THE EFFECTS OF CHILD SEXUAL ABUSE AS REFLECTED IN RORSCHACH RESPONSES

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Research on child sexual abuse has been largely retrospective and anecdotal in nature, focusing on broad self-report measures of adjustment rather than on more explicit measures of psychopathology. Although there is general agreement that there are harmful effects, there is a lack of consistent empirical evidence. More specific measures, control groups, and larger Ns are needed to gain a clearer understanding. The present study examined Rorschach responses of sexually abused female children as associated with abuse characteristics. Rorschach responses of the sexually abused group were also compared with responses of female clinic controls. None of the a priori hypotheses predicting differences between the groups were supported.
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THE EFFECTS OF CHILD SEXUAL ABUSE AS
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Only within the last decade has child sexual abuse become a focus of public concern. Although clinicians who work with victims and their families generally accept that there may be serious consequences for victims of sexual abuse (Finkelhor, 1984; Gelinas, 1983; Giarretto, 1982), thoughtfully-designed research on this subject is only beginning.

In earlier times the child victim was often considered to be at least partly responsible for his or her own sexual abuse (Bender & Blau, 1939; Sloane & Karpinski, 1942). It is therefore not surprising that many abusive incidents were unreported, and prevalence estimates were correspondingly low (Kinsey, 1953). For instance, in 1976 the American Humane Association reported 1,975 cases of child sexual abuse nationwide. In six years the number had increased to 22,918. Relatively new laws that mandate reporting of child abuse reflect changing attitudes about the child's vulnerability and need for protection by the community.

Through increased efforts to study the problem, various estimates of the prevalence of child sexual abuse have emerged, based on surveys of college students and community citizens. These surveys also address the question of the seriousness of psychological consequences resulting from childhood sexual
assault. In contrast to a few proponents of the view that adult-child sexual relationships are potentially positive for the child (Ramey, 1979; Rascovsky & Rascovsky, 1950), recent studies emphasize reported psychological impairment in adult women who were victims of child sexual abuse (Bagley & McDonald, 1984; Gelinas, 1983); some even represent child sexual abuse as invariably destructive (Herman, 1981; Rush, 1980).

There are basically three types of reports that dominate the child sexual abuse literature: survey-type studies, controlled clinical studies, and clinical anecdotes.

**Survey-Type Studies**

Finkelhor (1979) surveyed 796 New England college students, 530 females and 266 males. Using self-administered questionnaires, he found 19.2 percent of the women and 8.6 percent of the men reported sexual victimization as children. Sexual abuse was defined by both an age differential between victim and perpetrator and also by act committed. Finkelhor found that preadolescent children were most likely victimized and that they were most frequently victimized by a male friend or relative. The use of force and an older perpetrator were factors contributing to the reported intensity of psychological trauma. Low-income families were most often affected. Other factors that appeared to increase risk of victimization were maternal absence or illness, presence of
stepfather, and unhappy marriage. On a measure of sexual self-esteem, victims scored significantly lower than nonvictims (Finkelhor, 1984).

Briere and Runtz (1985) surveyed 278 college women, utilizing a modified version of the Hopkins Symptom Checklist, and other questionnaires similar to Finkelhor's (1979). A prevalence rate of 14.7 percent for sexual abuse was found in this sample. Symptom scales that successfully differentiated victims from nonvictims were correlated with variables such as use of force, nature of the abuse (i.e., fondling or penetration), duration of the abuse, etc. Symptoms of dissociation, somatization, anxiety, and depression were reported more frequently by victims. These symptoms were also positively associated with the variables of perpetrator age (associated with anxiety and depression), total number of perpetrators (associated with anxiety and depression), use of force (associated with somatization), parental incest (associated with somatization, anxiety and dissociation), and duration of the abuse (associated with depression, anxiety, somatization and dissociation). Variables not associated with symptomatology, however, were victim age at first abuse, presence of intercourse, and number of incidents. More school problems, conflict with authority, early sexual behavior, and eating problems were also found to be associated with a history of child sexual abuse.
Sedney and Brooks (1984) studied 301 college women and found that 16.9 percent reported early sexual abuse. Symptoms significantly more frequently reported by child sexual abuse victims, especially victims of within-family abuse, included nervousness, depression, trouble sleeping, emotional problems, and thoughts of hurting self. Victims of within-family sexual abuse were also significantly more likely to report having been a victim of an accident. Higher symptom levels were associated with sexual activity involving intercourse occurring more than once or beginning after puberty.

Two other college surveys, Fromuth (1983) and Seidner and Calhoun (1984) also both found indications of mental health impairment in former child sexual abuse victims using self-report measures, including the California Personality Inventory. Fromuth, surveying 482 female psychology students and using multivariate analysis, found mental health impairment to be associated with reported prior sexual abuse even after other background factors had been controlled. Higher rates of subsequent rape were reported by former victims; however, in this study they were not found to be more depressed than nonvictims.

Community surveys have been conducted to compare former child sexual abuse victims with nonvictims in the normal population. Bagley and Ramsay (1986), using a measure of psychoneurosis with diagnostic subscales (Bagley, 1980), measures of suicidal ideas, behavior, and self-esteem,
surveyed a random sample of 679 adults in Calgary, Canada. Of 377 women who were re-interviewed, 22 percent of the women surveyed reported child sexual abuse, and these women were twice as likely to evidence mental health impairment as the nonabused women.

Russell (1983), using trained interviewers and questionnaires to survey a community sample of 930 females in San Francisco, found the reported rate of sexual victimization to be 28 percent. She also found that younger women reported more sexual victimization than older women, suggesting that the incidence of sexual abuse has been increasing over the 20th century. Peters (1984, cited in Finkelhor & Browne, 1985) surveyed a random sample of women in Los Angeles, and found that victims of sexual abuse suffered significantly more problems with depression and substance abuse.

Landis (1956) surveyed nearly 2,000 college students about retrospective effects of sexual approaches by adults in childhood. In 80 percent of women remembering such experiences, degree of emotional upset was significantly related to nature of approach and extent to which the child knew the adult. More emotional upset was associated with attempted intercourse or rape than with exhibition; also, more upset was associated with offender familiarity to the child.

Gagnon (1965) reanalyzed the Kinsey data (1953) and found that 84 percent of the women who reported sexual victimization
in childhood rated the experience negatively, and 80 percent experienced difficulties later in life. Bell and Weinberg (1981) commissioned a survey of 336 male and 150 female heterosexual San Francisco residents and compared them to a volunteer sample of 684 male and 292 female homosexual residents. The homosexual sample reported 4.9 percent childhood sexual victimization, whereas the heterosexual sample reported 2.5 percent sexual victimization. Although the groups are not exactly comparable, these findings suggest that there may be a greater probability of child sexual abuse in the backgrounds of homosexuals.

**Controlled Clinical Studies**

In a study of incest, Meiselman (1978) gathered data from 58 female incest cases from mental health clinics and compared them with 100 randomly selected nonabused female clinic patients. Data was taken from intake reports, MMPI reports, and therapy progress notes. Previously abused women were found to have more sexual problems as adults, more hostile feelings toward parents, and more marital problems. A greater degree of psychological disturbance was detected in women who were under age 12 at the time of incest.

Briere and Runtz (in submission) studied 195 women present at a crisis intervention program in a community mental health center. Women reporting a history of child sexual abuse (N = 133) were more likely to have made at
least one suicide attempt in the past than those not reporting abuse ($N = 62$), and were more likely to report suicidal ideation on intake. Among the victims of early sexual assault, greater suicidality was correlated with multiple perpetrators, concurrent physical abuse, and sexual intercourse.

Bagley (1969) conducted a long-term follow-up study of a group of children removed from home because of family breakdown, neglect, physical or sexual abuse. Fifteen years later, the 20 sexually abused women in the cohort of 57 had significantly poorer mental health profiles than the neglected or physically abused women.

Tsai, Feldman-Summers, and Edgar (1979) studied three groups of 30 women to examine factors that contribute to differential adjustment. One was a clinical group seeking help for problems associated with childhood molestation; one was a nonclinical sexually abused group who were not seeking help and who considered themselves well adjusted; the other group was a nonclinical nonabused control group. Assessment of adjustment was by means of the MMPI and sexual experiences questionnaire. MMPI profiles of the clinical group were significantly elevated on scales 1, 2, 4, 6, 7, 8, and 0 over those of the other two groups. However, on only two scales, 4 and 8, were the means above the normal range. Longer duration of abuse, greater frequency of molestation, occurrence of attempted intercourse and older age at the time of
the last molestation were other factors that separated the clinical group from the other abused group.

Meiselman (1980), using data from her previous study (1978), compared MMPI records of sexually abused female clinic patients with a group (N = 16) of clinic patients who were not sexually abused, matched on age, sex, education, ethnic group, and referring therapist. No significant differences in scale elevations were found, but a review of items pertaining to sexuality did reveal a significant difference in the direction of sexual disturbance in the sexually abused group. While there was great variation in responses to individual items, the incestuously abused group tended to answer "false" to the items stating "I have never indulged in any unusual sex practices," and "my sex life is satisfactory."

Herman and Hirschman (1981) compared 40 female psychotherapy outpatients who reported incestuous relations with their fathers with 20 female psychotherapy outpatients with seductive fathers who had not made physical contact with their daughters, but had involved them in clearly sexually motivated behavior. The women who reported molestation had backgrounds containing significantly more maternal separation, maternal illness, paternal violence, adolescent pregnancy, and subjection to physical beatings than the women with seductive fathers. The recipients of paternal sexual contact also exhibited more maternal behavior as a child, and had poorer self-concept.
One study (Courtois, 1979) compared a volunteer sample of women with reported incest experiences with previously collected samples of incestuously abused female drug addicts in rehabilitation (Benward & Densen-Gerber, 1975) and abused women in psychotherapy (Herman & Hirschman, 1977). The volunteer sample was most similar to the psychotherapy group. Courtois suggested that younger victims may have more severe reactions involving personal identity and relations.

Brooks (1985) administered a questionnaire to 29 volunteer female residents at a school for emotionally disturbed adolescents. Sixty-two percent reported sexual abuse. Mental health profiles of the girls reporting sexual abuse, based on a part of the questionnaire, fell into two groups. One group (62%) reported more symptoms of depression, somatization, hostility, psychoticism and paranoid ideation. The other 38 percent reported a significant absence of symptoms compared to the nonabused group, and Brooks attributes this kind of response to an overwhelming use of denial.

Clinical Anecdotes

Clinical observations or investigations of deviant groups with either no comparison group or inadequate comparison groups have been the basis for the majority of journal articles written on child sexual abuse in the past. For example, Maisch (1972), in West Germany, using court records and tests, observed that 70 percent of incest victims (N = 78) were characterized by personality disturbance, 28 percent were
depressed, nine percent attempted suicide, 25 percent appeared to have pre-existing character disorders, 12 percent manifested traumatic neurosis with prominent anxiety, phobias or compulsions, 17 percent had various psychosomatic symptoms. Maisch saw the traumatic neuroses as efforts to "relive" the traumatic experience, similar to neuroses caused by wartime experiences.

Differences in children's reactions to sexual assault compared to adult reactions were observed by a psychiatrist working in the emergency room of a large hospital (Peters, 1976). Children appeared to be more likely to be assaulted by someone known to them than adult victims, and more emotional harm was judged to result when children were assaulted by a parent or respected authority figure. It was suggested that children might react less emotionally than adults because less force is typically used, but they may retreat into emotional withdrawal that may be misunderstood by adults.

Justice and Justice (1979) made observations based on a survey of 112 incestuous families, a group of 20 parents of families involved in incest, a therapy group of seven victims, and a review of child welfare case files. They conclude that, generally, within incest families there is a great deal of role confusion, and that incest victims are characterized by guilt, low self-esteem, depression, feelings of being uniquely different, confusion about difference between sex and nurturance, distrust of men, and self-destructive behavior (Justice & Justice, 1979).
Fifty married women with children, who reported molestation as children by fathers or close relatives, were recruited by means of media ads (Tsai & Wagner, 1978). They were found to have common problems with guilt, depression, shame, isolation, mistrust of men, and sexual dysfunction.

Another study based on clinical observation (Lustig, Dresser, Spellman & Murray, 1966) describes the female victims of child sexual abuse as feeling abandoned by both parents, with a highly negative view of their mothers and themselves. A kind of "pseudomaturity" was described, in which the victim's sexual and nurturant functioning appears precocious, but is in reality a facade covering intense unmet dependency needs. Densen-Gerber and Benward (1976) studied 118 female rehabilitating drug users who had left home before age 16 and found that 52 percent reported being sexually victimized as children.

A study of 136 street prostitutes by James and Myerding (1977) disclosed that 25 percent of these women reported sexual molestation by their fathers, or step- or foster-fathers in childhood. Silbert and Pines (1981) also studied street prostitutes (N = 200). They found that two-thirds reported being sexually abused by father figures, and 60 percent of these women reported being sexually abused under the age of 16 by an average of two perpetrators each. The mean duration of child sexual abuse was 20 months. Force or threats were used in 82 percent of the cases.
Fields (1980) compared 42 female prostitutes with a matched group of 43 female nonprostitutes. Using measures of adjustment and sexual history questionnaires, she found that there was no significant difference between the groups regarding reported frequency of child sexual abuse, but the prostitutes reported experiencing more abusive childhood sexual experiences, i.e., younger age at first intercourse, and higher incidence of forced first intercourse experiences. Fields concluded that a developmental sequence, consisting of negative parent-child relationships, consistent lack of interpersonal involvement, and occurrence of rape in later adolescence, appeared to be related to the occurrence of prostitution.

Eleven court cases of sexually victimized females were reviewed by Kaufman, Peck and Tagiuri (1954). Symptoms manifested by these victims included depression, guilt, learning difficulties, sexual promiscuity, running away, and somatic complaints. Weiss (1955), after studying 26 court-referred cases of child sexual assault victims, related acting-out behavior to earlier excessive sexual stimulation. Poor impulse control was related to maternal deprivation, rejection, and inconsistency.

Other writers, based on clinical experience, have contributed theories of possible dynamics at work within the framework of victims, perpetrators, and their families. Summit and Kryso (1978) have proposed models for various
types of child sexual abuse, suggesting dynamics that vary according to personality of the perpetrator. Gelinas (1983) emphasizes the need to detect undisclosed child sexual abuse because only then can the underlying traumatic neurosis emerge for therapeutic work. She described the frequently encountered defenses of denial, repression, and dissociation in victims, and secondary elaborations of traumatic neurosis that emerge if the neurosis is not treated, consisting of chronic depression, guilt, poor self-esteem, and feelings of powerlessness. Gelinas also describes "parentification" of victims; that is, the assumption of adult duties and responsibilities by child victims, and how this pattern is repeated through generations.

Groth (1978), from studies of male offenders, and Finkelhor (1979, 1984), from student and other surveys, have described possible dynamics associated with child sexual abuse. More recently, Finkelhor (1986) described "traumagenic dynamics" in child sexual abuse for purposes of evaluation of victims for treatment. The four components involved are traumatic sexualization, stigmatization, betrayal, and powerlessness. Other studies based on clinical observation of deviant populations, usually with small numbers of subjects, have been recorded (Langsley, Schwartz, & Fairbairn, 1968; Rascovsky & Rascovsky, 1950; Rhinehart, 1961; Wahl, 1960; Weiner, 1962). These have mostly been descriptive studies of family characteristics and victim behavior.
While the authors of survey, controlled clinical, and anecdotal reports seem to agree that child sexual abuse is harmful, there is no definitive clinical research evidence to support their claim. Certainly, the nature and extent of any psychological injury remains largely undefined. If, for the moment, we set aside the methodological limitations of the literature, we can identify six propositions concerning early sexual abuse and its psychological consequences.

Symptomatology

A wide variety of enduring symptoms has been observed to be associated with child sexual abuse. They can be broadly categorized as follows: (a) depressive symptoms, including low self-esteem, suicidal ideation, and somatic complaints (the repressed underlying feelings may be betrayal, powerlessness or helplessness, stigmatization, and hostility); (b) anxiety manifested by phobias, compulsions, and chronic anxiety in spite of defenses of denial, repression, and dissociation (see also Miller, 1986) (helplessness and stigmatization may underlie these symptoms); (c) early pseudomature and sexually precocious behavior with underlying unmet dependency needs; (d) adolescent acting-out behaviors including running away, prostitution, drug and/or alcohol abuse, and teenage pregnancy (these are adolescent responses to feelings of betrayal, powerlessness, and hostility); (e) predisposition to revictimization, either by subsequent rape or beatings, and also interpersonal problems (these
may be consequences of impaired self-esteem, judgment and trust; Finkelhor & Browne, 1985).  

**Duration**

Survey studies examining the relationship between duration of sexual abuse and long-term psychological consequences have obtained mixed findings. Of eight studies, three found longer-lasting abuse to be associated with greater impairment (Friedrich, Urquiza, & Bielke, 1984, cited in Finkelhor & Browne, 1985; Russell, 1984; Tsai, Feldman-Summes, & Edgar, 1979), three found no relationship between impairment and duration of abuse (Courtois, 1979; Finkelhor, 1979; Langmade, 1983, cited in Finkelhor & Browne, 1985), one found mixed results (Seider & Calhoun, 1984) and one found longer-lasting sexual abuse to be associated with less impairment (Courtois, 1979).

**Relationship of Offender**

With regard to close relatedness of the offender, empirical findings do suggest that if the perpetrator is the father or step-father, more impairment results (Finkelhor, 1979; Russell, 1983). However, there is not a clear distinction between impairment resulting from experiences with kinfolk versus nonkinfolk perpetrators in all studies. Instead of the degree of relatedness, the pathology-producing factor may be the position of authority and power the perpetrator has over the child, the father- or parent-figure, of course, being the greatest.
**Type of Abuse**

Victims who suffered attempted or completed intercourse, fellatio, cunnilingus, analingus or anal intercourse reported more impairment than those who suffered manual touching of breasts or genitals or clothed parts of their bodies (Russell, 1983). Bagley and Ramsay (1985) found in a multivariate analysis that penetration was most predictive of impairment on a composite of standard epidemiological measures. However, not all studies have been able to differentiate intercourse from other types of genital touching in terms of resulting in impairment.

**Use of Force**

The use of force in sexual abuse has been examined as associated with child sexual abuse. It was strongly associated with impairment in five studies (Bagley & Ramsay, 1985; Finkelhor, 1979; Fromuth, 1983; Russell, 1983; Tufts, 1984, cited in Finkelhor & Browne, 1985).

**Age at Onset**

Evidence gathered so far is inconclusive as to whether more impairment occurs when a child is abused at a younger or older age. Clinical wisdom asserts that younger victims would suffer more disruption of normal developmental processes. However, only two studies, Courtois (1979) and Meiselman (1978), found more serious impact associated with sexual abuse at a younger age. Four other studies (Bagley & Ramsay, 1985; Finkelhor, 1979; Langmade, 1983, cited in Finkelhor & Browne,
1985; Russell, 1983) failed to show any significant differences of effect according to age. In the studies conducted so far, no effort has been made to study the effects of age by partialing out other variables affecting pathology, such as force used or penetration. Also, developmental impairment may not have been adequately assessed in studies conducted so far. Finkelhor (1985) has suggested that the relationship may be curvilinear, with more serious impairment occurring in preadolescence rather than adolescence or early latency.

Rorschach Responses Associated with Symptomatology

**Sexualized responses.** It is reasonable to assume that responses to the Rorschach ink blot test given by sexualized children would reflect their sexual hyperdevelopment. If sexualization of children is a common effect of sexual abuse (Finkelhor & Browne, 1985), their Rorschach records might contain more sexual responses than nonsexually abused children.

**Achromatic color responses.** The achromatic color response, C', according to Rappaport, Gill and Schafer (1946), represents a form of "conscious control or defense" against affective expression. It is a cautious form of adaptation in which cognitive elements thwart affective expression. Such a suppression of affect may characterize victims who have had to endure violation of their space and bodies repeatedly. Klopfer (1938) describes the C' response as a "toned-down" affective experience involving hesitancy in directly expressing affect.
Achromatic plus texture responses. Beck (1945, 1967) suggests that the texture (T) response manifests a painful affective need and relates to the more infantile "erotic" needs. Montalto (1952) relates more T responses in young children (ages 6 and 7) to more restrictive mothers. Klopfer (1938) asserted that when a record contained more C' plus T responses than the total number of color responses, it would indicate that responsiveness to outside stimuli had been "interfered with by some kind of traumatic experience, resulting in withdrawal." Withdrawal was described by Peters (1976) as a characteristic of child victims of sexual assault.

Diffuse shading responses. The diffuse shading response, Y, according to Beck (1945), indicates a painful absence of action, which the individual would use in defense against unwanted intrusions. It may, in extreme form, represent an inability to mobilized energies (Beck, 1967). Exner (1974) agrees, stating that Y responses manifest a form of psychological "helplessness" or withdrawal which may be accompanied by anxiety. Feelings of helplessness or powerlessness have been described as characteristic of sexual abuse victims (Finkelhor & Browne, 1985).

Inanimate movement responses. Exner (1974), summarizing Piotrowski, Hertz and Klopfer, described the inanimate movement response, m, as representing the experience of frustration, especially with regard to interpersonal activities. Exner also adds that when it occurs with significant frequency
it may represent interference with personality integration by excessive tension, frustration or hostility. Majumber and Roy (1962) found m to occur with significantly greater frequency in the records of juvenile delinquents.

Egocentricity index. Exner (1978) describes the egocentricity index as being essentially related to self-focusing, but also related to self-esteem, especially when the index is low (below .30). Many retrospective studies of women have found reported child sexual abuse to be associated with low self-esteem (Finkelhor, 1979; Herman & Hirschman, 1981).

Organizational activity index. Exner (1978) describes subjects who score in the lower range on the organizational activity index (Zd) of the Rorschach structural summary as underincorporators. They seem to respond before they fully evaluate the stimulus, tending to scan quickly and often missing crucial information. High-scoring overincorporators, on the other hand, are more cautious and ruminative in approaching stimuli. Greater subsequent victimization and accident-proneness have been reported by victims of child sexual abuse (Gelinas, 1983; Herman & Hirschman, 1981; Fromuth, 1983). Children who are repeatedly told that their perception of the events is mistaken may eventually also doubt their own perception and may begin to guess prematurely about a situation, without trying to gather all the necessary information to make a sound decision.
Vista responses. Exner (1978) describes the vista (V) response as representing a form of internal, negative emotional experience associated with self-examination. He also states that the response occurs most frequently in protocols of depressive and suicide-prone patients. Victims of child sexual assault report feeling uniquely different (Justice & Justice, 1979). These feelings may result from the child's blaming herself for her victimization, so that the perpetrator is seen as good and as a potential nurturer. The child takes the blame on herself so she does not have to consider the hopeless possibility that the blame does belong to the perpetrator and therefore she may not expect any genuine nurturing or proper loving care. Depression and suicidal ideation characterize victims of child sexual abuse (Sedney & Brooks, 1984; Briere & Runtz, 1985; Peters, 1984).

Unfortunately, there are many methodological problems that affect research to date on child sexual abuse. For instance, surveys tend to underestimate incidence and severity due to the nature of sampling methodology—people living on the street, in shelters or prisons are usually excluded. College student populations are quite homogeneous with regard to age, socioeconomic status and upward economic mobility, thereby limiting generalizability of findings. Both Finkelhor (1984) and Conte (1984) have noted that a considerable proportion of studies on child sexual abuse consists of
summarized case reports, or else are flawed by biased sampling and/or the absence of appropriate control groups. Since many of these studies utilized subjects from deviant groups (psychotherapy patients, prostitutes, former drug addicts), the interpretability or generalizability of their findings may be limited. The few studies that have drawn subjects from the general population have typically examined the prevalence of child sexual abuse and the possible long-term psychological consequences in only general terms of adjustment (according to self-report) and self-reported symptomatology. It would appear that sufficient incidence and prevalence of child sexual abuse has been demonstrated in the general population to merit more in-depth clinical studies, utilizing more precise instruments to determine more specifically what kinds of impairment might be associated with sexual assault (Finkelhor & Browne, 1985). Findings of previous research and clinical observations are useful for forming hypotheses to test in future, more controlled and in-depth studies.

Rationale

Broad measures such as those used in the community and student surveys have been useful in suggesting the extent of impairment and some of the possible pathogenic factors associated with child sexual abuse. Clearly, however, the time for a more fine-grained analysis is at hand.
Purpose

The purposes of the present study were (a) to collect data from sexually abused female children for comparison with established Rorschach norms; (b) to examine the nature of any impairments that may be manifested by these subjects in contrast with nonabused clinical female subjects; (b) to identify characteristics of abuse which are associated with pathology; and (d) to identify indices which might detect patients who have been sexually abused.

Hypotheses

Two sets of a priori hypotheses were tested. One set of hypotheses pertained to abuse characteristics associated with psychological impairment as measured by the X + % on the Rorschach. The other set of hypotheses compared specific Rorschach responses of sexually abused subjects with clinical control subjects.

Abuse Characteristics Associated with Psychological Impairment. One set of hypotheses explored abuse characteristics associated with psychological impairment within the group of 100 sexually abused female children. These characteristics were determined from the social histories and demographic information of the abused children. Psychological impairment was assessed by a measure of reality testing (Goldberger, 1961): the F + % of the Exner structural summary for the Rorschach. Scores over 80 percent are usually considered reflective of adequate reality testing
(Ames, Metraux, & Walker, 1971); scores of 60 to 80 percent suggest moderate impairment, and scores of less than 60 percent suggest severe impairment. The extent of impairment as measured by the $F + \%$ was compared along six dimensions of abuse characteristics.

One dimension was familial relation of the perpetrator to the victim. In the present study, perpetrators were classified as either father-figures (including step- and foster-fathers), person known to the victim, but not a father-figure, or person unknown to the victim. Greatest pathology was predicted to be associated with father-figures as abusers, lesser pathology associated with abuse by a known perpetrator (but not a father-figure), and least pathology associated with abuse by a stranger.

Another dimension was type of abuse involved. The present study categorized type of abuse as either penetration (completed or attempted intercourse, anal intercourse, oral-genital/anal contact) or nonpenetration (fondling of breasts or genitals and/or exhibition). The first category was predicted to be associated with greater impairment.

A third abuse characteristic was use of force or threats. The abusive experiences of the subject in the present study were classified as occurring with or without force or threats. More pathology was hypothesized to occur with use of force or threats.
Duration of abuse constitutes another abuse characteristic that may influence pathology experienced by sexual abuse victims. The present hypothesis was that longer duration of abuse would be associated with greater impairment. Duration was categorized in three blocks: 1 to 2 months, 3 to 5 months, and 6 months and over.

There are mixed findings about effect of age of victim at onset of abuse on degree of impairment suffered. In the present study, age at onset was indicated by three blocks of ages: 5 to 8 (early latency), 9 to 12 (preadolescence), and 13 to 16 (adolescence). These blocks allow for similar-age comparisons. Greater impairment was hypothesized to be more strongly associated with the middle age group (preadolescence).

Age difference between the offender and the victim was the sixth abuse characteristic investigated. Previous studies have found greater pathology associated with adult than adolescent perpetrators (Finkelhor, 1979; Russell, 1983). Age-difference blocks were 0 to 2 years, 3 to 4 years, and 5 years and up, and the hypothesis was that greater age difference would be associated with greater pathology. For all the abuse characteristics, one-way analyses of variance were calculated.

**Rorschach responses of abused versus control subjects.** The other set of hypotheses tested involved a comparison of the Rorschach structural summary scores of 100 sexually abused females with a nonabused clinic group of 100 females. Initially,
age blocks of 6 to 8, 9 to 12, and 13 to 16 were used for both sexually abused and nonabused groups. The age groupings are comparable with previous age divisions (preadolescent and adolescent) in discussions of long-term psychological consequences (Finkelhor, 1984; Meiselman, 1978), and they allow for comparison of Rorschach responses with developmentally-appropriate norms. A 2 X 3 (group by age) Multiple Analysis of Variance (MANOVA) was computed for eight dependent variables. If there was no significant main effect for age, ages would be collapsed. If the F for group or age was significant, a separate Analysis of Variance (ANOVA) for each dependent variable would be carried out.

The following hypotheses were identified: (1) the sexually abused group would have made significantly more sexualized responses on the Rorschach; (2) the sexually abused group would have given significantly more C' responses than the nonabused group; (3) a significant difference between groups was hypothesized for records where C' plus T responses exceed the total number of color responses; (4) a significant difference between groups was hypothesized regarding percentages of Y responses, with the sexually abused group having more Y responses; (5) the m response was hypothesized to occur significantly more frequently in the records of the sexually abused group; (6) the mean egocentricity index for the sexually abused group would be significantly lower than that of the clinical control group; (7) the
sexually abused group would have significantly lower mean Zd scores than the nonabused clinical group; and (8) there would be significantly more V responses in the sexually abused group than the clinical control group.

Method

Subjects

Previously collected psychological reports, social histories, and Rorschach test data, including raw data and structural summaries, from the Dallas Child Guidance Clinic were utilized. The data came from 100 sexually abused female children and from 100 female children with no history of sexual abuse, but treated at the clinic for other reasons. Sexually abused children were referred to the clinic by the Texas Department of Human Resources. Typical referral questions for both groups of subjects were (a) What is the current level of emotional and/or intellectual functioning? (b) What treatment recommendations can be made? and (c) What placement recommendations can be made for the child?

Additional referral questions for the sexually abused children were (a) Has the child been sexually abused? (b) How extensive is the trauma from the abuse? and (c) What is the risk for occurrence of further abuse? Sexually abused subjects in the present investigation were verified as abuse victims by a third party, by admission of the perpetrator, or by evidence from an interview with the child, using anatomically correct dolls. Some of the referrals were court-ordered.
Nonsexually-abused subjects had no history of sexual abuse in their records. One additional referral question for this group was whether the child had learning disabilities. All the subjects ranged in age from 6 to 16 at the time of testing.

Examiners

All psychological tests were administered by regular clinic staff, each having completed at least a master's degree with formal courses in testing. Subjects were each given a standard battery of tests and a clinical interview, or a parental interview in the cases of younger subjects.

Procedure

Advanced graduate students in clinical psychology transferred data from the social histories and from the psychological test forms to a computer coding sheet. No names were used in identification of cases, thereby assuring anonymity for the subjects.

Data Analysis

A one-way analysis of variance (ANOVA) was done for all of the six abuse characteristics hypothesized to be associated with psychological impairment as measured by the Rorschach $F + \%$. A $2 \times 3$ multivariate analysis of variance (MANOVA) (group by age level) was computed for eight dependent Rorschach variables hypothesized to differentiate abused from nonabused subjects. If no significant main effect was found for age, the data was to be recast, collapsing over
age levels. If there was a significant main effect for group, separate ANOVAs were to be carried out for each dependent variable (a one-way ANOVA if the data was collapsed over ages and a 2 X 3 ANOVA if the age data were not collapsed).

Results

ANOVA for Abuse Characteristics Within the Sexually Abused Group

The set of hypotheses within the sexually abused group with $X+%$ as the dependent variable will be considered first. All hypotheses predicting that lower $X+%$ values would be associated with certain abuse characteristics failed to be supported by the ANOVAs, except for one. See Table 1 for abuse characteristics and $F$ values. No calculation was made for age difference between the perpetrator and victim because this information was not included in the psychological reports.

For the abuse characteristic of relationship of the perpetrator, $N = 102$, $df = 1$, $F = 0.05329$. There was little chance that there was any significant difference between the $X+%$ values given by the subjects abused by father-figures and the subjects abused by perpetrators other than father-figures ($p = .818$, nonsignificant (N.S.).

For the abuse characteristic of type of abuse, $N = 99$, $df = 1$, $F = 1.46689$. There was little chance that there was a significant difference between the $X+%$ values given by the subjects who suffered penetration and the subjects who suffered abuse other than penetration ($p = .229$, N.S.).
Table 1
ANOVA Results for Abuse Characteristics with X + %
Within the Sexually Abused Group

<table>
<thead>
<tr>
<th>Abuse Characteristic</th>
<th>F</th>
<th>df</th>
<th>N</th>
<th>SS</th>
<th>MS</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship of Perpetrator</td>
<td>0.05329</td>
<td>1</td>
<td>102</td>
<td>.01</td>
<td>.01</td>
<td>.818 (NS)</td>
</tr>
<tr>
<td>Type of Abuse</td>
<td>1.46689</td>
<td>1</td>
<td>99</td>
<td>.01</td>
<td>.01</td>
<td>.229 (NS)</td>
</tr>
<tr>
<td>Use of Force</td>
<td>0.24580</td>
<td>1</td>
<td>101</td>
<td>.02</td>
<td>.02</td>
<td>.621 (NS)</td>
</tr>
<tr>
<td>Duration of Abuse</td>
<td>2.01721</td>
<td>1</td>
<td>100</td>
<td>.07</td>
<td>.04</td>
<td>.139 (NS)</td>
</tr>
<tr>
<td>Age of Onset</td>
<td>3.60084</td>
<td>1</td>
<td>102</td>
<td>.05</td>
<td>.03</td>
<td>.031</td>
</tr>
</tbody>
</table>

Table 2
Age of Onset Groups and Mean X + %

<table>
<thead>
<tr>
<th>Age of Onset</th>
<th>Mean X + %</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 to 6 years</td>
<td>.55</td>
</tr>
<tr>
<td>7 to 12 years</td>
<td>.53</td>
</tr>
<tr>
<td>13 to 16 years</td>
<td>.65</td>
</tr>
</tbody>
</table>
For the abuse characteristic of force, \( N = 101, \text{df} = 1, F = 0.24580 \). There was little chance that there was a significant difference between the \( X + \% \) values of the subjects subjected to forceful abusive experience and those who were not.

For the abuse characteristic of duration of abuse, \( N = 100, \text{df} = 1, F = 2.02721 \). For the abuse characteristic of age of onset of abuse, \( N = 102, \text{df} = 1, F = 3.60084 \). There was a main effect for age of onset (\( p = .031 \)). See Table 2 for the age of onset groupings and means. However, the sizes of the groups were not comparable because of the low number of subjects in the oldest age of onset group (ages 13-16). The oldest group had five subjects, the middle group (ages 7 to 12) had 56 subjects, and the youngest age group (ages 3 to 6) had 41 subjects. The two younger groups did not differ from each other in a two-tailed \( t \) test (see Table 3).

### Table 3

**Comparison of Age of Onset Groups and Two-tailed \( t \) test Results**

<table>
<thead>
<tr>
<th>Age of Onset Groups</th>
<th>( t )</th>
<th>( p )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groups 1 and 2</td>
<td>1.109</td>
<td>.494</td>
</tr>
</tbody>
</table>

**Note.** Group 1 = ages 3 to 6, \( N = 41 \); Group 2 = ages 7 to 12, \( N = 56 \). The age 13 to 16 group was excluded because the \( N \) was not comparable with the other groups.
MANOVA for Rorschach Responses Between the Sexually Abused and Clinic Control Groups

The hypotheses between the sexually abused group and the clinic control group with various Rorschach responses will be discussed next. One Rorschach response, C' + T, was excluded from the analysis because there were too few of these responses (12) to allow for meaningful comparison. Also, because no sexualized responses were given by either the abused or clinic control group, no analysis of this type of response could be made.

The 2 (abused group, clinic group) by 3 (age 5-8, age 9-12, age 13-16) MANOVA on six Rorschach responses yielded no main effects for group, \( F(6, 176) = 1.223, p > .05 \); no interaction effects for age by group, \( F(12, 352) = 1.152, p > .05 \); but a main effect for age across both abused and clinic control groups was found, \( F(12, 352) = 2.752, p > .05 \). Table 4 summarizes these results.

Table 4

<table>
<thead>
<tr>
<th>Effect</th>
<th>( F )</th>
<th>df</th>
<th>( N )</th>
<th>( p )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group by Age</td>
<td>1.152</td>
<td>12, 350</td>
<td>186</td>
<td>.317</td>
</tr>
<tr>
<td>Group</td>
<td>1.507</td>
<td>6, 175</td>
<td>186</td>
<td>.178</td>
</tr>
<tr>
<td>Age</td>
<td>2.371</td>
<td>12, 350</td>
<td>186</td>
<td>.006</td>
</tr>
</tbody>
</table>
Univariate analyses of the Rorschach variables revealed age effects for the $C'$, $F(2, 180), p < .05$, egocentricity index, $F(2, 180), p < .05$, and $V$, $F(2, 180), p < .05$, Rorschach responses (see Table 5). All age effects are for both abused and clinic control groups together. The youngest age group had significantly ($p < .05$) more $C'$ responses than the oldest age group. Also, the youngest age group had an egocentricity index significantly lower ($p < .05$) than either of the other two groups. Finally, the oldest age group had significantly ($p < .05$) more $V$ responses than the other two age groups. See Table 6 for age group mean differences and critical values.

Table 5

Univariate F-Tests of Rorschach Responses by Age

<table>
<thead>
<tr>
<th>Rorschach Variable</th>
<th>$F$</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achromatic Color</td>
<td>3.423</td>
<td>2,180</td>
<td>.038</td>
<td>.019</td>
<td>.035</td>
</tr>
<tr>
<td>Diffuse Shading</td>
<td>.113</td>
<td>2,180</td>
<td>.001</td>
<td>.000</td>
<td>.893</td>
</tr>
<tr>
<td>Egocentricity Index</td>
<td>3.353</td>
<td>2,180</td>
<td>.244</td>
<td>.122</td>
<td>.037</td>
</tr>
<tr>
<td>Inanimate Movement</td>
<td>.513</td>
<td>2,180</td>
<td>.004</td>
<td>.003</td>
<td>.599</td>
</tr>
<tr>
<td>$Z$ Difference</td>
<td>2.261</td>
<td>2,180</td>
<td>207.355</td>
<td>103.677</td>
<td>.107</td>
</tr>
<tr>
<td>Vista</td>
<td>5.141</td>
<td>2,180</td>
<td>.003</td>
<td>.001</td>
<td>.007</td>
</tr>
</tbody>
</table>
Table 6
Modified Tukey's HSD Post-Test for Age Effects on Rorschach Variables

<table>
<thead>
<tr>
<th>Rorschach Variable</th>
<th>Absolute Mean of Age Group Mean Difference</th>
<th>Critical Value (p &gt; .05)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achromatic Color</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2        = .0267</td>
<td>.0275</td>
<td></td>
</tr>
<tr>
<td>2-3        = .0129</td>
<td>.0254</td>
<td></td>
</tr>
<tr>
<td>1-3        = .0396</td>
<td>.0289</td>
<td></td>
</tr>
<tr>
<td>Egocentricity Index</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2        = .0822</td>
<td>.0697</td>
<td></td>
</tr>
<tr>
<td>2-3        = .0008</td>
<td>.0645</td>
<td></td>
</tr>
<tr>
<td>1-3        = .0814</td>
<td>.0733</td>
<td></td>
</tr>
<tr>
<td>Vista</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2        = .0000</td>
<td>.0066</td>
<td></td>
</tr>
<tr>
<td>2-3        = .0089</td>
<td>.0061</td>
<td></td>
</tr>
<tr>
<td>1-3        = .0089</td>
<td>.0070</td>
<td></td>
</tr>
</tbody>
</table>

Note. Significant at .05 level. Age Group 1 = ages 6 to 8 (N = 47), Age Group 2 = ages 9-12 (N = 78), Age Group 3 = ages 13 to 16 (N = 61).

Discussion
Hypotheses Within the Sexually Abused Group

None of the abuse characteristics investigated were associated with the X + % of the subjects. In Exner's child norms, the mean X + % remains relatively stable (between 81% and 84%) for ages 5 to 16. The mean X + % for both groups in the present sample was lower, in the mid-fifty percent range. Because the X + % seems to be a gross index of
reality testing and form perception (Exner, 1975), there may be other, more sensitive, indicators of distress within the sexually abused subjects.

Inconsistencies in the reporting of specific details pertaining to sexual abuse clouded the results of the present study. Sometimes the exact nature of the abuse was not reported, and often the duration or frequency of abuse was not clearly stated. These vague areas are to be expected to some degree if the primary informant is a child victim. However, some of the interviews appeared to be less comprehensive than others. Because of this limitation, some of the subject groupings may have included a few subjects that should have been in a different category. Further clarification as to the nature of the psychological impact of sexual abuse as related to abuse characteristics is needed. Future investigations might utilize more carefully and thoroughly collected case information.

The present study did not support the idea that an early adolescent onset of abuse leads to more impairment, as measured by the $X + \%$. Other studies have used broad measures of adjustment and symptomatology rather than measures of intrapsychic functioning. Because adolescent girls have more extrafamilial social contact than younger girls and are more aware of societal norms, they attract more attention by acting out. Broad adjustment measures would likely be more sensitive to these behaviors than to more subtle developmental changes in younger girls.
Hypotheses Between the Abused and Clinic Control Groups

The lack of statistically significant differences between the sexually abused and clinic control groups on Rorschach variables relating to stress, painful emotional experiences and other depressive responses examined in this study underscores the similarity of the two groups. The girls in the clinic control group were often referred for testing after difficulty was encountered in treatment rather than being tested routinely upon referral to the clinic like the sexually abused group. In this way there may have been more selection for impairment in this group.

A weakness of this study was lack of a comparison group of normal girls. This group would have made possible more definitive examinations for impairment and a cross-validation of Exner's child norms. Use of Exner child norms is somewhat problematic because of inclusion of both sexes and lack of cross-validational data.

The predominance of the C' response in the youngest age group differed from the developmental pattern demonstrated in the Exner child norms, which show this determinant to have equal rarity of occurrence for all age levels. Likewise, the small egocentricity index of the youngest age group in contrast to the larger indices for the older groups in these samples differs from the Exner norms. In Exner's norm groups, the largest egocentricity index is associated with the youngest ages; a gradual decrease of the index occurs with age up to adolescence, when it achieves stability.
The association of the youngest age group over both of the present samples with more C' responses and lower egocentricity indices suggests equal impairment of the sexually abused and clinic control groups at this age level. These responses indicate defense against affective expression, a reduced self-focus, and diminished self-esteem for both groups.

It has been argued that while Rorschach interpretation does provide data rich with hypothetical dynamic associations for formulation of complex personality structures, it is difficult to test empirically, as is the whole dynamic approach, and the system as a whole appears to function as a self-validating closed loop (Peterson, 1978). Thus, the Rorschach might be better utilized in combination with other measures, such as behavioral observation, so that validity of the results might be more generally agreed upon. Inadequate validation appears to be a continuing problem in Rorschach research. Often prediction levels are not cross-validated on similar populations before attempts are made to validate with diverse populations, and the Rorschach is characterized by a general lack of predictive validity (Peterson, 1978). Therefore, the present study would have been more meaningful if normative data had been collected and other measures used in addition to the Rorschach.
References


Signs, 2, 1-22.


