

PERSONALITY TRAIT PREFERENCES FOR BEST FRIENDS AND ROMANTIC
PARTNERS IN WOMEN WITH A HISTORY OF
CHILDHOOD SEXUAL ABUSE

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Michelle Ann Roth

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Name: Roth, Michelle Ann

APPROVED BY:

Carolyn Roecker Phelps
Faculty Advisor

Catherine L. Zois
Committee Member

Melissa Layman Guadalupe
Committee Member

Concurrence:

Carolyn Roecker Phelps
Chair, Department of Psychology

Abstract

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Name: Michelle Ann Roth

University of Dayton

Advisor: Dr. Carolyn Roecker Phelps

The objective of the present research is to provide a broader examination of the association between maladaptive interpersonal relationships and childhood sexual abuse (CSA) by examining women's personality preferences for best friends and romantic partners. This study used the Q-Method statistical procedure to examine the association between childhood sexual abuse and adult interpersonal difficulties. Women college students at the University of Dayton ($N = 75$) rated forty personality traits on a scale from least to most desired in a best friend and again for a romantic partner. The results revealed that women with a history of CSA showed marginally greater error variance in their preferences for romantic partners compared to women without a history of CSA.

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Table of Contents

Abstract.....	iii
Acknowledgements.....	iv
List of Tables.....	vi
Introduction.....	1
Method.....	15
Results.....	23
Discussion.....	43
References.....	54
Appendices	
A. Demographic Information.....	61
B. Childhood Sexual Abuse Scale.....	62
C. Multidimensional Scale of Perceived Social Support.....	64
D. Attachment Scale	66
E. Q-Set.....	69
F. Q-sort Grid.....	70

List of Tables

1. Descriptive Statistics for Nominal and Ordinal Level Study Measures.....	24
2. Descriptive Statistics for Continuous Study Measures.....	25
3. CSA Descriptive Statistics	26
4. Factor Characteristics for Best Friend Preferences of Women with a History of CSA	28
5. Factor Characteristics for Best Friend Preferences of the Control Group.....	29
6. Factors and z-Scores for Best Friend Preferences of the Control Group.....	30
7. Factor Characteristics for Romantic Partner Preferences of Women with CSA...32	
8. Factor Characteristics for Romantic Partner Preferences of the Control Group...33	
9. Factors and z-Scores for Romantic Partner Preferences of the Control Group....34	
10. Factors and z-Scores for Best Friend and Romantic Partner Preferences in Women with a History of CSA.....	35
11. Descriptive Statistics and Factor Characteristics of High and Low Perceived Support.....	37
12. Descriptive Statistics and Factor Characteristics of High and Low Attachment Strength.....	39
13. Descriptive Statistics for the AS and MSPSS Scales on the Criterion Variable...41	

Personality Trait Preferences in Friends and Romantic Partners in Women with a History
of Childhood Sexual Abuse

Women are reporting an experience of childhood sexual abuse (CSA) at increasingly greater frequency from years past (DeLillo, 2003; Downs, 1993). In a nationally representative sample, 20% of college women reported experiencing forced sexual intercourse (Brener, McMahon, Warren, & Douglas, 1999). Data obtained from The National Center for Victims of Crime (2000) in the United States indicate 33% of girls are sexually assaulted before turning eighteen. Sixty-six percent of sexual assaults reported to law enforcement involve a female victim under the age of 18, of which 34% are under the age of 12 and 14% are under the age of six. The American Medical Association defines CSA as "the engagement of a child in sexual activities for which the child is developmentally unprepared and cannot give informed consent." Miller, Downs, & Testa (1990) define CSA as any sexual experience prior to the age of 18, in which the perpetrator meets one or more of the following criteria: a relative, five years older than the child, or anyone who forces the child to engage in a sexual activity. CSA is associated with numerous negative outcomes for the victim. Long term effects include depression, behavioral and social dysfunction, low self-esteem, and pervasive problems maintaining healthy relationships with other adults (DiLillo, 2008). CSA survivors are also at an increased risk to be revictimized throughout the lifespan (Windom, Czaja, & Dutton, 2008).

The consequences of CSA may accumulate over time (Finkelhor & Browne, 1986). This effect of CSA, termed “progressive accumulation” may be a consequence of unaccomplished developmental tasks in childhood (Gelinias, 1983). The incompleteness of developmental tasks at earlier stages (i.e., responding to the feelings of others) may therefore impede on successful completion of developmental tasks at later stages (i.e., establishing intimacy in relationships). Gelinias provided an example of progressive accumulation in her 1983 article in which women with a history of CSA who demonstrated little CSA related sequelae in childhood reported suffering CSA-related symptoms such as severe depression, low self-esteem, marital discord, and alcohol abuse as an adult. Gelinias’ data implies that, for certain CSA victims, the effects of CSA will peak during young adulthood and interrupt successful completion of important developmental tasks. An illustration of this is when a woman with a history of CSA reaches the age her perpetrator was at the time of the sexual abuse. Male peers may suddenly induce memories of her childhood sexual assault. These distressing images may lead to depression or result in a failure to maintain a healthy romantic relationship.

CSA is characterized by extreme violations of psychological and physical boundaries during critical periods of development (Fergusson & Mullen, 1999; McAlpine & Shanks, 2010). While this fact alone suggests risk for interpersonal dysfunction, empirical data establishing an association between CSA and interpersonal functioning is relatively underdeveloped. Currently, childhood sexual abuse is best viewed as a risk factor for a broad range of interpersonal difficulties that can render CSA survivors vulnerable to subsequent abuse and revictimization (Fergusson et al., 2008). Various studies have looked at the consequences of CSA in women’s important adult

relationships (DiLillo, 2001; Downs, 1993) and have reported difficulties maintaining relationships supplying support, love, and appreciation, such as those found in best friends and romantic partners (Harter, et al., 1988; Jackson, et al., 1990). Jackson (1990) found college aged female CSA survivors experienced more social problems in leisure activities and dating, resulting in difficulties making friends and bonding with others. These social deficits may accumulate and worsen over time, long after the sexual abuse has ended. Women with histories of CSA, therefore, may lack the social skills necessary to bond and become friends with others, which may increase the risk of revictimization (Anderson & Hiersteiner, 2008; Downs & Douecks, 1991).

The focus for the proposed study is to examine preferences in romantic relationships and female friendships in adult women to gain a better understanding of the link between CSA and interpersonal difficulties. The remainder of this introduction will focus on the impact of CSA on interpersonal relationships and will describe the functions and characteristics of interpersonal relationships in the lives of women with and without CSA. I will then describe a study that explained the connection between maladaptive interpersonal relationships and CSA that addresses the limitations addressed in the topics discussed below.

Women and Important Interpersonal Relationships

Friendship has been defined as an important form of social support characterized by intimacy, communication, mutual concern, sharing, and equality in power, that is ultimately empowering for the individual (Knickmeyer, Sexton, & Nishimura, 2002). The intimate nature of close friendships and romantic relationships allows for support of the trials and tribulations adulthood carries. The emphasis on intimacy in peer relationships

begins in the early teen years and remains a core component in adult best friendships and romantic relationships (Hartup & Stevens, 1997; Larson & Lamont, 2005). By late adolescence, both romantic and platonic peer relationships are salient aspects of the interpersonal context (Richards, Crowe, Larson, & Swarr, 1998). Erikson's psychosocial theory (1968) posits emerging adults are facing the intimacy versus isolation stage, in which young women are forming new intimacy in their relationships and while doing so also establishing secure identities. Time spent with peers gradually increases throughout adolescence and these peer relationships become increasingly marked by positive affect (Larson & Richards, 1991). The confiding and supportive aspects of both same sex and cross-sex relationships become especially important as teen girls approach womanhood and become more intimate in nature (Hartup & Stevens, 1997).

The theme of intimacy remains salient in women's close interpersonal relationships with other women throughout adulthood. Women's same sex associations are more intimate in nature than men's associations with male friends (Hess, 1982). Women are more likely to share emotional experiences and become confidants with their female friends while men are more likely to spend time engaged in competitive activities with their male friends (Adams, Blieszner, & De Vries, 2000). Additionally, female friendships were found to be expressive and instrumental in adulthood and contribute significantly to their psychological well-being. In contrast, men's relationships with other men were found to be less expressive and instrumental in adulthood and therefore had less of an impact on psychological well-being (Bank, 1995; Lubben, 1995; Wright & Scanlon, 1991).

Evidence that intimacy is a skill rather than an innate ability was provided by

Rayfield et al. (1987), who examined differences in intimacy and levels of disclosure in friendships among women in a study of 127 college female friendships. The authors found that the same qualitative differences in the intimacy levels within friendships between women as those found within friendships between men (Downie & Robbins, 1998). The authors' findings suggest that the assumption women have an innate ability to form intimacy is false, and the ability to form intimacy is shared between men and women. Therefore, women who may benefit most from close intimate relationships, such as women with a history of CSA, may also be the women most unlikely to receive these benefits as they lack the skills necessary to form intimacy with others. Rayfield (1987) cautioned that some professionals may misunderstand women to have an innate ability to form intimate relationships, and this could result in professionals ignoring social deficits in their work with female clients.

Friendships that are highly intimate tend to have many positive features such as *loyalty, generosity, and helpfulness* (Berndt, 1999). These friendships are key components to supportive social environments that help women cope with stressful life events (Knickmeyer et al., 2002; Rawlins, 1992). Research on women's friendships has established a positive association between best friends and well-being. Absence of friends have been associated with loneliness, depression, and mental illness (Hefner, 2009; Knickmeyer et al., 2002) which highlights the multifaceted role friendships have on health and overall well-being.

During late adolescence, romantic relationships often become important for the first time, and remain important throughout adulthood (Furman & Buhrmester, 1992; Savin-Williams & Berndt, 1990). Older teens spend more time with cross-sex friends

than do younger teens (Richards et al., 1998), and there is increasing intimacy in cross-sex relationships during adolescence, especially for girls (Sharabany, Gershoni, & Hofman, 1981). Interactions with male peers can become quite rewarding; teenage girls experience more positive affect and feel more important with male peers than with their same sex friends (Richards et al., 1998). As adults, women desire intimacy in romantic relationships and acquire intimacy through self-disclosure, a pattern that has also been seen in men's romantic relationships (Barry, Madsen, Nelson, Carroll, & Badger, 2009). Despite differences, female friendships and romantic relationships do not exist independently but are embedded in an ongoing social experience. The overlapping yet unique qualities of friendships and romantic relationships suggest the considerations of both forms of women's interpersonal relationships should be considered together and separately. Studies that have compared the characteristics of romantic relationships with friendships have found many more similarities than differences (Barry et al., 2009; Davis, 1985; Davis & Todd, 1982). Acceptance, trust, and enjoyment have been attributed to satisfying friendships and romantic relationships, and personality characteristics such as warmth and kindness are equally desired in both types of relational partners (Sprecher & Regan, 2002).

Interpersonal relationship quality has been differentially linked to women's own psychological health and an overall successful adulthood. In the next section, I will consider and review research that discusses the associations, factors, and interactions between interpersonal difficulties and CSA, and the outcomes unique to women with a history of CSA with poor interpersonal relationships.

Interpersonal Relationships and CSA

Friends and romantic partners represent voluntary social relationships women choose to enter and maintain. These relational decisions are affected by factors in women's larger social environment and thoughts about their own personality characteristics (Anderson & Hiersteiner, 2008; Sprecher & Regan, 2002). Women's self-assessed desirability as a friend and romantic partner has been positively correlated with their partner preferences; women who view themselves as highly desirable set higher standards for relational partners (Sprecher & Regan, 2002). Over time and as a function of accumulated experiences, women construct a unique image of their attractiveness and usefulness as a friend and romantic partner, and these images influence social interaction (Anderson & Hiersteiner, 2008; Murstein, 1976).

Women with a history of CSA may be disadvantaged in this regard. CSA is associated with low self-esteem and a distorted view of self, in which the victim sees herself as an unworthy person (Daigneaut & McDuff, 2009; Miller et al., 1987). Downs (1993) reported approximately one third of the sexually abused women reported persistent negative emotions toward themselves. His study indicated that the stigmatization of sexual abuse may lead a young girl to feel like a bad person in comparison with other girls. Negative self-labels arising from the CSA as well as negative attributions made by the perpetrator can solidify and form the basis for future self-concept (Downs, 1993). Young girls may view moral dilemmas as interpersonal conflicts between the needs of others and the needs of the self (Gilligan, 1982; Simon et al., 2010). When girls resolve this moral conflict in favor of the sexual perpetrator, they unwittingly accept any stigmatizing labels the sexual perpetrator defines them as (e.g.,

whore, slut, damaged). As women, they carry these stigmatizing labels with them and feel they are not worthy of a quality friend and/ or romantic partner and adjust their expectations accordingly. In doing so, they may increase the likelihood of befriending people who may put them at further danger for revictimization (Downs, 1993; Simon et al., 2010).

Intimacy and Trust

The capacity for intimacy by way of trust and open communication is often disrupted in CSA survivors. In a revealing survey by Mullen (1994), women with a history of CSA reported extreme discomfort confiding and discussing personal issues with romantic partners. These women felt less confident that significant others were available for emotional support and were less likely to ask others for help and advice. In what Butler (1978) termed “a conspiracy of silence,” CSA survivors adopt a code of silence to avoid feelings of shame, stigmatization, and judgment, and unwittingly stifle opportunities for direct, open, and honest communication between themselves and others (Anderson & Hiersteiner, 2008; Simon et al., 2010)

Intimacy in romantic relationships can be affected by CSA in two ways: aversion to intimacy and limited views on intimacy (Downs, 1993). An aversion to sexual intimacy in adulthood may derive from unresolved issues surrounding the CSA (Finkelhor & Browne, 1986). One behavior pattern seen in sexually abused girls is social and sexual withdrawal (Maltz & Holman, 1987). As children, being touched may have been associated with negative experiences, and as such, an aversion to touch develops and persists throughout their relationships and marriages (Larson & Lamont, 2005; Miller et al., 1987). Aversion to touch and intimacy may be attached to any sexual experience

via generalization, and the woman may never learn to enjoy sexual intimacy. The formation of intimate relationships may also be based on a steady but flexible self-concept which affords the woman the ability to share her thoughts, feelings, and identity with others (Downs, 1993). When women prejudge others in the context of prior relationships, such as comparing current romantic partners with past abusive relationships, the potential for intimacy may inherently be stifled. This failure to achieve intimacy can result in women selecting abusive partners in adulthood, as they may view all men as abusive and therefore are unable to discriminate between safe and unsafe romantic partners (Downs, 1993).

Distorted or limited views on intimacy may be derived from the stigmatization of early sexual activity (Maltz & Holman, 1987). Negative sexual labels may become part of a girl's self-concept that may affect her relationships with peers (DiLillo & Damashek, 2003; Finkelhor & Browne, 1986). A young girl may confuse sexual activity with intimacy and may avoid or resist the development of emotional intimacy in romantic relationships in young adulthood (Downs, 1993). Viewing romantic relationships as only offering sexual intimacy may lead to a failure to recognize the nonsexual aspects of intimacy such as disclosure, communication, emotional support, and companionship (Downs, 1993; Larson & Lamont, 2005).

Difficulties with interpersonal trust are thought to contribute to the overall dissatisfaction with relational partners expressed by CSA survivors (DiLillo, 2001). Sexual abuse may weaken a child's ability and willingness to trust and feel safe around close significant others, resulting in persistent insecurity, suspiciousness, and distrust in adult relationships (Cole & Putman, 1992). The betrayal of trust of an innocent child by a

sexual perpetrator- often a person the child knows and cares about, may contribute to the lasting difficulties of trusting others and feeling safe in adult relationships (Finkelhor & Browne, 1985; Heftner, 2009). In a 1994 survey conducted by Mullen et al., women with a history of CSA had significant problems confiding in others and discussing personal issues and concerns with romantic partners, indicating survivors place significantly less emotional trust and confidence in their friends and romantic partners. These women did not feel others could be relied on for help, safety, and other important supportive behaviors.

The “conspiracy of silence” that surrounds CSA is another significant aspect of CSA that may affect the ability of a survivor of CSA to be comfortable communicating and discussing important topics of interest with others (Butler, 1978; Simon et al., 2010). The feelings of inferiority, shame, and stigmatization that envelopes CSA due to the code of silence CSA victims adopt (Finkelhor, 1988; Rawlins, 1992) may stifle the development of direct, open, and honest communication patterns with significant others. In Mullen’s (1994) study, 23% of women with CSA histories reported they never experienced open and honest communication with their romantic partner, compared to 6% of the control women.

Women with a history of CSA may hold dysfunctional beliefs about women, and mistrust the capacity of women to be trustworthy and supportive (Herman, 1981). Women are generally more demanding of a romantic partner than a platonic same sex friend (Sprecher & Regan, 2002). Sprecher (2002) hypothesized this to be a function of the priority romantic relationships receive in contemporary society and the importance that the romantic relationship provides the full constellation of ideal traits. Women with a

history of CSA, however, are said to experience intense ambivalence expressed as mistrust, idealization, devaluation, and disillusionment toward men and romantic relationships (DiLillo, 2001). College women with CSA histories have reported lower satisfaction in their committed relationships compared to women without a history of CSA (DiLillo & Long, 1999; Larson & Lamont, 2005), and in a random sample of 2250 CSA survivors, women reported low satisfaction and perceptions of low caring and high control from their romantic partners (Mullen et al., 1994).

CSA survivors also report a paradoxical gender bias in favor of men. Given that more than 90% of CSA perpetrators are men (Douglas & Finklehor, 2005), findings that survivors prefer men to women may seem counterintuitive. These women tend to idolize and value male relationships while holding intense feelings of anger and resentment toward women. Herman's (1981) investigation found CSA survivors experienced more anger and hostility toward their mother than toward the male perpetrator. Additionally, 49% of CSA survivors "disparaged women" while 39% reported anger toward them. The reports of anger toward women in general may become more understandable when considered that many survivors felt betrayal and resentment toward their mothers for not protecting them from an abusive father or male perpetrator (Herman, 1981; McAlpine & Shanks, 2010).

Reported dissatisfaction with the mother-daughter relationship in women with a history of CSA has led researchers to examine the kinds of interactions these women have with other women (Adams & Bukowski, 2007; Lubell & Peterson, 1998; McAlpine & Shanks, 2010). The absence of female friendships in the lives of women with a history of CSA due to strong feelings of anger, mistrust, and a general devaluation of women has

been commented on by several authors (Courtois, 1988; Herman, 1981; Herman & Schatzow, 1984). Women with a history of CSA are reported to prefer men over women possibly due to their father's privileged position in the household, and resent women for their powerlessness to control their father's demands (Herman, 1981). Herman, in her 1981 study, noted the mother-daughter relationships of CSA survivors are often marked by frank and open hostility. In many cases, daughters reported no caring or tenderness from their mothers at any point in their childhood (Herman, 1981). Consistent evidence of strained mother-daughter relations comes from a study finding that women with CSA differed significantly from controls across all five subscales of a measure which assessed the mother-daughter relationship (Lubell & Peterson, 1998). On this measure, the survivors reported less intimacy, more conflict, less satisfaction, less compatibility, and little assurance from their mothers in their mother-daughter relationship. These women also spent less time with their mothers than controls, and would have preferred even less interaction than they had.

Limitations

A large amount of research is available investigating the effects of CSA in women; however, is important to note that CSA studies are often characterized by one or more methodological constraints that limit the conclusions that can be drawn about the long-term interpersonal outcomes associated with CSA (DiLillo & Damashek, 2003; Fergusson et al., 2008; Fergusson & Mullen, 1999). First, an over-reliance on clinical and high-risk community samples used in CSA research may limit the generalizability and interpretation of study findings, and potentially overestimates the strength of associations between CSA and interpersonal outcomes. Second, it is common for women with a

history of CSA to have multiple traumas, yet many studies exclude women with traumas other than CSA (Green et al., 2000; Kaltman et al., 2005). Third, few studies have investigated CSA and interpersonal relationships directly, and those that have asked women to describe their current relationships which may not represent women's true feelings about important relationships.

The increasing realization in recent years that CSA is a prevalent social concern and endemic to our society has brought CSA considerable research focus. Women with CSA histories report social deficits more frequently than women without CSA histories. These women indicate they are dissatisfied with their current relationships, have few close friends, show less capacity for intimacy, and feel uncomfortable trusting and communicating with significant others. When matched on age, gender, and socioeconomic status to controls, CSA survivors show greater ambivalence toward men and romantic relationships while harboring more anger and resentment toward women. This study addresses these limitations and explores the relationship between CSA and interpersonal relationships preferences for best friends and romantic partners.

The Proposed Study

The purpose of this study is to provide a broader examination of the association between maladaptive interpersonal relationships and CSA by examining women's personality preferences for best friends and romantic partners. College women with and without a history of CSA were analyzed on current preferences for best female friends and romantic partners. In terms of the goals of the current study, the following hypotheses were examined with regard to women with a history of CSA:

1. Women with a history of CSA will exhibit less cohesive partner preferences for best friends and romantic partners as evidenced by greater total error variance than women without a history of CSA.
2. Women with a history of CSA will exhibit a greater distrust for women than for men as seen by more personality traits wished to be avoided for female best friends, compared to male romantic partners.
3. Scores on the Multidimensional Scale of Perceived Social Support (MSPSS) will moderate the factor structure for women with a history of CSA. Women with a history of CSA and higher MSPSS scores will have less error variance than women with a history of CSA and lower MSPSS scores.
4. Scores on the Attachment Strength Scale (AS) will moderate the factor structure for women with a history of CSA. Women with a history of CSA and higher AS scores will show more robust factor loadings than women with a history of CSA and lower AS scores.
5. Women with a history of CSA will have lower scores on the AS scales compared to controls.
6. Women with a history of CSA will have lower scores on the MSPSS scales compared to controls.

Method

Participants

The sample included 75 women enrolled in an introductory psychology course from the University of Dayton. In exchange for participation, the women earned credits necessary for successful completion of the course. The ages ranged from 18 to 24, with a mean age of 18.95 ($SD=1.03$). The sample was 82.7% Caucasian, 5.3% Asian, 2.7% African-American, 1.3% Hispanic, and 6.7% chose the option of “other.” Forty-four percent of the women were in their freshmen year at college, followed by 40% in their sophomore year, 12% in their junior year, and 4% in their senior year. The majority of women had been in a serious committed romantic relationship at some point in their life (76%), with 24% reporting they had never been in a serious committed romantic relationship. In terms of friendships, 62.7% of women reported having more female friends than male friends, 33.3% reported more male friends than female than female friends, and 4% had equal amounts of male and female friends. Most of the women, 94.7%, had a best friend. Of women with a best friend, 81.3% had a female best friend, and 10.7% had a male best friend.

Measures

Demographic Information. This form asked for basic demographic information necessary to provide a description of this study's sample (e.g., current age, education level). In addition, questions pertaining to participant's current relationships were included. These items include: Have you ever been in a committed romantic relationship?

In general, do you tend to have more male or female friends? Do you have a best friend? If yes, is your best friend male or female? The demographic questionnaire may be found in Appendix A.

Childhood Sexual Abuse Scale. The Childhood Sexual Abuse Scale (CSA) (Daigneault, Hébert, & McDuff, 2009) was created to determine participants' childhood sexual abuse history quickly with minimum emotional discomfort. One question asked women to circle "yes" or "no" to the question: "Have you ever experienced an instance of sexual assault defined as unwanted sexual touching, fondling, rape, and/or attempted rape?" If yes, they reported their age at onset for the first three sexual assaults. Those who reported an incident of sexual assault before age 18 were coded as "yes" on the CSA variable and those who reported no sexual assault in their lifetime or sexual assault when they were 18 years or older were coded as "no" on the CSA variable. For the current study, 10 women (13%) indicated they had experienced at least one instance of CSA, and 65 women (87%) answered they had never experienced an instance of CSA.

An additional variable assessed childhood sexual assault disclosure. Participants who reported experiencing a sexual assault were then asked if they disclosed the sexual assault, to whom they disclosed the assault, and how that person reacted upon learning of the sexual assault, for up to three separate sexual assault incidences. The CSA may be found in Appendix B.

Multidimensional Scale of Perceived Social Support. The MSPSS (Zimet, Sahlem, Zimet, & Farley, 1988) is a 12-item measure comprising two facets as used in this study—support from friends, and support from romantic partners. Respondents used a 7-point Likert scale, where 1= *very strongly disagree*, 2= *strongly disagree*, 3= *mildly*

disagree, 4= *neutral*, 5= *mildly agree*, 6= *strongly agree*, and 7= *very strongly agree*.

The global score was computed by averaging across all 12 items; the friends subscale was computed by averaging across items 1, 2, 5, 6, 7, 9, and 12; and the significant other subscale was computed by averaging across items 1, 2, 5, and 10. Scores ranged from 4.3 to 7, with higher scores indicating a greater degree of support. Items included statements such as, “There is a special person around when I am in need” and “I can count on my friends when things go wrong.” The MSPSS has been effective in identifying college students who are at high risk for depression and associated features of mental illness (Hefner, 2009). Using the MSPSS, Hefner (2009) found that college students with lower perceived social support, were more likely to experience mental health problems, including a six-fold risk of depressive symptoms relative to students with high quality social support. The reliability of the MSPSS was assessed for the current study. The Cronbach’s Alpha coefficient was .80 for the global scale, .86 for the best friend scale, and .88 for the romantic partner scale. The MSPSS items are located in Appendix C.

Attachment Strength. The Attachment Strength (AS) questionnaire (Haus & RoeckerPhelps, 2006) is a 16-item self-report measure that assesses the strength of the best friend and romantic partner attachment relationship. Each item was rated on a 5-point Likert scale, where 1= *not at all*, 2= *slightly*, 3= *moderately*, 4= *very*, and 5= *extremely*. Scores ranged from 2 to 5, with higher scores indicating greater attachment strength. The average of the best friend and romantic partner subscales yielded the global attachment strength score. The first eight items comprised the best friend subscale and included questions such as, “How much do you like to spend time with your best friend?” and “How much are you able to always count on your best friend?” The second 8 items

comprised the romantic partner scale which was further divided into two separate forms: one for women in a current romantic relationship (Form A), and another form for women who were not in a current relationship (Form B). Form B asked women to rate their attachment strength to a previous romantic relationship or to a relationship they would wish to have. Items on romantic partner scale include questions such as, “How important (is it/was it/would it be) for you to regularly see//talk to your partner?” and “How often (do/did/would) you turn to your partner for comfort when feeling down?”

The reliability of the AS was assessed for the current study. The Cronbach’s Alpha coefficient was .81 for the global scale; .86 for the best friend scale; and .83 for the romantic partner global scale; .84 for the current romantic partner scale; and .83 for the past romantic partner scale. The AS scale may be found in Appendix D.

Q-Sort Methodology. Q-sort methodology is the primary methodology used in this study to explore the influence of CSA on interpersonal relationship preferences. The Q-sort methodology was designed by William Stephenson as a tool to measure individual subjectivity (Stephenson, 1953). As a measure of social behavior, Q-sort allows the researcher to better understand the behaviors of the individual by identifying the person’s subjectively held pattern of attitudes, values, and preferences. Q-sort proposes the rule of the single case (a participant) referenced to many characteristics (the statements) instead of referencing a single characteristic (i.e., interpersonal difficulties) to many people (i.e., women with a history of CSA). Measuring the relative significance of individual characteristics allows for an interpretative understanding of how a participant’s values, beliefs, and preferences influence their health and lifestyle.

The Q-Method employs a method of data collection, called a Q-sort, which is combined with factor analysis to discover individual points of view and preferences among participants (Webler et al., 2009). Following the Q-sort, a form of factor analysis is employed to find common patterns of responding which are identified as factors. Thus, in this study, the Q-Method allowed for exploration of differences in relationship preferences between women with and without a history of CSA that may help understand why women with a history of CSA are more vulnerable to later exploitation.

There are four steps involved when conducting a Q-Study. First, the construct of interest is carefully assessed and a set of qualitatively distinct statements that represent the construct are selected. The number of statements used is determined by the researcher and varies widely between studies. It is important that there are enough statements to adequately represent a wide range of opinions and attitudes concerning a topic without overwhelming and frustrating the participant. In order to develop a Q-set for the current study, a pilot study was first conducted to determine which adjectives/ personality traits would be best included in the final stack of forty personality traits for the proposed study. Eighty-four women taking an introductory psychology class at a small Midwestern university were asked to freely generate 15 adjectives they desired and wished to avoid in a best friend and romantic partner. A total of 60 adjectives between the four separate categories were generated from each participant. Participants' responses were then recoded according to the AB5C (Hofstee et al., 1992) in which 1200 adjectives were factor analyzed according a circumplex model of personality. The circumplex approach recognizes that many personality traits are blends of personality traits as opposed to

representations of pure traits, and therefore considers the top two factor loadings for each adjective analyzed.

Two undergraduate volunteers recoded the data and assigned a facet domain (the top two factor loadings) and facet label (the personality trait name) to each adjective. For responses that were ambiguous or not otherwise included in the AB5C (6% of responses), each rater assigned a facet domain and facet label that best described the ambiguous/missing term. Inter rater reliabilities were .97 using this approach. From here, 20 bipolar sets of adjectives with the greatest factor loadings and greatest frequency of response from the pilot study were chosen. Each adjective was considered a statement, and the statements were recoded from text to numbers alphabetically for analyses. Each statement and corresponding statement number was printed on an index card, comprising a Q-stack. The final set of adjectives (the Q-set) and corresponding statement numbers may be found in Appendix E.

Next, participants were asked to perform the Q-sort. To ensure a comparison between male and female relationships, women were asked to imagine their ideal best female friend, and their ideal male romantic partner, regardless of the sex of their past and/ or current relational partners. Participants then ordered the 40 statements along a continuum of least desired to most desired in an ideal female best friend, and an ideal male romantic partner according to how the statements best represented their thoughts on the issue. Participants placed the statements on a quasi-normal distribution grid ($M=0$; $SD=2.74$) which allowed for comparison and participants were encouraged to rearrange the statements as necessary. The distribution grid was created on a 24 inch by 18 inch

poster board, which was placed flat on a table to allow for easy viewing. A model of the distribution grid may be found in Appendix F.

The completed Q-sorts were then entered into the PQ-Method computer program for factor analysis. This program is a shareware resource for researchers conducting Q-studies and may be downloaded for free from the Q-Method website (Q method; <http://www.rz.unibw-muenchen.de/p41bsmk/qmethod/>). In Q-Method analyses, commonalities in the way participants responded emerged from analysis as factors. Factors with eigenvalues above 1 were considered statistically significant and kept for further analyses and interpretation. Each retained factor was later delineated in the output file with z-scores listed for each statement within the current factor. Z-scores above absolute 1 were considered salient terms (Brown, 1980), with z-scores above 1 indicating the traits most desired, and z-scores below -1 indicating the traits least desired. Error variance differences between factors were considered significant if the different percentage of explained error variance exceeded a 5% standard error rate. Lastly, the results and factor patterns were interpreted, described, and discussed.

Procedure

Data was collected individually in a private and quiet lab room. Participants completed the Biographical Data, CSA, MSPSS, and AS questionnaires. These measures were administered in a packet along with the Q-sort instructions. The order of the measures was randomized using a Latin Square order with four rotation procedure. For the Q-sort, participants completed two sorts, one for best friends and one for romantic partners. All participants were asked to imagine a best female friend and a male romantic partner, regardless of the gender of their current/past/preferred best friend and romantic

partner. Half of the participants sorted for best friend preferences first, and the other half sorted for romantic partner preferences first. Forty Q-sort cards, each with a personality trait printed on one side, were given to the participant. The participant first sorted the 40 cards into two piles: Desire in an ideal female best friend (or male romantic partner), and avoid in an ideal female best friend (or male romantic partner). Participants then placed the cards on a large grid from most to least desired. After the participant was satisfied each card was placed/ ranked appropriately, the participant alerted the researcher who recorded the results. Participants used the same 40 cards for each sort. The Q-sorts were completed at the beginning of each session, followed by the questionnaire measures. Upon completion of the six measures, the participant was debriefed, thanked, and awarded class credit.

Results

Preliminary Analyses

The percentages and frequencies for the nominal and ordinal variables are summarized in Table 1. To assess for restriction of range and ensure adequate internal consistencies, the means, standard deviations, ranges, and alphas were computed for the continuous variables and are summarized in Table 2. Frequencies were conducted for each level of the criterion variable (i.e. history of CSA and control) and demographic variables to assess for the possibility of any confounding variables. The majority of women were 19 years old (CSA: N=5, percentage= 50%; Control: N=28, percentage= 43%) a freshman in college (CSA: N=5, percentage= 50%; Control: N=28, percentage= 43%), and described their race as white (CSA: N=7, percentage= 70%; Control: N=55, percentage= 85%). The full summary of these results are also listed in Table 1.

CSA Sample Description

A total of 10 women had a history of at least one CSA experience (13.3%). Participant's age at first sexual assault ranged from age 6 to 17, with a mean of 12.5 (SD=4.09). Three women reported a second experience of CSA with a mean age of 12.67 (SD=3.06), and one woman reported a third experience of CSA at age 17. The perpetrator at first sexual assault was most often a family member (n= 5); although boyfriends (n=1), ex-boyfriends (n=1), friends (n=1), strangers (n=1), and doctors (n=1), were also indicated as primary perpetrators. Descriptive statistics of the CSA data are located in Table 3.

Table 1

Descriptive Statistics for Nominal and Ordinal Level Study Measures

Variable	Total Sample Frequency (%)	CSA Frequency (%)	Control Frequency (%)
Age			
18	27 (36%)	3 (30%)	24(37%)
19	33 (44%)	5 (50%)	28 (43%)
20	10 (13%)	2 (20%)	8 (12%)
21	4 (5%)	-	4 (6%)
24	1 (1%)	-	1 (2%)
Year in school			
Fresh.	33 (44%)	5 (50%)	28 (43%)
Soph.	30 (40%)	3 (30%)	27 (12%)
Junior	9 (12%)	2 (20%)	7 (11%)
Senior	3 (4%)	-	3 (5%)
Race			
Asian	4 (5%)	1 (10%)	3 (5%)
Af.-Am.	2 (3%)	1 (10%)	1 (2%)
Hispanic	1 (1%)	-	1 (2%)
White	62 (84%)	7 (70%)	55 (85%)
Other	5 (7%)	1 (10%)	4 (6%)
Hist. of commit. roman. relat.			
Yes	57 (76%)	10 (100%)	47 (72%)
No	18 (24%)	-	18 (28%)
Best friend			
Yes	71 (95%)	10 (100%)	61 (94%)
No	4 (5%)	-	4 (6%)
Best friend sex			
Male	8 (11%)	3 (30%)	5 (8%)
Female	61 (81%)	7 (70%)	54 (83%)
None	6 (8%)	-	6 (9%)

Table 2

Descriptive Statistics for Continuous Study Measures

Variables	Mean	SD	Min-Max
MSPSS			
Global	6.12	.68	4.33-7
Best friend	6.15	.68	4.14-7
Romantic partner	6.20	.93	2.25-7
AS			
Global	4.02	.41	3.19-4.94
Best friend	4.14	.68	4.14-7
Romantic partner Global	4.04	.60	2-5
Current romantic partner	4.14	.52	3-4.88
Past romantic partner	3.93	.54	2.63-4.88

Table 3

CSA Descriptive Statistics

Variable	First CSA N= 10 Frequency (%)	Second CSA N= 3 Frequency (%)	Third CSA N= 1 Frequency (%)
Age			
6-8	3 (30%)	-	-
9-11	-	1 (33%)	-
12-14	2 (20%)	1 (33%)	-
15-17	5 (50%)	1 (33%)	1 (100%)
Perpetrator			
Family member	5 (50%)	1 (33%)	-
Friend	1 (10%)	2 (67%)	1 (100%)
Romantic Partner	2 (20%)	-	-
Stranger	1 (10%)	-	-
Doctor	1 (10%)	-	-
Occurrence			
Once	7 (70%)	1 (33%)	1 (100%)
More than once	3 (30%)	2 (67%)	-
Disclosure			
Yes	9 (90%)	2 (68%)	1 (100%)
No	1 (10%)	1 (33%)	-
Relationship to confidant			
Mother	4 (40%)	-	-
Father	2 (20%)	1 (33%)	-
Other adult	1 (10%)	-	-
Sibling	3 (30%)	-	-
Friend	4 (40%)	1 (33%)	1 (100%)

Hypothesis 1

The first hypothesis stated that women with a history of CSA would show more collective error variance in their Q-sorts for best friends and romantic partners than the control group. Regarding best friends, it was expected that women with a history of CSA would exhibit less cohesive partner preferences for best friends as evidenced through greater error variance than women without a history of CSA. Results found that women with a history of CSA had 4% more error variance than the control group. Factor analysis of the best friend Q-sorts identified 1 distinct sorting pattern used by women with a history of CSA with an observed eigenvalue of 8.10 which accounted for 80% of the variance. The Q-sorts of the control group showed four distinct patterns of responding with a total explained variance of 84%, with observed eigenvalues of 50.29, 1.71, 1.30, and 1.08 accounting for 77, 3, 2, and 2 percent of variance, respectively. Thus, anticipated results were not obtained, given that a 4% difference does not exceed the standard 5% error rate frequently used in psychological research. The factor characteristics for best friend preferences between the women with a history of CSA and the control group can be found in Table 4, Table 5, and Table 6.

It was also expected that women with a history of CSA would exhibit less cohesive partner preferences for romantic partners as evidenced through greater error variance than women without a history of CSA. Women with a history of CSA showed one significant factor loading with an eigenvalue of 7.56 which accounted for 76 percent of the variance. The Q-sorts of the control group showed three distinct patterns of responding with observed eigenvalues of 50.29, 1.71, and 1.30, accounting for 72, 3, and 2 percent of variance respectively. A similar general factor was found for both CSA and

Table 4

Factor Characteristics for Best Friend Preferences of Women with a History of CSA

Factors	Factor 1	z-score
Total Sorts (n)	10	-
Eigenvalue	8.10	-
% of expl. Var.	80	-
Term		
Most desired		
	loving	1.74
	dependable	1.73
	loyal	1.72
	friendly	1.39
	kind	1.24
	confident	1.11
	communicative	1.06
	generous	1.04
Least desired		
	abusive	-1.91
	cruel	-1.73
	undependable	-1.38
	selfish	-1.24
	unfriendly	-1.15
	jealous	-1.13
	bossy	-1.11
	insensitive	-1.02

Note: Mean= 0.00; SD= 2.74

Table 5

Factor Characteristics for Best Friend Preferences of the Control Group

Factors	Factor 1	Factor 2	Factor 3	Factor 4
Total Sorts (n)	65	65	65	65
Eigenvalues	50.29	1.71	1.30	1.08
% expl. Var.	77	3	2	2

Table 6

Factors and z-Scores for Best Friend Preferences of the Control Group

Factor 1 Term (z)	Factor 2 Term (z)	Factor 3 Term (z)	Factor 4 Term (z)
Most Desired			
loving (1.60)	adventur.(1.66)	friendly (1.82)	communi..(1.47)
loyal (1.56)	loyal (1.56)	generous (1.82)	uncompet. (1.46)
dependable (1.53)	talkative (1.36)	confident (1.46)	talkative (1.42)
communicat. (1.35)	confident (1.33)	kind (1.46)	loyal (1.27)
friendly (1.21)	intelligent (1.24)	loving (1.46)	ambitious (1.22)
kind (1.19)	dependable (1.22)		creative (1.21)
sensitive (1.16)	communicat.(1.20)		dependable (1.06)
unenvious (1.10)	ambitious (1.04)		generous (1.04)
adventurous (1.08)	competitive (1.02)		sensitive (1.02)
Least Desired			
abusive (-1.84)	cruel (-1.86)	selfish (-1.87)	abusive (-1.67)
cruel (-1.74)	abusive (-1.86)	jealous (-1.87)	undepen. (1.47)
selfish (-1.63)	dull (-1.54)	immature (-1.62)	cruel (-1.26)
bossy (-1.40)	selfish (-1.33)	lazy (-1.62)	unfriend. (-1.24)
undepend. (-1.23)	unintellig.(-1.32)	undepend.(-1.62)	unintell. (-1.22)
jealous (-1.19)	undepend.(-1.31)	reckless (-1.09)	shy (-1.21)
competitive (-1.09)	bossy (-1.03)	dull (-1.09)	unattract. (-1.21)
	uncompet. (-1.01)	insensitive (-1.09)	competet. (-1.21)
	uncommun.(-1.00)		insensit. (-1.06)
			sloppy (-1.06)
			uncommu.(-1.01)

Note: Mean= 0.00; SD= 2.74. Terms only occurring once are bolded.

control groups, with *loving, dependable, loyal, kind, friendly,* and *communicative* being highly desired. *Abusive, cruel, undependable,* and *selfish* were least desired with *abusive* and *cruel* highly salient in both groups. As such, the expected results were not obtained. The general factor accounting for the majority of the variance between both groups had a difference which was within the 5% error rate, and the combined percentage of explained variance between the sorts was nearly equal (CSA= 76% explained variance; Control= 77% explained variance). These results are summarized in Table 7, Table 8, and Table 9.

Hypothesis 2

The second hypothesis proposed that women with a history of CSA would exhibit more distrust for female best friends than for male romantic partners. This was indicated by a higher frequency of significant z-scores (e.g., those with z-score equal to or less than -1) for the best friend sort compared to the romantic partner sort, thus providing evidence of a more cohesive pattern of responding for qualities wished to avoid in a best friend. Support for this hypothesis was obtained.

Women with a history of CSA showed one distinct factor within each sort (Table 5 and Table 6) and identified eight statistically significant terms they wished to avoid in a best friend compared to six statistically significant terms they wished to avoid in a romantic partner. Four terms were identified as equally undesired in a best friend and a romantic partner: *abusive, cruel, undependable,* and *selfish*. *Unfriendly* ($z=-1.15$), *jealous* ($z=-1.13$), and *insensitive* ($z=-1.02$) were identified as undesired for best friends only. *Unintelligent* ($z= -1.16$) was undesired for romantic partners only. These results are summarized in Table 10.

Table 7

Factor Characteristics for Romantic Partner Preferences of Women with CSA

Factors	Factor 1	Z-score
Total Sorts (n)	10	-
Eigenvalue	7.56	-
% of expl. Var.	76	-
<hr/>		
Term		
Most desired		
loving		1.85
dependable		1.67
loyal		1.42
intelligent		1.23
ambitious		1.17
confident		1.13
kind		1.10
friendly		1.08
attractive		1.04
communicative		1.03
Least desired		
abusive		-1.98
cruel		-1.83
undependable		-1.22
selfish		-1.21
bossy		-1.17
unintelligent		-1.16

Note: Mean= 0.00; SD= 2.74

Table 8

Factor Characteristics for Romantic Partner Preferences of the Control Group

Factors	Factor 1	Factor 2	Factor 3
Total Sorts (n)	65	65	65
Eigenvalues	50.29	1.71	1.30
% expl. Var.	72	3	2

Table 9

Factors and z-Scores for Romantic Partner Preferences of the Control Group

	Factor 1 Term (z)	Factor 2 Term (z)	Factor 3 Term (z)
Most Desired	loving (1.94) loyal (1.60) kind (1.45) friendly (1.31) adventurous (1.21) generous (1.13) dependable (1.07) communicative (1.01)	attractive (1.56) intelligent (1.52) confident (1.50) loving (1.37) ambitious (1.34) dependable (1.26) competitive (1.25) loyal (1.21)	dependable (1.81) loving (1.75) loyal (1.68) communicative (1.40) kind (1.21) neat (1.13) intelligent (1.00)
Least Desired	abusive (-1.97) cruel (-1.76) selfish (-1.47) lazy (-1.32) undependable (-1.25) jealous (-1.18)	dull (-1.51) cruel (-1.48) unintelligent (-1.39) abusive (-1.32) unattractive (-1.19) uncommunicative (-1.67) selfish (-1.08) insensitive (-1.07)	abusive (-1.99) cruel (-1.91) flirtatious (-1.50) reckless (-1.21) selfish (-1.20) undependable (-1.18)

Note: Mean= 0.00; SD= 2.74. Terms only occurring once are bolded.

Table 10

Factors and z-Scores for Best Friend and Romantic Partner Preferences in Women with a History of CSA

Best Friend Avoid Factor 1	z-score	Romantic Partner Avoid Factor 1	z-score
abusive	-1.91	abusive	-1.98
cruel	-1.72	cruel	-1.83
undependable	-1.38	undependable	-1.22
selfish	-1.23	selfish	-1.21
unfriendly	-1.14	bossy	-1.17
jealous	-1.12	unintelligent	-1.16
bossy	-1.10		
insensitive	-1.01		

Note: Mean= 0.00; SD= 2.74. Terms only occurring once are bolded.

Hypothesis 3

It was hypothesized that women with a history of CSA and high perceived social support would show less error variance in the best friend and romantic partner sorts compared to women with a history of CSA and low perceived social support score. Thus, women with a history of CSA and low perceived support were hypothesized to show more error variance for both the best friend and romantic partner sorts than women with a history of CSA and higher perceived support. A median split of the MSPSS global scores for women with a history of CSA resulted in two groups (e.g., high and low) of $n=5$. The low perceived support group had a mean MSPSS score of 5.18 ($SD= .397$) with a range of 4.58-5.58. The high perceived support group had a mean MSPSS score of 6.60 ($SD= .180$) with a range of 6.33-6.83. The descriptive statistics for the MSPSS median split are summarized in Table 11.

Women with low perceived social support (eigenvalue = 4.18; percentage of explained variance = 84%) generated similar factor characteristics for best friend preferences as women with high perceived social support (eigenvalue= 4.15; percentage of explained variance = 83%). Romantic partner preferences were more distinct between the high and low perceived support groups; however, the moderation was in the opposite direction than expected. Women with a history of CSA and low perceived support generated a general factor that accounted for a greater amount of the variance (85%) among the low perceived support group compared to the high perceived support group (74%).

Table 11

Descriptive Statistics and Factor Characteristics of High and Low Perceived Support

Factors	Low Perceived Support	High Perceived Support
MSPSS		
N	5	5
Mean	5.18	6.60
SD	.397	.180
Range	4.58-5.58	6.33-6.83
Best Friend Preferences		
Total Sorts (n)	5	5
Eigenvalue	4.18	4.15
% expl. Var.	84%	83%
Romantic Partner Preferences		
Total Sorts (n)	5	5
Eigenvalues	4.25	3.69
% expl. Var.	85%	74%

Thus, support for the hypothesis that high and low levels of perceived social support would moderate the factor structure for best friend and romantic partner preferences was obtained, however, the moderation was in the opposite direction than expected. Both groups had loadings on one general factor and the eigenvalues were nearly equal between the two groups within the best friend sorts. The low perceived support group had a greater percentage of explained variance than the higher perceived support group. These results are summarized with the MSPSS median split descriptive statistics in Table 11.

Hypothesis 4

It was also hypothesized that global scores on the AS would moderate the factor structure for women with a history of CSA. Among those with a history of CSA, women with higher AS scores were expected to show a more robust factor structure than women with lower AS scores. Thus, women with a history of CSA and low attachment strength were hypothesized to generate a lower eigenvalue than those with high attachment strength for both the best friend and romantic partner sorts. A median split of the AS global scores for women with a history of CSA resulted in two groups of $n=5$. The low attachment strength group had a mean AS score of 3.51 ($SD= .247$) with a range of 3.19-3.88. The high attachment strength group had a mean AS score of 4.20 ($SD= .255$) with a range of 3.94-4.50. The descriptive statistics for the AS median split are summarized in Table 12.

The anticipated results were obtained for both best friend and romantic partner preferences. Women with low attachment strength generated more error variance on the best friend sort (eigenvalue= 3.82, percentage of explained variance = 77%) than women

Table 12

Descriptive Statistics and Factor Characteristics of High and Low Attachment Strength

Factors	Low Attachment Strength	High Attachment Strength
AS		
N	5	5
Mean	3.51	4.20
SD	.24	.26
Range	3.19-3.88	3.94-4.50
Best Friend Preferences		
Total Sorts (n)	5	5
Eigenvalue	3.82	4.30
% expl. Var.	77%	86%
Romantic Partner Preferences		
Total Sorts (n)	5	5
Eigenvalues	3.71	4.18
% expl. Var.	74%	84%

with high attachment strength (percentage of explained variance= 86%). Women with low attachment strength also had greater error variance on the romantic partner sort (percentage of explained variance= 74%), than women with high attachment strength (percentage of explained variance= 84%). These results are summarized in Table 13.

Hypothesis 5

Women with a history of CSA were hypothesized to have lower scores on the AS scales compared to women without a history of CSA. A one-way ANOVA was conducted between the CSA variable (the IV) and the AS global, AS best friend, and AS romantic partner global scale variables (the DVs). The hypothesized results were not obtained. The AS global, $F(1,74) = 2.01, p = .16$, AS best friend, $F(1,74) = .289, p = .592$, and AS romantic partner scales, $F(1,74) = .003, p = .955$, failed to reach significance. An additional one-way ANOVA was conducted between the AS romantic partner subscales (the DVs), and the CSA variable (the IV), in that only women who were currently dating ($N=29$), and not currently dating ($N= 45$) were compared on the criterion variable. Results found a main effect for CSA with respect to the AS romantic partner (not currently dating) scale, $F(1,43) = 4.70, p = .036$. Women with a history of CSA who were not currently dating ($n= 6$) scored significantly lower on attachment strength to romantic partners ($M=3.50, SD= .617$) than controls ($n=39$) who were not currently dating ($M= 3.99, SD= .508$). The descriptive statistics and ANOVA results for the AS scales may be found in Table 13.

Table 13

Descriptive Statistics and ANOVA Summary for the AS and MSPSS Scales on the Criterion Variable

Variable	N	Mean	SD	Range	F	Significance
AS Global					2.01	.16
CSA	10	3.85	.43	3.19-4.50	-	-
Control	65	4.05	.41	3.19-4.94	-	-
AS Best Friend					.289	.592
CSA	10	3.95	.71	2.50-5.00	-	-
Control	64	4.05	.57	2.00-5.00	-	-
AS Romantic Partner					1.54	.115
CSA	10	3.76	.60	2.63-4.50	-	-
Control	64	4.05	.52	2.63-4.88	-	-
MSPSS Global					1.29	.259
CSA	10	5.89	.80	4.58-6.83	-	-
Control	65	6.15	.66	4.33-7.00	-	-
MSPSS Best Friend					.580	.449
CSA	10	6.00	.87	4.14-7.00	-	-
Control	65	6.17	.65	4.57-7.00	-	-
MSPSS Romantic Partner					.000	.995
CSA	10	6.20	.75	5.00-7.00	-	-
Control	65	6.20	.96	2.25-7.00	-	-
AS Romantic Partner Currently Dating					.003	.955
CSA	4	4.15	.34	3.75-4.50	-	-
Control	25	4.14	.55	3.00-4.88	-	-
AS Romantic Partner Not Currently Dating					4.70	.036*
CSA	6	3.50	.61	2.63-4.2	-	-
Control	39	3.99	.51	2.88-4.88	-	-

Note: *indicates significance at $p < .05$

Hypothesis 6

Women with a history of CSA were hypothesized to have lower scores on the MSPSS scales compared to women without a history of CSA. The expected results were not obtained. A one-way ANOVA was conducted with the CSA variable (CSA=10, control=65) entered as the factor and the MSPSS global, MSPSS best friend, and MSPSS romantic partner scales entered into the dependent list. Contrary to prediction, women with a history of CSA ($M=5.89$, $SD=.801$) did not show a difference from controls ($M=6.15$, $SD=.661$) on the MSPSS global scale, $F(1,74) = 1.29$, $p = .26$. The MSPSS best friend, $F(1,74) = .580$, $p = .449$, and MSPSS romantic partner, $F(1,74) = .000$, $p = .96$, also failed to show significance. The descriptive statistics for the MSPSS scales and the ANOVA results for the MSPSS scales are located in Table 13.

Discussion

First, it is important to address the small sample size of the CSA group and the unequal sizes between the women with a history of CSA and the controls. Given the time constraints of this study, a low base rate for CSA, and the possibility that some women may have self-selected out of the study given the sensitive subject matter, a very small number of participants with a history of CSA were obtained. This may have contributed to the failure to find significance in many of the statistical tests due to low power and may limit the generalizability of the results. Thus, caution should be used when interpreting the results of this study. Future researchers may wish to replicate this study with a larger sample of women with a history of CSA and equal sample sizes.

Overview

The purpose of this study was to provide a broader examination of the association between maladaptive interpersonal relationships and CSA by examining women's personality preferences for best friends and romantic partners. The data clearly show a general consensus (i.e. a specific set of personality traits) exists for the qualities desired and undesired in a best female friend and male romantic partner in women with and without a history of CSA. It was expected that women with a history of CSA would show a lesser degree of cohesion within their sorts compared to controls; however, the results of these analyses were not supported. There were, however, several specific personality traits the control group desired in a relational partner (e.g. *generous*;

communicative), that were not desired by women with a history of CSA. This implies that a close examination of the individual terms represented within the general factors may provide possible perspectives on how women with a history of CSA differ from women without a history of CSA in regards to their relationships and offer a more cohesive understanding of the topic.

Relational Partner Preferences

Sprecher and Regan (2002) have reported that women with high self-esteem and positive evaluations of themselves also have higher standards for their relational partners. Over time, women construct an image of their attractiveness and usefulness as a relational partner, and these images influence their social interactions (Adam & Bukowski, 2007; Murstein, 1976; Simon et al., 2010). Women with a history of CSA, however, are disadvantaged in this area. CSA is associated with low self-esteem and feelings of inadequacy which negatively impact one's social experiences (Miller et al., 1987). Therefore, it was expected that women with a history of CSA would collectively show less unified partner preferences than women without a history of CSA; however, both groups showed a comparable degree of cohesion in their preferences. One explanation for the failure to find significance could be that the differences between women with and without a history of CSA are not as great as their similarities. For example, acceptance, trust, and enjoyment have been attributed to satisfying friendships and romantic relationships and personality characteristics such as warmth and kindness are equally desired in both types of relational partners (Sprecher & Regan, 2002). These desired personality attributes and relational values were also evident in this study, as

women with a history of CSA and controls both overwhelming agreed best friends who were *loving, dependable, loyal, friendly, kind, and communicative* were highly desirable.

A qualitative difference between women with a history of CSA and controls was seen within the domain of support, as indicated by the term *generosity*, a word defined as one who gives freely of themselves without asking for anything in return (<http://dictionary.reference.com/browse/generosity>). Women with a history of CSA did not indicate a desire for *generosity* in a romantic partner; however, the control group indicated a strong preference for *generosity* in a romantic partner. This finding may provide an interesting link between the association between CSA and revictimization in that if a woman does not actively pursue a generous romantic partner, they may unwittingly find themselves accepting of a romantic partner who possesses the opposite traits, such as meanness, jealousy, and selfishness (thesaurus.com/browse/generous), or with an otherwise exploitative romantic partner (Shelby & Lohman, 2007). Future research should investigate more closely if a lack of desire for a generous romantic partner characterizes CSA victims who are inordinately vulnerable to revictimization.

Also interesting was the sorting patterns between the two groups of women. Women with a history of CSA and controls both showed one overall sorting pattern for qualities desired in both a best friend and a romantic partner. In addition to this general sorting pattern which accounted for the majority of the agreement, the control group showed three additional preferences for a best friend and two additional preferences for a romantic partner. For example, both groups indicated a general preference for a *loving, dependable, and friendly* best friend. The control group also exhibited additional preferences for a best friend who could be described as *athletic* (Factor 2), *responsible*

(Factor 3), and *artistic* (Factor 4). This may indicate that the control women are also likely to desire a best friend who matches their own personality and in whom they have common values and interests. The CSA group did not show this selectivity. This may provide insight into the assertion that women with a history of CSA are less likely to have friends in which they share common interests and engage in shared activities together (Lubell & Peterson, 1998; Savin-Williams & Berndt, 1990).

Perceived Social Support and Attachment Strength

It was expected that women with a history of CSA and higher scores of perceived social support would have more cohesive relational partner preferences than women with a history of CSA and lower scores of perceived social support. Women with history of CSA and higher MSPSS scores actually showed less cohesive preferences than women with lower MSPSS scores. This finding was seen in both the best friend and romantic partner sorts, and was most pronounced for the romantic partner sort. It may be that women with low perceived support from friends and romantic partners seek social support in other places. Thus, it could be true that the women in this study with low perceived support actually generate a greater percentage of their social support through the community and/or through service work, a support area not measured by the MSPSS (Kazarin & McCabe, 1991).

Another possibility for this finding could be in the ambiguous wording of the MSPSS. For example, the MSPSS does not specifically ask about a romantic partner, instead, this survey uses the phrase “special person” to assess perceived support from a romantic partner (e.g., There is a special person in my life who cares about my feelings). This wording may have been intentionally used for considering both heterosexual and

homosexual relationships; however, participants may have responded to another special person in their life, not a romantic partner as the MSPSS is not clear in what makes this person special. Although the items assessing perceived support from friendships is clear (e.g., I can count on my friends when things go wrong), participants may have responded with uncertainty to items asking about a “special person” and distorting the global score which was used for obtaining the high and low perceived support groups. Additionally, the MSPSS subscales for friends and romantic partners contain many overlapping items. This may explain the failure to find significance between CSA history and perceived social support for best friends and romantic partners.

Prior research has found women with a history of CSA have greater difficulties experiencing trust and intimacy in interpersonal relationships, both of which are important components to a securely attached relationship (Mullen, 1994; Downs, 1993). The AS questionnaire was used in this study to investigate whether attachment strength moderated the degree of cohesiveness found in relational partner preferences for women with a history of CSA. As expected, among women who experienced CSA, those with higher attachment strength were more unified in their preferences for a best friend and romantic partner compared to women with lower attachment strength. This finding is consistent with prior research which has found women who were more securely attached to their relational partners were more likely to describe their interpersonal relationships as more satisfying, trusting, and enjoyable than women who were less securely attached.

Limitations

There are several methodological limitations in this study that should be considered. The first limitation is this study’s inclusion of predominantly European-

American college students at a private institution for higher education, all of whom imagined a male romantic partner when performing their romantic partner sort. Sexual orientation data were not obtained.. Though all participants agreed to sort for a male romantic partner, this does not necessarily imply their sexual orientation was heterosexual. Consequently, it is unclear how relational partner preferences in women with a history of CSA may relate to women who are sexual minorities, ethnically diverse, not pursuing a college or higher education, or otherwise marginalized (Lewis, 2003). Consequently, the specific demographic characteristics and missing information (i.e., sexual orientation) from the sample may diminish the ability of these results to be generalized to the general population. For example, women with a history of CSA have been shown in many studies to identify their sexual orientation as homosexual (Brener, 1999; Classen, 2005; Kaltman et al., 2005; Wright & Scanlon, 1991). As a result, sexual orientation may relate to relational preferences in different ways for women with a homosexual orientation.

Second, most of the participants in this study were young emerging adults in which there are likely to be important changes in their relational preferences as they become further entrenched in adult social roles, and once outside the social context of college (Barry et al., 2009). Therefore, the relational partner preferences seen in the current study may be time sensitive and change considerably within a short amount of time, when these women graduate college and begin functioning as independent adults.

As described earlier, the unequal sample sizes between women with a history of CSA and controls may have significantly decreased the power of the results from the group of women who reported a history of CSA. There may have been differences

between the groups that were not produced due to the small and unequal sample size as well. Further, self-identification of CSA history was the sole basis for inclusion in the CSA category. Without independent confirmation of CSA exposure, this strategy is limited by memory biases and non-reporting.

Another potential area that may need further exploration is whether perpetrator gender may impact partner preferences, attachment strength, and perceived social support. Because the Childhood Sexual Abuse Scale was intended to assess for a history of CSA quickly and with minimal discomfort to the participant, the gender of the perpetrator was not formally assessed and to a large extent assumed to be male. For example, when participants identified their perpetrators as a friend or a relative, it was not known whether these individuals were men or women. This may be especially important within women who were abused as children when gender roles and gender identity are under development.

Summary and Future Directions

The increasing realization in recent years that CSA endemic to our society and has lasting negative effects on its victims has brought CSA considerable research focus (Adam & Bukowski, 2007; Anderson & Hiersteiner, 2008; Barry et al., 2009; Daigneaut & McDuff, 2009; Simon et al., 2010). Women with CSA histories report social deficits more frequently than women without CSA histories (Fergusson, 2008; Simon et al., 2010). Women with CSA histories also report they are dissatisfied with their current relationships, have few close friends, show less capacity for intimacy, and feel uncomfortable trusting and communicating with significant others (Anderson & Hiersteiner, 2008; DiLillo & Damashek, 2003; Heftner, 2009). Therefore, the purpose of

this study was to explore the interpersonal difficulties reported by women who have experienced CSA by investigating preferred characteristics for best female friends and male romantic partners. We were interested in the degree to which differences in relational preferences existed and whether attachment and perceived social support would moderate these preferences. We found both groups exhibited a similar degree of cohesion in their partner preferences, which did not appear modulated by type of relationship (i.e., best friend or romantic partner), but differed in the degree to which specific personality traits were desired. Women with a history of CSA displayed a relationship bias, with more ambiguity and less cohesion in their preferences for male romantic partners than with female best friends. This indicates that women may have less trust for female best friends than male romantic partners, and is consistent with findings from Herman's (1985) study that found women with a history of CSA reported suspicion, distrust, and felt unable to depend on women in general. Attachment strength moderated the degree of cohesion found in relational preferences for women with a history of CSA with higher attachment strength indicating greater cohesion, thus providing evidence that healthy attachment is important for adult relationships (Classen, 2005).

The sorting patterns between the two groups of women may highlight important differences in how women with a history of CSA choose relational partners that future researchers may wish to further explore. For example, women with a history of CSA only showed one sorting pattern for both the best friend and romantic partner sort, whereas women without history of CSA showed four and three sorting patterns, respectively. For example, beyond a general factor, control women also indicated a preference for a certain "type" of person that may match their own personal interests and lifestyle habits. Women

without history of CSA indicated a preference for three different types of best friends: artistic, athletic, and abstaining (e.g., avoids drugs, alcohol, & sex). Women without history of CSA also indicated a preference for a “Wall Street” type romantic partner (e.g., *attractive, ambitious, confident, and competitive*). This lends credibility to the assertion that women with a history of CSA may not be as selective as women without a history of CSA when choosing relational partners which may compromise the quality of intimacy and communication within these relationships.

Related to this lack of specificity, was the failure for the women with a history of CSA to desire generosity in a romantic partner. Generosity, defined as one who gives freely to others without expecting anything in return, may distinguish an abusive romantic partner from a benevolent romantic partner. For example, a romantic partner who is the opposite of generous may be selfish, greedy or otherwise exploitive of others. Future researchers may wish to further explore the reduced degree of specificity and lack of desire for generosity in relational partners, and how this may affect CSA survivors on outcome measures known to be associated with CSA, such as reduced social support and revictimization.

A strength of this study was its use of the Q-methodology which allowed for examination and assessment of the agreement women have toward important interpersonal relationships. Because this method is specifically designed to identify and quantify the degree to which attitudes are both similar and different between groups of people, the Q-method was well suited for examining the relational preferences between women with and without a history of CSA. Shemmings (2006) suggested that the strength of the Q-method comes from forcing participants to rank order statements into a quasi-

normal curve. This results in a better understanding of the collection of factors that make up a viewpoint due to the unique way in which the resulting matrixes are correlated and factor analyzed. Therefore, Q-methodology proves to be a suitable method for gaining insight into subjective choices, motivations, and values often accompanying complex issues (Baker, Thompson, & Mannion, 2006). Attitudes individuals have toward interpersonal relationships represent a complex issue consisting of diverse points of view, further demonstrating the appropriateness of Q-methodology for this study.

Although the current findings present some significant differences between women with and without a history of CSA and relational partner preferences, it is important to realize that there were also many similarities between both groups of women. As such, women with and without a history of CSA may share more in common with one another than some researchers may initially believe. Future research may wish to focus on operationally defining the personality traits that were preferred only by women with a history of CSA and/or women without a history of CSA, to determine how these qualities should be defined and what they mean to women systematically so they can be examined more conclusively. This study also investigated the role of attachment strength and perceived social support on CSA as moderators for women's relational preferences; however, other constructs known to be associated with early trauma such as depression, personality disorders, and substance abuse (Adam & Bukowski, 2007; Brener et al., 1999; DiLillo, 1992; Fergusson et al., 2008) were not included in this study, and may have revealed a greater understanding of the factors that moderate women's relational partner preferences. Researchers may wish to include these factors in future studies examining interpersonal relationships and CSA. Additionally, future scholars may

also wish to examine how CSA and relational partner preferences are related to close relationships in the latter half of emerging adulthood to determine what extent relational partner preferences change throughout the lifespan.

References

- Adams, R.G., Blieszne, R., & De Vries, B. (2000). Definitions of friendship in the third age: Age, gender, and study location effects. *Journal of Aging Studies, 14*(1), 117-134.
- Adams, R. E., & Bukowski, W. M. (2007). Relationships with mothers and peers moderate the association between childhood sexual abuse and anxiety disorders. *Child Abuse & Neglect, 31*(6), 645-656.
- American Medical Association (1992). *Diagnostic and Treatment Guidelines on Child Sexual Abuse*. Chicago, IL.
- Anderson, K. M., & Hiersteiner, C. (2008). Recovering from childhood sexual abuse: Is a “storybook ending” possible? *American Journal of Family Therapy, 36*(5), 413-424.
- Barry, C. M., Madsen, S.D., Nelson, L. J., Carroll, S. B., & Badger, S. (2009). Friendship and romantic relationship qualities in emerging adulthood: differential associations with identity development and achieved adulthood criteria. *Journal of Adult Development, 16*, 209-222.
- Bank, B. J. (1995). Friendships in Australia and the United States: From feminization to a more heroic image. *Gender and Society, 9*, 79- 98.
- Berndt, T. (1999). Friendship and friends’ influence in adolescence. *Current Directions in Psychological Science, 1*(5), 156-159.

- Brener, N. D., McMahon, P. M., Warren, C. W., & Douglas, K. A. (1999). Forced sexual intercourse and associated health-risk behaviors among female college students in the United States. *Journal of Consulting and Clinical Psychology, 67*, 252-259.
- Brown, S. (1980). *Political subjectivity: Applications of Q methodology to political science*. New Haven, CT: Yale University Press.
- Canty-Mitchell, J., & Zimet, G. D. (2000). Psychometric properties of the multidimensional scale of perceived social support in urban adolescents. *American Journal of Community Psychology, 28*, 391-401.
- Classen, C. C., Palesh, O. G., & Aggarwal, R. (2005). Sexual revictimization: A review of the empirical literature. *Trauma, Violence, and Abuse, 6*(2), 103–129.
- Courtois, C.A. (1988). *Healing the incest wound: Adult survivors in therapy*. New York: Norton.
- Cross, R. (2005, Apr). Exploring attitudes: The case for Q methodology. *Health Education Research, 20*(2), 206-213.
- Daigneault I. & McDuff, H. P. (2009). Men's and women's childhood sexual abuse and victimization in adult partner relationships: A study of risk factors. *Child Abuse & Neglect, 33*, 638-647.
- DiLillo, D. (2001). Interpersonal functioning among women reporting a history of sexual abuse: empirical findings and methodological issues. *Clinical Psychology Review, 21*(4), 553-576.
- DiLillo, D., Damashek, A. (2003). Parenting characteristics of women reporting a history of childhood sexual abuse. *Child Maltreatment 8*, 319–333

- DeLillo, D., & Long, P.J. (1999). Perceptions of couple functioning among female survivors of child sexual abuse. *Journal of Child Sexual Abuse*, 7, 59-76.
- Downs, W. R. (1993). Developmental considerations for the effects of childhood sexual abuse. *Journal of Interpersonal Violence*, 8(3), 331-345.
- Downs, W. R., & Doueck, H. J. (1991). *A three-dimensional framework for teaching human behavior in the social environment: The HBSE cube*. Paper presented at the Annual Meeting of the Council on Social Work Education, New Orleans, LA.
- Fergusson, D. M., Boden, J.M., Horwood, L.J.(2008). Exposure to childhood sexual and physical abuse and adjustment in early adulthood. *Child Abuse and Neglect* 32, 607–619.
- Fergusson, D.M., Mullen, P. E. (1999). *Childhood Sexual Abuse: An Evidenced-Based Perspective*. Sage: Thousand Oaks.
- Finkelhor, D., & Browne, A. (1986). *Initial and long-term effects: A conceptual framework*. In D. Finkelhor (Ed.), *A sourcebook on childhood sexual abuse* (pp. 180-198). Beverly Hills, CA: Sage.
- Furman, W., & Buhrmester, D. (1992). Age and sex differences in perceptions of networks of personal relationships. *Child Development*, 63,103–115.
- Gelinas, D. (1983). The persisting negative effects of incest. *Psychiatry*, 46, 312-332.
- Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.
- Green, B. L., Goodman, L.A., Krupnick, J.L., Corcoran, C.B., Petty, R.M., Stockton, P., & Stern, N.M. (2005). Outcomes of single versus multiple trauma exposure in a screening sample. *Journal of Traumatic Stress*, 13, 271-286.

- Hartup, W. W., & Stevens, N. (1997). Friendships and adaptation in the life course. *Psychological Bulletin, 121*, 355–370.
- Hefner (2009). Social support and mental health among college students. *American Journal of Orthopsychiatry, 79* (4), 491-499.
- Herman, J. L. (1981). *Father-daughter incest*. Cambridge, MA: Harvard University Press.
- Herman, J. L., & Schatzow, E. (1984). Time limited group therapy for women with a history of incest. *International Journal of Group Psychotherapy, 34*, 605-616.
- Kaltman, S., Krupnick, J., Stockton, P., Hooper, L., & Green, B. L. (2005). Psychological impact of types of sexual trauma among college women. *Journal of Traumatic Stress, 18*(5), 2005.
- Kazarian, S. S., & McCabe, S. B. (1991). Dimensions of social support in the MSPSS: Factorial structure, reliability, and theoretical implications. *Journal of Community Psychology, 19*(2), 150-160.
- Klooster, P.M., Martin, M., De Jong, M. T. (2008). Comparing two image research instruments: The Q-sort method versus the Likert attitude questionnaire. *Food Quality and Preference, 19*(5), 511-518
- Knickmeyer, N., Sexton, K., & Nishimura, N. (2002). The impact of same-sex friendships on the well-being of women. *Women & Therapy, 25*(1), 37-57.
- Larson, J. H., & Lamont, C. (2005). The relationship of childhood sexual abuse to the marital attitudes and readiness for marriage of single young adult women. *Journal of Family Issues, 26*(4), 415-430

- Larson, R., & Richards, M. H. (1991). Daily companionship in late childhood and early adolescence: Changing developmental contexts. *Child Development, 62*, 284-300.
- Lubell, A. K. N., & Peterson, C. (1998). Female incest survivors: relationships with mothers and female friends. *Journal of Interpersonal Violence, 13*, 193-205.
- Maltz, W., & Holman, B. (1987). *Incest and sexuality: A guide to understanding and healing*. Lexington, MA: Lexington Books.
- McAlpine, S. J., & Shanks, A. (2010). Self-concept and attributions about other women in women with a history of childhood sexual abuse. *Clinical Psychology & Psychotherapy, 17*(3), 196-210.
- Miller, B. A., Downs, W. R., & Testa, M. (1990). *Relationship between women's alcohol problems and experiences of family violence*. Paper presented at the annual meeting of the American Psychological Association, Boston.
- Miller, B. A., Gondoli, D.M., & Downs, W. R. (1987). *Thematic analysis of female sexual abuse victims: Alcoholic versus a comparison group of women*. Paper presented at the Third World Congress of Victimology, San Francisco.
- Mullen, P. E., Martin, J. L., Anderson, J. C., Romans, S. E. & Herbison, G. P. (1994). The effect of child sexual abuse on social, interpersonal and sexual function in adult life. *British Journal of Psychiatry, 165*, 35 - 47.
- Rawlins, W. K. (1992). *Friendship matters: Communication, dialects, and the life course*. Aldine de Gruyter, Hawthorne, NY.
- Rayfield, G. E., Liabre, M. M., & Stokes, D. R. (1987). Selected variables related to friendship between college women. *Journal of College Student Personnel, 28*(3), 234-240.

- Richards, M. H., Crowe, P. A., Larson, R., & Swarr, A. (1998). Developmental patterns and gender differences in the experience of peer companionship during adolescence. *Child Development*, 69, 154–163.
- Savin-Williams, R. C., & Berndt, T. J. (1990). Friendship and peer relations. In S. S. Feldman & G. R. Elliott (Eds.), *At the threshold: The developing adolescent* (pp. 277–307). Cambridge, MA: Harvard University Press.
- Schmolck, P. (2002). PQMethod (version 2.11). [Computer software]. Available at www.rz.unibwmuennen.de/~p41bsmk/qmethod [last accessed: 5-2010].
- Sharabany, R., Gershoni, R., & Hofman, J. E. (1981). Girlfriend, boyfriend: Age and sex differences in intimate friendship. *Developmental Psychology*, 17, 800–808.
- Slavin, L. A., & Rainer, K. L.
- Shemmings, D. (2006). 'Quantifying' qualitative data: an illustrative example of the use of Q methodology in psychosocial research. *Qualitative Research in Psychology*, 3(2), 147-165.
- Shapiro, D. L., & Levendosky, A. A. (1999). Adolescent survivors of childhood sexual abuse: the mediating role of attachment style and coping in psychological and interpersonal functioning. *Child Abuse & Neglect*, 23(1), 1175-1191
- Simon, V. A., Feiring, C., & McElroy, S. K. (2010). Making meaning of traumatic events: Youths' strategies for processing childhood sexual abuse are associated with psychosocial adjustment. *Child Maltreatment*, 15(3), 229-241.
- Sprecher, S., & Regan, P.C. (2002). Liking some things (in some people) more than others: partner preferences in romantic relationships and friendships. *Journal of Social and Personal Relationships*, 19(4), 463-481.

- Stephenson, W. (1953). *The study of behavior : Q-technique and its methodology*. Chicago, IL, University of Chicago Press.
- Webler, T., Danielson, S., & Tuler, S. (2009). Using Q method to reveal social perspectives in environmental research. Greenfield MA: *Social and Environmental Research Institute*.
- Widom, C. S., Czaja, S. J., & Dutton, M. A. (2008). Childhood victimization and lifetime revictimization. *Child Abuse and Neglect*, 32, 785-796.
- Wright, P. H., & Scanlon, M. B. (1991). Gender role orientations and friendship: Some attenuation, hut gender differences abound. *Sex Roles*, 24, 551 -566.
- Zimet, G. D., Dahlem, N.W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment*, 52, 30-41.

Appendix A

Demographic Information

(Please circle the appropriate answer or fill in the blank.)

1. What is your age? _____

2. Year in School: Freshman Sophomore Junior Senior

3. What is your racial group? Circle all that apply.

1. Asian
2. African-American
3. Hispanic
4. Native American
5. Caucasian (White)
6. Other _____

6. Have you ever been in a committed romantic relationship? Yes
No

7. In general, do you tend to have more male or female friends? Male
Female

8. Do you have a best friend? Yes
No

9. If yes, is your best friend male or female? Male
Female

Appendix B

Childhood Sexual Abuse Scale

1. Have you ever experienced an instance(s) of sexual assault defined as unwanted sexual touching, fondling, rape and/or attempted rape?

a. Yes b. No

2. If Yes, please indicate your age for (up to) the *first* three sexual assaults you experienced.

a. Age at 1st sexual assault _____

Relationship to perpetrator at 1st sexual assault: _____

Did assault by this perpetrator occur (circle): 1. once 2. more than once

b. Age at 2nd sexual assault _____

Relationship to perpetrator at 2nd sexual assault: _____

Did assault by this perpetrator occur (circle): 1. once 2. more than once

c. Age at 3rd sexual assault _____

Relationship to perpetrator at 3rd sexual assault: _____

Did assault by this perpetrator occur (circle): 1. once 2. more than once

Sexual Assault Disclosure

1. Please answer the questions pertaining to your **first** sexual assault.

Did you tell anyone about your **first** sexual assault experience? (circle) a. Yes b. No

If yes, who did you first tell about your **first** sexual assault experience at that time? (Within a year of the first sexual assault occurrence).

a. no one.

b. mother.

c. father

d. other adult _____

e. brother/sister.

f. friend.

How did that person react?

a. angry.

1. very.

2. mildly.

3. a little.

4. not at all.

b. supportive.

1. very.

2. mildly.

3. a little.

4. not at all.

Appendix C

Multidimensional Scale of Perceived Social Support

We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement by circling the appropriate number using the following scale.

1	= Very Strongly Disagree
2	= Strongly Disagree
3	= Mildly Disagree
4	= Neutral
5	= Mildly agree
6	= Strongly agree
7	= Very Strongly agree

1. There is a special person who is around when I am in need.
1 2 3 4 5 6 7
2. There is a special person with whom I can share joys and sorrows.
1 2 3 4 5 6 7
3. My family really tries to help me.
1 2 3 4 5 6 7
4. I get the emotional help and support I need from my family.
1 2 3 4 5 6 7
5. I have a special person who is a real source of comfort to me.
1 2 3 4 5 6 7
6. My friends really try to help me.
1 2 3 4 5 6 7

Multidimensional Scale of Perceived Social Support (continued)

We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement by circling the appropriate number using the following scale.

1= Very Strongly Disagree
2= Strongly Disagree
3= Mildly Disagree
4= Neutral
5=Mildly agree
6=Strongly agree
7=Very Strongly agree

7. I can count on my friends when things go wrong.
1 2 3 4 5 6 7
8. I can talk about my problems with my family.
1 2 3 4 5 6 7
9. I have friends with whom I can share my joys and sorrows.
1 2 3 4 5 6 7
10. There is a special person in my life who cares about my feelings.
1 2 3 4 5 6 7
11. My family is willing to help me make decisions.
1 2 3 4 5 6 7
12. I can talk about my problems with my friends.
1 2 3 4 5 6 7

Subscales:

Friends: 1, 2, 5, 6, 7, 9, 12

Significant other: 1, 2, 5, 10

Appendix D

Attachment Strength
(Form A)

Please answer the following 8 questions about your **dating partner**. If you are not currently in a dating or marital relationship with someone, please skip to the next set of questions.

Please use the following scale:

1 = Not at all
2 = Slightly
3 = Moderately
4 = Very
5 = Extremely

1. How important is it for you to regularly see/talk to your partner?
1 2 3 4 5
2. How much do you like to spend time with your partner?
1 2 3 4 5
3. How much does it bother you to be away from your partner?
1 2 3 4 5
4. During separations, how much do you miss your partner?
1 2 3 4 5
5. How much do you feel your partner will always be there for you?
1 2 3 4 5
6. How much are you able to always count on your partner?
1 2 3 4 5
7. How often do you turn to your partner for comfort when you are feeling down?
1 2 3 4 5
8. How safe does your partner make you feel when you are upset?
1 2 3 4

Attachment Strength
Form B

Please answer the following 8 questions only if you are **not currently in a dating** or marital relationship. Answer with respect to a former partner or relationship that you would like to have with someone.

Please use the following scale:

1 = Not at all
2 = Slightly
3 = Moderately
4 = Very
5 = Extremely

1. How important (was/ would it be) for you to regularly see/talk to your partner?

1 2 3 4 5

2. How much (was/ would) you like to spend time with your partner?

1 2 3 4 5

3. How much (was/ would) it bother you to be away from your partner?

1 2 3 4 5

4. During separations, how much (did/would) you miss your partner?

1 2 3 4 5

5. How much (did/would) you feel your partner (was always/would always be) there for you?

1 2 3 4 5

6. How much (were you /would you be) able to always count on your partner?

1 2 3 4 5

7. How often (did/would) you turn to your partner for comfort when you (were/would be) feeling down?

1 2 3 4 5

8. How safe (did/would) your partner make you feel when you (were/would be) upset?

1 2 3 4

Attachment Strength
Best Friend

Please answer the following 8 questions about your **best friend**.

Please use the following scale:

1 = Not at all
2 = Slightly
3 = Moderately
4 = Very
5 = Extremely

1. How important is it for you to regularly see/talk to your best friend?
 1 2 3 4 5
2. How much do you like to spend time with your best friend?
 1 2 3 4 5
3. How much does it bother you to be away from your best friend?
 1 2 3 4 5
4. During separations, how much do you miss your best friend?
 1 2 3 4 5
5. How much do you feel your best friend will always be there for you?
 1 2 3 4 5
6. How much are you able to always count on your best friend?
 1 2 3 4 5
7. How often do you turn to your best friend for comfort when you are feeling down?
 1 2 3 4 5
8. How safe does your best friend make you feel when you are upset?
 1 2 3 4 5

Appendix E

Q-Set

<i>Number</i>	<i>Statement</i>	<i>Number</i>	<i>Statement</i>
1	abusive	21	lazy
2	adventurous	22	loving
3	ambitious	23	loyal
4	attractive	24	neat
5	bossy	25	reckless
6	communicative	26	religious
7	competitive	27	selfish
8	confident	28	sensitive
9	creative	29	shy
10	cruel	30	sloppy
11	dependable	31	sophisticated
12	dull	32	submissive
13	flirtatious	33	talkative
14	friendly	34	unattractive
15	generous	35	uncommunicative
16	immature	36	uncompetitive
17	insensitive	37	undependable
18	intelligent	38	unenvious
19	jealous	39	unfriendly
20	kind	40	unintelligent

