

Syracuse University

SURFACE

Dissertations - ALL

SURFACE

August 2016

Child sexual abuse, interpersonal difficulties, and staying in relationships with intimate partner violence: a preliminary study

En-Ting Hsu
Syracuse University

Follow this and additional works at: <https://surface.syr.edu/etd>



Part of the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Hsu, En-Ting, "Child sexual abuse, interpersonal difficulties, and staying in relationships with intimate partner violence: a preliminary study" (2016). *Dissertations - ALL*. 614.

<https://surface.syr.edu/etd/614>

This Thesis is brought to you for free and open access by the SURFACE at SURFACE. It has been accepted for inclusion in Dissertations - ALL by an authorized administrator of SURFACE. For more information, please contact surface@syr.edu.

Abstract

This study explores the relationship between child sexual abuse, interpersonal difficulties, and intimate partner violence. Three inventories were used to assess each factor in this research: child violence experience (5 items), interpersonal difficulties (16 items), and adult violence victimization (3 items). Twenty-ninth females from the Syracuse University Couple and Family Therapy Center completed inventories. Respondents were categorized into four groups: no victimization (group 1); child violence (CV) victimization with no adult revictimization (group 2); CV with single adult victimization (group 3); CV with long-term intimate partner violence (IPV) victimization (group 4). The researcher hypothesized that 1) child sexual abuse (CSA) will lead to adult interpersonal difficulties; 2) Re-victimized CSA survivors will have more interpersonal difficulties than those CSA survivors who have not experienced IPV; and 3) CSA victims who stay in IPV relationships will have more interpersonal difficulties. The sample size was small so descriptive and correlational analysis was also conducted. The preliminary results show that CSA can lead to some interpersonal difficulties. The pattern of interpersonal difficulties across four groups were presented, which indicated that people who stayed in abusive intimate relationships might have different profiles from people who experienced single or short-term revictimization. Limitations of this study and suggestions for future researches were included.

CHILD SEXUAL ABUSE, INTERPERSONAL DIFFICULTIES, AND STAYING IN
RELATIONSHIPS WITH INTIMATE PARTNER VIOLENCE: A PRELIMINARY STUDY

by

En-Ting Hsu

M.A., MFT, Syracuse University, 2016

Master Thesis

Submitted in partial fulfillment of the requirements for the degree of
Master of Arts in *Marriage and Family Therapy*

Syracuse University

May 2016

Copyright © En-Ting Hsu 2016
All Rights Reserved

Table of Contents

Introduction.....	1
Literature Review.....	1
Child Sexual Abuse.....	1
Intimate Partner Violence.....	2
The Relationship between Child Sexual Abuse and Intimate Partner Violence.....	2
Interpersonal Difficulties as a Mediator.....	3
Method.....	5
Procedure.....	5
Measures.....	5
Participants.....	6
Analysis.....	11
Result.....	12
Discussion.....	18
Limitation and Suggestion.....	20
References.....	22
Addendum: measures.....	25
Vita.....	27

List of Tables and Figures

Table 1: Demography Background of Respondents.....	7
Table 2: Types of Childhood Trauma Experience.....	8
Table 3: Types of Adulthood Trauma Experience.....	9
Table 4: Trauma Information by Groups.....	10

Table 5: Correlation between Types of Childhood Trauma.....	13
Table 6: Correlations between Childhood Trauma at Home, Interpersonal Difficulties, and IPV.....	14
Table 7: Correlation between Types of Adult Victimization and Interpersonal Difficulties.....	15
Table 8: Descriptive Statistics and ANOVA of Four Groups on IIP-SC Subscales.....	16
Figure 1: Mean Scores on the Interpersonal Difficulties by Different Groups.....	17

Introduction

Intimate partner violence (IPV) has affected millions of women in the US (Black, Basile, Breiding, Smith, Walters, Merrick, & Stevens, 2011). Some researchers are beginning to see IPV as a special form of revictimization (e. g., Messman-Moore, Walsh, & DiLillo, 2010). Child sexual abuse (CSA) may increase the risk of intimate partner violence (IPV) victimization (Coid, Petrukevitch, Feder, Chung, Richardson, & Moorey, 2001), yet, insufficient attention has been given to exploring factors that keep CSA victims in abusive relationship as adults.

Literature review

Child Sexual Abuse (CSA)

Many researchers define CSA as “unwanted sexual contact” before age 18, and provide no details for specific behaviors, while others include behaviors as being kissed in a sexual way, genital fondling, or demands for sexual touch by adults (Briere & Elliott, 2003; Gagné, Lavoie, & Hébert, 2005). On a U.S. national report, 9.5 percent is the prevalence rate for sexual abuse among girls (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau, 2015).

CSA survivors have a range of psychological sequelae, which include but are not limited to low self-esteem, anxiety, depression, anger, dissociation, and distorted sexual beliefs. Survivors are prone towards substance abuse, suicide, self-harm, and risky sexual behaviors. It has been found that CSA is a significant risk factor for revictimization both sexually and physically (e. g., Messman-Moore & Long, 2003; Trickett, Noll, & Putnam, 2011).

Intimate Partner Violence (IPV)

In this research, intimate partner violence (IPV) is defined as sexual violence and physical violence. IPV is different from violence perpetrated by strangers. It is often a process rather than a single incident. More than one third of females who report sustained physical and/or sexual violence knew that their partners were violent from their first date. Also, females who experienced repeated violence from the same partner tend to be more severely assaulted and more vulnerable to future violence, compared to others who experience repeated violence from different partners (Gagné, Lavoie, & Hébert, 2005).

The lifetime prevalence of intimate partner sexual violence (IPSV) and intimate partner physical violence (IPPV) is about 8.8% and 31.5% respectively among women. In addition, IPSV contribute to 45.4% of rape and 74.1% of coercion of adult sexual violence (ASV) (Black, Basile, Breiding, Smith, Walters, Merrick, & Stevens, 2011).

The Relationship between Child Sexual Abuse and Intimate Partner Violence

Messman-Moore and Long's (2003) review concluded that child sexual abuse (CSA) survivors are 2-11 times more likely than non-CSA victims to experience adult assault. More than one-third (35.2 %) of women victims who were raped as minors also reported a rape incident as an adult, compared to only 14.2 % for women without such traumatic childhood experience (Black, Basile, Breiding, Smith, Walters, Merrick, & Stevens, 2011).

CSA female victims are twice as likely to experience sexual or physical violence by their intimate partner, compared to non-victims (Fanslow, Robinson, Crengle, & Perese, 2007). Specifically, about 53% of CSA survivors have experienced IPPV (Trickett, Noll, & Putnam, 2011).

Several mediators between CSA and revictimization have been identified, such as alcohol and drug use, risky sexual behavior, PTSD, poor risk recognition, and dissociation (e. g., Messman-Moore & Long, 2003; Noll, Trickett, & Putnam, 2003). However, interpersonal difficulties may be a better explanation for revictimization in the context of an intimate relationship (Messman-Moore, Walsh, & DiLillo, 2010). The concept “interpersonal difficulties” covers the dynamic of attachment and the aspect of emotion dysregulation, giving a multi-dimensional profile into the complexity of relationships.

Interpersonal Difficulties as a Mediator

Child sexual abuse (CSA) creates dynamics of powerlessness, betrayal, and stigmatization (Finkelhor & Browne, 1985). As a result of the dynamic of powerlessness, survivors tend to have difficulty saying “no” (Gelinas, 1983). Instead of fighting to escape, they learn to focus on minimizing injury and coping with pain while facing danger (Walker & Browne, 1985). For example, learning that the expression of anger can lead to another incident of abuse or a disconnection to significant others, CSA victims tend to mask their anger response with passivity by denying the seriousness of the abuse (Walker, 1981).

External or internal stigmatization and feelings of betrayal could disrupt interpersonal relationships. CSA victims reported they have fewer friends, less trust, and satisfaction in their relationships (Gold, 1986; Feiring, Rosenthal, & Taska, 2000), and suffer from isolation (Courtois, 1979). A weaker social network might be a barrier for revictimized women to leave a relationship when it becomes abusive.

Unfortunately, the dynamic of CSA rewards victims for fulfilling the perpetrators’ needs in expense of their own (Gelinas, 1983). CSA victims have very little idea of how to balance

obligation and entitlement in relationships, and tend to be exploited in subsequent relationships (Gelinas, 1983). Classen, Field, Koopman, Nevill-Manning, & Spiegel (2001) found that revictimized CSA survivors were more nonassertive, socially avoidant, and overly nurturant than non-revictimized survivors. All of these interpersonal tendencies may help CSA victims survive as children and adolescents who have to depend on others physically, financially, and psychologically, yet, keep CSA victims in abusive relationships after they grow into adulthood.

Although child sexual abuse (CSA) and its relationship with revictimization has been widely researched, only a few studies focus on the specific re-victimized population who stay in abusive intimate relationships. This research is intended to focus on the relationship between interpersonal difficulties, child sexual abuse (CSA), intimate partner violence (IPV), and staying in abusive relationships. I hypothesize that 1) CSA will lead to adult interpersonal difficulties; 2) re-victimized CSA survivors will have more interpersonal difficulties than those CSA survivors who have not experienced subsequent trauma in their adulthood; and 3) CSA victims who stay in IPV relationships will have more interpersonal difficulties.

Although it could be valuable to include a diverse population in this research, this research focused on female victims in intimate relationships because it was a preliminary study with a small number of subjects.

Method

Procedure

After receiving approval from the MFT Department and SU's IRB, therapists in SU's Couple and Family Therapy Center collected data from all adult clients who were willing to complete the research package. Only adult females were included as participants in this research. Twenty-nine participants completed all inventories. One participant did not finish the Child Abuse Questionnaire.

Measures

Child abuse. Child abuse was measured by respondents' answers to five. This Child Abuse inventory was used by the researcher because it is a part of the assessment package affiliated with Syracuse University. Respondents were asked to rate the frequency (on a 5-point scale, 1: very often, 2: fairly often, 3: sometimes, 4: hardly ever, 5: never) of physical abuse that happened to them, happened to other children at home, physical violence between caregivers, and sexual abuse that happened to them, happened to other children in their family.

Revictimization. Revictimization was measured using the SU Victimization Survey, which has three questions. The measure was created by the researcher because these questions are not part of the assessment package. Responders were asked to identify whether they had experienced sexual or physical violence and from whom after age 18. If they have experienced IPV after age 18, they continue to answer the frequency of the IPV and the duration of the relationship after the first violent incident in their most difficult relationship in which the violence occurred. Respondents who experienced multiple violent incidents, yet stayed in the intimate relationship more than six months, were defined as the population who stay in abusive relationships (stay in IPV relationship). The combination of Child Abuse and Revictimization constitutes four

subgroups.

Interpersonal difficulties. Four subscales of the inventory of interpersonal problems short circumplex form (IIP-SC) (Soldz, Budman, Demby, & Merry, 1995) were utilized in this research because it is not included in the assessment package. They were: socially avoidant (e.g. It's hard for me to socialize with other people), nonassertive (e.g. It's hard for me to let other people know when I am angry), overly nurturant (e.g. I try to please other people too much), and exploitable (e.g. I am too easily persuaded by other people). Each of these included four items. Respondents rated how distressing they find the problem on a 5-point scale (0: not at all, to 4: extremely). According to Soldz, Budman, Demby, & Merry (1995), this inventory was reported to have excellent internal consistency reliability (coefficient Alphas =0.75~0.84) and strong correlations with the inventory of interpersonal problems circumplex ($r=91\sim94$). In this study, IIP-SC reported to have a good internal consistency for the whole scale (Cronbach's = .88), and for each subscale (coefficient Alphas =0.76~0.85). To amplify the pattern with a small sample size, this researcher used ($\bar{X}+\sigma$) as cut point to distinguish the high score group from the rest. It varied among each subscale: social avoidant ($\bar{X}= 4.69$, $SD= 3.60$); non assertive ($\bar{X}= 7.03$, $SD= 3.78$); exploitable ($\bar{X}= 6.07$, $SD= 3.14$); over-nurturant ($\bar{X}= 8.76$, $SD= 3.57$).

Participants

In total, 29 adult female clients, from SU's Couple and Family Therapy Center participated in this research. The age ranges from 19 to 76 with a mean 40.92 ($SD=14.95$). Demography information is summarized below (see Table 1).

Table 1

Demography Background of Respondents*

		n	%
Relationship status	Married	11	37.9
	Committed relationship	4	13.8
	Separated/ Divorce	4	13.8
	Others	10	34.4
Race	Caucasian	27	93.1
	Hispanic/ Latino	1	3.4
	Missing data	1	3.4
Occupation	Executive/ Advanced professional	5	17.2
	Admin personnel/ Small business owner	3	10.3
	Unemployed	6	20.7
	Others	15	51.7
	Income	More than 70000	10
	20000-29999	4	13.8
	Less than 10000	7	20.7
	Others	8	27.5
Education	Bachelor's degree	12	41.4
	High school/ Some high	6	20.6

school		
Associate's degree	5	17.2
Others	6	20.6

* Summarize the top three categories in each aspect

Sixty-four percent of respondents reported to have experienced physical or sexual violence in their household as children, while only 10.7 % reported to be sexually victimized as a child (see Table 2), which is similar to the U.S. national statistic report (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2015). As an adult, 6.9 % reported to have experienced sexual or physical violence by parents; 3.4 % by siblings; 3.4 % by stranger, and 20.7 % reported sexual or physical violence by an intimate partner (see Table 3). The rate of IPV falls within the range suggested in the literature (Black, Basile, Breiding, Smith, Walters, Merrick, & Stevens, 2011). For those respondents who were victimized in intimate partner relationships, all stayed in those relationships more than one year. Two respondents reported to experience repeated violence in a long-term relationship from a perpetrator other than intimate partner.

Table 2

Types of Childhood Trauma Experience (n=28*)

SV to you		SV to other children at home		PV to you		PV to other children at home		PV between caregivers	
n	%	n	%	n	%	n	%	n	%
3	10.7	4	14.2	14	50	12	42.8	8	28.5

PV=physical violence, SV=sexual violence

*n=28 because one respondent did not complete this part of research package

TABLE 3

Types of Adulthood Trauma Experience (n=29)

Parents		Siblings		Strangers		Acquaintance		One night stand		Other		Intimate partner	
n	%	n	%	n	%	n	%	n	%	n	%	n	%
2	6.9	1	3.4	1	3.4	0	0	0	0	1*	3.4	6	20.7

*This respondent reported to have experienced repeated and long-term violence by her daughter's intimate partner

Because the subgroup of people who were sexually abused as children (n= 3) is too small to conduct analysis, this researcher, in consultation with her advisor, decided to include childhood physical violence as one of the independent factors. The independent factor, childhood violence, includes five elements: physical violence to the individual as a child, physical violence to other children in the family, physical violence between parents, sexual violence to the individual, and sexual violence to other children in the family.

Based on critical information, we categorized participants into four groups: the first group of people reported no sexual or physical violence in their life course; the second group represents the population that had childhood abuse experience without any subsequent violence after childhood; the third group consists of people who experienced childhood abuse and had either single victimized experience or a short-term IPV experience no more than six months; the fourth group are people who had child violence (CV) experience and had suffered in a long-term abusive intimate partner relationship. Actually, in our limited sample, no one left an abusive

intimate relationship within 6 months, while only one person experienced a single violence from her intimate partner, who is counted as group three. Two respondents indicated they received repeated, long-term violence from someone other than an intimate partner, either parents or child’s partner. They did not fit into any of the groups.

Table 4

Trauma Information by Groups (n=26*)

	Group 1: No victimization (n=9, 33.3 %)		Group 2: CV with no revictimization (n=10, 37 %)		Group 3: CV with single revictimization (n=2, 7.4 %)		Group 4: CV with long- term IPV (n=5, 18.5%)	
	N	%	N	%	N	%	N	%
Sexual abuse happened to you	0	0	1	10	0	0	1	20
Sexual abuse happened to other children in family	0	0	2	20	0	0	2	40
Physical violence happened to you	0	0	7	70	1	50	4	80
Physical violence happened to other children in family	0	0	6	60	1	50	4	80
Physical violence	0	0	4	40	0	0	3	60

between parents								
Victimization in adulthood other than IPV	0	0	0	0	1	50	1	20
Victimization in IPV	0	0	0	0	1	50	5	100
Stayed in IPV relationship	0	0	0	0	0	0	5	100

CV= physical or sexual violence happen to the individual, between caregivers, to other children at home, IPV=intimate partner violence

*n= 26 because two respondents did not fit into any category

Analysis

Regression analysis and ANOVA analysis were planned to be utilized to answer the research questions. However, the data size was not sufficient, at this point, to conduct complex analysis. Therefore, this researcher conducted descriptive and correlation analysis with the intention to suggest the tendency of the data as a preliminary exploration.

Results

The data size ($n= 29$) with small subgroups ($n= 3-10$), is not big enough for meaningful analysis. Analysis is not recommended for data size below 30 subjects (Hogg, R. V. & Tanis, E., 2005), especially for complex analysis like regression and ANOVA. However, there is still some evidence to support the hypothesis of this research. Additionally, more detailed descriptive analyses are included with the intention to help to suggest tendency in the data that may be worth further investigation and confirmation.

Some correlations are shown significantly connected. Some types of childhood violence are clearly related (see Table 5). Only personal child sexual violence is highly related to subscale: non-assertive and subscale: exploitable interpersonal difficulties based on the original score (see Table 6). However, personal physical abuse, physical violence between caregivers, personal sexual abuse, and sexual abuse to other children at home are related to subscale: high exploitable. Among them, personal sexual abuse is still the only one correlated with a high score on subscale: non-assertive. Physical violence between parents and sexual abuse to other children at home are related to IPV victimization, while only physical violence between caregivers also shows connection with adulthood victimization. Personal physical abuse experience is not significantly related to IPV, while is related to adulthood victimization. In support of the first hypothesis (1) CSA will lead to adult interpersonal difficulties, CSV to the individual can positively predict the level of difficulties on subscale: non-assertive ($F= 9.42, p < .05$) and subscale: exploitable ($F= 10.30, p \leq .05$).

General victimization is related to physical violence to the respondent, and again, physical violence between caregivers (see Table 7). Adult victimization other than IPV is highly related to a high score on subscale: social avoidant. Intimate partner violence victimization is related to

physical violence between caregivers, and sexual violence to other children at home. Long-term victimization is positively correlated with a high score on subscale: exploitable and subscale: over-nurturant

Table 5

Correlation between Types of Childhood Trauma

	1.PV to you	2.PV to other children at home	3.PV between caregivers	4.SV to you	5.SV to other children at home
1		.635**	.403*	.419*	.445*
2			.441*	.141	.627**
3				.187	.641**
4					.095
5					

1=PV to you, 2=PV to other children at home, 3=PV between caregivers, 4=SV to you, 5=SV to other children at home

PV=physical violence, SV=sexual violence

* $p \leq .05$, ** $p \leq .001$

Table 6

Correlations between Childhood Trauma at Home, Interpersonal Difficulties, and IPV

	PV to you	PV to other children at home	PV between caregivers	SV to you	SV to other children at home
Social Avoidant	.200	-.190	.023	-.063	-.216
Non-Assertive	.243	.129	.103	.516**	.077
Exploitable	.304	.275	.271	.533**	.247
Over-Nurturant	.137	.123	.133	-.060	.013
High SA	-.062	.221	.097	.148	.104
High NA	-.196	-.302	-.159	-.609**	-.156
High E	-.483**	-.319	-.473*	-.627**	-.388*
High ON	.094	.012	-.124	.130	.091
IPV	.266	.372	.456*	.092	.428*
Other victimization	.235	-.094	.124	.325	-.251
Any adult victimization	.425*	.346	.456*	-.217	.334

PV=physical violence, SV=sexual violence, SA=social avoidant, NA=non-assertive,

E=exploitable, ON=over-nurturant, IPV=intimate partner violence

High SA, NA, E, ON= higher than one standard deviance from the mean

* $p \leq .05$, ** $p \leq .001$

Table 7

Correlation between Types of Adult Victimization and Interpersonal Difficulties

	High SA	High NA	High E	High ON
IPV	-.223	-.051	.289	.043
Other victimization	.347	.043	.130	.420*
Long-term victimization	-.044	.110	.475**	.242
Any adult victimization	-.118	.088	-.292	-.194

PV=physical violence, SV=sexual violence, SA=social avoidant, NA=non-assertive,

E=exploitable, ON=over-nurturant, IPV=intimate partner violence

High SA, NA, E, ON= higher than one standard deviance from the mean

* $p \leq .05$, ** $p \leq .001$

To gain a better sense of the second and the third hypothesis (2) re-victimized CSA survivors will have more interpersonal difficulties than those CSA survivors who have not experienced IPV; and 3) CSA victims who stay in IPV relationships will have more interpersonal difficulties, the descriptive statistics and ANOVA of four groups on IIP-SC subscales is presented below (see Table 8). The total score of the four subscales of IPP-SV was calculated by taking the mean across all 16 items.

Table 8

Descriptive Statistics and ANOVA of Four Groups on IIP-SC Subscales

		M	SD	<i>F</i> test (df=3, 22)
Over Nurturant	No CV, no adult victimization	8.2	3.2	.362
	CV without revictimization	8.6	3.4	
	CV with single revictimization	10	3.5	
	CV with long-term IPV	9.8	2.6	
Non Assertive	No CV, no adult victimization	6.4	3.5	.183
	CV without revictimization	7.3	4.2	
	CV with single revictimization	6.5	2.5	
	CV with long-term IPV	7.8	3.4	
Social Avoidant	No CV, no adult victimization	4.5	3.2	.846
	CV without revictimization	4.3	3.6	
	CV with single revictimization	7.5	4.0	
	CV with long-term IPV	3.2	2.8	
Exploitable	No CV, no adult victimization	6.0	2.5	.613
	CV without revictimization	5.4	3.1	
	CV with single revictimization	6.5	1.5	
	CV with long-term IPV	7.6	3.7	
Total score	No CV, no adult victimization	25.2	10.5	.291
	CV without revictimization	25.6	9.2	

CV with single revictimization	30.5	4.9
CV with long-term IPV	28.4	6.4

CV= physical or sexual violence happened to the individual, between caregivers, to other children at home, IPV=intimate partner violence

FIGURE 1

Mean Scores on the Interpersonal Difficulties by Different Groups

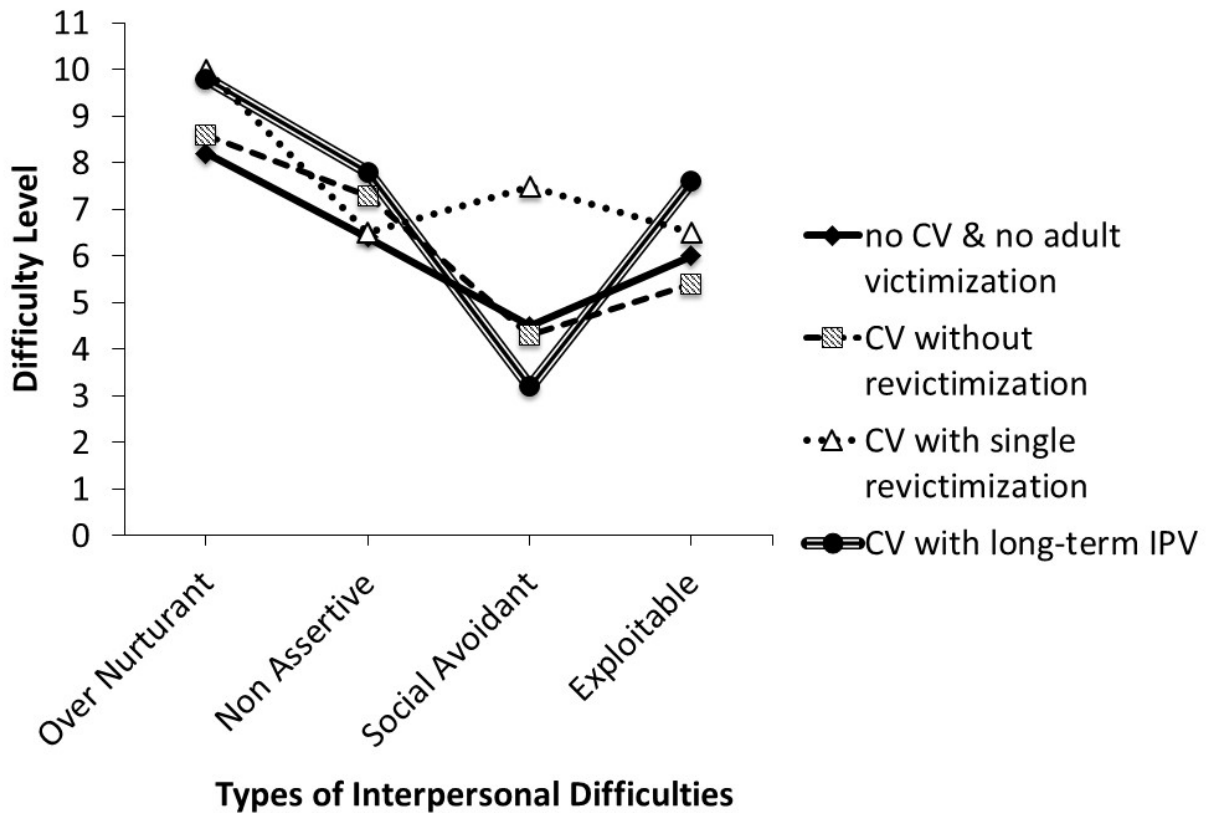


Figure 1 demonstrates the patterns compared among the four groups. Group 1 and group 2 have similar patterns across the four interpersonal difficulties, except for the subscale: non-assertive dimension. On the other hand, group 3 and group 4 only met on the dimension of subscale: over-nurturant, they appear to lean toward the opposite direction on subscale: non-

assertive, subscale: social avoidant, and subscale: exploitable.

Discussion

Unfortunately, the data size is too small to analyze statistical significance. However, even with limited subjects, certain predicted patterns have shown significant, while some results go against the hypotheses. Therefore, although further analysis is definitely necessary, this initial assessment can still provide valuable insights into the research questions and some suggestions for future study.

It appears that some child violence (CV) survivors in the sample are resilient. Respondents who experienced childhood trauma (group 2) seem to have similar or even lower levels of interpersonal difficulties, than those who have not experienced CV (group 1). Some of the CV survivors, who only had slightly higher difficulty level on subscale: non-assertive, did not experience subsequent physical or sexual victimization in their adulthood.

On the other hand, a high score on subscale: over-nurturant seems to be the factor that distinguishes the group of people who experience subsequent trauma after CV victimization from CV survivors who do not. Revictimized people also tend to have a higher score on subscale: exploitable compared to CV survivors who are not revictimized.

A major purpose of this research was to examine the defining factors that distinguish long-term victimization from short-term or non-repeated victimization. It was hypothesized that they will have similar patterns across four interpersonal difficulties, only the former will be higher than the later. However, the results indicate they might actually have different patterns. To compare group 3 (CV with single revictimization) and group 4 (CV with long-term intimate partner violence), it shows that, except for the subscale: over-nurturant, they have almost

opposite patterns on the other three. CV survivors who do not have long-term victimization in adulthood are more assertive, less exploitable, but more socially avoidant. CV survivors who have suffered in long-term violent relationships reported to be more exploitable, less assertive, but, opposite with our hypothesis, less socially avoidant. In fact, they appeared to be less socially avoidant even compared to group 1 (no CV & no adult victimization) and group 2 (CV without adult revictimization). It might indicate that long-term revictimization in an intimate relationship does have unique pathways or influence than single (or short-term) revictimization. From another perspective, subscale: social avoidant might be the major factor that distinguishes short-term victims and long-term IPV victims.

Among the four dimensions of interpersonal difficulties, three of them, subscale: non-assertive, subscale: exploitable, subscale: over-nurturant, are shown to follow the predicted pattern according to the hypothesis. CV victims seem to experience more interpersonal difficulties. Secondly, revictimized CV victims tend to have higher mean scores than the group of people without revictimization. Thirdly, people who stay in a long-term IPV relationship reported to have the highest scores on subscale: non assertive and subscale: exploitable. The fourth dimension, subscale: social avoidant, represents itself in an interesting pattern, in which the peak is for people who experience both CV and short-term revictimization in adulthood, and the bottom is for people who have both CV and stay in IPV relationship. This backward effect is unexpected, which is worth further investigation.

Limitations and Suggestions for Future Research

This research topic targets a very specific, relatively small population. Considering the prevalence of 9.5 to 10 percent of child sexual abuse victimization among female, an estimated 300 respondents is recommended. With only 29 subjects in total, the result of this research can only be taken as an initial exploration.

Except for the limitation in data size, this preliminary study is helpful in identifying different risk and resilient factors for child violence (CV) victims who experience revictimization, and for CV victims who experience repeated abuse in adulthood. The results suggest that the tendency of social avoidance maybe worth further exploration in the context of long-term revictimization compared to single/short-term revictimization among CV victims. Why do people in long-term IPV relationships have the lowest level of social avoidance while people who report short-term revictimization report the highest? Since the cause and effect is not clear, this pattern might mean two things. It could mean CSA victims who are more socially avoidant are less vulnerable to long-term IPV. From another direction, it could mean people who experience long-term violence in IPV relationship perceive violence as more context-specific and controllable, compared to people who experience violence from strangers or much broader relationship contexts. Or it shows a common strength that exist in long-term IPV victims that they learn to build strong social support so they can rely less on their partner emotionally, financially and so forth.

Also, future researchers may want to focus on the role of subscale: social avoidance in the relationship between CSA and intimate parent violence (IPV). One unexpected finding was that there were two respondents who reported experiencing repeated violence in a long-term relationship that was not from an intimate partner, instead. This highlights the importance for

researchers to adjust the inventory, and gather information about duration and frequency of the violence regardless of the perpetrator(s) in order to investigate the different paths of short-term revictimization, and of long-term revictimization.

For clinicians, it may be advisable to include interpersonal difficulties as a part of the assessment for child violence survivors, especially for those who have also suffered from revictimization as adults. Clinicians are encouraged to see interpersonal difficulties from a trauma-informed lens. They might have necessary functions in the past, or sometimes actually helpful to reduce harm at the moment. This non-pathologizing approach might help clients think about their behavior in different ways and give them more options in the future.

References

- Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., & Stevens, M. R. (2011). National intimate partner and sexual violence survey. *Centers for Disease Control and Prevention, 75*. Atlanta, GA.
- Briere, J., & Elliott, D. M. (2003). Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women. *Child Abuse & Neglect, 27*(10), 1205-1222.
- Classen, C., Field, N. P., Koopman, C., Nevill-Manning, K., & Spiegel, D. (2001). Interpersonal problems and their relationship to sexual revictimization among women sexually abused in childhood. *Journal of Interpersonal Violence, 16*(6), 495-509.
- Coid, J., Petruckevitch, A., Feder, G., Chung, W. S., Richardson, J., & Moorey, S. (2001). Relation between childhood sexual and physical abuse and risk of revictimisation in women: a cross-sectional survey. *The Lancet, 358*(9280), 450-454.
- Courtois, C. (1979). The incest experience and its aftermath. *An International Journal, 4*, 337-347.
- Fanslow, J. L., Robinson, E. M., Crengle, S., & Perese, L. (2007). Prevalence of child sexual abuse reported by a cross-sectional sample of New Zealand women. *Child Abuse & Neglect, 31*(9), 935-945.
- Feiring, C., Rosenthal, S., & Taska, L. (2000). Stigmatization and the development of friendship and romantic relationships in adolescent victims of sexual abuse. *Child Maltreatment, 5*(4), 311-322. doi:10.1177/1077559500005004003
- Gagné, M. H., Lavoie, F., & Hébert, M. (2005). Victimization during childhood and revictimization in dating relationships in adolescent girls. *Child Abuse & Neglect, 29*(10),

1155-1172.

Gelinas, D. J. (1983). The persisting negative effects of incest. *Psychiatry*, *46*(4), 312-332.

Gold, E. R. (1986). Long-term effects of sexual victimization in childhood: an attributional approach. *Journal of Consulting and Clinical Psychology*, *54*(4), 471.

Hogg, R. V. & Tanis, E. (2005). *Probability and statistical inference*. Pearson.

Messman-Moore, T. L., & Long, P. J. (2003). The role of childhood sexual abuse sequelae in the sexual revictimization of women: An empirical review and theoretical reformulation. *Clinical Psychology Review*, *23*(4), 537-571.

Messman-Moore, T. L., Walsh, K. L., & DiLillo, D. (2010). Emotion dysregulation and risky sexual behavior in revictimization. *Child Abuse & Neglect*, *34*(12), 967-976.

Noll, J. G., Trickett, P. K., & Putnam, F. W. (2003). A prospective investigation of the impact of childhood sexual abuse on the development of sexuality. *Journal of Consulting and Clinical Psychology*, *71*, 575–586.

Soldz, S., Budman, S., Demby, A., & Merry, J. (1995). A short form of the inventory of interpersonal problems circumplex scales. *Assessment*, *2*(1), 53-63.

Trickett, P. K., Noll, J. G., & Putnam, F. W. (2011). The impact of sexual abuse on female development: Lessons from a multigenerational, longitudinal research study. *Development and Psychopathology*, *23*(02), 453-476.

US Department of Health and Human Services (2015). *Child maltreatment 2013*. Retrieved from Children's Bureau website: <http://www.acf.hhs.gov/sites/default/files/cb/cm2013.pdf>

Walker, L. E. (1981). Battered women: Sex roles and clinical issues. *Professional psychology*, *12*(1), 81.

Walker, L. E., & Browne, A. (1985). Gender and victimization by intimates. *Journal of*

Personality, 53(2), 179-195. doi:10.1111/j.1467-6494.1985.tb00363.x

Interpersonal experience

It is hard for me...	Not at all					Extremely				
1. It is hard for me to join in groups	①	②	③	④	⑤	①	②	③	④	⑤
2. It is hard for me to tell a person to stop bothering me	①	②	③	④	⑤	①	②	③	④	⑤
3. It is hard for me to let other people know when I am angry	①	②	③	④	⑤	①	②	③	④	⑤
4. It is hard for me to attend to my own welfare when somebody else is needy	①	②	③	④	⑤	①	②	③	④	⑤
5. It is hard for me to introduce myself to new people	①	②	③	④	⑤	①	②	③	④	⑤
6. It is hard for me to confront people with problems that come up	①	②	③	④	⑤	①	②	③	④	⑤
7. It is hard for me to be assertive without worrying about hurting the other person's feelings	①	②	③	④	⑤	①	②	③	④	⑤
8. It is hard for me to socialize with other people	①	②	③	④	⑤	①	②	③	④	⑤
9. It is hard for me to be assertive with another person	①	②	③	④	⑤	①	②	③	④	⑤
10. It is hard for me to be firm when I need to be	①	②	③	④	⑤	①	②	③	④	⑤
11. It is hard for me to ask other people to get together socially with me	①	②	③	④	⑤	①	②	③	④	⑤
Too much...	Not at all					Extremely				
12. I am too easily persuaded by other people	①	②	③	④	⑤	①	②	③	④	⑤
13. I try to please other people too much	①	②	③	④	⑤	①	②	③	④	⑤
14. I let other people take advantage of me too much	①	②	③	④	⑤	①	②	③	④	⑤
15. I put other people's needs before my own too much	①	②	③	④	⑤	①	②	③	④	⑤
16. I am affected by another person's misery too much	①	②	③	④	⑤	①	②	③	④	⑤
17. After age 18, have you experienced sexual or physical violence from:										
<input type="checkbox"/> parent <input type="checkbox"/> sibling <input type="checkbox"/> other family members <input type="checkbox"/> one-night stand <input type="checkbox"/> acquaintance <input type="checkbox"/> stranger <input type="checkbox"/> intimate partner <input type="checkbox"/> other _____ <input type="checkbox"/> none										
18. If you answered yes to "intimate partner" above, approximately how many times did you experience sexual or physical violence in the most difficult relationship in which violence occurred?										
<input type="checkbox"/> 1 <input type="checkbox"/> 2-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 20 or more										
19. How long were you in that relationship after the first sexual or physical violence occurred?										
<input type="checkbox"/> Less than 1 month <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> 1-3 years <input type="checkbox"/> 4-10 years <input type="checkbox"/> 10 or more										

(A demonstration abstracted from the assessment package)

Child abuse experience

45. While you were growing up, how often did conflicts which led to physical acts like kicking, hitting, hard with fists, beatings, or hitting with objects happen to you?

Very often Fairly often Sometimes Hardly ever Never

46. While you were growing up, how often did conflicts which led to physical acts like kicking, hitting, hard with fists, beatings, or hitting with objects happen to other children in your home?

Very often Fairly often Sometimes Hardly ever Never

47. How often did physical violence occur between your primary caretakers while you grew up?

Very often Fairly often Sometimes Hardly ever Never

48. How often did sexual abuse (being touched in inappropriate places, or being forced or coerced into performing sex acts) happen to you grew up?

Very often Fairly often Sometimes Hardly ever Never

49. How often did sexual (being touched in inappropriate places, or being forced or coerced into performing sex acts) happen to other children in your home while you grew up?

Very often Fairly often Sometimes Hardly ever Never

EDUCATION

Syracuse University, David B. Falk College of Sport and Human Dynamic, Syracuse, NY

M. A., Marriage and Family Therapy, May 2016

GPA: 3.9

Recipient of SU Graduate Student Scholarship

640⁺ Clinical hours of therapy with individual, couple, and family

200⁺ hours of MFT supervision

National Taiwan Normal University, Taipei, Taiwan

M. A., Educational Psychology and Counseling, Sep 2013-not completed

GPA: 4.0

Recipient of full scholarship for graduate study, NTNU, 2013

Courses summary: Object Relations Theory, Adolescent Psychology, and Personality Study

National Taiwan Normal University, Taipei, Taiwan

B. A., Educational Psychology and Counseling, June 2013

Minored in Development of Human and Family Studies-Family Life Education

GPA: 4.0 (Ranked 1st out of 42 students)

Received awards include:

- Book Aroma Award, NTNU, 2010-2013
- University Scholarship for Academic Excellent, NTNU, 2010-2013
- Distinguished Student, NTNU, 2010
- Dean's List, NTNU, 2013

TEACHING EXPERIENCE

Personal Academic tutor, 2009-2011

Teaching assistant in Adolescent Psychology, National Taiwan Normal University, Taipei, Taiwan,

Feb2014- Jun2014

Teaching assistant in Developmental Psychology, National Taiwan Normal University, Taipei, Taiwan,

Feb2014- Jun2014

RESEARCH EXPERIENCE

College Student Research Scholarship, National Science Council, Taiwan

July 2011-February 2013

- Received **Research Creativity Award** from National Science Council (99 out of 2117 candidates)
- Reviewed literature, and learned essay writing
- Integrated Attachment theory and Social Observation theory to develop research topic
- Conducted testing on approximately 700 subjects
- Executed mediation and moderation analysis by SPSS

Bulletin paper of the 51th Annual Meeting of the Taiwanese Psychological Association, Taiwan.

October 2012

Bulletin paper of the 52th Annual Meeting of the Taiwanese Psychological Association, Taiwan.

October 2013

Hsu, E. T. & Cheng, C. L. (2014). *Chinese Version of Peer Conflict Resolution Strategy Questionnaire: Reliability and Validity Analysis*. The Journal of Educational Science.

COUNSELING WORKSHOPS AND TRAININGS

Summary

- **Internal Family System certified level one training** (six-time workshop), The Center of Self Leadership, Paul Neustadt & Mary Kruger, 2015-2016
- **Food and Fear: How to treat eating disorder**, Sandra Pinney & Laura K. Ratner, Nov 2015
- **The Treatment of Trauma and The Internal Family Systems Model**, Richard Schwartz, Mar 2015
- **Panel Presentation on Trauma and Healing**, Clean Slate Diaries, Oct 2014
- **Certified Sand tray Workshop**, Taiwanese Society for Sandplay Therapy, Oct 2013
- **Bowen Theory Workshops** (10 times), Taiwan Association for Marriage and Family Counseling, Nov 2013-Aug 2014
- Drama Therapy Workshop, National Taiwan Normal University, Apr 2010

COUNSELING EXPERIENCE

Couple and Family Therapy Center (SUCFT), Syracuse University, Syracuse, NY

Student Therapist, Jan 2015- Jan 2016

- Develop feasible treatment plans and interventions from Attachment, IFS & Bowen frameworks
- Conduct systemic therapy with diverse population in family, couple, and individual therapy
- Provide therapy for international students with suicidal ideation, depression, culture shock, and self esteem challenges
- Provide psycho-education for undergraduate to enhance young couples' relationships
- Observe more experienced therapists uses IFS, Attachment, and Filial Therapy
- Participate in supervisor's Attachment Focused Family Therapy team.

Behavioral Health, St. Joseph Hospital, Syracuse, NY

Student Therapist, Apr 2015- present

- Conduct face-to-face therapy with individuals and families
- Cooperate with social workers, nurses, psychiatrists to provide comprehensive service

Harvest House, private practice agency, Syracuse, NY

Student Therapist, Sep 2015- present

- Develop self awareness as a therapist through supervision
- Integrate neuroscience into the work with trauma, anger issue, and domestic violence

UNDERGRADUATE INTERNSHIP

Counseling Center, Yonghe Junior High School, Taipei, Taiwan

Student Counselor, Sep 2012-Jun 2013

- Completed 35 hours internship accompanied with 36 hours supervision
- Collaborated with school counselors, social workers to work on treatment plan
- Counseled with teenagers suffered from domestic violence or sexual molestation