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Sexually-Abused Adolescent Females Versus Nonsexually-Abused Adolescent Females Regarding Rorschach Inkblot Assessments

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Walden University

College of Social and Behavioral Sciences

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Angela Denise Jones

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Walden University
2020

Abstract

Sexually-Abused Adolescent Females Versus Nonsexually-Abused Adolescent Females
Regarding Rorschach Inkblot Assessments

by

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MA, Stephen F. Austin State University, 2008

BS, Stephen F. Austin State University, 1998

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Psychology

Walden University

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Abstract

This study explored differences between female adolescents who experienced sexual abuse as children and those who experienced other forms of trauma or abuse. There is no previous research assessing the differences between these two groups. Some female adolescent victims of sexual abuse are sexually revictimized, sex trafficked, and exhibit delinquent behaviors. If differences are determined, a more tailored and appropriate intervention could be introduced to reduce these youths' revictimization and minimize adult sexual risk. This study was quantitative in nature and assessed the clinical profiles of 27 female adolescents involved in the juvenile justice system for being sex trafficked or being a victim of sexual revictimization. Using their Rorschach profile results, the individual responses, cognitive mediation, ideation, and their interpersonal perception and belief were examined. A significant difference was determined between the groups in two areas, but not in the manner expected. This difference could provide information to help decrease the number of teens who become involved with the juvenile justice system, become pregnant at an early age, and reduce the number of females who continue to recidivate into adulthood. Findings may lead to social change by helping to determine a more effective treatment for childhood sexual abuse victims, therefore reducing the risk of revictimization of the population. It could also minimize the risk of them becoming involved with the criminal justice system and reduce the impact on mental health.

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Dedication

To my family and friends who accompanied me on this journey and helped make it a reality. I also dedicate this accomplishment to my mother, who passed away before she could see my dream come to fruition. She always encouraged and believed in me. I love her the most.

Acknowledgments

I would like to thank my children for being patient with me, encouraging me, and allowing me the space to become the person I was purposed to be.

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Chapter 1: Introduction to the Study

Introduction

In 2018, the United States Department of Health and Human Services Administration of Children and Families Administration on Children reported that it is estimated that there were 671,622 victims of childhood abuse in all 50 states. Of those victims, a reported 57,329 (8.5%) were victims of childhood sexual abuse (CSA; Children's Bureau, 2017). CSA's prevalence rate is estimated between 17% and 30% for females and 5% and 14% for males (Pereda, Guilera, Forns, & Gomez-Benito, 2009). It is difficult to accurately determine the actual prevalence of sexual abuse due to victims not disclosing and how sexual abuse is defined by law (Clark et al., 2012). Sexually abused children are more likely to be exploited by family members or considered trustworthy individuals by the household (Lalor & McElvaney, 2010). The data collected by the States Department of Health and Human Services Administration (2018) indicated most children were abused by their mother, father, family member, or close friend to the family.

The Effects of Childhood Sexual Abuse

Extensive research has been conducted to investigate the impact of CSA on its victims and determined sexual abuse has both short- and long-term effects. Research shows that CSA affects children developmentally, emotionally, and cognitively (Lamoureux, Jackson, Palmieri, & Hobfoll, 2011). It also impairs their ability to adequately relate to others and develop healthy relationships (Lamoureux et al., 2011). Female adolescents who were victims of sexual abuse are frequently found to have

mental health challenges with multiple diagnoses. Many sexual abuse victims have multiple diagnoses, and they present symptoms consistent with post-traumatic stress disorder (PTSD), depression, anxiety, and mood disruption. Some victims often have somatic complaints, self-esteem issues, and some have eating disorders (Kennedy, Bybee, Kulkarni, & Archer, 2012). Female CSA victims also reportedly have higher rates of suicidal ideations, lower self-esteem, and a history of exhibiting aggression (Kennedy et al., 2012; United States Department of Health and Human Services Administration, 2018). They also exhibit delinquent behaviors, have legal problems, and abuse substances (Kennedy et al., 2012; United States Department of Health and Human Services Administration, 2018). These female adolescents often have a deficit in social and interpersonal skills, are fearful, and have mental health problems that persist into adulthood (Kennedy et al., 2012). Those deficits make it difficult for them to develop healthy intimate relationships, enjoy sexual interaction, and have a healthy self-identity (Kennedy et al., 2012). Many adolescents attempt to run away from the abuse, which increases the risk of being revictimized sexually and often participating in prostitution to survive (Stoltz et al., 2007 as cited in Lalor & McElvaney, 2012; United States Department of Health and Human Services Administration, 2018).

This section will review the impact of CSA on the victims and the community. This chapter will further discuss the importance of the study and how exploring possible differences between the two groups could provide insight into this population's future treatment. This study's theoretical foundation is trauma-based, which is best for this study based on the multiple traumas the survivors experienced and integrating the trauma

theory with the Rorschach Trauma Scale. This research will explore possible differences between adolescent survivors of sexual abuse who are sexually revictimized and adolescents who have only experienced other abuse forms. If a difference can be identified, it could provide insight into approaching treatment and intervention with this population early to minimize their risk of involvement with the juvenile justice system. The data used for this study was obtained from the database of a juvenile justice center located in a large suburban community. The Rorschach results of females who were part of the "CARE Court" were extracted, deidentified, and used for this exploratory study. This population was selected based on the adolescent's history, the hope to reduce the risk of involvement with the juvenile justice system, and the ease of access to the data,

Background

There is no identifiable research that discusses the risk factors found in the Rorschach results of adolescents who have been sexually abused and those who report no sexual abuse. The present study will explore if typical responses to the Rorschach Inkblot Method (RIM) may help identify risk factors for sexual acting out and revictimization in CSA victims and how they differ from nonsexual abuse victims. Previous research found the RIM to determine that victims of trauma have trouble with self-identity and interpersonal relationships, deficits in modulating their affect and cognitive slippage, and exhibit self-harming behaviors (Zodan, Hilsenroth, Charnas, Goldman, & Bornstein, 2014).

The RIM has been found to identify trauma content and aggression indices of victims of sexual abuse. Kamphuis, Kugeares, and Finn (2000) found that patients who

survived a traumatic event showed higher frequencies of blood and anatomy responses. These researchers developed a Trauma Content Index (TC/R) based on Rorschach responses and investigated its association with sexual abuse. Some research has assessed the different Rorschach correlates of sexual abuse and determined that patients diagnosed with PTSD or dissociative disorders tend to have distinct responses on the RIM (Kamphuis et al., 2000). These researchers wanted to determine if there was a strong enough relationship between the Trauma Content scale of the Rorschach (TC/R) and sexual abuse to provide a distinct classification of patients with a history of sexual abuse and those with no sexual abuse history. They found that there was a distinct difference in the responses of the two groups. In 2010, researchers made efforts to verify the sexual abuse indicators on the Rorschach and found that the sexually abused group responded with more hostility, provided more sex responses, provided more form-color and color-form answers, and pure color responses (Kikuchi, Kikuchi, & Horikawa, 2010).

Problem Statement

A considerable amount of literature discusses the impact CSA has on its victims and describes the short- and long-term effects of CSA. Adolescents who were victims of CSA appear to be conditioned to a variety of risk factors. The short-term effects of CSA include delinquent behavior, an inability to focus and pay attention, suicide attempts, substance abuse, aggressive behavior, early and/or unplanned pregnancy, high-risk sexual behavior, sexual revictimization, and sex trafficking (Goodkind, Ng, & Sarri, 2006). These youth may also run away from home to escape the abuse (Goodkind et al., 2006). These victims are also at risk of increased mental health problems and will likely exhibit

symptoms of PTSD, depression, anxiety, dissociation, and increased somatization (Koeing, Doll, O'Leary, & Pequegnat, 2004).

Although men and women experience CSA, it is found that female victims experience more significant psychopathology for a more extended period of time than do male victims (MacMillan et al., 2001). Women who experienced CSA as a child has an increased risk of having multiple mental health diagnosis, subsequent sexual assaults, have an inability to develop and maintain relationships and have involvement with the criminal justice system (Kennedy et al., 2012; United States Department of Health and Human Services Administration, 2018).

Previous research has looked at the link between CSA and delinquent behavior in an attempt to understand the services and treatment needed for this growing population. However, I found little to no research addressing the cognitive differences between the groups who have experienced CSA and those who report no history of CSA and how those differences could impact the services they currently receive. The current interventions may fail to address the specific needs of the individual receiving the services. There is a growing need to understand how this group processes the traumatic experience of CSA so that appropriate treatment can be developed and used to mitigate the effects of trauma. If more effective treatment can be provided, it could reduce the increased risk of involvement in the juvenile justice and criminal justice systems.

Research also speaks to the possibility of the prevalence rate being substantially higher due to reporting laws and the victims not reporting or disclosing until much later in life, if at all (Molnar, Buka, & Kessler, 2001; Goodkind, Ng, & Sarri, 2006; Clark et

al., 2012). The extent to which the abuse impacts the victim, both psychologically and developmentally, has been researched, and found that CSA is directly related to PTSD, depression, anxiety, an inability to develop and cultivate lasting relationships, and low self-esteem (Lamoureux, Jackson, Palmieri, & Hobfoll, 2011). There is minimal research addressing how an individual cognitively processes the abuse and how it affects their outcome. However, evidence suggests that sexual abuse has a unique effect on an individual's development (MacMillan et al., 2001). Research has not identified how cognitive and affective differences possibly impact an individual's response to the abuse and determine if more individualized treatment could reduce revictimization and minimize involvement with the juvenile justice system. In this study, I assessed the different groups in an attempt to identify differences in how they process the trauma. If there is a difference, then a more tailored treatment could be devised for the different groups.

Purpose of the Study

The purpose of this exploratory study was to examine possible differences between CSA victims and non-CSA victims in their responses to the trauma scale of the Rorschach. Depending on the extent of the sexual abuse and the age the abuse occurred, previous research has found that the impact of the abuse often manifests its distress at different stages of an individual's life, therefore making it difficult to fully understand the implications of the experience at the time the abuse occurred. As the child victim ages, they tend to exhibit the abuse's effect differently (Noll, 2008). It may be possible to design a more personalized intervention to address each group's specific needs by using

subscales from the Rorschach to identify possible personality traits that may be risk factors for sexual revictimization and sexual acting out in CSA victims.

It is important not to group all childhood adversaries and trauma to treat all traumatic or adversarial experiences the same. CSA and other forms of abuse could impact children differently than other forms of trauma. Therefore the use of alternative forms of treatment and interventions should be a consideration for this population. Specialized intervention could possibly taper mental health problems, reduce revictimization, reduce participation in high-risk behaviors, and minimize the risk of involvement with the juvenile justice system. There is no identifiable research addressing this population's response to abuse or their risk factors assessed using the Rorschach trauma subscales.

Research Questions and the Hypothesis

Research Questions

RQ1: Do the trauma scales of the sexual abuse victims line up with the TC/R.

RQ2: Based on the interpretation of the Rorschach results, is there a difference between the profiles of the sexual abuse victims and non-victims of sexual abuse?

Hypothesis

H_01 : The sexual abuse victim's scales will line up with the TC/R research.

H_11 : The sexual abuse victim's scales will not line up with the research associated with the TC/R.

H_02 : There will be a significant difference between the female sexual abuse victims' profiles and non-victims of sexual abuse.

*H*₁₂: There will be no difference between the female sexual abuse victims' profiles and non-victims of sexual abuse.

Theoretical Foundation

Theory

Research suggests that victims of CSA likely respond differently to interventions that address the emotional and psychological distress associated with abuse (Putnam, 2013). CSA victims react differently to treatment, and it is an indicator that the abuse and other factors affect the individual's responsiveness to intervention (Putnam). People receive and process information and experiences differently, and it influences their response to traumatic events. The theoretical basis for this study is the trauma model. In 1992, Herman instituted trauma theory, identifying the different ways individuals respond to trauma and how trauma affects people differently. This theory focuses on what some individuals attend to, what they understand about their experience or environment, and how they conceptualize information (Freidman & Schustack, 2009). Even though this theory does not incorporate all the victims' experiences, it provides the needed support for the Rorschach scales. Trauma theory aligns with the scales that focused on the research and delineated the needed information to identify possible differences between the two groups.

The trauma model appears to be the most complete theoretical structure to explain CSA's effects by considering the CSA experience and looking for traumatic elements that fit the outcomes of a trauma experience (Heiman & Heard-Davison, 2004). The trauma model has been researched extensively and provides information regarding how emotions

work, conditioning, and the individual's cognitive response to trauma (Heiman & Heard-Davison). One disadvantage of the trauma model; it does not address CSA that is not viewed or experienced as trauma and where no PTSD symptoms are exhibited (Heiman & Heard-Davison).

This theoretical framework focuses on how people attend to their traumatic experiences and how they affect the individual. My study focused not only on how the person attends to the experience but also on how they process the experiences and how it impacts them cognitively and emotionally. I attempted to determine if individuals who have experienced sexual abuse and those who experience other trauma respond differently. By using the basis of the trauma model theory with the Rorschach, I outlined the different trauma-focused attributes of the adolescent in an attempt to determine how they acquire, process, and store experiences. The findings from this research could help formulate a pattern that will provide a clearer picture of how the group's process information and attend to their experiences. Once a pattern is identified, researchers may be able to investigate alternative methods of intervention to meet the teen's specific needs. This discovery could reduce sexual revictimization, early pregnancies, and interaction with the juvenile and criminal justice system.

Nature of the Study

Research Design

This research was a quantitative study using archival data to conduct the investigation. A series of independent sample t-tests were conducted to examine for differences in each of the Rorschach scales by sexual abuse experience. The independent

variables are female adolescents who disclosed a history of sexual abuse, and those with no reported sexual abuse history. The dependent variables are, based on the trauma content index variables of the Rorschach, reflections (R), blood (Bl), anatomy (An), sex (Sx), morbid (Mor), aggression (AG), and personalization (Per). Other variables measured were human movement (M), inanimate movement (m), texture (T), and Coping Deficit Index (CDI). We examined differences or interactions that could help identify cognitive and/or psychological differences between these two groups.

Reflection responses involve symmetry and identification of identical objects or mirror images (Exner). Reflection responses are part of the self-perception cluster and indicate the individual is more concerned with their needs than others (Exner, 2000; Horn, Meyer, & Mihura, 2009). Blood responses on the Rorschach occur when an individual identifies human or animal blood (Exner). The Anatomy response usually contains content that involves skeletal, muscular, or organ references (Exner). Sex responses include references made about sexual organs or sexual activity (Exner). The Morbid response is obtained when the respondent references something being "dead, broken, damaged, injured, or spoiled" (Exner). The aggression score is obtained when a respondent indicates an aggressive act occurs or about to occur (Kivisto & Swan, 2013). Personalization occurs when self-reference is used to justify an answer (Exner). Human movement responses are scored when the respondent identifies a human doing some physical act or a sensory response is made (Exner). The Inanimate movement response occurs when the respondent identifies non-human movement (Exner). Texture responses are noted when the respondent gives texture and no form to parts of the blot (Exner). The

shading/dimension score is given when the respondent gives depth to the blot's light and dark features (Exner). The Coping Deficit Index combines several scales and identifies individuals with coping deficits (Exner).

Source of Data

I used archival data for this research project. The Rorschach results, obtained through the RIAP5 computing system, were received from the juvenile justice center located in a large suburban community psychological department data system. The Rorschach results were collected for a specialized court to assess adolescent females arrested for alleged prostitution or sex trafficked. The available information was the age, ethnicity, the individuals' responses to each blot, and the Rorschach results.

During a full psychological evaluation, several different trained psychologists and doctoral level interns administered the Rorschach. Trained administrators deemed qualified to administer and score the Rorschach conducted the assessment. Archival data of female adolescents assigned to or referred to the CARE Court, a specialized court within the juvenile justice center located in a large suburban community, were used for this research. The Rorschach reports and outcomes were extracted from the database and transferred to useful data for this research project. I chose a comparative sample that consisted of adolescents with no reported history of sexual abuse or sexual trauma. Demographic and other information was obtained, including age and ethnicity.

Definitions

Childhood Sexual Abuse (CSA): CSA includes exposure of children to adult sexual situations, exposure to pornography, fondling of the genitals through clothes or

without clothes, oral contact of the genitals, sexual intercourse or attempted intercourse, use of the child for pornography, and the use of the child for prostitution (Putnam, 2003).

Female Adolescent: A female adolescent, as represented in this study, is a girl between the ages of 12 thru 17 (Jackson, Seth, DiClemente & Lin, 2015).

Mental Health: Mental health is defined as individuals who exhibit behaviors and emotions that meet the diagnostic criteria defined in the *Diagnostic and Statistical Manual of Mental Disorders, fifth edition* (DSM-5) for a mental health diagnosis (American Psychological Association, 2013).

Revictimization: Revictimization is defined as a child sexual abuse survivor who has an increased risk of experiencing subsequent sexual victimization by others (Penning & Collings, 2014).

Assumptions

I assumed that the study would reveal distinct differences in the scales of the Rorschach. The scales provide information about the individual's cognitive process and determine how the processing and attending differences affect how they processed the abuse. A distinct pattern between the two groups provides information that could lead to a more personalized intervention to meet their needs more effectively.

Scope and Delimitations

I focused my study on the effects of CSA in the female adolescent population. There is extensive research regarding CSA's impact but little addressing this population's specific behaviors and how they may relate to treatment outcomes. Adolescent females are an essential group due to their high-risk sexual behaviors, often leading to teen

prostitution, early pregnancies, and entrance into the juvenile justice system. This population is important because it provides an opportunity to provide more efficient intervention, minimizing the risk of them becoming involved with the criminal justice system.

There were several threats to internal validity. The sample size was small and unequal, making it insufficient to generalize to the female adolescent population. The sample consisted of mainly African American female adolescents between the ages of 12 and 17. Also, the individuals self-reported the experience of abuse or report no abuse. Suppose the adolescent was not ready to disclose CSA; in that case, they might have indicated 'no.' If abuse is denied but occurred, the responses could resemble an adolescent's profile who disclosed CSA. Also, different people administered the Rorschach, and depending on the rapport, the responses and outcomes could have been affected.

Limitations

This study involved the relationship between sexual trauma and the results of the Rorschach. The research scope was limited to female adolescents involved with the juvenile justice center located in a large suburban community. The teen's sexual abuse experiences are different, and some were more severe than others. The type of sexual misconduct and behaviors the adolescents exhibited were different and at varying levels. Various doctoral-level psychology interns and licensed psychologists with varying degrees of experience provided the Rorschach administration, scoring, and interpretation.

Also, the amount of rapport established between the administrator and examinee could be a factor and affect the response and outcome of the Rorschach.

Significance

There are over 60,000 substantiated cases of sexual abuse in the United States every year, and over half of the victims are female (CSA; Children's Bureau, 2017). The effects of CSA are well documented, and none are positive. Many victims have mental health problems, act out behaviorally, and are sexually revictimized (Goodkind et al., 2006; Kennedy et al., 2012; & Lamoureux et al., 2011). Several treatments target this population, but none are designed to address specific behaviors associated with this population. I sought to determine if there is a difference between sexual abuse victims and nonsexual abuse victims. A more specific treatment could be designed for more significant outcomes if a difference in processing is identified. If a better treatment is available for this group, it could reduce the number of teens involved with the juvenile justice system and improve their overall mental health.

Summary

In this chapter, I explained the need to examine the relationship between how a child processes sexual trauma and adequate treatment. I also provided a theoretical framework for trauma and presented the significance and purpose of the study. I also outlined the problem, the research hypotheses that form the study's basis, and other relevant assumptions. The next chapter will review the literature and research related to trauma, the Rorschach, and the TC/R.

Chapter 2: Literature Review

Introduction

The literature review identifies the need for a more refined and individualized treatment and intervention for adolescent female survivors of CSA. Adolescent survivors of CSA appear to be conditioned to various risk factors (Goodkind et al., 2006; Kennedy et al., 2012; & Lamoureux et al., 2011). These include delinquent behaviors, school problems, suicide attempts, substance abuse, aggressive behavior, pregnancy, high-risk sexual behavior, and running away from home (Goodkind, Ng, & Sarri, 2006). Many female adolescent survivors of CSA find themselves involved with the juvenile justice system. Previous research has looked at the link between CSA and delinquent behavior to understand this growing population's service and treatment needs. There has been little to no research addressing the cognitive differences between the groups who endorse a history of sexual abuse and those with no reported history of sexual abuse. Previous research (Putnam, 2013) has found that depending on the extent of the sexual abuse, it often manifests its distress at different stages of a person's life, making it difficult to fully understand the impact of the abuse at the time it occurs. As the child victim ages, they tend to exhibit the abuse's effect differently (Noll, 2008).

In this chapter, the prevalence and impact of CSA will be discussed by exploring the psychopathy, behaviors, and sexuality of female CSA survivors. It examines the incidence of the trauma and how the interpretation of the Rorschach responses related to sexuality and trauma suggests how the individual processes the trauma. This chapter will

also discuss the trauma scale and the variables associated with the scale. This chapter will conclude with a discussion of the theoretical basis of the study.

While the true prevalence of CSA is unclear, the impact of CSA is well documented through the research of adolescents and adults. While many researchers (see citation) have focused on the effects of the abuse and how it affects an individual's psychopathology and social interaction, little research has investigated the differences between CSA victims and non-CSA victims and their responses to the Rorschach. There is little research that examines the types of treatment that would most benefit female victims of CSA act out sexually and increase their risk of revictimization due to their delinquent behaviors. If a difference is identified, a targeted intervention could be created to address this population's specific needs and possibly reduce the high-risk sexual behaviors female CSA survivors exhibit.

If specific psychological differences can be recognized, a targeted treatment could be determined to reduce the sexual behaviors, the sexual revictimization, the delinquent behaviors, and the psychopathology associated with being a victim of CSA. Identifying an appropriate intervention could reduce the number of CSA victims who become involved with the juvenile justice system and experience long-term mental health problems (Cunliffe & Gacono, 2005; Gover, 2004; Spataro et al., 2004); therefore creating a healthier adolescent population who grow up to be vital citizens who can contribute to their community and be a positive influence as adults.

Prevalence of Childhood Sexual Abuse

The U.S. Department of Health and Human Services Children's Bureau (2010) reported that between 2006 and 2010, almost 700,000 children were victims of maltreatment, with 9.2% being victims of sexual abuse. In 2018, the United States Department of Health and Human Services Administration for Children and Families Administration on Children, Youth, and Families Children's Bureau (2018) reported that in 2016, there were an estimated 57,329 victims of CSA. Within the literature, there seems to be a discrepancy regarding the prevalence of CSA with numbers ranging from 17% to 30% for females and 5% to 14% for males (Clark et al., 2012; Molnar, Stephen, Buck, & Kessler, 2001). The prevalence of CSA is likely higher than reported, but due to the trauma and often shame associated with being sexually abused, many never report the abuse, or they disclose many years after the abuse occurred (Hebert, Tourigny, Cyr, McDuff, & Joly, 2009). Also, the discrepancy in reporting and retrospective surveys of adults makes it challenging to know the actual number of children who have experienced CSA (Nurcombe, 2000).

The sexual exploitation of young people is dated back to the mid-1800s, chronicled by a French physician (Lalor & McElvaney, 2010). CSA in America was allegedly a rare occurrence before the 1970s (Putnam, 2003) due to the lack of abuse documentation in the early 1900s. In the early 1900s, physicians documented abuse, both physical and sexual, as battered child syndrome due to the finding of broken bones and bruises, along with incidents that appeared to be sexual abuse, during regular check-ups or doctor visits (Lalor & McElvaney). In 2002, Putnam (2003) conducted a review of the

research on CSA and determined that there is diversity in the behaviors deemed to be sexual abuse, which could minimize the epidemiology of CSA.

Putnam (2003) conducted a review of the CSA literature that was published after 1989 and identified several factors that affect the accuracy of the epidemiology of CSA. He found that the access to the information, the definition of CSA used to gain the information, and the method in which the information is obtained impacts the response rate of CSA and has a tendency to affect the prevalence rate of CSA (Putnam, 2003). The discrepancy in the epidemiology negatively affects the population. The statistics for women in community settings indicate fewer incidents of CSA as opposed to incarcerated females or those in clinical settings (Asberg & Renk, 2013; Clark et al., 2012; Goodkind, Ng, & Sarri, 2006; Siegel & Williams, 2003; Putnam, 2003). Research indicates that incarcerated women report a higher incidence of CSA than women in the general population (Asberg & Renk, 2013; Clark et al., 2012; Goodkind, Ng, & Sarri, 2006; Siegel & Williams, 2003), with an estimated 38%. Although the actual CSA numbers are not accurate, it is a significant problem that impacts youth for a lifetime. The trauma of CSA can impact a youth's ability to build relationships and cause them to involve themselves in unhealthy and harmful relationships. Youth who have a history of sexual victimization also tend to have a high psychopathology rate and are at greater risk of involvement with the juvenile and criminal justice systems.

Impact of Childhood Sexual Abuse

CSA impacts individuals differently based on how they cognitively process the traumatic event, the received support after the trauma, the relationship the child had with

the perpetrator, and the intensity of the abuse (Clark et al., 2012; Scortegagna et al., 2016). Many survivors of CSA suffer from mental health problems, act out sexually, have behavior problems, have problems with anger and aggression, and an increased risk of sexual revictimization (Clark et al., 2012; Lalor & McElvaney, 2010; Lamoureux et al., 2012; Scortegagna1 et al., 2016). Some CSA survivors later become perpetrators (Burton, 2008). There is a link between CSA, poor social adjustment, increased psychological distress, low self-worth, and poor interpersonal functioning (Clark et al., 2012; Lalor & McElvaney, 2010; Lamoureux et al., 2012).

Female adolescents who survive CSA tend to experience significant adverse effects. They present with depression, low self-esteem, anger and aggression problems, PTSD, problems with dissociation, difficulties maintaining interpersonal relationships, substance use, and self-harming behaviors (Clark et al., 2012; Lalor & McElvaney, 2010; Lamoureux et al., 2012). These children often have trouble concentrating, focusing and finding it difficult to perform adequately in the school setting (Kiesel, Piescher, & Edleson, 2016). Youth with this experience suffer not only emotionally but also academically and relationally. The youth sometimes use drugs to manage their emotions and cope with the traumatic experience (Battle et al., 2003 as cited in Asberg & Renk, 2013). Trauma and self-harming behaviors are related but could be minimized with more effective treatment and support (Asberg & Renk, 2013; Putnam, 2003).

Theoretical Foundation

Trauma

There are several definitions regarding trauma, but there seems to be a consensus that trauma is a sudden intrusion of an unexpected event or new knowledge entering an individual's psyche (Saylor Foundation, 2012). Trauma is usually a negative experience that impacts the individual in such a way that they are different from before the event. Trauma is an experience that often exceeds a person's natural ability to cope (Substance Abuse and Mental Health Services, 2016). It exposes a person's vulnerabilities and often makes them aware of their mortality (Saylor Foundation).

Trauma experienced at an early age reportedly affects the child's development: cognitively, emotionally, and behaviorally (Asberg & Renk, 2013). Research indicates that traumas, such as child abuse at a young age, are a direct antecedent to maldevelopment in youth (Noll, 2008). Because of the diversity in CSA definitions and the different sexual activities deemed sexual abuse, the abuse trauma provides a range of outcomes (Putnam, 2003). Putnam found that the abuse's age, the intensity and frequency of the abuse, and the perpetrator's relationship further impacted CSA outcomes. Murthi and Espelage suggested that the perceived support a CSA victim receives from family or society seems to influence results and how the child progresses after the abuse (2005).

Trauma and CSA

The trauma of CSA affects the child well into adulthood, placing them at risk of continued abuse and victimization. Sexual trauma is said to be deeply rooted in the victim's personality, causing the victim to have trouble relating to the root of their pain to

the experience and are often unable to explain it to others. These victims replay the abuse in all of their relationships, making it challenging to build and develop emotionally stable and healthy relationships. CSA victims experienced adverse outcomes in intimate relationships and decreased sexual satisfaction. This form of trauma appears to reduce women's resilience and increase psychological distress (Lamoureux et al., 2012), reducing the woman's ability to function appropriately in an interpersonal manner. Sexual trauma, especially when repressed, often manifests itself as depression, anger, inability to attach, and delinquent behaviors (Lamoureux et al., Noll, 2008).

Research shows that CSA is a precursor for delinquent behavior in females (Clark et al., 2012). Studies demonstrate that, on average, 60% of incarcerated female adolescents report a history of sexual abuse, rape, or attempted rape (Clark et al.). Researchers believe that the unaddressed psychological problems these women experience tend to increase their risk of contact with the criminal justice system (Asberg & Renk, 2013). Many sexually abused females are often revictimized, get involved in abusive relationships, are sex trafficked, or use drugs to cope, leading to increased incarceration risk. Female adolescents who are survivors of CSA report a higher risk of substance abuse, which frequently increases their risks of participating in other delinquent behaviors to support their drug habit (Clark et al., 2012; Culiffe & Gacono, 2005).

Sexual Trauma and the Justice System

Many sexual abuse victims appear in the Juvenile Justice and Criminal Justice systems. A study conducted by Asberg and Renk found more women in prison disclosed

a history of sexual trauma than women in college (2013), suggesting that women who experience CSA have an increased risk of involvement with the criminal justice system. CSA has been associated with poor social adjustment (Lamoureux et al., 2012). When the population of juvenile delinquents or incarcerated women are reviewed, many are found to have significant mental health problems (Asber & Renk). The females tend to have lower self-esteem and decreased self-efficacy (Gover, 2004). The victims were also less educated (Clark et al., 2012) or exhibited cognitive deficits.

Rorschach and Trauma

The Rorschach is used to view the diversity in human reaction to traumatic events by assessing the cognitive process of a traumatic event, focusing on coping deficits, perceptual thinking, hypervigilance, and obsessive style (Arnon, Maoz, Gazit, & Klein, 2011). The Rorschach has been verified to identify indicators of sexual abuse (Breedy, 2015; Kikuchi, Kikuchi, Horikawa, & Horikawa, 2010). These researchers found three consistent signs within the Rorschach: aggression, sex responses, and lack of control in the color responses (Breedy, 2015; Kikuchi, 2010). This information is essential because the indicators correlate with Kamphuis, Kugeares, and Finn's research. Kamphuis, Kugeares, and Finn developed a trauma content scale and aggression index based on Rorschach indexes (TC/R) (2000). Their research discovered that survivors of sexual abuse reported high trauma content, which correlated with other research regarding sexual abuse and trauma. The trauma scale consists of nine variables: blood, anatomy, sex, morbid, aggression, aggression, personalization, and reflection (Kamphuis, Kugeares, & Finn, 2000).

The TC/R has shown to be a strong predictor of intrusive traumatic information on the Rorschach (Brand, Armstrong, Lowenstein, & McNary, 2009). Previous studies have focused on adult females receiving psychiatric services or present with dissociative and non-dissociative problems. The current study will investigate whether or not female adolescents involved in the juvenile justice system report the same or closely related indexes. While it is clear that the TC/R scale can be generalized to dissociative and non-dissociative adult women (Zodan, Hilsenroth, Charnas, Goldan, & Bornstein, 2014), there is no research suggesting the TC/R can also be generalized to the same extent in the adolescent population.

Variables of the Trauma Scale

The TC/R trauma scale was developed based on the trauma content from the Rorschach. The variables that are the focus of the trauma scale are responses that involve blood, anatomy, sex, morbidity, aggression, personalization, and reflection (Kamphuis, Kugeares, & Finn, 2000). Previous studies of African American teens identified a higher number of morbid responses on the Rorschach (Shapiro, Leifer, Martone, & Kassem, 1990).

Trauma Model

The Trauma Model appears to be the most complete theoretical structure to explain the effects of CSA. The Trauma Model "takes the CSA experience and looks for traumatic elements that fit the outcomes of a trauma experience" (Heiman & Heard-Davison, 2004). The PTSD literature derived from the view of this theory and research by Brewin, Andrews, and Valentine, found that childhood abuse and psychiatric history

provide some prediction of how an adult handles trauma (2000). The trauma Model has been researched extensively and provides information regarding how emotions work, conditioning, and the cognitive response to trauma (Heiman & Heard-Davison, 2004). There is one disadvantage of the Trauma Model; it does not address CSA that is not viewed or experienced as trauma and where no PTSD symptoms are being exhibited (Heiman & Heard-Davison, 2004).

Summary and Conclusions

The current study investigated the Rorschach trauma indexes' utilization to determine any identifiable differences between CSA survivors who are continually revictimized by their heightened sexual behaviors and those who report no CSA. No research focuses on the difference between teens who have been sexually abused and those who have no reported history of sexual abuse, based on their responses to the Rorschach. It is hoped that distinct differences between these groups are found, and mental health care providers have information to help determine a different way to approach treatment and intervention based on the survivor's specific needs. This research could provide pertinent information for future treatment and intervention to this population. The TC/R scale helps identify differences between individuals who have experienced trauma and those who report no trauma.

Chapter 3: Research Method

Introduction

Previous research found that, depending on the extent of the sexual abuse and the personality of the individual, CSA could cause the distress of the offense to manifest at different stages of an individual's life, making it difficult to fully understand the impact of the abuse at the time it occurs (Noll, 2008). As the child victim ages, they tend to exhibit the abuse's effect in different ways (Noll). Through my study, I hoped to identify and predict a difference between the sexual abuse victims and nonsexual abuse victims based on the variables identified in the Rorschach. It is hoped that a tailored intervention could be designed to address the specific needs of each group by using subscales from the Rorschach to identify common personality traits that may be risk factors for sexual acting out behavior in CSA victims. Suppose a more tailored intervention could be designed to fit the individual's specific needs and personality at an early age. In that case, the intervention could reduce revictimization, introduction into the criminal justice system, and minimize mental health problems. Although trauma-based programs fit many individuals, there is no specific therapy for victims of sexual trauma based on how they processed the experience and their personality traits. There is limited identifiable research addressing sexual abuse and nonsexual abuse population based on their responses to the Rorschach.

Research Questions and Hypotheses

Research Questions

RQ1: Do the trauma scales of the sexual abuse victims line up with the TC/R.

RQ2: Based on the interpretation of the Rorschach results, is there a difference between the profiles of the sexual abuse victims and non-victims of sexual abuse?

Hypotheses

H₀1: The sexual abuse victim's scales will line up with the TC/R research.

H₁1: The sexual abuse victim's scales will not line up with the research associated with the TC/R.

H₀2: There will be a significant difference between the female sexual abuse victims' profiles and non-victims of sexual abuse.

H₁2: There will be no difference between the female sexual abuse victims' profiles and non-victims of sexual abuse.

Research Design

The current study was quantitative using Independent T Tests to help identify differences between the variables. The research attempted to determine if, based on the Rorschach results' interpretation, are the clinical profiles of CSA victims different from those who did not experience sexual abuse but other forms of abuse? And based on the Rorschach results' interpretation, are there indicators that align with the Rorschach trauma scale that are common in female adolescents who have experienced sexual abuse, that may identify risk factors for sexual acting out in childhood sexual abuse victims? I examined whether a significant difference exists between the groups of female adolescents' profiles to help provide a platform for other researchers to create specialized interventions or help clinicians provide more effective treatments at an early age. It was

hoped that the county's data would help identify differences and likes between the groups.

The independent variables were female adolescents with a history of sexual abuse and those with no history of sexual abuse but are all involved in the juvenile justice system. Female adolescents are those who have an arrest history of delinquent sexual behaviors identified as prostitution or sex-trafficking. This research defines female teens with no arrest for delinquent sexual behavior as adolescents who only act out behaviorally. The dependent variables, based on the trauma content index variables of the Rorschach, were reflections (R), blood (Bl), anatomy (An), sex (Sx), morbid (Mor), aggression (AG), and personalization (Per). Other variables to be measured are human movement (M), inanimate movement (m), texture (T), shading/dimension (V), and Coping Deficit Index (CDI).

The Independent T Tests were used to assess possible differences between the responses of the groups. This particular design allows each variable to be analyzed individually (Field, 2009). The Independent T Tests looked at a series of variables from two groups identifying differences between independent variables responses (see Field, 2009). Using this analysis identified the differences between the two groups. It also helped determine which variables contributed to these profiles and their significance in each group. An attempt to identify common traits in how the participants process and manage trauma experiences by the analysis compared the different identified trauma variables to their responses and determined if a significant difference existed between the groups.

Using the Independent T Test method allowed me to see any similarities within the population, but most importantly, to explore possible differences. This research design was a viable choice because it could delineate traits or patterns within the population that could help determine a more direct manner to deliver treatment. Identifiable traits or patterns could help create and deliver a more tailored treatment at an early age, therefore minimizing the risks associated with CSA. If current treatment options can be adjusted and administered in a manner that is more receptive and beneficial to this population at an early age, it could reduce the side effects associated with the traumatic impact of the abuse. Proper intervention could also minimize the number of revictimized children and possibly decrease the number of adolescents who encounter the juvenile justice system.

Methodology

Population

There were 27 participants in this study. The target population consisted of females between the ages of 12 and 17 who reported a history of sexual abuse in their childhood and adolescents who only reported a history of physical abuse or neglect. The population was composed of African Americans, Caucasians, and Hispanic adolescent females involved in the juvenile justice system. Some participants were taken into custody due to being involved in sexual delinquency and sex trafficking. In contrast, others were involved in the system due to nonsexual delinquent behavior.

Sample

For this study, a convenience sample was used and included female adolescents with a history of being taken into custody for sexual revictimization and other delinquent behaviors. Some female adolescents have no history of sexual acting out or arrests but exhibit significant delinquent behaviors. The group of adolescents subjected to sexual revictimization are part of the CARE Court, which is designed to address the adolescent's issues based on their involvement in sex trafficking or behaviors that place them at increased risk of sexual revictimization.

The adolescents involved in the CARE Court were required to have a Rorschach inkblot test conducted to help the court obtain a better understanding of their psychological make-up. The comparative group is not part of the CARE Court, have no history of exhibiting delinquent sexual behaviors, but are involved with the juvenile justice system. This group of adolescents has a reported history of CSA and were administered the RIM based on their history and the needs of the particular juvenile court requirements. All participant information was obtained from the court coordinator and matched to the information in the Exner system located in the juvenile justice forensic psychology computer system. Once the information was obtained, a nonidentifiable number was assigned to them to ensure they are unidentifiable. No informed consent was required.

The participant names came from the CARE Court Coordinator, and their Rorschach report was accessed from the forensic psychology computer system. I searched the central computer for female adolescents who have acknowledged no history

of CSA and have no reported history of sexual victimization. The individuals Rorschach reports were extracted from the Exner system and used as the comparison group. The study participants were between the ages of 12 and 17 and have either been taken into custody for sex trafficking, sexual revictimization, or delinquent behaviors.

Sample Size and Effect

To determine the sample size needed to compare the independent groups' means, a power analysis was conducted using the G*Power statistical analysis system (Faul, Erdfelder, Buchner, & Lang, 2009). Based on the type of analysis used for the current study, the power analysis suggested 88 participants be included per group to ensure a reliable power at 0.95. However, there were only 27 participants available.

Power Level and Alpha

Power is said to be a function of alpha, the sample size, and the true hypothesis (Howell, 2007). The power level obtained from the sample analysis is .95 with an alpha of .05, signifying a 95% chance of rejecting the null hypothesis.

Data Collection

The current study used archival data that consisted of adolescent females with a history of sexual abuse or no sexual abuse but have a history with the large suburban juvenile justice department. Some of the participants were involved with the juvenile CARE Court, which is designed to work with adolescents in custody for sex crimes, such as sex trafficking. The participants received the administration of the Rorschach, which is the data used specifically for this study. The Rorschach results were accessible from the Exner computer system on a computer located at the juvenile justice center located in a

large suburban community juvenile psychological services department. The participants who met the study's requirements were extracted, deidentified, and used their information for the study.

To access the data for this study, I submitted an approved proposal from Walden University to the juvenile justice center located in a large suburban community research review committee to obtain approval. The office provided approval, and it was possible to obtain a list of the female participants of the CARE Court and received a list of female adolescents from the psychological services department of the girls who reported a history of CSA during their psychological evaluation. I compiled a list of participants and extracted their information from the Exner system. Each participant was deidentified and assigned an identifier to protect their identity.

Instrumentation and Operationalization

Rorschach

The current study compared the Rorschach results of sexually abused and non-sexually abused female adolescents involved with the juvenile justice center located in a large suburban community for sexual exploitation, delinquent sexual behaviors, and nonsexual delinquent behaviors. Hermann Rorschach developed the Rorschach and comprises ten cards with inkblot figures (Exner, 2003). The Rorschach is appropriate for this study because it provides an individual's psychological characteristics; it provides a unique mixture of the individual's assets, liabilities, and response tendencies (Exner). The cards are ambiguous and allow the individual to "create" their answer (Exner). The

Rorschach allows the researcher to gain information regarding how the individual processes information and integrate their experiences into their answers (Exner).

Permission

The researcher used archival data to gain information for the research. The researcher submitted their approved proposal from their educational institution to the juvenile justice center located in a large suburban community research review committee and obtained approval to use the archival data to access the data for this study.

Test Reliability and Validity

The validity of the Rorschach and its variables is controversial and has been heavily researched. It is noted that the validity of the Rorschach can be impacted by the test administrators' experience and understanding of the test, how well they understand people and personality, and their knowledge of psychopathology and maladjustment (Exner, 2003). Hiller et al. found that the Rorschach's validity is equal to that of the MMPI (1999). The test's reliability is based on the psychological state of the person taking the test, although their personality traits, habits, and response style lays the foundation for their responses (Exner, 2003).

Zivney, Nash, and Hulsey (1988) conducted research with youth who experienced sexual abuse at different stages of their lives and found that individuals with a history of sexual trauma showed significantly more Morbid and Blood responses than those with no history of sexual trauma. Briere (1989) found a higher frequency of blood, anatomy, and sexual content in identified victims of sexual trauma (As cited by Breedy, 2011). Breedy found in her study that girls with a history of sexual abuse produced a group means of

1.05 for blood content, anatomy answers with a group mean of 1.78, and a group means of 2.2 for sexual content (Breedy).

The Trauma Content Index of the Rorschach (TC/R), according to Armstrong and Lowenstein, is comprised of the sum of ratios produced by these scales: Reflections (R), Blood (Bl), Anatomy (An), Sex (Sx), Morbid (Mor), Aggression (AG), and Personal (Per) (1990). The TC/R has been researched for its validity and reliability when assessing Dissociative Disorders, sexual trauma, and aggression. The TC/R scale was created by Armstrong and Loewenstein and suggested that as the trauma content increases, so does the extent to which the individual experiences traumatic intrusions from their past (1990). Patients with a dissociative disorder and a history of trauma, not explicitly sexual trauma, had an average score of .50 on the TC/R (Kamphius, Kugeares, and Finn, 2000).

Studies suggest that females who have a history of sexual abuse provide elevated TC/R scores. Kamphius, Kugeares, and Finn found that trauma survivors diagnosed with PTSD or Dissociative Disorders, when administered the Rorschach, showed similar content in their responses (2000). These individuals identified blood and anatomy responses more often than the average person (see citation). A previous study found that sexually abused African American youth identified a high number of morbid responses (Shapiro et al., 1990, as cited by Kamphuis et al., 2000).

Kamphius, Kugeares, and Finn (2000) found that women who have a documented history of sexual trauma provided a mean of .33 on the TC/R instead of participants with no documented history of sexual abuse (mean of .18). They found a direct correlation between the presence or severity of abuse and the scores on the TC/R (see citation). They

also compared the mean scores of individuals who reported no history of sexual abuse but reported other abuse forms. The mean scores for these groups were much lower than those with a reported and/or suspected history of sexual abuse (Kamphuis et al., 2000).

Researchers Nordstrom, and Carlsson, extended the TC/R study to include individuals who did not have a dissociative disorder (Zodan et al., 2014). The researchers found that individuals who reported no history of sexual abuse had an average mean of .35; those with a suspected history of sexual abuse resulted with a mean of .41, and those with a reported history of sexual abuse had an average score of .51 (Zodan et al.). They also found that women who were sexually abused as adults provided an even higher mean of .77 (Kamphuis et al., 2000).

Several researchers have replicated or extended the Armstrong and Loewenstein study and consistently found a difference between those who experienced trauma and those who reported no trauma. It is believed that the TC/R could be "generalized to non-dissociative sexual abuse survivors" (Kamphuis et al., 2000). The TC/R has been researched and validated by many researchers and appears to be consistent across researchers.

Threats to Validity

Threats to External Validity

There are several threats to external validity. Validity is dependent on the experience of the examiner and the examinee's response to the stimuli and could easily impact the validity of the data (Exner, 2003). Some threats to validity are the experience of the individual administering the blots (Exner). Some administrators have more

experience than others. The administrators' level of experience could impact their ability to prompt the individual for additional information, what they write on the form, and how they interpret the information the examinee provides (Exner). Another threat to validity is the examinee's response to the examiner. If the examiner does not establish rapport, the individual may be reluctant to respond and not give additional details, even when prompted. The examinee's mental state at the time and their attitude toward the process are also threats to external validity (see citation).

Threats to external validity were addressed by ensuring that the same trainer equally trains most examiners. Attempts were made to ensure the examinee was comfortable and not upset during the test administration and provided sufficient answers to the blots. When the information is logged into the system, the examiner is trained to input all information and recheck the information to ensure the input is accurate.

Threats to Internal Validity

Threats to internal validity involve the respondent's history and if they were honest about their sexual abuse experiences. The examiner completed a clinical interview that included an extensive history covering trauma and sexual abuse instances to reduce validity threats. The examiner also reviews the individual's juvenile record and interviews other pertinent individuals to ensure they validate the information provided by the examinee.

Threats to Statistical Conclusion Validity

Possible threats to statistical conclusion validity are the actual administration of the tool. If the examiner did not correctly administer the blots, the information received

will not be accurate and cause the statistics to be invalid. If the examinee does not provide valid information or is resistant, the data analyzed will be invalid.

The participants could also make the results invalid. Suppose a participant indicates they have never been sexually abused but, in fact, are a victim of sexual abuse. In that case, their results will align with those who report the sexual trauma and affect the data results.

Ethical Procedures

Archival data from the juvenile justice center located in a large suburban community department was used for this research project. The researcher presented the proposal to the research review committee of the juvenile justice center located in a large suburban community and obtained approval to access the archival data. Before the approval letter was given, the proposal must have been approved by the researcher's URR.

The data were extracted from the Exner computer system and deidentified. Once the participant test results were taken from the system, their identifiable information was removed, and a random number assigned to them. There was no identifying information attached to the participants' information. Only the researcher and Dr. Uche Chibueze, the Juvenile Probation Forensic Psychology supervisor, had access to the data. The data were stored and locked in a file cabinet in the office of the researcher, and once the research is approved, the data will be shredded and discarded.

Summary

The current research used archival data from the juvenile justice center, located in a large suburban community. The researcher extracted the Rorschach results from the system. The participants consisted of female adolescent teens, ages 12 and 17, who are involved with the juvenile justice system. The variables used were based on the variables identified on the trauma scale. The variables were analyzed to determine a difference between sexual abuse victims and those who report no history of sexual abuse but have a history of trauma. A distinct difference between the two groups' responses, once the data were analyzed, could make it possible to draw conclusions that could help identify how to tailor treatment to this population of trauma victims.

Chapter 4: Results

Introduction

The purpose of this study was to explore possible relationships between victims of sexual abuse and those with no reported sexual abuse based on their responses to the Rorschach. In this chapter, the findings of the data analyses are presented. Descriptive statistics were used to examine the trends in the nominal and interval-level variables of interest. The research questions were addressed using Independent-sample *t* tests. A Statistical significance was evaluated at the generally accepted level $\alpha = .05$. Ratio analysis was also conducted using seven of the variables directly associated with the TC/R.

Data Collection

Archival data were used for this research project. Initially, more participants were expected, but due to restrictions placed on the provider's usage, the population was limited. The data consisted of female adolescents between the ages of 12 and 17. The participants were part of a specialized court and adolescents who were on probation within the juvenile justice system located in a large suburban community. The sample is not as representative as desired due to the low number, but it does provide a good baseline for the population the research was attempting to explore.

Descriptive Statistics

A total of 27 participants were recruited for this study and completed the survey. Twenty participants (74.1%) experienced sexual abuse, and seven participants (25.9%) experienced no sexual abuse. The seven participants with no sexual abuse consisted of

one 12-year-old, three 13-year-olds, one 15-year-old, one 16-year-old, and one 17-year-old. The 20 participants with a reported history of sexual abuse consisted of one 12-year-olds, four 13-year-olds, five 14-year-olds, five 15-year-olds, and five 16-year-olds. Table 1 presents the frequencies of the nominal-level variables.

Table 1

Frequency of Sexual Abuse (n=27)

Variable	<i>N</i>	%
Experienced sexual abuse		
Yes	20	74.1
No	7	25.9

These are the scores received from the analysis of Rorschach results. The Reflection scores ranged from 0.00 to 1.00, with $M = 0.15$ and $SD = 0.36$. Blood scores ranged from 0.00 to 3.00, with $M = 0.63$ and $SD = 0.79$. Anatomy scores ranged from 0.00 to 5.00, with $M = 1.33$ and $SD = 1.54$. Sex scores ranged from 0.00 to 3.00, with $M = 0.41$ and $SD = 0.80$. Morbid scores ranged from 0.00 to 5.00, with $M = 1.33$ and $SD = 1.44$. Aggression scores ranged from 0.00 to 7.00, with $M = 0.67$ and $SD = 1.80$. Personalization scores ranged from 0.00 to 9.00, with $M = 1.67$ and $SD = 2.69$. Human movement scores ranged from 0.00 to 3.00, with $M = 0.63$ and $SD = 0.93$. Inanimate movement scores ranged from 0.00 to 2.00, with $M = 0.22$ and $SD = 0.51$. Texture scores ranged from 0.00 to 0.00, with $M = 0.00$ and $SD = 0.00$. Coping scores ranged from 0.00 to 1.00, with $M = 0.63$ and $SD = 0.49$. Shading scores ranged from 0.00 to 1.00, with M

= 0.07 and $SD = 0.27$. Descriptive statistics for the base knowledge items are presented in Table 2.

Table 2

Descriptive Statistics for Rorschach Scales

Variable	<i>n</i>	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>SD</i>
Reflection	27	0.00	1.00	0.15	0.36
Blood	27	0.00	3.00	0.63	0.79
Anatomy	27	0.00	5.00	1.33	1.54
Sex	27	0.00	3.00	0.41	0.80
Morbid	27	0.00	5.00	1.33	1.44
Aggression	27	0.00	7.00	0.67	1.80
Personalization	27	0.00	9.00	1.67	2.69
Human movement	27	0.00	3.00	0.63	0.93
Inanimate movement	27	0.00	2.00	0.22	0.51
Texture	27	0.00	0.00	0.00	0.00
Coping	27	0.00	1.00	0.63	0.49
Shading	27	0.00	1.00	0.07	0.27

Non-Parametric Assumptions

Before analyzing the research questions, the non-parametric assumption of homogeneity of variance was verified on the Rorschach measures.

Homogeneity of Variance Assumption

Levene's tests were used to examine the homogeneity of variance assumption. The Levene's test verifies whether the variance of the variables is approximately equal by the levels of the independent variable (Howell, 2013).

Significance on the Levene's test suggests that the assumption for homogeneity of

variance is not met. The findings of each Levene's test on the Rorschach measures were not statistically significant (all $p > .05$), indicating that the assumption for homogeneity of variance was met for the variables.

Detailed Analysis

Research Question 1

RQ1: Based on the interpretation of the Rorschach results, is there a difference between the profiles of the sexual abuse victims and non-victims of sexual abuse?

H_{01} : There will be a significant difference between the female sexual abuse victims' profiles and non-victims of sexual abuse.

H_{12} : There will be no difference between the female sexual abuse victims' profiles and non-victims of sexual abuse.

To address the first research question, a series of independent sample t tests were conducted to examine for differences in each of the Rorschach scales by sexual abuse experience. There were statistically significant differences in the Anatomy scores by the experience of sexual abuse, $t(25) = 4.28, p < .001$. Participants who experienced sexual abuse ($M = 0.75$) had significantly lower Anatomy scores in comparison to participants who did not experience sexual abuse ($M = 3.00$). There were statistically significant differences in Personalization scores by the experience of sexual abuse, $t(25) = 2.82, p = .009$. Participants who experienced sexual abuse ($M = 0.90$) had significantly lower Personalization scores in comparison to participants who did not experience sexual abuse ($M = 3.86$). Table 3 presents the independent sample t tests for the Rorschach scales by the experience of sexual abuse.

Table 3

Independent Sample T Test for Rorschach Scales by Experience of Sexual Abuse

Rorschach Scales	Experienced Sexual Abuse			Did not experience sexual abuse			<i>t</i> (25)	<i>p</i>
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>		
Reflection	20	0.15	0.37	7	0.14	0.38	-0.04	.965
Blood	20	0.55	0.76	7	0.86	0.90	0.88	.387
Anatomy	20	0.75	0.91	7	3.00	1.83	4.28	<.001
Sex	20	0.45	0.89	7	0.29	0.49	-0.46	.648
Morbid	20	1.20	1.36	7	1.71	1.70	0.81	.427
Aggression	20	0.40	1.57	7	1.43	2.30	1.32	.198
Personalization	20	0.90	1.62	7	3.86	3.93	2.82	.009
Human Movement	20	0.60	0.94	7	0.71	0.95	0.28	.785
Inanimate Movement	20	0.20	0.52	7	0.29	0.49	0.38	.708
Coping	20	0.60	0.50	7	0.71	0.49	0.52	.607
Shading	20	0.10	0.31	7	0.00	0.00	-0.85	.404

Research Question 2

RQ2: Do the trauma scales of the sexual abuse victims line up with the TC/R.

*H*₀2: The sexual abuse victim's scales will line up with the TC/R research.

*H*₁2: The sexual abuse victim's scales will not line up with the research associated with the TC/R.

To address the second research question, a descriptive analysis was conducted with the sexual abuse group's data to assess the means of the Reflection, Blood, Anatomy, Sex, Morbid, Personalization, and Aggression scales.

These are the scores received from the analysis of Rorschach results when only looking at the sexual abuse victims and the variables associated with the TC/R scale. The Reflection scores ranged from 0.00 to 1.00, with *M* = 0.15 and *SD* = 0.36. Blood scores ranged from 0.00 to 3.00, with *M* = 0.55 and *SD* = 0.75. Anatomy scores ranged from

0.00 to 3.00, with $M = .75$ and $SD = .910$. Sex scores ranged from 0.00 to 3.00, with $M = 0.45$ and $SD = 0.88$. Morbid scores ranged from 0.00 to 5.00, with $M = 1.20$ and $SD = 1.36$. Aggression scores ranged from 0.00 to 7.00, with $M = 0.40$ and $SD = 1.56$. Personalization scores ranged from 0.00 to 7.00, with $M = .90$ and $SD = 1.061$. Descriptive statistics for the base knowledge items are presented in Table 4.

Table 4

Analysis for TC/R Scale Variables

Variable	<i>n</i>	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>SD</i>
Reflection	20	0.00	1.00	0.15	0.36
Blood	20	0.00	3.00	0.55	0.75
Anatomy	20	0.00	3.00	0.75	0.75
Sex	20	0.00	3.00	0.45	0.88
Morbid	20	0.00	5.00	1.20	1.36
Aggression	20	0.00	7.00	0.40	1.56
Personalization	20	0.00	7.00	0.90	1.61

Summary

The purpose of this study was to explore possible differences between victims of sexual abuse and those with no reported history of sexual abuse based on their responses to the Rorschach. In this chapter, the findings of the data analyses were presented.

Descriptive statistics were used to assess the trends in the nominal and interval-level variables of interest. Independent sample *t*-tests were used to examine each of the subscales individually. The findings of the independent sample *t* tests were statistically significant for Anatomy and Personalization scores. For both scales, the group who had experienced sexual abuse scored lower than the group who had not experienced sexual

abuse. The Anatomy variable was a significant predictor variable for an experience of sexual abuse.

In the next chapter, the data analysis findings will be explored further in connection with the literature.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

This chapter includes three sections: Summary of Findings, Conclusion, and Recommendations for Future Research. In the Summary of Findings, an overview of the study methodology and results are provided. The Conclusions section includes a discussion of the findings for each of the two hypotheses as well as inferences drawn from the results. The Recommendations section provides areas for further research.

The purpose of this exploratory study was to examine possible differences between CSA victims and non-CSA victims in their responses to the trauma scale of the Rorschach. The study was conducted to explore possible differences between individuals with a history of sexual trauma and those with no reported sexual trauma. If a difference was identified, it could provide insight into approaching treatment and intervention with this population. It would also help to show that the research aligns with previous research that focused on the adult female population and younger children. This chapter presents data collected and the findings based on that data. There should have been more participants, but due to changes and restrictions with the site responsible for the data, the number of participants is significantly different than initially reported.

Summary of Findings

This study used a quantitative design and an archival data set of adolescent females involved with the juvenile justice system due to being sex trafficked, involved in high-risk sexual behaviors, or other delinquent behaviors. The group with a history of sexual abuse are involved in a special court, and the group with no reported history of

sexual trauma are involved with juvenile probation. Because of their behaviors and sexual trauma, the participants were administered a Rorschach Inkblot test. The study explored possible differences between the two groups based on their responses to the Rorschach cards. A total of 27 participants' information was used for this study. Twenty of the participants (74.1%) experienced sexual abuse, and seven participants (25.9%) experienced no sexual abuse. A Levene's test on the Rorschach measures was not statistically significant (all $p > .05$), indicating that the assumption for homogeneity of variance was met for the variables. Independent t tests were used to analyze the data, and the findings are reported based on those test results.

Interpretation of the Findings

The research questions were addressed using independent-sample t tests. A series of independent sample t tests were conducted to examine for differences in each of the Rorschach scales by sexual abuse experience. There were statistically significant differences in Anatomy scores by the experience of sexual abuse, indicating that the participants who experienced sexual abuse ($M = 0.75$) had significantly lower Anatomy scores in comparison to participants who did not experience sexual abuse ($M = 3.00$). There were statistically significant differences in Personalization scores by the experience of sexual abuse, $t(25) = 2.82, p = .009$. Participants who experienced sexual abuse ($M = 0.90$) had significantly lower Personalization scores in comparison to participants who did not experience sexual abuse ($M = 3.86$).

The findings indicate that the group who did not endorse a history of childhood sexual abuse endorsed more anatomy and personalization responses. Anatomy refers to

responses that identify parts of the body, skeletal, muscular, or internal anatomy (Exner, 2003). Individuals who make anatomy responses have been shown to have a history of sexual trauma (Scortegagna, 2016). The personalization response refers to personal responses and a way of reassuring oneself (Exner). For both scales, the group who experienced sexual abuse scored lower than the group who had not experienced sexual abuse. Their results go against previous research. Kamphius, Kugeares, and Finn (2000) discovered that survivors of sexual abuse reported high trauma content, which correlated with other research regarding sexual abuse and trauma. The findings did not align with previous research findings, indicating that the two groups were similar in their responses, except in the area of anatomy and personalization. Previous research found that individuals who have a history of sexual trauma tend to endorse more instances of reflections, blood, anatomy, sex, morbid responses, aggression, and personalization responses than individuals who report no history of sexual trauma (see citation). The Trauma C/R scale has shown to be a strong predictor of intrusive traumatic information on the Rorschach (Brand et al., 2009) in the adult population. Still, there is no research suggesting the TC/R can also be generalized to the same extent in the adolescent population.

Limitations of the Study

This study had several limitations. The number of participants was significantly lower than expected, which limited the variability of the data set. The size difference between the two groups was also a limitation and did not provide an accurate picture of the target population. If there had been more participants of each group, more variance

might have been seen between them. The available archival data were likely from the population of adolescents with the most severe behaviors and sexual trauma, limiting the generalizability of the study results.

Also, the individuals make self-reports of the experience of sexual abuse or no sexual abuse. Suppose the adolescent wasn't ready to disclose CSA. In that case, they might have indicated 'no.' If abuse is denied but occurred, the responses could resemble the profile of an adolescent who revealed CSA. Based on the results, it appears that some of the participants who denied a history of sexual abuse may have, in fact, experienced that form of abuse. It is also important to note that even though the current research participants did not report sexual abuse, they did experience other forms of abuse. Their history of trauma could have impacted the outcome and skewed the results based on how they processed the trauma.

The research scope was limited to female adolescents involved with the juvenile justice center located in a large suburban community. The teen's sexual abuse experiences are different, and some were more severe than others. The type of sexual misconduct and behaviors the adolescents exhibited were varied and at varying levels.

Recommendations

The findings of this study did not align with previous research. The findings could be due to the previously discussed limitations. Future research should look at the same population but attain more participants. It might also be helpful to conduct a short interview with each participant in an attempt to ensure that the previous endorsement of sexual status is accurate. Because the research with this population is limited with the use

of the trauma scale, it could be beneficial to research the two groups separately. It may also be useful to research a group of adolescents involved with the criminal justice system who report no form of abuse.

Although the results did not have the predicted outcome, they are still relevant. The TC/R has mainly conducted their research on adults with a reported history of sexual abuse, but knowing how the results differ in adolescents could provide insight and encourage further research. If the results from future research are the same as the results of this exploratory research, the TC/R could be expanded to assess not only adolescent victims of sexual abuse but also female adolescents of physical abuse. If the results continue to follow this pattern, it is an indicator that all trauma experienced as a child is processed similarly and impacts the child in many of the same ways. Future research could help psychology determine how better to work with children at an early age and reduce the risk of sexual revictimization, sex trafficking, mental health problems, and involvement with the juvenile justice and criminal justice systems.

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