics. Recognizing that an individual's preference may not always indicate choice, a second scale assessed the type of partner participants typically select. Multivariate analysis of covariance (MANCOVA) was used to determine group differences in partner preferences and choices. Results showed that groups only differed on one variable, Childhood History, indicating that female victims of child sexual abuse had a greater preference for partners with more troubled childhoods, such as being a victim of child abuse or neglect. As well, these females reported that they typically select partners with more troubled childhoods compared to the non-abused females.

In explaining this finding, it is possible that adult victims of child abuse feel more comfortable in a relationship with someone who has had similar experiences. Possibly adult victims unknowingly attract one another because of similar personality characteristics or relationship needs. The literature on mate selection does offer some support for the finding that "like attracts like" (Buss, Shackelford, Kirkpatrick, & Larsen, 2001; Rytting, Ware, & Hopkins, 1992). Furthermore, Smith & Sunders (1995) reported

that father perpetrators and nonoffending mothers appeared to be quite similar on personality traits measured by the Sixteen Personality Factor Questionnaire (16PF). Nevertheless, since many sexual offenders report a history of child abuse or neglect, this study suggests that adult victims are at an increased risk for selecting another adult victim, and possibly a perpetrator, as a partner. As a result, their children may be at increased risk of sexual abuse by these partners. While this study showed that abused females preferred and selected partners with troubled childhoods, it is also important to note that both groups reported equally high objections to being in relationships with individuals charged or convicted of child sexual abuse.

Regarding the finding that other partner personality characteristics (such as introversion, social incompetence, and dependence) failed to differentiate groups of abused and non-abused females, one possible explanation is that these characteristics do not accurately describe sexual offenders who abuse children. Indeed, more research is needed in this area. Another possible explanation is that sexual perpetrators may purposely select adult survivors and not vice versa. One area for future research is to examine partner preferences and selection strategies among a population of sexual offenders. This explanation has thus far received only limited attention in the literature (Kreklewetz, 2001).

Parenting Boundaries. Thus far, research has provided sufficient evidence that boundary disturbances are characteristic in sexually abusive homes and among females sexually abused as children (e.g., Burkett, 1991). The most frequently described type of boundary disturbance involves parent-child role reversal. One goal of this study was to explore participant's level of comfort with situations involving blurred boundaries with

children. It was expected that female victims of sexual abuse would have less rigid boundaries and show a greater tolerance for parent-child role reversal. To test this hypothesis, a questionnaire was developed to assess participant's boundaries in hypothetical situations involving an eight-year-old daughter. Principal components Factor Analysis was conducted on the scale and one factor, comprising 5 items, emerged as a good measure of parent-child boundaries. An Analysis of Covariance revealed that groups did not significantly differ in their feelings about the appropriateness of boundary violations with children.

It will be important for future research to focus on creating scales which can reliably measure boundary disturbances. Exploratory analyses following the conclusion of data analyses indicated a trend for abused females to feel more comfortable with parent-child role reversal. For example, there was a significant difference between groups on two items in the scale, which indicated that abused females felt that it would be more acceptable to discuss their love life and their financial difficulties with their children. While it is possible that these differences may have been due to chance, it is also possible that the scale was not sensitive enough to detect boundary disturbances.

Another explanation for this study's lack of supporting evidence regarding parent-child boundary disturbances among female survivors is that most of the participants in this study were not yet mothers. Perhaps the combination of becoming a mother and being in a relationship with a child perpetrator impacts on what one views as appropriate with regard to boundaries among survivors of child sexual abuse. Research on sexual offenders show that they often groom their victims by engaging in behaviors that increase in sexual intrusiveness (e.g., Kreklewetz, 2001). Perhaps the same type of behavior

occurs with non-offending mothers, whereby the perpetrator grooms their partner into accepting behaviors that would have been less tolerated in the past. This type of grooming behavior may set the stage for a parent failing to recognize inappropriate behavior between the victim and the perpetrator. Therefore, similar to the process hypothesized regarding partner selection, it may be that boundary violations in incestuous homes are the product of the offender rather than pre-existing characteristics of sexual abuse survivors. This explanation, while not only likely, has the additional appeal of taking the blame off of the victim and placing it appropriately back on the offender.

Child Safety Evaluation. One explanation for the intergenerational transmission of child sexual abuse is that adult victims, perhaps due to their own history of child sexual abuse, may be less likely to recognize certain situations as unsafe for their children. Victims of child sexual abuse appear to be at increased risk for further abuse both during childhood and adulthood (e.g., Swanston, Parkinson, Oates, O'Toole, Plunkett, & Shrimpton, 2002). Therefore, it is possible that increased exposure to abuse may lead to difficulty in recognizing situations that place oneself at increased risk. Taken a step further, it is also likely that adult victims may in turn fail to recognize unsafe situations for their own children. While this hypothesis has not yet been adequately explored, this study attempted to investigate child safety evaluation among female survivors of child sexual abuse.

To achieve this end, a questionnaire was developed that described hypothetical situations involving an eight-year-old daughter. Participants were asked to evaluate how safe it would be to leave their child in the care of various individuals (e.g., teenage male relative, child sleepover, etc.). A principal components Factor Analysis identified one

factor, comprising most of the items, which accounted for child safety. An Analysis of Covariance revealed that groups reported significantly different views regarding child safety, however these differences were in the opposite direction from expected. Results revealed that victims of child sexual abuse were far more likely than non-victims to label situations as unsafe.

This finding is contradictory given the high rates of childhood sexual abuse reported by mothers' of sexually abused children; if these mothers are recognizing situations as unsafe, then why are their children being abused? One possible explanation for this finding is that, because of their history of sexual abuse, victims are hyper-vigilant to situations that might place their children at risk and therefore view all situations with a high level of risk. Perhaps due to their hyper-vigilance, sexually abused mothers are unable to recognise danger cues. They may have learned to ignore signs of risk due to their history of being overanxious in situations that later proved to be safe. It is also possible that while victims are more alert to danger, when faced with the reality that their child may have been abused, that reality may be too difficult to accept. As a result, these individuals might engage in denial, avoidance, or minimization. One direction for future research is to explore the relationship between history of sexual abuse and acceptance of a sexual abuse disclosure by one's own child. Clearly, this study suggests that females with sexually abusive histories are able to identify situations as potentially unsafe for children, however what is less clear is the extent to which this recognition relates to one's ability to be protective.

While the "hypervigilance theory" presented above is one explanation for the finding that sexual abuse survivors perceived situations as less safe for children, another

equally plausible explanation is that survivors may actually be more protective of children than their non-abused counterparts. In other words, it is possible that mothers of sexually abused children, with their own childhood abuse histories, are only a small sample of all adult survivors and that this larger sample is generally quite protective of their children. Since research in this area is severely limited, an area for future study would be to explore the protection strategies among sexual abuse survivors of abused and non-abused children.

Adult Romantic Attachment. The role of attachment as it relates to abused children and adult victims of abuse has been extensively explored (e.g., Green, 1998). It is well documented that traumatic childhood experiences, such as sexual abuse by a parental figure, commonly results in insecure attachment (e.g., Alexander, Anderson, Brand, Schaeffer, Grelling, & Kretz, 1998). Research has also supported the idea that these insecure attachment styles are then carried over to the next generation with insecure children becoming insecure adults. In this way, it is not abuse per se that is transmitted intergenerationally, rather, attachment styles are passed on to subsequent generations.

One goal of this study was to examine attachment styles among female university students with and without childhood histories of sexual abuse. It was hypothesized that abused females would report a greater tendency toward insecure attachment compared to their non-abused counterparts. To achieve this end, a measure of adult romantic attachment, Experiences in Close Relationships Scale (Brennan, Clark, & Shafer, 1998), was selected. Romantic attachment was assessed rather than parent-child attachment because many of the participants were not expected to be parents. Furthermore, as the

perpetrator of child sexual abuse is often the mother's paramour, it was important to determine participant's attachment style in those relationships.

A Multivariate Analysis of Covariance was used to investigate group differences between levels of Avoidance and Anxiety in romantic relationships. Results showed that the Abused group were significantly more likely than the Non-Abused group to be described as Avoidant in romantic relationships. This style of attachment corresponds to Hazan and Shaver's (1989) Avoidant attachment style. These individuals are uncomfortable being close to others, get nervous when partners get too close, are reluctant to depend on others, and have significant difficulties with trust and intimacy. In contrast, those with an Anxious-Ambivalent attachment style want to be closer to their partner than their partner would like, and in fact this desire for closeness often scares partners away (Hazan & Shaver, 1989). Scores on the Avoidance and Anxiety scales were used to place individuals into one of four attachment categories corresponding to Bartholomew and Horowitz's (1991) four-category diagram (Secure, Preoccupied, Dismissive, and Fearful). Chi-Squared analysis revealed that participants who reported a history of childhood sexual abuse were more likely than participants without such a history to have a Dismissive attachment style. Individuals characterized as Dismissive are high in Avoidance and low in Anxiety. According to Bartholomew and Horowitz (1991), these individuals protect themselves against disappointment by avoiding close relationships and maintaining a sense of independence and invulnerability. It is likely that individuals with this attachment style would also have difficulty maintaining open communication with their children and might be somewhat unavailable to their children when they are in need of emotional support. This type of parental behaviour may place

children at increased risk for abuse and also decrease the likelihood that abused children will disclose. In fact, Fleming, Mullen, and Bammer (1997) found that one of the biggest predictors of child sexual abuse was having an emotionally unavailable mother.

### Treatment Implications

Based on the results from this study, several treatment implications are highlighted. In working with female survivors of childhood sexual abuse, it would be prudent for therapists to provide psychoeducation around the cycle of abuse in order to help prevent further victimization. Females seeking help for their own childhood abuse need to be made aware of the existing research that suggests that their children may be at risk (e.g., McCloskey & Bailey, 2000). It would also be important to address issues such as attachment, particularly as it relates to romantic relationships and in selecting partners. Abused females in this study were more likely to have a Dismissive romantic attachment style and also to prefer and select partners with similar childhood histories. Therefore, it seems prudent that therapy with female survivors focus on these issues.

Additionally, a portion of treatment must also focus on parent training. This study revealed that sexually abused females were more likely to rate situations as highly unsafe for their children compared to females without abuse histories. While this finding suggests that these females are more protective of their children, it also questions whether these females are able to discriminate between safe and unsafe situations. As mentioned previously, it is possible that abused females may experience a sort of hyper-vigilance when it comes to evaluating risk. This would not be concerning if this hyper-vigilance resulted in child protection. However, the indirect transmission of child sexual abuse has been well documented in research and clinical studies. As a result, we know that children

are not being protected. Furthermore, research has shown that victimized children are also more likely to be revictimized, despite their possible hyper-vigilance. Therefore, treatment must help parents focus on preventing further abuse by educating them about the transmission process and helping them recognize danger cues. As well, through focusing on their own sexual abuse histories, perhaps survivors will rely less on using coping strategies such as denial or avoidance and will be more apt to recognize signs of abuse if present in their children.

Finally, given the research on boundary disturbances in these families and the exploratory findings of this study which suggested a trend toward parent-child role reversal among sexual abuse survivors, it might be helpful for treatment providers to assess the need to treat issues related to boundaries and parenting.

#### Methodological Limitations & Directions for Future Research

As in any research project, there are often areas for improvement. This statement is particularly true when exploring a new research area, such as that of the present study. The goal of this study was to investigate differences between participants with and without histories of childhood sexual abuse on a variety of variables.

The first objective was to explore group differences in reported preferences (and choices) for partners with characteristics that are commonly found among sex offender populations. Although there does not currently exist a solid profile to classify all such offenders, items were developed to encompass a variety of characteristics that have commonly been reported. As a result, conclusions could only be drawn as to the types of characteristics groups prefer or select in their ideal partner and no conclusion could be made as to whether one group is more likely to become involved in a relationship with a

sexual offender. As the research on sexual offenders becomes more developed and clearer profiles emerge, it will be easier to develop questionnaires to classify sexual offender subtypes. One natural extension of this future research could also be to develop partner preference questionnaires in order to identify individuals at risk for becoming involved with a sexual perpetrator. This study found that females with a history of childhood sexual abuse were more likely than individuals without such a history to prefer and select partners with more troubled childhoods, including abuse and neglect. While many sexual offenders fall into this larger group of individuals with abuse histories, future research is needed to examine this finding in more detail. As well, it would also be interesting to explore the extent to which sexual offenders seek out women with certain characteristics. Since this study was unable to identify group differences on a number of partner preference (or choice) variables, it is possible that sexual offenders are selecting females based on their individual characteristics rather than vice versa.

Another aim of this study was to compare group differences in parent-child boundaries and child safety evaluation. Since many of the participants were not yet parents, two questionnaires were developed which included hypothetical examples involving an 8-year-old daughter. It is unclear to what extent participants' responses to these hypothetical scenarios reflect how they would respond in real life situations; however research often attempts to predict behavior based on this type of deduction. Despite the common use of this strategy to predict behavior, it is possible that one's perception of appropriate behavior or child safety does not reflect the way one actually behaves in a real situation. Future research will need to investigate these variables with mothers and possibly through observational methods.

In addition to the difficulty with predicting behavior, this research was also flawed by the lack of pre-existing scales to measure boundary violations and safety evaluation with children. Finding such scales was particularly difficult given the participants examined, many of whom were not yet parents. However, despite the inherent limitations in developing new measures, factor analyses resulted in highly reliable subscales. Analysis of the Parenting Behaviors/Attitudes Questionnaire resulted in one factor (consisting of 5 items) that appeared to assess parent-child role reversal. In addition, one item formed its own subscale, which appeared to measure sexual boundaries, and one item formed another subscale, appearing to measure child privacy. As well, all three distractor items lumped together on a fourth subscale. While the questionnaire appeared to provide a good measure of one type of boundary violation, parent-child role reversal, future research is needed to focus on other types of boundary problems (i.e., sexual boundaries, privacy, etc.). In terms of the Child Safety Questionnaire, factor analyses indicated that most items loaded highly on one factor, which appeared to form a highly reliable measure child safety.

Regarding other measures used in this study, additional problems existed in identifying individuals as victims of child sexual abuse based on their responses to the Childhood History Questionnaire. A significant methodological limitation within this field is that researchers often vary in their definition of what constitutes childhood sexual abuse. When comparing results across studies, readers must be cautious to consider how sexual abuse is defined. Within this study, all individuals who responded positively to any of the first 5 items in the questionnaire were included in the Abused group. Sexual Abuse, as defined by these items, included experiences prior to the age of 14 such as

exposure of genitals, inappropriate sexual touching, or intercourse that was perceived as upsetting, threatening, or forced. The age of 14 was used, in part, because of Canadian legal definitions but also to rule out sexual experiences that may occur within the context of a dating relationship. Participants who responded negatively to all 5 of these items were placed in the Non-Abused group. While this method was used to capture all participants reporting a history of childhood sexual abuse, exploratory analyses revealed that a number of participants in the Non-Abused group reported sexually abusive experiences beyond the age of 14. It is unclear to what extent these later sexually abusive experiences had on participants' responses. As well, all of the measures used in this study involved self-report and, thus, come with the limitations inherent in that approach. This is particularly relevant and noteworthy given the sensitive topic area examined.

In addition to the difficulty in separating abused and nonabused participants, this study was also limited by its failure to consider other aspects of childhood sexual abuse, such as such as frequency, severity, duration, and relationship to the perpetrator. A semi-structured interview format might have been more useful in capturing further information regarding specific aspects of the sexual abuse. However, such a design would not be without weaknesses since determining childhood sexual abuse might be highly reliant on the interviewer's subjective interpretation of what constitutes child sexual abuse and his/her beliefs about severity.

Another methodological limitation in this study was the nature of the population studied. Female university students reporting a history of childhood sexual abuse may be different from a community sample with the same childhood history. As well, further complicating this matter, most of the participants in this study came from psychology and

social work classes. It may be that due to the nature of their studies, many of these individuals may have already participated in therapy or were provided with psychoeducation regarding sexual abuse as part of their studies. Both education and treatment may have served as protective factors. As a result, a university sample such as the one studied may have yielded a more psychologically healthy or well-adjusted group of females. One direction for future research would be to explore group differences in a community sample of women. Additionally, it would be wise for future research to examine differences in mothers of sexually abused children and mothers of non-maltreated children. As well, mothers of sexually abused children could be divided into groups based on their own childhood histories and then compared on measures of partner preferences, parenting skills, and attachment, such as those used in this study. Due to the difficulty with generalizability, it will be important for future research to pay greater attention to the population under investigation.

A second problem with the sample was that the Abused and Non-Abused groups significantly differed in age. Exploratory investigations revealed that there were 33 participants over the age of 30, and that the majority of these individuals reported a history of child sexual abuse. One possible explanation is that perhaps individuals who enrol in psychology and social work degrees at a later age do so because of their own childhood experiences. Regardless of the explanation, age was a significant confound in this study. As a result, when comparing group differences across the dependent variables, it was necessary to control for age. However, it is unclear to what extent age continued to have an impact on the results, despite its inclusion as a covariate. As well, other confounding variables included a history of physical abuse and emotional abuse and

neglect among participants. Results indicated that groups were significantly different on these variables, with the Abused group more likely to report such abuse in their childhood. Twenty-five percent of the Abused group reported physical abuse and 41% reported emotional abuse or neglect. These rates are common among sexually abuse survivors and creates a significant confound when studying this population. Readers need to be aware that research findings on sexual abuse survivors may not only be attributable to being sexually abused as a child, but also child maltreatment in general.

### Concluding Comments

The intergenerational hypothesis was supported in that significantly more females in the Sexually Abused group reported that their mothers and siblings were victims of childhood sexual abuse compared to the Non-Abused group. In terms of the characteristics selected and desired in romantic partners, the Sexually Abused group were significantly more likely than the Non-Abused group to select and desire a partner with a more troubled childhood, such as being a victim of abuse or neglect. No significant group differences were found regarding parent child boundaries. Groups did differ in their evaluation of child safety, however not in the direction expected. The Sexually Abused group were significantly more likely to rate situations as posing more of a risk to child safety than the Non-Abused group. In terms of attachment style, the Sexually Abused group was significantly more likely to display a Dismissive (or Avoidant) Attachment style compared to the Non-Abused group.

Based on the results of this study and previous findings, several treatment recommendations can be made. It would be helpful for treatment with adult survivors to focus on partner selection strategies as well as on attachment in romantic relationships.

Specifically in treating survivors who are parents, it might also be beneficial to help parents process their own history of abuse so that they are better able to recognize danger cues in evaluating child safety. Processing their own history of abuse may also help in terms of paving the pathway for work on any issues related to parent-child boundaries.

It is important that future research continue to study this area in an effort to uncover the mechanisms responsible for the multigenerational transmission of child sexual abuse. Increased focus on partner selection strategies among survivors of child sexual abuse, as well as perpetrators, is prudent. Since survivors in this study did not show a preference (or choice) of partner with many of the characteristics that have been associated with sexual offenders, it is possible that sexual offenders play a bigger role in selecting partners, and possibly victims. Another likely explanation that has received support in the mate selection literature is that “like attracts like”. In other words, perhaps those with a history of childhood trauma are attracted to each other because of comparable attachment styles or personality characteristics. Future research is needed in order to generalize the findings from the mate selection literature to survivors and perpetrators of abuse. Furthermore, it would also be helpful to examine the evaluation of child safety among mothers with a history of sexual abuse, as well as the types of protection strategies used by these mothers. Finally, future research must further explore the evolution of boundary disturbances in homes where sexual abuse is occurring. It might prove beneficial to examine the grooming behaviours of child sexual perpetrators, and specifically the strategies used to groom mothers. Since this study did not point to clear boundary violations among female survivors, it is possible that it is the perpetrator who sets the family up for these disturbances.

Overall, the results of this study offer some insight into the process involved in the multigenerational transmission of child sexual abuse. Since several of the ideas behind this research project were new and not previously investigated, this research provides the groundwork for future research. While we might not ever fully understand why mothers of sexually abused children frequently report their own histories of childhood sexual abuse, it is important that future research is cautious about perpetuating a mother-blaming attitude. Exploring the role of the mother is prudent in order to delineate any conscious or unconscious processes involved in the indirect transmission of abuse, however it is essential that researchers also keep an open eye to other possibilities, such as the role of the offender.

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Appendix A

Partner Preference Questionnaire

## Partner Preference Questionnaire

**In responding to the following questions please rate your preferences for your ideal partner rather than the qualities of your current partner. Try to be as honest as you can. We all have different preferences, some of which are based on how we feel about ourselves and others are based on what we have learned through experience. Take your time.**

1. Some women would prefer that their partner be an extrovert. This means that they have many friends, enjoy socializing, and perform well in social situations. Other women prefer that their partner be an introvert. This means that they are more of a shy and quite individual and prefer spending time alone. Which type do you prefer?

1	2	3	4	5	6
High Extrovert					High Introvert

2. Some women place a high importance on their partner enjoying the company of children and relating well to children. These partners are often more comfortable in the company of children than with people their own age. Other women prefer partners who relate better with adults and are less interested in associating with children. Which type do you prefer?

1	2	3	4	5	6
High Child-Oriented					High Adult-Oriented

3. Some women might prefer to be with a partner who puts others needs and feelings ahead of their own. Others might prefer to be with the type of person who puts their own needs and feelings first. Which type do you prefer?

1	2	3	4	5	6
High Other-Oriented					High Self-Oriented

4. Some women prefer to be with a partner who depends on them for emotional support and in making most of the decisions in the relationship. Others prefer to be with a take-charge kind of person who functions rather independently and does not rely on their partner for meeting their emotional needs. Which type do you prefer?

1	2	3	4	5	6
High Dependent					High Independent

5. Some women feel more comfortable being with a partner who has experienced a difficult childhood and who may be a victim of childhood abuse. Others prefer to be with a partner who has had a childhood that was free from abuse and neglect of any kind. Which type do you prefer?

1	2	3	4	5	6
Difficult Childhood					Easy Childhood

6. To what extent would you object to (or be interested in) being in a relationship with someone who has been convicted of a sexual offence against a child (under the age of 16)?

1	2	3	4	5	6
No Objection					High Objection

7. To what extent would you object to (or be interested in) being in a relationship with someone who has been charged with a sexual offence against a child (under the age of 16) but found to be not guilty in a court of law?

1	2	3	4	5	6
No Objection					High Objection

8. To what extent would you object to (or be interested in) being in a relationship with someone who has spent some time in prison?

1	2	3	4	5	6
No Objection					High Objection

Appendix B

Partner Choice Questionnaire

## Partner Choice Questionnaire

**This questionnaire is slightly different than the previous questionnaire. Sometimes our partner preferences are not necessarily the same as our partner choices. Rather than rating characteristics of your ideal/preferred partner, this time I want you to rate the characteristics of the partners that you typically date (or have dated).**

1. Some women choose more partners that are extroverts. This means that they have many friends, enjoy socializing, and perform well in social situations. Other women choose partners that are introverts. This means that they are more of a shy and quite individual and prefer spending time alone. Which type do you typically choose?

1	2	3	4	5	6
High Extrovert					High Introvert

2. Some women place a high importance on their partner enjoying the company of children and relating well to children. These partners are often more comfortable in the company of children than with people their own age. Other women choose partners who relate better with adults and are less interested in associating with children. Which type do you typically choose?

1	2	3	4	5	6
High Child-Oriented					High Adult-Oriented

3. Some women choose to be with a partner who puts others needs and feelings ahead of their own. Others might choose to be with the type of person who puts their own needs and feelings first. Which type do you typically choose?

1	2	3	4	5	6
High Other-Oriented					High Self-Oriented

4. Some women choose to be with a partner who depends on them for emotional support and in making most of the decisions in the relationship. Others choose to be with a take-charge kind of person who functions rather independently and does not rely on their partner for meeting their emotional needs. Which type do you typically choose?

1	2	3	4	5	6
High Dependent					High Independent

5. Some women feel more comfortable being with a partner who has experienced a difficult childhood and who may be a victim of childhood abuse. Others choose to be with a partner who has had a childhood that was free from abuse and neglect of any kind. Which type do you typically choose?

1	2	3	4	5	6
Difficult Childhood					Easy Childhood

Appendix C

Parenting Behaviours/Attitudes Questionnaire

## Parenting Behaviours/Attitudes Questionnaire

**For this next set of questions, please imagine that you have an 8-year-old daughter and answer each question by rating to what extent you agree.**

1. Would you agree that it is okay for you to let your child comfort you when you are sad?

1	2	3	4	5	6
Strongly Disagree					Strongly Agree

2. Would you agree that it is okay for you to discuss your problems at work with your child?

1	2	3	4	5	6
Strongly Disagree					Strongly Agree

3. Would you agree that it is okay for you to discuss the grocery list with your child?

1	2	3	4	5	6
Strongly Disagree					Strongly Agree

4. Would you agree that it is okay for you to discuss your financial difficulties with your child?

1	2	3	4	5	6
Strongly Disagree					Strongly Agree

5. Would you agree that it is okay for you to discuss your love life with your child?

1	2	3	4	5	6
Strongly Disagree					Strongly Agree

6. Would you agree that it is okay for you to read your child's diary without permission?

1	2	3	4	5	6
Strongly Disagree					Strongly Agree

7. Would you agree that it is okay for you to discuss appropriate television programs with your child?

1	2	3	4	5	6
Strongly Disagree					Strongly Agree

8. Would you agree that it is okay for you to keep the bathroom door open when you are using the toilet or taking a shower when only your child is home?

1	2	3	4	5	6
Strongly Disagree					Strongly Agree

9. Would you agree that it is okay for you to give your child household chores?

1	2	3	4	5	6
Strongly Disagree					Strongly Agree

10. Would you agree with telling your child about a traumatic event that you experienced in your past?

1	2	3	4	5	6
Strongly Disagree					Strongly Agree

Appendix D  
Safety Questionnaire

## Safety Questionnaire

**For this next set of questions once again imagine that you have an 8-year-old daughter and answer each question by rating how safe each situation would be.**

1. How safe would you feel leaving your child to be babysat by a teenage male from the neighbourhood?

1	2	3	4	5	6
Highly Unsafe					Highly Safe

2. How safe would you feel leaving your child to be babysat by a teenage male relative?

1	2	3	4	5	6
Highly Unsafe					Highly Safe

3. How safe would you feel leaving your child to be babysat by an adult male friend?

1	2	3	4	5	6
Highly Unsafe					Highly Safe

4. How safe would you feel leaving your child to be babysat by an adult male relative?

1	2	3	4	5	6
Highly Unsafe					Highly Safe

5. How safe would you feel leaving your child to be babysat by someone from a babysitting service?

1	2	3	4	5	6
Highly Unsafe					Highly Safe

6. How safe would you feel letting your child sleep over at a friend's house?

1	2	3	4	5	6
Highly Unsafe					Highly Safe

7. How safe would you feel letting your child sleep over at a relative's house?

1	2	3	4	5	6
Highly Unsafe					Highly Safe

8. How safe would you feel leaving your child to be babysat by a person convicted of a sexual offence against a child?

1	2	3	4	5	6
Highly Unsafe					Highly Safe

9. How safe would you feel leaving your child to be babysat by someone charged with a sexual offence against a child but found to be not guilty by a court of law?

1	2	3	4	5	6
Highly Unsafe					Highly Safe

10. How safe would you feel leaving your child to be babysat by someone who served time in prison?

1	2	3	4	5	6
Highly Unsafe					Highly Safe

Appendix E

Experiences in Close Relationships Scale

**Experiences in Close Relationships Scale**  
(Brennan, Clark, & Shaver, 1998)

*Instructions:* The following statements concern how you feel in romantic relationships. We are interested in how you generally experience relationships, not just in what is happening in a current relationship. Respond to each statement by indicating how much you agree or disagree with it. Write the number in the space provided, using the following rating scale:

- | <b>Disagree Strongly</b> |   | <b>Neutral/Mixed</b> |   |   |   | <b>Agree Strongly</b> |
|--------------------------|---|----------------------|---|---|---|-----------------------|
| 1                        | 2   | 3                    | 4 | 5 | 6 | 7                     |
| <input type="text"/>     | 1. I prefer not to show a partner how I feel deep down.   |                      |   |   |   |                       |
| <input type="text"/>     | 2. I worry about being abandoned.   |                      |   |   |   |                       |
| <input type="text"/>     | 3. I am very comfortable being close to romantic partners.  |                      |   |   |   |                       |
| <input type="text"/>     | 4. I worry a lot about my relationships.  |                      |   |   |   |                       |
| <input type="text"/>     | 5. Just when my partner starts to get close to me I find myself pulling away.                     |                      |   |   |   |                       |
| <input type="text"/>     | 6. I worry that romantic partners won't care about me as much as I care about them.               |                      |   |   |   |                       |
| <input type="text"/>     | 7. I get uncomfortable when a romantic partner wants to be very close.                            |                      |   |   |   |                       |
| <input type="text"/>     | 8. I worry a fair amount about losing my partner.   |                      |   |   |   |                       |
| <input type="text"/>     | 9. I don't feel comfortable opening up to romantic partners.                                      |                      |   |   |   |                       |
| <input type="text"/>     | 10. I often wish that my partner's feelings for me were as strong as my feelings for him/her.     |                      |   |   |   |                       |
| <input type="text"/>     | 11. I want to get close to my partner, but I keep pulling back.                                   |                      |   |   |   |                       |
| <input type="text"/>     | 12. I often want to merge completely with romantic partners, and this sometimes scares them away. |                      |   |   |   |                       |
| <input type="text"/>     | 13. I am nervous when partners get too close to me.   |                      |   |   |   |                       |
| <input type="text"/>     | 14. I worry about being alone.  |                      |   |   |   |                       |
| <input type="text"/>     | 15. I feel comfortable sharing my private thoughts and feelings with my partner.                  |                      |   |   |   |                       |
| <input type="text"/>     | 16. My desire to be very close sometimes scares people away.                                      |                      |   |   |   |                       |

**Disagree Strongly**                      **Neutral/Mixed**                      **Agree Strongly**  
 1                      2                      3                      4                      5                      6                      7

- \_\_\_\_\_ 17. I try to avoid getting too close to my partner.
- \_\_\_\_\_ 18. I need a lot of reassurance that I am loved by my partner.
- \_\_\_\_\_ 19. I find it relatively easy to get close to my partner.
- \_\_\_\_\_ 20. Sometimes I feel that I force my partners to show more feeling, more commitment.
- \_\_\_\_\_ 21. I find it difficult to allow myself to depend on romantic partners.
- \_\_\_\_\_ 22. I do not often worry about being abandoned.
- \_\_\_\_\_ 23. I prefer not to be close to romantic partners.
- \_\_\_\_\_ 24. If I can't get my partner to show interest in me, I get upset or angry.
- \_\_\_\_\_ 25. I tell my partner just about everything.
- \_\_\_\_\_ 26. I find that my partner(s) don't want to get as close as I would like.
- \_\_\_\_\_ 27. I usually discuss my problems and concerns with my partner.
- \_\_\_\_\_ 28. When I'm not involved in a relationship, I feel somewhat anxious and insecure.
- \_\_\_\_\_ 29. I feel uncomfortable depending on romantic partners.
- \_\_\_\_\_ 30. I get frustrated when my partner is not around as much as I would like.
- \_\_\_\_\_ 31. I don't mind asking romantic partners for comfort, advice, or help.
- \_\_\_\_\_ 32. I get frustrated if romantic partners are not available when I need them.
- \_\_\_\_\_ 33. It helps to turn to my romantic partner in times of need.
- \_\_\_\_\_ 34. When romantic partners disapprove of me, I feel really bad about myself.
- \_\_\_\_\_ 35. I turn to my partner for many things, including comfort and reassurance.
- \_\_\_\_\_ 36. I resent it when my partner spends time away from me.

Appendix F

Personal Information Questionnaire



Appendix G

Childhood History Questionnaire

**Childhood History Questionnaire**

(Adapted from Russell,1983)

PLEASE READ THESE INSTRUCTIONS. It is very important that you answer these questions as honestly as possible. These questions address issues about unwanted sexual experiences in childhood and, as such, are very personal. As in the previous questionnaires, your answers will remain strictly confidential. No identifying information is required, therefore there is no way that your answers can ever be traced back to you. For your benefit, a list of counselling services are included in your information package.

1. Before you turned 14, were you ever upset by anyone exposing their genitals?  
YES NO
  
2. Did anyone ever try or succeed in having sexual intercourse with you against your will before you turned 14?  
YES NO
  
3. In those years, did anyone ever try or succeed in getting you to touch their genitals against your wishes?  
YES NO
  
4. Did anyone ever try or succeed in touching your breasts or genitals against your wishes before you turned 14?  
YES NO
  
5. Before you turned 14, did anyone ever feel you, grab you, or kiss you in a way you felt was sexually threatening?  
YES NO
  
6. Before you turned 14, did you have any other upsetting sexual experiences that you haven't mentioned yet?  
YES NO

7. At *any* time in your life, have you ever had an unwanted sexual experience with a girl or a woman?
- YES                      NO
8. At *any* time in your life, have you ever been the victim of rape or attempted rape?
- YES                      NO
9. Some people have experienced unwanted sexual advances by someone who had authority over them, such as a doctor, teacher, employer, minister, therapist, policeman, or much older person. Did you ever have any kind of unwanted sexual experience with someone who had authority over you, at *any* time in your life?
- YES                      NO
10. People often don't think about their relatives when thinking about sexual experiences, so the next two questions are about relatives. At *any* time in your life, has an uncle, brother, father, grandfather, or female relative ever had *any kind* of sexual contact with you?
- YES                      NO
11. At any time in your life, has anyone less closely related to you such as a step-parent, step-brother or step-sister, in-law, or first cousin had *any* kind of sexual contact with you?
- YES                      NO
12. In general, have you *narrowly missed* being sexually assaulted by someone at any time in your life?
- YES                      NO
13. At *any* time in your life, did you have any other upsetting sexual experiences that you haven't mentioned yet?
- YES                      NO

Appendix H

Cover Letter

COVER LETTER

Dear Participant:

The purpose of this study is to examine if abusive childhood experiences play a role in determining partner preferences, relationship styles, and parental attitudes and behaviours among female university students. To accomplish this goal, I would like you to fill in several questionnaires. You are asked to leave no identifying information on the questionnaires to ensure confidentiality. You are not required to be a parent or in a relationship to participate in this study. The questionnaires will take approximately 20 minutes to complete.

The questionnaires ask about personal information and, as such, may cause discomfort in some participants. If you feel distressed in any way, the researcher, Holly Cooper, is available to provide counselling. Ms. Cooper will receive supervision from Dr. Netley, a psychology professor. In addition, each participant will be provided with a list of counselling services in the Thunder Bay area.

As an additional note, you will receive a bonus point for volunteering in this study. This bonus point can be used toward several of your undergraduate psychology courses. Also, for your participation, you can take part in a draw for one-hundred dollars (to be drawn at the end of data collection).

Thank you for your cooperation.

Sincerely,

---

Holly Cooper, M.A.

Appendix I  
Consent Form

CONSENT FORM

My signature on this sheet indicates that I agree to participate in a study by Holly Cooper, on partner preferences, relationship styles, and parenting attitudes and behaviors and it also indicates the following:

1. I am a volunteer can withdraw at any time from the study.
2. There is no apparent risk of physical or psychological harm.
3. The data I provide will be confidential.
4. I will receive a summary of the project, upon request, following the completion of the project.
5. All information provided will remain securely stored at Lakehead University for seven years.

I have received explanations about the nature of the study, its purpose, and procedures.

---

Signature of Participant

Date

Appendix J

List of Thunder Bay Counselling Services

LIST OF THUNDER BAY COUNSELLING SERVICES

Catholic Family Development Centre – Tel. 345-7323

Family services Thunder Bay – Tel. 684-1880

Lakehead University Health & Counselling Centre – Tel. 343-8361

Lakehead Regional Family Centre – Tel. 343-5000

Lakehead Psychiatric Hospital – Tel. 343-4300

Thunder Bay Regional Hospital (Port Arthur Site) – Tel. 343-6621

Thunder Bay Regional Hospital (McKellar Site) – Tel. 343-7123

Thunder Bay Sexual Assault/Sexual Abuse Counselling – Tel. 345-0894

Thunder Bay Sexual Assault/Sexual Abuse Crisis Line – Tel. 344-4502

Appendix K

Ethical Approval from Lakehead University

L A K E H E A D U N I V E R S I T Y



955 Oliver Road, Thunder Bay, Ontario, Canada P7B 5E1

14 February 2000

Ms. Holly Cooper  
Department of Psychology  
Lakehead University  
THUNDER BAY, ONTARIO  
P7B 5E1

Dear Ms. Cooper:

Based on the recommendation of the Research Ethics Board, I am pleased to grant ethical approval to your research project entitled: LONG-TERM FOLLOW-UP OF A COMMUNITY-BASED PROGRAM FOR ADOLESCENT SEX OFFENDERS.

Best wishes for a successful research project.

Sincerely,

Dr. Richard Maundrell  
Acting Chair, Research Ethics Board

/lw

cc: Dr. F. Schmidt, Supervisor