PREDICTING SEXUAL ABUSE BY ANALYZING MANIFEST CONTENT OF THEMATIC MATERIAL

THESIS

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By

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The TAT protocols of 30 sexually abused female children and 30 female children with no documented history of abuse were analyzed using the Scoring Scheme for the TAT and Other Verbal Projective Techniques (Fine, 1955). No significant differences were found between groups on mean number of negative feelings portrayed in the TAT stories. Similarly, no significant differences were found between groups on mean number of unfavorable outcomes to TAT stories. However, when specific feelings were considered, subjects in the sexual abuse group showed a significantly higher incidence of reference to guilt and sexuality. These results were independent of age, race, and intelligence.
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INTRODUCTION

The sexual abuse of children is not a novel concept; however, it was not until several hundred years ago that the sexual abuse of children became taboo in Western societies. Prior to that time, the distinction between childhood, adolescence, and adulthood did not exist, possibly due to the short life span of most persons in those times. Marriages between boys and adults, and boy prostitution services were allowed in parts of early Europe and the Mediterranean. In 455 A.D., Petronius, a well-known figure of Latin literature, told of his sexual intercourse with a young girl while several older women applauded upon penetration. The growth and strength of children were thought to be stimulated by masturbation (DeMause, 1974).

Not until many years later, in 1405 A.D., did clergyman Dominic advise parents against nudity in front of their children in order to avoid temptation. This was the first declaration of interest or concern with the sexual integrity of children (Bullough, 1976).

The period around the 1920s brought about a surge of moral reform in Western societies surrounding childhood sexual abuse. With the establishment of the Moral Courts, reformers attempted to curtail commercial sexuality and adolescent prostitution by passing laws and policing the sexual lives of adolescents.
However, these courts ultimately invaded the normal sexual development of boys and girls. Sexual expression began to be labelled clinically as sinful, abnormal and perverse. Thus, the medicalization of sexuality continued and diagnosis and intervention were based on a medical model framework. However, children were considered innocent and unable to consent to sexual activity with adults (Worthington and Topping, 1921).

Following the moral reform movement of the 1920s, the problem of child sexual abuse remained idle until 1946 (Caffey) when the first official case of "battered child syndrome" was reported by a radiologist. It was not long until a media blitz brought much attention to the problem of not only physical abuse but sexual abuse as well. The political movement of the 1970s brought along with it increased awareness of children's rights and equality, and prompted the adoption of the 1974 Child Abuse Prevention and Treatment Act. The Act provided federal resources for research, training, and treatment of the problem of sexual abuse (Conte and Shore, 1982). Shortly thereafter followed the institution of mandatory reporting laws of known or suspected child abuse including neglect and acts of physical, sexual, and emotional abuse to the appropriate agency. Currently, every state in the United States has a mandatory reporting law. These laws vary from state to state with regard to which persons are required to report...
such acts and the mandatory reporting procedure (U.S. Department of Health and Human Services, 1987).

The Prevalence of Child Sexual Abuse

The extent of child sexual abuse is not easily measured and no consistent measure is found across studies. Although many mental health practitioners work with victims of sexual abuse, there is no central network where incidents of child sexual abuse can be reported. Other problems include the reluctance of many victims to disclose abuse, methodological differences employed by sexual abuse examiners, and the use of different definitions of child sexual abuse and what acts it constitutes. Efforts to measure the extent of child sexual abuse can be categorized in two groups: 1) incidence studies that try to estimate the new cases of abuse within a period of time, usually a year; and 2) prevalence studies which try to estimate the percentage of children that will be sexually abused during their childhood. Two attempts have been made to gather nationwide incidence rates of child sexual abuse. The American Humane Association (AHA) collected basic statistics from state child protective agencies from the years 1976 to 1983. From these state reports, the AHA extrapolated national estimates of child sexual abuse. These figures ranged from 7,559 cases in 1976 to 71,961 in 1983. The figures refer to cases of child sexual abuse, not children (i.e., some cases involved more than one child) (Finkelhor, 1986). Also, in an effort to
include incidents of child sexual abuse which were not reported to child protective agencies, the National Center on Child Abuse and Neglect (NCCAN) (1981) examined a random sample of 26 U.S. counties chosen to be representative of the country as a whole and counted all cases of child sexual abuse which came to the attention of other professionals such as physicians, law enforcement officers, and mental health providers. The study found that 44,700 children were sexually abused from mid-1979 to mid-1980, an incidence rate of .7 per 1,000 children and a rate substantially higher than found in the previous study. There are obvious shortcomings with studies such as these, the most significant being the reluctance to disclose incidents of child sexual abuse to child welfare agencies due to the possible consequences of reporting. Therefore, most studies have focused on investigating the prevalence of child sexual abuse.

In a controversial study of female sexuality in 1953, Kinsey and colleagues interviewed a sample of 4,444 adult women and discovered that 24% had experienced preadolescent sexual abuse with a postadolescent male at least five years older than themselves. All types of noncontact and contact abuse were considered sexual abuse (Kinsey et al., 1953). In general, the term noncontact abuse refers to encounters with exhibitionists and solicitation to engage in sexual activity, where no physical contact occurred. Contact abuse
applies to all behaviors that do involve sexual contact such as intercourse, oral and anal sex, and fondling of breasts and genitalia (Finkelhor, 1986). J. Landis examined a college sample of 1,800 students and found that 35% of females and 30% of males had been sexually abused by an adult deviate during childhood. Like other early studies, Landis (1956) did not specify an operational definition of child sexual abuse. This makes the comparison of results from such studies to investigations with clear definitions of child sexual abuse difficult.

More recently, there has been a movement toward more clear and specific criteria used to classify experiences as sexual abuse. For example, Finkelhor (1979) administered a questionnaire to an undergraduate college sample of 530 females and 266 males in New England, and found that 19% of females and 9% of males had experienced sexual abuse prior to age 17. He clearly specified the definition of sexual abuse to include children up to age 12 who had a wanted or unwanted sexual experience with someone at least five years older, and children of ages 13 to 16 who had a wanted or unwanted sexual experience with someone at least ten years older. He also included contact and noncontact episodes. Russell (1983) interviewed a community random sample of 930 women in San Francisco and found 54% had experienced intrafamilial or extrafamilial sexual abuse prior to age 18, including contact and noncontact experiences. In a study
conducted in Texas (Kercher & McShane, 1984), questionnaires were mailed to a representative sample of 2,000 adult males and females drawn from a list of persons holding valid Texas driver's licenses. Child sexual abuse was reported by 11% of the 593 female respondents and 3% of the 461 male respondents. Child sexual abuse was defined as sexual interaction or contact between a child and an adult or between two minors when the perpetrator was significantly older than the victim or was in a position of power or control over the victim. In 1985, Wyatt discovered that 62% of 248 adult women in Los Angeles County had experienced some type of contact or noncontact sexual abuse prior to age 18. In this investigation, the perpetrator had to be at least five year older than the victim; and if not, the sexual experience had to be unwanted and involve some degree of coercion. Burnam also studied a random sample in the Los Angeles area of 1,623 females and 1,459 males. Burnam found 6% of females and 3% of males had been sexually assaulted. However, a more stringent definition of contact abuse was used specifying that the abuse had to occur as a result of pressure or force (cf. Finkelhor, 1986). This more restrictive definition of the sexual experience most likely dramatically changed the results of the study, illustrating the importance of specifying operational definitions of child sexual abuse. Most recently, a national survey of a random sample of 1,481 adult women and 1,145 adult men 18
years of age and older from across the United States was conducted by telephone interview. They found that 27% of women and 16% of men had a history of childhood sexual abuse including contact and noncontact abuse (Finkelhor, Hotaling, Lewis, & Smith, 1990).

The results of these studies demonstrate the substantial differences in prevalence estimates of childhood abuse. Not only do definitional variables and dissimilar criteria affect study results, additional components which influence outcome include age, education, socioeconomic status, ethnic, and geographical differences in populations sampled (Finkelhor, 1986). It is very important for researchers to consider these variables when designing research methods to facilitate more useful conclusions and solutions to this problem.

Variables of Sexual Abuse

It is generally agreed that females are sexually abused far more than males (Finkelhor, 1986; Finkelhor et al., 1990; Kercher & McShane, 1984; Landis, 1956). Studies conducted by the National Incidence Study of Child Abuse and Neglect (NCCAN, 1981) and the American Humane Association (1981) found similar ratios of sexually abused girls to boys, reporting about five girls for every boy, or about 83% girls to 17% boys. However, the number of sexually abused boys emerging in agency-conducted studies has increased slightly. Although some clinicians hypothesize that the
abuse of boys is largely underreported, they also speculate the reason for this to be high masculine expectations of boys and the homosexual taboo often involved in such instances (Woods & Dean, 1984). Almost all studies show that children are most vulnerable to child sexual abuse before puberty begins and that onset of abuse usually occurs before this period of development. Tong, Oates and McDowell (1987) found a mean age of onset in their study of 8.9 years. A mean age of onset of 8.3 years was found by Cupoli and Sewell (1988) in their investigation of 1,059 children with a chief complaint of sexual abuse seen in a metropolitan county emergency room. Russell (1983) and Wyatt (1985) both found an average age of onset of sexual abuse of 11.2 years for females. Initially, Finkelhor (1984) found average age of onset to be 10.2 years, and later in 1990 in another study, 9.6 years (Finkelhor, et al., 1990). The ages of 10-12 years seem to be associated with acute risk for sexual abuse.

It has been a widespread premise that child sexual abuse generally occurs in lower social classes. However, many researchers have found this to be incorrect. For example, Peters' (1984) Los Angeles study of white and black women found no correlation between sexual abuse and social class. Finkelhor found similar results in his 1984 Boston survey, as did Russell in 1986. Miller's (1976) survey noted thought-provoking results. This study found that 24%
of the upper-middle-class females and 17% of the lower-class females reported sexual victimization. Therefore, the current findings on sexual abuse suggest that sexual abuse and social class are not related.

Another area in which there are generally-held misconceptions is that of ethnicity. Four studies have found no differences in prevalence of sexual abuse among blacks and whites (Keckley Market Research, 1983; Kercher & McShane, 1984; Russell, 1986; Wyatt, 1985). Interestingly, sexual abuse seems to be the type of abuse reported least among black families (Trainor, 1984; NCCAN, 1981). Although most studies have found no black-white differences in rates of sexual abuse, differences have been found for other ethnicities. Kercher and McShane (1984) mailed questionnaires to a sample of Texas drivers and found that 21.7% of Hispanic women, 9.8% of Anglo women, and 10.4% of Afro-American women reported histories of abuse. Low rates of sexual victimization have been found among Asian and Jewish women (Russell, 1986).

Findings vary as to whether most sexual abuse experiences occur as an isolated event or continue over a period of time. In a study of 40 adult women, Herman (1981) found 17.5% of sexual abuse was a single incident and 75% was ongoing. Harborview Sexual Assault Center in Seattle found that among their cases, 7% were single incidents of abuse and 93% were ongoing. Of those reporting recurrent
abuse, 40% had been abused for a year or longer (cf. Gelinas, 1983). However, a Canadian study conducted by Dube' and Hebert (1988) reviewed 397 hospital charts of sexual abuse victims and found 68% involved a single episode of abuse and 32% consisted of two or more episodes. Finkelhor et al. (1990) found similar results with a 64% single occurrence rate compared to 30% ongoing.

Findings concerning the most common form of child sexual abuse also vary across the literature. While most studies report the most common method of child sexual abuse to be genital or nongenital fondling, (Haugaard and Repucci, 1988; Finkelhor, 1979), there are studies which report high percentages of intercourse. In one such study, Cupoli and Sewell (1988) reviewed records of 1,059 children evaluated in a county emergency room. They found that vaginal intercourse had occurred in 42.5% (391 cases) of the contact episodes of sexual abuse. Anal intercourse occurred in 125 cases involving both male and female victims. In a subsequent study involving a national telephone survey, 49% of female victims and 62% of male victims reported they had experienced actual or attempted intercourse. Force was involved in 15% of these instances with males and 19% with females (Finkelhor, et al., 1990).

Most researchers agree that the overwhelming majority of perpetrators of child sexual abuse are male and are usually known to the victim (e.g., family members or
friends). Finkelhor et al. (1990) found males to be offenders in 98% of cases against girls and 83% against boys. Many other studies present similar percentages (Cupoli & Sewell, 1988; Dube' & Hebert, 1988; Meiselman, 1978; NCCAN, 1981; Russell, 1983). Finkelhor et al. (1990) also found that 40% of perpetrators were strangers to the victim while 60% were known to the victim. In another study, 78% of the perpetrators were known to the victim and 22% were strangers (Dube' & Hebert, 1988).

Differences also exist between prevalence of intrafamilial and extrafamilial sexual abuse. In an investigation examining these two types of abuse, Russell (1983) found that 16% of her sample had been sexually abused by a family member and 31% by a non-family member. However, 38% of the group reported both intrafamilial and extrafamilial sexual abuse. The perpetrator of intrafamilial abuse was most likely to be an uncle or a father-figure. Faller (1986) reported that 26% of sexual abuse was perpetrated by biological fathers and 16% by stepfathers. In comparison, Russell (1986) found prevalence rates of 2.3% by biological fathers and 17% by stepfathers. Interestingly, abuse perpetrated by a stepfather involved more serious and violent acts. Some researchers believe that the presence of a stepfather in the family puts children at a high risk for sexual abuse (Finkelhor, 1980; Gruber & Jones, 1983; Miller, 1976; Russell, 1986).
Finkelhor (1986) reviewed six studies examining this factor, and found confirmation in four of six studies that having a stepfather in the home significantly increased a girl's risk for sexual abuse.

Effects of Child Sexual Abuse

Many studies have explored the potential consequences of childhood sexual abuse. This area of research, similar to prevalence research, has yielded variable results as to the nature and extent of the effects. Methodological problems including the use of non-standardized measures, lack of appropriate comparison groups, and insufficient sample size have also plagued this area. In the literature, the effects of child sexual abuse are divided into two categories, initial and long-term. In most cases, initial effects are defined as those occurring within two years of the last abusive experience and involve research on children and adolescents. Long-term effects are defined as those occurring at least two years after the last abusive experience and utilize adult victims of childhood sexual abuse (Finkelhor, 1986).

Initial effects. Various initial effects of child sexual abuse have been documented in the literature including fear (DeFrancis, 1969; Tufts, 1984), anger and hostility (Browne & Finkelhor, 1984; DeFrancis, 1969), guilt and shame (Anderson, Bach, and Griffith, 1981; DeFrancis, 1969), depression (Anderson et al., 1981; Maisch, 1972) and
inappropriate sexual behavior (Friedrich, Urquiza & Beilke, 1986; Tufts, 1984). The most common initial effect of child sexual abuse found in the empirical literature is that of fear; however, exact percentages vary across studies. DeFrancis (1969) found that 83% of his sample of 217 sexually abused females experienced fear, whereas 40% was reported by Anderson et al. (1981) in their study of 155 female sexual assault victims. In a methodologically sound study conducted by researchers at Tufts' New England Medical Center (1984), 45% of 7- to 13-year-olds and 13% of 4- to 6-year-olds revealed severe fears as measured by the Louisville Behavior Checklist (LBCL). On the adolescent version of the LBCL, 36% of 14- to 18-year-olds received elevated scores on the category of "ambivalent hostility", or fear of being harmed.

Tufts (1984) researchers also found anger and hostility to be quite prevalent in abuse victims. Forty-five percent to 50% of 7- to 13-year-olds, and 13% to 17% of 4- to 6-year olds had elevated scores on measures of aggression and antisocial behavior as assessed by the LBCL. When administered the Gottschalk Glesser Content Analysis Scales (GGCA), 25% of 4- to 6-year-olds, 35% of 7- to 13-year-olds, and 23% of 14- to 16-year-olds manifested significantly elevated levels of outwardly directed hostility. DeFrancis (1969) found similar figures in his study of court cases, and noted that 55% of the children exhibited behavioral
problems, such as disruptive behavior, defiance, and arguing and fighting with siblings or peers.

Guilt is another frequently observed consequence of sexual abuse. DeFrancis (1969) reported 64% of his sample experienced guilt over the sexual abuse and the stigmatization of disclosure. Anderson et al. (1981) found that 25% of victims experienced reactions of guilt. According to Conte and Schuerman (1987), guilt is most likely to intensify over time, as children begin to understand society's norms and taboos.

Depression is also a frequently reported reaction to child sexual abuse. Anderson et al. (1981) found that 25% of female victims experienced depression after the abuse. Lindberg and Distad (1985) studied 27 adolescents with a history of incest and found that 33% had attempted suicide. In 1972, Maisch examined 78 cases of incest and found 28% of the females were depressed and an alarmingly high rate of 68% had attempted suicide within two years of the abusive experience.

Not only are effects on emotionality well documented, but problems involving sexuality have also been frequently described in the literature. Tufts (1984) found that 27% of 4- to 6-year-olds and 36% of 7- to 13-year-olds scored significantly higher on a sexual behavior scale which included open masturbation, excessive sexual curiosity, and frequent exposure of genitals when compared with both a
clinical and normal comparison group. Friedrich et al. (1986) used the Child Behavior Checklist to survey 3- to 12-year-old victims of abuse and found 70% of males and 44% of females scored significantly above a normal population of same-aged peers on the scale assessing sexual problems. They also found sexual problems to be more common among younger girls and older boys. Gale, Thompson, Moran and Sack (1988) compared sexually abused, physically abused and a nonabused clinical group of children less than seven years old and discovered inappropriate sexual behavior to be the only symptom that differentiated the three groups. Forty-one percent of the sexually abused group demonstrated inappropriate sexual behavior as compared to less than 5% for the other two groups.

Effects of sexual abuse are also frequently manifest in the form of somatic complaints. Anderson et al. (1981) found that 17% of his sample had experienced sleep disturbances, and 5% to 7% showed disturbances in eating patterns after the abuse. Victims in Peters' (1976) study also reported relatively high percentages of somatic disturbances: 31% reported difficulty sleeping and 20% reported eating disturbances. In a study of 64 abuse victims in Philadelphia, Peters (1984) found that 31% had trouble sleeping and 20% reported decreased appetites. Other somatic complaints which may develop are stomachaches,
genital irritations, enuresis, and encopresis (Brant & Tisza, 1977).

Sexual abuse also has dramatic effects on social functioning. These include difficulties in school, truancy, running away, and early marriage. Anderson et al. (1981) found a high rate of 20% of girls in their study who were frequently truant or quit school. Of 40 therapy patients whom had experienced father-daughter incest, Herman (1981) found that 33% had attempted to run away as adolescents. In 1982, a study of female juvenile offenders in Wisconsin revealed that 32% had been sexually abused.

In summary, empirical studies with children and adolescents have corroborated many of the initial effects of sexual abuse reported in clinical literature. These effects, present in at least a portion of victims, include feelings of fear, anger and hostility, guilt and shame, depression, as well as somatic complaints, inappropriate sexual behavior, and impaired social functioning. Not only do these effects occur during childhood, but many persist into adulthood.

**Long-term effects.** Many of the long-term consequences of childhood sexual abuse reported by adults are similar to initial effects found in children victims. These include frequent reports of depression (Briere & Runtz, 1985; Peters, 1984; Sedney & Brooks, 1984), self-destructiveness

In summary, empirical research on adult samples of victims of childhood sexual abuse confirm clinical reports of long-term effects. These particular adult populations are more likely to experience depression, self-destructive tendencies, anxiety, and low self-esteem. Other consequences include impaired interpersonal relating, sexual difficulties and maladjustments, and substance abuse. With reference to the studies reviewed, almost all show deleterious consequences of child sexual abuse; however, there are those who contend that sexual abuse has no harmful effects, or may even be a potentially positive experience (cf. Briere & Runtz, 1987). These researchers base their hypotheses on the argument that sample sizes are often insufficient and methodologies are flawed. Nevertheless, significant indications of disturbance are now being found in recent reputable studies, suggesting that sexual abuse is a serious mental health concern and deserves further examination.

**Projective Tests and Sexual Abuse**

Most of the studies reviewed have utilized objective tests such as behavior checklists and telephone surveys to assess the effects of child sexual abuse. Unfortunately, fewer researchers have utilized projective measures to
investigate these effects. For many decades, psychologists have used projective testing to evaluate various components of personality. The basic theoretical assumption underlying projective tests is that the individual's responses to the ambiguous stimuli presented reveal significant and enduring elements of one's personality. Thus, the individual projects one's own wishes, needs, conflicts, and defenses onto the seemingly neutral stimulus material without realizing he or she is doing so (Garfield, 1983).

Numerous studies have used projective drawings to assess the effects of child sexual abuse. In 1985, Yates, Beutler, and Crago compared human figure drawings of 18 sexually abused children with 17 nonabused children who were in therapy for emotional problems. They found that the drawings of the abuse victims contained more genitalia than the non-abuse subjects. Hibbard, Roghmann, and Hoekelman (1987) and Hibbard and Hartman (1990) also found a higher frequency of genitalia in the drawings of sexually abused children. Other interesting findings have resulted in studies involving the use of drawings. In 1987, Sidun and Rosenthal analyzed the Draw-A-Person Test (DAP) protocols of 30 sexually abused adolescent inpatients and 39 nonabused adolescents hospitalized for other emotional problems and found that abuse victims were more likely to include wedges, circles, and phallic-like objects in their drawings when compared to the nonabused group. The victims of sexual
assault were also more likely to exclude hands and fingers from their DAPs. Anxiety was also present in the drawings of the sexual abuse group as they tended to draw heavier or varied lines whereas the subjects in the non-abuse group tended to draw with medium pressure. Manning (1987) asked 10 sexual abuse victims and a matched control group of children raised in violent but non-abusive families and nonviolent families to draw their "favorite kind of day." She found that the abuse group depicted a higher incidence of aggressive, inclement weather conditions when compared to the two types of nonabused children in the control group.

Studies of the effects of child sexual abuse have also been conducted utilizing the Rorschach. Leifer, Shapiro, Marton and Kassem (1991) compared Rorschach protocols of 79 black female sexual abuse victims to those of a group of nonabused females and found that, as a whole, abuse victims displayed an overall pattern of psychological dysfunction including disturbances in thinking, marked problems in ego functioning, and a preponderance of negative affect. They also found that the abuse group showed a preoccupation with sexuality and bodily concerns.

Only a few studies have used the Thematic Apperception Test (TAT) to examine the effects of child sexual abuse. One study conducted by Westen, Ludolph, Block, Wixom, and Wiss (1990) investigated the object relations of 36 adolescent female inpatients using the Object Relations and...
Social Cognitions TAT Scoring System (Westen, Lohr, Silk, Kerber, & Goodrich, 1985) to score TAT stories. They found that sexual abuse had a significant impact on affect-tone of interpersonal relationships. Freedenfeld (1992) investigated TAT protocols of 38 sexually abused females between the ages of 5 and 18 years using the same scoring system. He found that the abuse group showed a significantly lower mean score on a scale measuring affect-tone when compared to a clinical group of nonabused females. In the system used, a lower score on affect-tone represents a more malevolent overall tone of the story. Another study conducted some years earlier found that the TAT stories of females sexually abused by their fathers depicted mother figures as cruel, unjust and depriving, whereas father figures were described in a variety of ways including nurturant, weak and frightening (Kaufman, Peck & Tanguri, 1954).

**Thematic Apperception Test (TAT)**

The TAT is widely used by researchers and clinicians and is valuable in the assessment of personality. Henry Murray and his colleagues at the Harvard Psychological Clinic developed the TAT in 1938. The instrument in its present form is comprised of 30 achromatic pictures depicting a variety of interpersonal situations and one blank card. Most of the pictures contain human subjects and vary in how clearly the activity of the characters is
portrayed. Subjects are asked to tell a story about each picture and the examiner records the stories verbatim. Subjects are asked to include what is currently happening in the picture, what led up to the current situation, what the people are thinking and feeling, and how the story ends. In accordance with the projective hypothesis, it is assumed that the subject will project facets of his or her own personality into the stories. Murray (1943) also developed a procedure to interpret TAT stories. First, the "hero" of the story is determined, which is the character with whom the subject has identified. Then, the "needs" of the hero are analyzed along with the environmental forces, or press, to which the hero is exposed. However, this method is not widely used clinically because it is difficult to master and is time-consuming. Other interpretive systems have also been developed (Aron, 1949; Bellak, 1954; Fine, 1955; McClelland, Atkinson, Clark, & Lowell, 1953; Pine, 1960; Tomkins, 1947; Wyatt, 1947).

One scoring system which analyzes the manifest content of thematic material in terms of affects, interpersonal relationships, and outcome is the Scoring Scheme for the TAT and Other Verbal Projective Techniques (Fine, 1955). Derived from Freud's (1938) early work regarding the usefulness of analyzing the manifest content of dreams, Fine's (1955) scoring system follows a similar premise. Freud (1938) explains further: "Analysis tells us that the
ideational contents have undergone displacements and substitutions, while the affects have remained unchanged" (p. 434).

TAT stories, like dreams, can be considered projective material and interpreted in the same manner. Therefore, if affects in dreams remain unchanged one would assume that affects revealed in TAT stories would be similar to those experienced by the storyteller. This makes the use of Fine's (1955) scoring system particularly useful with the TAT.

**Purpose and Significance of Study**

The purpose of this study is to compare TAT content of sexually abused females with that of a clinical sample of females with no documented history of abuse. It is hypothesized that there are certain negative feelings and outcomes demonstrated in TAT stories of abused children which will distinguish their stories from those of nonabused children. It is also hypothesized that these feelings and outcomes can be measured by the Scoring Scheme for the TAT and Other Verbal Projective Techniques (Fine, 1955).

Specific hypotheses are:
1) Sexually abused children would differ significantly from children with no documented history of abuse with regard to feelings evidenced in TAT stories. Specifically, it was hypothesized that sexually abused children would present
more negative feelings than nonabused comparison subjects (e.g. fear, anger, anxiety, guilt, depression). These affects have been found clinically and empirically in differing degrees in sexually abused children (Browne & Finkelhor, 1984; DeFrancis, 1969; Maisch, 1972; Tufts, 1984).

2) Sexually abused children would differ significantly from children with no documented history of abuse with regard to outcome of TAT stories. Specifically, it was hypothesized that sexually abused children would present more unfavorable outcomes than nonabused comparison subjects (Freedenfeld, 1992; Westen, et al., 1990).

METHOD

Subjects

Subjects were 30 sexually abused female children and 30 female children with no documented history of abuse ranging in age from 6 to 16 years. Of the abuse subjects, 67% were Anglo-American, 13% were African-American, 13% were Hispanic, and 7% were of other ethnicity. Of the nonabuse subjects, 87% were Anglo-American, 3% were African-American, 7% were Hispanic, and 3% were of other ethnicity. All children were evaluated at Dallas Child Guidance Clinic (DCGC), an outpatient clinic specializing in the evaluation and treatment of children. In this study, sexual abuse was defined as a wanted or unwanted sexual experience with an individual at least five years older, and included contact
and noncontact events. The occurrence of sexual abuse was determined by documentation of such in each subject's case file. Nonabused subjects were referred for evaluation of various difficulties including behavior problems (47%), dysthymia (27%), academic problems including attention-deficit disorder and learning disabilities (23%), and phobias (3%). Subjects were excluded from this study if there was evidence of psychosis or IQ below 70 contained in clinic files.

**Measures**

Archival data were used in this study, and included social histories, WISC-R IQ scores and TAT records. Information regarding the frequency and duration of abuse, and perpetrator-victim relationship was collected from subjects' social histories. WISC-Rs and TATs were administered by clinic staff having completed at least a master's degree in psychology with formal coursework in psychological assessment. All testing was supervised by a licensed clinical psychologist.

TAT content was assessed using the Scoring Scheme for the TAT and Other Verbal Projective Techniques (Fine, 1955). In this system, manifest content of TAT stories is evaluated in terms of feelings and outcomes. Thirty-one feelings, reflecting those most frequently encountered on the TAT, are categorized as positive ($n = 6$), negative ($n = 22$), or other ($n = 3$). Feelings are scored if they are expressed by any
character in a story, and are designated as present or absent. There is also a "special states" category to allow for any feelings not included elsewhere in the system; therefore, it is assured that no affects expressed by the subject will be omitted during scoring. Outcomes are analogously categorized as favorable, unfavorable, or indeterminate and each story is summarized by a single outcome.

According to Fine (1955), this approach is advantageous in three ways. First, it is simple and can be learned quickly and taught to others easily. Second, it provides valuable information immediately. And third, it gives a foundation for which further hypotheses can be derived.

Two studies report high interrater reliabilities for the system (Fine, 1948; Worchel, Aaron, and Yates, 1990). Fine (1948) reported interrater reliability of .71 after one training session on the system and .87 after a second training session.

The system has been utilized effectively to distinguish response patterns among various diagnostic groups. Fine (1948) found significant differences between the TAT protocols of asthmatic children and their siblings using his system. He found that asthmatic children use escape as a solution to problems less frequently than their siblings. He also found that asthmatics show more violent hostility patterns and more wishful thinking than siblings. In
addition, asthmatics showed a greater desire to see their parents together and reconciled. Davison (1953) was able to distinguish between diagnostic groups of World War II veterans including anxiety, conversion and depressive reactivies, and catatonic, hebephrenic, and paranoid schizophrenics. The depressive reactive group showed the most clear-cut differentiation with significantly higher frequencies of hostility, conflict, frustration, doubt, and guilt. They also presented higher numbers of unfavorable outcomes and more interpersonal relationships than the other clinical groups. These studies support the validity of this scoring system in effectively distinguishing the TAT stories of different groups.

Procedure

Names were removed from all data to insure confidentiality. To provide homogeneity of data, each subject was scored on the same 4 TAT cards: 1, 2, 3BM, and 4. TAT protocols were photocopied, typed, and divided into individual stories for the purpose of independent scoring. One graduate student in clinical psychology and one upper-level undergraduate student in psychology were trained in the use of the system and scored all stories. All stories were scored independently by these two raters. Raters were blind to group membership. Percent interrater reliability was established before the actual scoring began. The
percent agreement for feelings was 95% and for outcomes was 80% for the two raters.

RESULTS

Characteristics of the Sexual Abuse Group

Frequency of abuse was the number of incidents of abuse and was recorded as an isolated incident (i.e., occurring only once) or ongoing (i.e., occurring more than once). In this sample, 77% of the abuse cases were reported as recurrent incidents whereas 16% were reported as isolated incidents. Approximately 7% of cases had missing or insufficient information to reliably determine the frequency of occurrence. In cases of recurrent abuse, the average duration was 37 months ($SD = 25$). In 63% of the cases, the abuse involved some type of genital contact (e.g., manual fondling, anal/vaginal intercourse). Following disclosure of abuse, 57% of the victims were removed from the home while 43% remained in the home.

Perpetrator relationship was defined as the type of relationship the perpetrator had with the victim at the time of abuse. Perpetrator role was defined as the role the perpetrator performed in the family and was considered either a parental figure or a non-parental figure to the victim. Eighty-seven percent of the abuse occurred in the home, and in 77% of cases the perpetrator functioned in the role of a parent. In these cases, 61% of the perpetrators were biological parents, 35% were step-parents, 4% were
cohabitants. Almost all of the perpetrators were male (97%); in one case, the abuse was perpetrated by both a male and a female. Following discovery of the abuse, forty percent of the perpetrators were incarcerated or had pending legal charges related to the abuse, and 33% had no further contact with the victim. Information regarding disposition of the remaining cases had either not been documented or had not been determined at time of evaluation.

Preliminary Analysis

Interrater reliability was calculated as percent agreement between the two raters. The percent agreement for feelings was 98% and for outcomes was 80% for the two raters.

Each subject was administered the Wechsler Intelligence Scale for Children-Revised (WISC-R). Verbal, performance, and full-scale IQ scores fell into the average range for both groups. The abuse group received a mean VIQ of 94, mean PIQ of 99, and mean FSIQ of 96. The nonabuse group received a mean VIQ of 98, mean PIQ of 102, and FSIQ of 100. The groups did not significantly differ on these three scores (see Table 1).

Individual t-tests were performed between the sexual abuse group and the nonabuse group on the following variables: age, t(58) = .40, p > .05, two-tailed; Full Scale IQ t(46) = -1.07, p > .05, two-tailed; Verbal IQ t(46) = -1.07, p > .05, two-tailed; and Performance IQ t(46) = -.90,
Also, a Pearson chi-square was computed on the variable race \( (X^2(3) = 3.58, p > .05) \). As shown in Table 1, the groups did not differ significantly on any of these variables.

**Analysis of Hypotheses**

Feelings were categorized into positive, negative, or other, and then summed across each group of subjects for each TAT card yielding three feelings scores for each subject: number of positive feelings, number of negative feelings, and number of other feelings. Outcomes were similarly categorized as favorable, unfavorable, or indeterminate. Mean scores were calculated by averaging the scores of both raters for each subject.

To test the first hypothesis that the number of negative feelings would be significantly higher in the abuse group than the non-abuse group, a t-test was computed. As shown in Table 2, no significant difference was found between the two groups for total number of negative feelings, \( t(58) = .78, p > .05, \) one-tailed. Based on this analysis, the first hypothesis was not supported.

To test the second hypothesis that the number of unfavorable outcomes would be significantly higher in the abuse group than the non-abuse group, a t-test was computed. As shown in Table 3, no significant difference was found between the two groups for total number of unfavorable
outcomes, $t(58) = .34, p > .05$, one-tailed. Therefore, the second hypothesis was not supported.

**Post Hoc Analysis**

To examine differences between the abuse and nonabuse groups with regard to specific negative feelings, a Multiple Analysis of Variance (MANOVA) was performed with abuse history as the grouping variable. The feelings of interest were anxiety, depression, guilt, anger, and sexuality. A significant main effect of group was found, with Wilks' Lambda = .78, $F(5,58) = 3.03, p < .05$ indicating that significant differences exist between the two groups across these feelings. To determine where these differences occurred, univariate F-tests were computed. Significant differences were found for sexuality, $F(1,58) = 8.40, p = .005$ and guilt, $F(1,58) = 4.49, p = .038$, with the abuse group having significantly higher frequencies of these feelings than the nonabuse group. Significant differences were not found between the two groups on anxiety, $F(1,58) = .85, p > .05$ depression, $F(1,58) = 1.16, p > .05$ and anger, $F(1,58) = .80, p > .05$.

Subsequent Pearson Product Moment correlations were computed to examine the relationship between manifest guilt and sexuality and specific TAT cards for the abuse group. Results revealed that Card 2, ($r = .78, p < .001$), and Card 3BM, ($r = .55, p < .001$), were significantly correlated with
sexuality. All four cards were significantly correlated with guilt, Card 1, \( (r = .67, p < .001) \); Card 2, \( (r = .51, p < .01) \); Card 3BM, \( (r = .67, p < .001) \); Card 4, \( (r = .76, p < .001) \).

Pearson Product Moment correlations were computed to examine the relationship between manifest guilt and sexuality, and the relationship between age and these two variables. Results revealed no significant correlation between guilt and sexuality, \( (r = .05, p > .01) \). Results also revealed no significant correlations between age and guilt, \( (r = .07, p > .01) \), or age and sexuality, \( (r = .20, p > .01) \).

**DISCUSSION**

The findings in this study did not support the hypothesis that significantly more negative feelings would be manifest in the TAT stories of the sexual abuse group than the nonabuse group. These results may be explained by examining the presenting problems and symptomology reported in the nonabuse group. Twenty-seven percent of the nonabuse group reported dysthymia as the primary reason for requesting services from DCGC. Many of the nonabuse subjects reported other symptoms which are also commonly found in sexually abused children, e.g., anxiety, anger (Browne & Finkelhor, 1984). This could be one explanation for finding no significant differences in mean negative feelings between the two groups.
In addition, the TAT may be disturbing to some subjects because of its ambiguity and negative representation of persons and situations. Thus, subjects may consciously or unconsciously choose not to reveal more negative affects aroused by the cards. Stovall and Craig (1990) found that sexually abused children tend to split off the more negative perceptions when approaching the TAT. Since three of the TAT cards used in this study portray scenes which may pull for negative affects, the sexual abuse group may have split off the more negative affects. Thus, these subjects may have been successful in defending against the use of negative affect, except those that were especially salient. Stovall and Craig (1990) also found that sexually abused children tend to be less psychologically-minded than nonabused children and more likely to describe persons and situations in terms of actions and behaviors, instead of thoughts and feelings. Because of the archival nature of these data, the stories may have lacked sufficient prompting by test administrators for feelings of subjects introduced in the TAT stories. Prompting is especially important with this type of sample given their tendency to be more concrete and less candid about feelings.

The prediction that the sexual abuse group would produce significantly more unfavorable outcomes was also not supported by the findings. Again, the sexual abuse subjects may have been especially uncomfortable with the negative
nature of the cards used, and hence were able to successfully defend against the possibility of an unfavorable outcome to a negative situation.

Contrary to the current findings, a recent study found that sexually abused female children tend to develop malevolence toward the world and others and view the external environment as painful and threatening (Freedenfeld, 1992). This study utilized a scoring system which involves interpretation of the overall affect tone of each story from beginning to end. Therefore, the assessment of affect tone was somewhat different in the Freedenfeld study than what was employed by the current study. In the current study, outcome was determined only by examining the conclusion of each story, disregarding any feelings or situation which had been mentioned previously. Thus, any story could have been determined as favorable if a positive or optimistic statement were added as the outcome of the story. Many abuse subjects may have successfully defended against the negative nature of the cards or previously mentioned negative feelings by simply adding a favorable outcome to a story or by not revealing any outcome, thus an indeterminate outcome. It may also be that sexually abused children can maintain hope that their situation will improve and are successful in projecting that hope into the outcome of a story. Future research would be interesting to explore
these contradictory results produced in approaching similar information using different scoring criteria.

Upon further examination of specific negative feelings, interesting results emerged. No significant differences were found between the abuse and nonabuse groups on presence of depression, anxiety, and anger. This finding was not surprising given their frequent presence as symptomology in both groups. However, guilt and sexuality were found significantly more in the TAT stories of the abuse group. It is well-documented in the abuse literature that guilt (Anderson, et al., 1981) and sexual precociousness (Tufts, 1984) are frequently found in sexually abused children. Guilt and sexual precocity were not frequently reported problems among the nonabuse group, thus making a more pragmatic comparison between the two groups.

In further analysis of guilt and sexuality in the abuse group, additional information was revealed. The presence of sexuality was card specific. Sexuality was most significantly correlated with Card 2. This correlation was expected since Card 2 portrays a pregnant woman in the background and often solicits sexual themes.

However, guilt was significantly correlated with all four cards given (1, 2, 3BM, 4), none of which encourage themes of guilt. These cards depict a wide array of situations which involve the presence of one, two, and three characters. The significant preponderance of guilt in the
TAT stories of the abuse group was not specific to any card, but was common to all cards. Also, for a response to be determined as guilt, stringent criteria were used. The subject had to specifically indicate feeling sorry or guilty. While norms are unavailable on presence of guilt in TAT stories of average children, its presence may be a universal predictor of sexual abuse. Interestingly, the presence of guilt and sexuality were not significantly correlated with age of subject. And, the presence of guilt was not significantly correlated with the presence of sexuality, indicating the abuse subjects were not associating feelings of guilt with sexuality.

An implication of these findings is that sexually abused children may not exhibit an overall pattern of negative affects, but may especially be plagued by only certain negative feelings such as guilt. Another conclusion may also be that sexually abused children are troubled by negative feelings such as depression, anxiety, and hostility, but that these feelings are not significantly different than those feelings brought on by other clinical problems (i.e. attention-deficit disorder, behavior difficulties, learning disabilities) or family dysfunction.

Another important implication of this study is the structure of the scoring system used. The Scoring Scheme for the TAT and Other Verbal Projective Techniques (Fine, 1955) analyzes manifest content only. This is an important
difference between this scoring system and most other methods used to examine the TAT. In analyzing only manifest content, loss of important information due to interpretation is minimized. The system provides concrete data quickly and systematically. It could prove especially useful with a sexually abused population when accuracy and timeliness are important diagnostic implications.

**Conclusions**

The sexual abuse literature is often plagued by faulty methodology and ambiguous conclusions; hence, this study offers a substantial contribution to the literature by providing a strong correlation between certain feelings assessed on the TAT and documented sexual abuse in female children. This study utilized a fairly large number of abuse victims with a wide range of ages and employed a commonly used and respected assessment tool. The present study has also suggested an alternative manner of approaching the TAT protocols of sexually abused children by utilizing manifest content analysis.

Based on this study, one conclusion begins to emerge. Child sexual abuse seems to have a very specific impact on the psychological lives of children. When hypotheses are too broad, sexually abused children may appear similar to children with other clinical problems. When all negative feelings were combined into one category, no significant differences between groups were found. However, when
specific negative feelings were compared, useful conclusions arose. This was shown by the presence of more manifest content of guilt and sexuality in the TAT stories of the abuse group.

The findings of this study propose the important implications to diagnosis. Sexual abuse often goes unreported, and consequently, untreated. Examining the TAT with the Scoring Scheme for the TAT and Other Verbal Projective Techniques (Fine, 1955) provides a way to identify abuse victims. Future research with larger samples is needed to strengthen this diagnostic ability. Future research might explore the effectiveness of other cards not used in the current study in distinguishing sexually abused victims and perhaps more feelings not included in the present scoring system.

Conclusions from Freedenfeld's (1992) study suggest that severe childhood trauma does not lead to an overall disturbance of object relations, but affects only certain aspects of development. Findings from this study support that general premise. Childhood sexual abuse does not lead to an overall preponderance of negative affect, but influences only specific components of affect. Since no group differences were found between age, verbal, performance, or full scale IQ, it is the conclusion of this study that the differences found between the sexual abuse
and nonabuse groups were due to the consequences of abuse and were not attributable to age or intelligence.

Limitations of Study

Strengths and weaknesses are invariably present in any study involving the use of archival records. As previously noted, one of the limitations of this study was the possible lack of prompting by test administrators. In order to gain the richest TAT record, prompting is needed to obtain a complete repertoire of accessible feelings from the subject. It is possible that the stories used in this study did not completely represent the subject's capacity to produce more affect, negative or otherwise.

Another limitation of the study is the uncertainty of nonabuse status of the comparison group. Although strict guidelines were included to insure purity of samples, taboos inherent to disclosure of abuse reduce reporting. In addition, it was the purpose of this study to examine sexual abuse only, so children who had experienced other forms of abuse were excluded. However, physical abuse often accompanies sexual abuse and often goes unreported; thus, one cannot be positive that either of the groups was devoid of physical abuse.
Table 1

Comparison of Groups on Age, Intelligence, and Race

<table>
<thead>
<tr>
<th></th>
<th>Abuse (n=30)</th>
<th>Nonabuse (n=30)</th>
<th>t-value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE (Months)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean S.D.</td>
<td>141 37</td>
<td>137 37</td>
<td>.40</td>
<td>58</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INTELLIGENCE (WISC-R)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YIQ</td>
<td>94 11.6</td>
<td>98.3 15</td>
<td>-1.07</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FSIQ</td>
<td>98.5 13.8</td>
<td>102.3 15.7</td>
<td>-.90</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PIQ</td>
<td>96 12.9</td>
<td>99.9 15.3</td>
<td>-.94</td>
<td>46</td>
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</table>

Tables Continued
Table 1 - Continued

<table>
<thead>
<tr>
<th>Race</th>
<th>Abuse</th>
<th>Nonabuse</th>
<th>Chi-square</th>
<th>df</th>
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<tr>
<td>Anglo-American</td>
<td>67%</td>
<td>87%</td>
<td>3.58 ns</td>
<td>3</td>
</tr>
<tr>
<td>African-American</td>
<td>13%</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>13%</td>
<td>7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 2

T-tests for the Mean Scores Across Positive, Negative, and Other Feelings of the Scoring Scheme for the TAT and Other Verbal Projective Techniques (Fine, 1955) for the Abused and Nonabused Groups

<table>
<thead>
<tr>
<th></th>
<th>Abuse</th>
<th>Nonabuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>S.D.</td>
</tr>
<tr>
<td>Positive</td>
<td>2.5</td>
<td>1.7</td>
</tr>
<tr>
<td>Negative</td>
<td>6.7</td>
<td>2.2</td>
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<tr>
<td>Other</td>
<td>1.2</td>
<td>.77</td>
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Table 3

T-tests for the Mean Scores Across Favorable, Unfavorable, and Indeterminate Outcomes of the Scoring Scheme for the TAT and Other Verbal Projective Techniques (Fine, 1955) for the Abuse and Nonabuse Groups

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Abuse Mean</th>
<th>Abuse S.D.</th>
<th>Nonabuse Mean</th>
<th>Nonabuse S.D.</th>
<th>t-value</th>
<th>df</th>
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</thead>
<tbody>
<tr>
<td>Favorable</td>
<td>1.7</td>
<td>1.2</td>
<td>1.7</td>
<td>1.4</td>
<td>.00</td>
<td>ns</td>
</tr>
<tr>
<td>Unfavorable</td>
<td>1.7</td>
<td>1.0</td>
<td>1.5</td>
<td>1.1</td>
<td>.68</td>
<td>ns</td>
</tr>
<tr>
<td>Indeterminate</td>
<td>.67</td>
<td>.82</td>
<td>.85</td>
<td>.93</td>
<td>-.81</td>
<td>ns</td>
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