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Adult sexual adjustment after experiencing sexual abuse in childhood

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ADULT SEXUAL ADJUSTMENT AFTER EXPERIENCING SEXUAL ABUSE IN CHILDHOOD

A Thesis

by

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EXPERIENCING SEXUAL ABUSE

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ABSTRACT

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A sample of 465 Junior and Senior college students was tested at the University of Texas-Pan American to test our primary hypothesis that argues that individual who had suffered CSA rely more on cybersex activities as a means of sexual gratification to cope with the long term effects of sexual abuse as a result of adulthood sexual maladjustment, as opposed to individual who did not suffered CSA. The statistical analyses performed failed to reject the null hypothesis of this thesis that the experience of CSA has no effect on adult use of internet cybersex. Further research is suggested using measures free of gender bias.

DEDICATION

I want to dedicate this Thesis to my beloved son, Daniel, who is the center of my life and my inspiration to pursue a career. You are the most wonderful and intelligent young man I know, and most of all, you are the love of my life. Thank you for your patience and love. Thank you my Lord Jesus for such a blessing. I want to dedicate this Thesis to You also because first and foremost You gave me the opportunity and strength to accomplish my dream.

To my husband, Javier, thank you for providing me with everything I needed to have a career, and for encouraging me to continue writing and not to give up when everything was fading away; without your support this achievement would have been impossible. I know God is for us to continue pursing more dreams together.

To my parents, thank you for being there despite being miles away. I love you and miss you both so very much.

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CHAPTER I

INTRODUCTION

Childhood sexual abuse (CSA) is much more common in our society than we have ever imagined before. The Children's Bureau Administration on Children, Youth, and Families in the Administration for Children and Families in the U.S. Department of Health and Human Services, in its *Child Maltreatment 2006* report, 17th edition, reported that 14 percent of U.S. children experienced some form of child maltreatment: 8.8 percent were victims of sexual abuse where girls and white boys were slightly more victimized than boys and other ethnicities. The majority of the times, the sexual abuse is perpetuated by the parents of the child (26%) or other relatives (30%), followed by the partner of an unmarried parent (6.1%) and friends (4.4%). Unfortunately, many children do not report the abuse (30%), and some others do not recognize being victimized because of their young age (4%). The most common age groups that children are sexually abused are age 12-15, followed by age 16 and older. Children ages 8 to 11 and younger have a lower risk of being victimized compared with the other group ages.

The Child Abuse Prevention and Treatment Act (CAPTA), which is the Federal legislation that is in charge of providing the minimum standards that States must incorporate in their statutory definitions of child abuse and neglect, defines child sexual abuse as "the employment, use, persuasion, inducement, enticement, or coercion of any

child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct", or "the rape, and in cases of caretaker or interfamilial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children" (State Statutes Series prepared by Child Welfare Information Gateway, 2008).

The literature provides evidence that those adults who have survived CSA suffer a wide range of psychological consequences in which some individuals exhibit very negative outcomes while some others present little negative symptomatology. That difference relies mainly on individual differences related to cognitive coping styles, genetic vulnerability, duration and severity of the abuse, along with the social background and parental support that the CSA adult survivor received while being abused, which may lead , or not, to poor sexual adjustment in adulthood.

In a study conducted by Day, Thurlow, and Woolliscroft (2003) the majority of the subjects surveyed on the effects of CSA reported "low self-esteem, difficulties in sustaining relationships, sexual difficulties, or depression as effects of childhood sexual abuse. Other frequently reported effects included self-harm, anxiety and substance abuse, and one replied no effects". Regarding sexual adjustment, the most common difficulties in Day's et al. (2003) study are sexual difficulties, promiscuity, sexual abuse of others, sexual confusion, sexual abstinence, and work in sex industry. Also problems such as eating disorders, personality disorders, lack of confidence, low assertiveness, identity issues, maladaptive coping, and tendency toward revictimization, sexual maladjustment,

pedophilia, masochism/victim behavior, and sadism /abusive behavior might be present (Feinaure 1996; Day et al. 2003).

On the other hand, the internet has been used by many to access a vast virtual world of sexual content. The World Wide Web provides access to pornography, cybersex, and cyber sexual-relationships through which individuals find a means for sexual gratification as a result of sex addiction or other kinds of addictions, and to cope with some pathologies generated as a consequence of CSA such as depression, low self esteem, shyness, and so on. It is the aim of this study to examine if one of the long-term consequences related to adult sexual adjustment after being sexually victimized during childhood, may be the reliance on web-related sexual resources as coping strategy for sexual adjustment in adulthood, of which very little is known in the literature to date about the prevalence of this behavior, as opposed to the wide variety of resources the internet provides for individuals with sexual maladjustment. It is hypothesized that survivors of CSA use cybersex as a coping strategy more often than individuals who have never experienced CSA, as a consequence of poor sexual maladjustment after experiencing the abuse.

CHAPTER II

REVIEW OF THE LITERATURE

1. Psychological Factors affecting CSA and adjustment in adulthood

CSA has been identified as a risk factor for a vast number of intrapersonal difficulties in adulthood; some of them are anxiety, depression, PTSD, and substance abuse, to mention only some outcomes of being sexually victimized during infancy. At the interpersonal level (relationship with spouses, children, friends, partners, etc.), CSA survivors present functioning problems, as well. Such problems might range from general social adjustment, couple relationships, sexual functioning, and problematic relationship with members of the same and opposite sex, and poor parenting skills (DiLillo, D., 2001).

After surveying female college students who were survivors of CSA, DiLillo (2001) found that they present poor social and interpersonal adjustment, mostly in the areas of dating and leisure activities, and especially in women who had been revictimized. As for couple relationship, research has previously demonstrated that victims of CSA present higher rates of divorce and marital conflict because of the challenge this kind of relationship represents to females CSA survivors, as stated by DiLillo (2001). These challenges are reflected in their overall satisfaction with male intimate relations, in which the survivors usually experience feelings of mistrust, devaluation, hostility, and idealization about men, and experience less satisfaction than non-abused women. This is

likely a consequence of the fact that incest (which is the most frequent form of CSA) interferes with the children's ability to develop confidence and safety with their significant others (Cole, and Putnam, 1992; As stated by DiLillo, 2001). DiLillo (2001) also argues that communication skills are also negatively affected in CSA survivors because of a code of silence among them as a result of the shame, and negative feelings of the CSA, leading to a lack of meaningful communication with their partners. Paul, Pollack, and Stall (2001) make reference to the fact that CSA sexual behaviors are modeled by their perpetrators and some victims end up displaying similar patterns in adulthood of emotional responses and anti-social behavior toward sexual relationships. Others react in a more passive manner in the face of aggression, as they usually reacted while being victimized and feeling helpless. Escape-avoidance coping strategies may be reflected in emotional distance, dissociations, substance abuse, and as it is hypothesized, in the reliance in cyber sexual relationships.

Gender differences in regards to coping strategies as a result of CSA have also been found. They range from coercive experiences, how the abuse is perceived, to long-term interpersonal and sexual functioning (Paul, et al. 2001). According to Paul, and colleagues (2001) men, as opposed to women, present "higher levels of eroticism, lower levels of sexual anxiety, and more sexualized behavior"; they exhibit more aggressiveness, and hostility, and have a higher tendency to victimize others. These authors also found that the correlation between CSA and HIV risk behavior exists as a result of a need for social acceptance, sexual impulse control, anger, depression, anxiety, over dependence on escape-avoidance coping, inattentiveness to danger cues, and low sexual assertiveness. They explain that the sorrowful experience of CSA arouses

flight/fight responses, learned helplessness, powerlessness, and low self-efficacy, leading to poor interpersonal regulation in adulthood sexual adjustment. In extreme case, these feelings may lead to self-destructive practices such as not paying attention to health risks and poor adult interpersonal regulation (Paul, et al. 2001).

In a study conducted with college students, Fromuth (1986) found that women who were sexually abused in childhood had a tendency to be more sexually active than the controls, presenting a wide range of sexual activities, ranging from sexual intercourse, masturbation, non-coital sexual behavior, homosexualism, and a tendency to describe themselves as promiscuous.

In the literature, results have demonstrated opposite outcomes generating controversy among researches, due to the fact that some CSA victims present long term psychological consequences but other victims appear not to suffer adverse consequences or damage. These controversies have been resolved by studies in which attributional styles, vulnerability-model, and several factors related to the abuse are considered.

According to Steel, Sanna, Hammond, Whipple, and Cross (2004) attributional styles (tendency for an individual to make causal inferences about a situation), and individual coping strategies are possible "buffers in long-term psychological sequelae of CSA" (Steel et al, 2004). These authors address the distinction between the use of emotion-focused coping and social support, and problem solving coping strategies. Emotion-focused coping is associated with negative long-term psychological sequelae (use of drugs, alcohol) , and social support and problem solving coping strategies (reducing the demands of the situation or expanding the resources for dealing with it) were found to be correlated with less psychological distress in adults reporting a history of CSA, leading to

a better psychological functioning. This in turn can be translated into better or healthier sexual coping strategies for adjusting their sexual lives in adulthood.

Steel and colleagues (2004) also explain that negative attributional styles have been demonstrated to be associated with psychological distress subsequent to CSA. Their findings suggest that the number of offenders and the duration of the abuse are a key factor directly related to long-term psychological distress and poorer adjustment in adulthood. Beitchman, Zucker, and DaCosta (1992) explain that such factors differentially influence the outcome. For instance, attribution style may be more closely related to depression and low self-esteem which center around feelings of guilt and self-blame, whereas the focal point of exposure to violence and force revolves around fear and anxiety. They also make clear the distinction between trauma and harm, which are personal and subjective, and adjustment or symptomatology, that are attached to an external and objective feature.

Attachment styles are also linked to CSA adjustment. Banyard, Williams, and Siegel (2001) explain that when parental support is missing and the child can not find a secure base in their parents, the consequence is that children fail to develop schemas about the safety of the world and to develop skills to regulate their own emotions or the ability to trust others, leading to negative consequences for adult mental health.

Steel, Wilson, Cross, and Whipple (1996) hypothesized that that there is a relationship between the coping strategies used by an individual and psychological adjustment, they also state that confrontive coping and less direct problem solving leave subjects with more psychological symptoms and reported that previous researchers suggest that victims who suffered from incest or violence during the sexual abuse often are more severely

traumatized. The reason might be because incest facilitates access to the victims and could be of longer duration and increased frequency. They concluded that experiencing abuse for a long period of time, frequency, and familiarity with the offender resulted in significant differences in psychopathology and coping strategies, confirming that there is a relationship between coping and psychopathology (Steel et al. 1996).

Along this line of research, Kendall-Tackett, Williams, and Finkelhor (1993) concluded that some intervening variables play a significant role in the kind of psychological damage. Beitchman, and colleagues (1992) report that attitudes related to sexual behavior over time tend to increase or decrease the long-term effect of sexual functioning, and that sexual abuse is correlated to the child's other experiences, affecting sexual adjustment in adulthood. Factors such as high frequency and long duration of the abuse, use of force, type of penetration (vaginal, anal, and oral), the lack of maternal support, and age at the time of the abuse led to increased psychological disturbances.

It is the intention of this thesis to analyze whether these variables may also contribute to the victim's to reliance on the internet as a product of the psychological disturbances after being sexually victimized in childhood.

2. Psychopathological consequences related to sexual adjustment in adulthood

According to Banyard, et al. (2001) trauma caused by CSA in particular creates a chain reaction of traumas across the lifespan beginning in childhood and continuing through adulthood. Beitchman, et al. (1992), in a study about short-term and long-term effects of CSA, explained that there are factors children are unaware of but which emerge dramatically in adulthood, calling this a "sleeper" effect. There are such things as sexual

dysfunction that can not be considered an issue during childhood when the abuse is perpetrated, but for adults, it is considered maladjustment. For that reason it is important to distinguish between long-term and short-term consequences of sexual abuse. Because children's psychological perceptions are very different from those in adulthood, it is in adulthood when the full impact of the abuse is understood.

In a very interesting meta- analysis conducted by Hyde (2007) regarding the methodological issues associated with CSA, she addresses the topic of the vulnerability-stress model, rooted in Beck's diathesis-stress model of depression, to explain why some survivors of CSA develop certain types of psychopathology in adulthood and others do not. This model proposes that interactions between vulnerabilities and stress play a significant role in the development of psychopathologies among certain individuals. Vulnerability factors range from cognitive, temperament, and genetic vulnerability, and not everyone exposed to the same stressors responds in the same way; at the same time not everyone develops symptoms of psychopathology despite being vulnerable to it because of the lack of enough stress for it to develop. Vulnerability and stress combined are the key component for a psychopathology to be developed. In the case of survivors of sexual abuse in childhood, the stressor is the abuse, and the coping strategies, the attributional styles, the parental support, and the genes become vulnerability factors that, when combined, produce negative adult sexual adjustment and psychopathologies in these individuals.

Steel, Wilson, Cross, and Whipple (1996) found that many psychiatric disorders have been associated with CSA. Such disorders include substance abuse and eating disorders, panic disorder, self-mutilating , depression and suicidal behavior, obsessive-compulsive

disorder, somatization, paranoia, multiple personality disorder, sexual dysfunction, social isolation, borderline personality disorder, and post-traumatic stress disorder. Briere, and Richards (2007) refer to individuals who had suffered CSA, as those who are at risk for anxiety, depression, PTSD, dysfunctional behavior, substance abuse, Dissociative disorders, brief psychotic disorder, and also impaired self-capacities or self-disturbances which may be "viewed as comprising at least three separate but related types of disturbance: (a) problems in one's ability to access and maintain a stable sense of identity or self (identity disturbance), (b) an inability to regulate and/or tolerate negative emotional states (affect dysregulation), and (c) difficulties in forming and sustaining meaningful relationships with others (relational disturbance)(Briere, 2007).

According to Van der Kolk, and Fisler (1994) victims of CSA experience a deficit in their ability to regulate the intensity of feelings and impulses, which is perhaps the most influential effect of trauma and neglect. Abused and neglected children develop unsystematic attachment patterns, and also develop the inability to adjust emotions that gives place to an array of behaviors that imply attempts at self-regulation. These behaviors might be presented in the form of aggression, eating disorders, self-destructive behavior, and substance abuse. For the reason explained above, CSA trauma plays a significant role in the development of a range of mental disturbances. These deficits in their self-regulatory processes produce sense of separateness, a disturbed body image, poor impulse control, insecurity in their relationships, lack of intimacy, and isolation (Van der Kolk et al. 1994).

In a study conducted by Christopher, Lutz-Zois, and Reinhardt (2007) a link between incarcerated women who sexually victimized children, and a history of CSA was found.

These authors make reference to Mathews and colleagues (1999) work, in which they found that 78% of the women who perpetrated CSA had also been victims of CSA (as stated by Christopher, et al. 2007), and found that in their sample, the more the women were victimized, the more "normal" they found to have sexual relationships with children. They also hypothesize that there is a link between antisocial (ASPD) and borderline (BPD) personality disorder and the perpetration of CSA as a consequence of having suffered CSA. The features presented in BPD include harsh interpersonal disruptions, problems in affect regulation, and impaired coping skills; and for ASPD, deviant behaviors such as lying, frequent arrests, and physically aggressive behavior characterize the disorder. According to the DSM-IV, individuals with Antisocial Personality Disorder have the tendency to be exploitive and irresponsible in their sexual relationships, and present features of a psychopath which consistently show a contempt for violating the rights or suffering of others, as well as personality traits such as a grandiose sense of self-worth, coldness, impulsivity, and lack of guilty conscience for their misdeeds committed against others. All these may explain the observed link between BPD and ASPR and committing sexual offenses (Van der Kolk, et al. 1994).

Beitchman et al. (1992) found some evidence that some symptoms of women who suffered CSA are anxiety and fear, but conclude that anxiety symptoms may be influenced by intervening variables such as force of the abuse, violence committed at the time of the abuse, family environment, and so forth, and suggested that CSA victims had more propensity to present fear of men and to suffer anxiety attacks. Fromuth (1986) also assessed phobic anxiety associated with CSA in a sample of college women, but once again her findings should be taken with caution due to the fact that other factors, such as

violence and intrafamilial abuse, may intervene to produce anxiety after experiencing CSA.

People who had suffered sexual abuse might meet the criteria for PTSD because the threatening and overwhelming nature of trauma brings an enormous amount of negative consequences such as intrusive memories, flash-backs, and hyper arousal. Depending on the type of the CSA perpetration and vulnerability of the victim, CSA survivors might develop PTSD, which is one of the most common disorders in victims of sexual assault. For instance, when children experience penetration at the time of the abuse, the risk of developing PTSD increases, as this type presents the highest prevalence rate of PTSD, but if there is no penetration during childhood sexual molestation the rates of developing PTSD decrease 50% (Saunders, Villeponteaux, Lipovsky,Kilpatrick, & Veronen, 1992, as stated by Epstein, Saunders, and Kilpatrick, 1997). Despite these averages, not all victims develop PTSD after CSA due to varied factors such as genetic vulnerabilities, cognitions, schemas, family environment, and other traumatic experiences that also occur to the victims.

In an epidemiological study conducted in New Zealand by Romans, Gendall, Martin, and Mullen (2001) the effects of CSA on eating disorders were analyzed. They found a relationship among CSA and higher rates of eating disorders. It is worth noting that onset of menarche at an early age played a significant role in their findings. Menarche tends to occur earlier in overweight girls and in women with a history of CSA, and interestingly this variable was the only one that differentiates individuals who developed eating disorders and those who only present anxiety or depression. The authors hypothesize that early menarche and parental control are risk factors to develop eating disorders in women

who survived CSA as an attempt to gain sense of control and avoid sexual maturation, which may be a concern originated from CSA experiences.

Beitchman et al. (1992) found that a history of CSA shows higher rates of major depressive episodes, lower self-esteem, significantly higher thoughts of self-harm, even when attachment with the mother is controlled, but interestingly, it was unrelated with suicides attempts, and this is mostly because suicide incidents were difficult to assess independently of physical abuse. In this same line of research, associations between CSA and personality disorders such as Multiple Personality Disorder and Dissociative Disorders have been investigated (Briere, et al. 2007) but there is insufficient empirical evidence to establish a causal relationship between both. Another disorder that has been addressed in the literature is Borderline Personality Disorder (BPD) but as this is a disorder that is usually over diagnosed there is a possibility of bias in the type of patients diagnosed with BPD.

3. Adulthood Sexual Adjustment

According to Paul and colleagues (2001) the trauma induced by CSA shape the victim's adult sexual behavior leading to aversive, hostile, impulsive attitudes towards sexual behavior. Previous research has consistently demonstrated that certain behaviors appear to be common in CSA survivors who present sexual maladjustment as adults such as risky sexual behavior, failing to protect themselves against HIV and STDs by practicing unprotected sex, prostitution, promiscuity, homosexualism, identity confusion, revictimization, and victimizing other people. Increased number of sexual partners is reported by CSA victims, probably because of the tendency to avoid long-term

relationships, due to the inability to trust and impaired attachment capabilities. This high number of sexual partners increases the risk of HIV infection and STD's.

Furthermore, the coexistence of mental health and behavioral problems and physical and sexual abuse increases the risk for HIV in youth and young adults. Research has shown that a history of CSA is related to HIV risky behaviors that continue from adolescence and young adulthood (Cunningham, Stiffman, Dor`e, and Earls, 1994). Among the long-term negative consequences of CSA is that CSA increases sexual risk behavior which at the same time increases the likelihood to contract HIV and other STD's (Arriola, Louden, Doldren, Fortenberry, 2005). In a meta-analysis conducted by these researchers, in making reference to the work of Finkelhor and Browne (1985), Browning and Laumann (1997) state that "... CSA may be seen as a transition to adult sexual activity within the context of a child's unfolding life course ", leading the child to a series of "physical and cognitive exploitation, feelings of stigmatization, social isolation of a sexual relationship, and eroticization of the child victim." As a result of all these factors, there is an increase in vulnerability to early sexual activity, adolescent childbirth, unprotected sex, multiple sex partners, that finally lead to transmission of sexually transmitted infections and HIV/AIDS" (Arriola et al. 2005).

As sequelae of CSA, it has also been considered a tendency towards behaviors such as promiscuity, prostitution and teenage pregnancy. Anxiety and disturbing feelings motivate promiscuity as a compulsive behavior (Paul et al 2001). Interestingly, Fromuth (1986) found out that sexually abused women were more likely to describe themselves as promiscuous, but those descriptions were not correlated with their actual behavior. This implies that the victims' poor self-esteem was leading them to rate themselves in that

manner. She did not find a relationship between having only one or two sexual partners and sexual abuse. Her study revealed that a history of CSA was correlated with having some kind of homosexual experience and that there is a significant correlation with a history of masturbation.

A factor that has been consistently associated with CSA is that some victims have a greater risk for adult sexual assault. Walsh, Blaustein, Knight, Spinazzola, and van der Kolk (2007) state that victims of CSA are three time more likely to suffer adult sexual assault mostly because of low coping styles, low internal locus of control, and low self-efficacy that are present in such victims as an outcome after having experiencing CSA.

Today, the literature supports the view that CSA impairs adulthood sexual functioning. Two major patterns have been reported: oversexualization, which is characterized by an increased number of sexual partners, low use of contraceptives, and prostitution, and on the other hand, undersexualization that refers to diminished sexual satisfaction as frigidity, sexual arousal disorders, coital pain, and inability to reach orgasm. Vaginismus, dyspareunia, sexual guilt and anxiety, sexual orientation confusion, and dissatisfaction are other sexual problems after experiencing CSA (Najman, Dunne, Purdie, Boyle, and Coxeter, 2005).

4. The use of internet as a means for sexual gratification

An issue that is not commonly addressed in the literature as a result of CSA related to sexual adjustment is the frequency or prevalence of exposure to pornography, and particularly cybersexual activity through the World Wide Web that the victims use in adulthood as a coping strategy after being sexually victimized in childhood.

It is very clear that the internet has introduced a new type of human relationship. Through it, these relationships are "virtual" and our five senses are distorted, mostly because we are not able to see, touch, taste, or smell the person or the object with whom we are interacting while online. But despite this "distortion" our senses might be powerfully aroused and we can obtain gratification, disgust, or any kind of feeling depending on the material we are looking at on the World Wide Web. Also it is a means through which we can experiment and express feelings and sensations by giving us access to an alternative reality.

Since its very beginnings, the internet has been linked with access to sexual material, According to Delmonico and Burg (2000) twenty per cent of internet users access some form of cybersex, as stated by Cooper, Griffin-Shelley, Delmonico, and Mathy (2001). These same authors refer to the accessibility, affordability, and anonymity as characteristics that make internet appealing to many individuals. They also distinguish between online sexual activity (OSA) and cybersex, in which OSA refers to the use of the internet for any action that involves human sexuality either for entertainment, finding sexual partners, education, support, or purchase of sexual material, while cybersex is the use of internet to engage in arousing or gratifying activities, such as engaging in sexual chats, e-mails with sexual content, watching erotic pictures and videos, reading sexual material, etc.

A potential problem related to OSA and cybersex addiction. Griffiths (2001) refers to it as technological addictions, in which non chemical, but behavioral addiction involve an excessive human-machine interaction. Griffiths explains that these addictions can either be passive (i.e. television) or active (i.e. computer games), and involve a reinforcing

element that gives rise to the addictive pattern. These types of addiction involve the same pattern as chemical addictions, such as tolerance, withdrawal, relapse, and so on. When addicted, the internet sex may become the most important activity in the life of the individual, dominating their thinking and behavior. It is used as a coping strategy that alters the individual's mood by experiencing a "buzz" or a "high", or a tranquilizing effect of "escape" or "numbing" (Griffiths, 2001).

Young (1999) categorized internet addictions, and among those classifications, she identifies cybersexual addiction, which is the compulsive use of adult websites, and cyber-relationships addiction, which is the overinvolvement in online relationships. The main question here is whether the addiction is related to the sexual behavior or to the internet, but Young (1999) argued that excessive users are not commonly internet addicts but use the internet excessively as a medium to "fuel" other addictions, whereas activities that can be found on the internet itself, such as internet chat rooms, or play-fantasy role-playing games (which might be sex related) accessed excessively can be considered internet addiction.

There is a line of research that is focusing exclusively on the potentially addictive nature of on-line relationships, in which romantic electronic conversations are maintained through e-mail or virtual communities that turn into cyber affairs, leading sometimes to face-to-face sexual encounters (Young, Griffith-Shelley, Cooper, O'Mara, and Buchanan, 2000). Factors that contribute to Cyber affairs are most commonly related to disinhibition, accessibility, and, as previously mentioned, anonymity. Other factors that these kinds of relationships provide are short term comfort, excitement, and/or distraction. Individuals who get involved in these text-based virtual realities undertake

different social identities to make themselves feel better (Griffith, 2001). Low self-esteem, excessive discomfort with their own body image, sexual dysfunction, or prior sexual addiction are predictors for the development of internet addiction (Young et al. 2001).

Schwartz and Southern (2000) explored cybersex compulsion and concluded that it is a coping mechanism used by survivors of CSA to escape to a fantasy world from demands of daily life and past trauma and shame, explaining that "the fantasy world of cybersex is a dissociative experience in which a person escapes the demands of daily life, as well as the pain and shame of past trauma" (Schwartz, et al, 2000). By dissociation we should understand that these are two or more mental experiences that are not incorporated, and it facilitates adaptation in perception in which aspects of identity are disconnected (Braun, 1988, as stated by Schwartz, et al, 2000).

The authors explain that this compulsive behavior is an effort to find fantasy patterns or role-play situations to try to restructure aspects of past fatalities, conflicts, or traumas to promote illusions of control and affection. An essential component of cybersex compulsive fantasy is the craving to be loved by another individual. The illusion of control is fostered by the usage of the software and computer, as well as the maintenance of anonymity or self-disclosure, to be perceived in the best light possible.

Schwartz and colleagues found that the purposes of compulsive cybersex, besides feeling good and tension relief, are the virtual connections to another person to escape from monotony, isolation, and emptiness; and that compulsive users are usually depressed. They state that:

The deeper functions of compulsive cybersex participation are not only

illusory attempts to be wanted or desired, but also dissociative reenactments of past conflicts or traumas with underlying motives to resolve unfinished business (Schwartz, et al. 2000).

Cybersex compulsivity can become the only means of sexual gratification used by survivors of childhood trauma, who paradoxically cope with the shame and pain of the past by attempting to escape from these by harming themselves or others. They are willing to be loved, but hide their identities; they need closeness but relate with people that may be miles away. They want to gain control over their feelings, but become out of control with their cybersex compulsion; they seek intense, immediate experiences and find themselves in a depersonalization and objectification virtual reality. The outcome of all these processes is the same as any addictive lifestyle in which the individual finds his/her self powerless (Schwartz, et al, 2000).

The characteristics of the individuals who engage in cybersex compulsion, found in the Schwartz (2000) sample, which consisted of 40 patients in an outpatient psychiatric clinic, were participants who presented problems with cybersex involvement that lead them to disturbed consequences such as marital conflict, decline in job performance, excessive time participation with cybersex, and so on. 57.5% of this participants were married or committed to a relationship, 47% were white-collar professionals. Their clinical population was for the most part college educated, including graduates of doctoral or professional programs. Psychiatric assessments demonstrated that the most patients (72.5 %) presented affective disorder, and only 2 bipolar affective disorders. The most interesting finding for the purpose of this thesis was that 67.5% of patients had a history of sexual abuse, with females more likely to report it. Men (73%) were more

likely to present substance abuse dependence, whereas 66.7% of women reported eating disorders, and most of the male patients (89.5) reported being sex addicts. One forth of the patients reported atypical sexual interests such as paraphilias, voyeurism, zoophilia, sadomasochism, and exhibitionism. Other frequent interests involved romance and dating, swinging, and partner swapping or sharing. Some used the internet to look at homosexual or bisexual material. Others presented themselves as a member of the opposite sex. In this sample, females were younger than males (30 years vs. 38 years). All of them reported concern and frustration about their behavior, suggesting that these individuals were suffering from the enduring cost of sexual abuse, and that cybersex abusers are survivors that overcompensate through their professional and intellectual accomplishments (Schwartz, et al, 2000).

Cooper et al. (2001) addresses the issue of comorbidity among other psychiatric disorders and problematic internet use. They note that in the majority of the cases the internet serves as a medium, and not a causal factor. Factors associated with this may be depression, low self-esteem, personality traits, and other psychiatric disorders, which might be psychological sequelae that could have risen as a consequence of abuse in victims of CSA. For those reasons, it is hypothesized that survivors of sexual victimization at a young age have a stronger tendency to look for web pages containing sexual content and/or, have some kind of cybersex relationships as a result of poor sexual adjustment in adulthood, and because a major advantage of the internet is that it provides anonymity which helps to avoid embarrassment of face-to-face shopping, especially for those who visit page related to sexual content, and encourages deviant criminal behavior. For the purposes of this study, cybersex will be defined as the use of the internet

resources that individuals access by visiting pornographic web pages, chatting on line to have conversations about sexual content, arranging dates on-line to exclusively have sex with someone they contacted on the internet, and so on. It is not the intention of this thesis to determine whether the subjects are addicted or not to cybersex behavior, but to observe the frequency of its use in adults who were victims of CSA.

CHAPTER III

METHODOLOGY AND FINDINGS

1. Method

Participants

Participants were 495 college students who were juniors and seniors enrolled in upper-division psychology courses. The mean age of the sample was 23 years ld. Of the 495 subjects, 454 (91.7%) were of Hispanic ethnicity. The sample consisted of 338 Females (69%) and 155 males (31%). Two subjects did not identify their gender.

Procedures

Following IRB approval, subjects were recruited from classes in which they received extra credit for participating in research. Signed consent forms were not employed in order to protect anonymity and to reinforce the perception of anonymity by subjects. Questionnaires were distributed to subjects with a blank, colored, cover page and a 10.48-cm X 24.13-cm empty envelope attached by paper clip. Three groups of subjects participated over two semesters and a summer term. Their cover pages were changed to identify the class to which the questionnaire was administered: blue (fall, 2008), green (spring 2009), and yellow (Summer I, 2009). The N's for each of these classes were 197, 172, and 128 respectively. Two questionnaires were returned blank.

Subjects completed the questionnaires, placed them in the envelope, and deposited them into a covered box with a 15-cm X 2-cm opening at the center of the top. They were

asked to hold questionnaires until all were complete so that order of finish could not be construed by others as an indication of CSA positivity or negativity. Subjects were also provided with phone numbers at which the principal investigator could be reached and were told to call him, at any time, if any questions or concerns arose during or after completing the questionnaires. The experience of sexual abuse was determined by responses to questions about whether or not the subject "believed she was sexually abused" before the age of 6, before the age of 12, and before the age of 18, respectively. This was an adaptation of the approach utilized in the Sexual Victimization Questionnaire developed by Finkelhor (1979) and recently employed by Murthi & Espelage (2005).

Nine questions followed which addressed various aspects of sexual behavior and adjustment. Two of these questions provided the primary data for the hypotheses of the present study. The first assessed use of X-rated video pornography and was phrased as follows: "Approximately how many X-rated videos or films have you viewed in the past year?" The second assessed the use of the internet for consumption of pornography and was phrased as follows: "On average, how many hours per week do you spend visiting internet porn sites or viewing pornographic media on your computer?" Subjects were warned and prompted twice during the questionnaire that very personal questions were going to be asked and that they could terminate their participation at any time without penalty.

Administration of the questionnaire in each of the three classes was not strictly uniform. The first group (blue) was tested in larger sub-groups than the second two groups and there was less distance between participants in the first group. A complete copy of the questionnaire is provided in the appendix of the thesis.

Hypotheses were tested by analyzing the answers to the two questions about use of pornography. Because CSA is known to have lasting adverse effects on a large variety of adult adaptive behaviors, it was hypothesized that subjects with admitted histories of CSA would reveal greater consumption of pornography. The primary null hypothesis was that the experience of CSA has no effect on adult use of pornography. It was tested in two forms with two measures of pornographic consumption as described above, use of X-rated videos and internet pornography web sites.

2. Results

All statistical analyses were performed using STATISTICA 9.0 (Statsoft, Inc., Tulsa, OK). Before testing the primary hypothesis, reported prevalences were analyzed by frequency tables and cross-tabulations revealing prevalences for CSA before age 6, before age 12 and before age 18 for males and females in each of the three classes. These data are presented in Table 1 (see appendix A) and reveal reported CSA in males at overall prevalence rates of 6.45% before the age of 6, 12.90% before the age of 12, and 13.55% before the age of 18. Corresponding reported prevalence rates for females were 7.69% before the age of 6, 14.45% before the age of 12, and 17.40% before the age of 18. The primary hypotheses were tested using CSA before the age of 12 as an independent variable. Age 12, is the arbitrary but commonly employed age of puberty and distinguishing age for pedophilia versus hebephilia when no other evidence is available to determine the presence of physical sexual signals in a victim of CSA.

The primary independent variables were gender and CSA before the age of 12, each of which is dichotomous and categorical. Descriptive statistics were generated for the two

primary dependent variables, use of X-rated videos, and visits to internet pornography sites to determine choice of statistical analyses for the primary hypotheses. Each variable was analyzed for distributional normalcy. Both distributions revealed statistically significant skewness and kurtosis. Therefore, a non-parametric ANOVA was considered to analyze the effects of gender and history of childhood sexual abuse before the age of 12 on use of pornography, defined as the use of X-rated videos (first primary dependent variable) and visits to internet pornography sites (second primary independent variable).

However, Fisher's standard parametric ANOVA using a factorial approach (Gender X CSA History) was chosen for the first analysis because it is known to be robust despite violations of normalcy and equal variances between comparison groups (Statistica Online Textbook, 2009). Table 2 presents the ANOVA results analyzing the effects of gender and childhood sexual abuse on number of X-rated videos viewed during the past year (see appendix A). Table 3 presents the ANOVA results analyzing the effects of gender and childhood sexual abuse on number of hours visiting internet pornography web sites (see appendix A). Neither finding supports rejection of the null hypothesis concerning the relationship between the experience of childhood sexual abuse before the age of 12 and use of pornography. As can be seen in both analyses, statistically significant differences were found in the number of X-rated videos viewed by males versus females and in hours visiting internet pornography web sites.

The distribution of values for both dependent variables revealed extreme kurtosis mimicking bimodal (dichotomous) distributions. For this reason, new variables were created for analyses in which each variable was dichotomized for use of X-rated videos and use of internet pornography web sites, in both cases, yes or no. These analyses

created two 2 X 2 cross-tabulations of CSA History and consumption or non-consumption of pornography. These data are presented in Tables 4 and 5. Chi Square statistics were employed to analyze the differences in these dichotomous distributions revealing that no statistically significant difference between CSA+ and CSA- subjects in the use of X-rated videos with a marginally significant difference between these two groups in the visitation of pornographic internet web sites (See Appendix A).

CHAPTER IV

SUMMARY AND CONCLUSIONS

A sample of 465 Junior and Senior college students was recruited at the University of Texas-Pan American to test our primary hypothesis that argues that individual who had suffered CSA rely more on cybersex activities as a means of sexual gratification to cope with the long term effects of sexual abuse as a result of adulthood sexual maladjustment, as opposed to individual who did not suffer CSA. The statistical analyses failed to reject the null hypothesis of this thesis that the experience of CSA has no effect on adult use of internet cybersex.

Despite the fact that the statistical analyses results failed to reject the null hypothesis of this research, these analyses indicate a highly significant difference in the number of x-rated videos viewed by males versus females. This difference could be probably because of the intervening variable that males have a stronger tendency to access visual pornographic materials than women, while women are more prone to access materials focusing on intimate contact or relationships and not because of CSA. Schneider (2000) found that more males than female access internet pornography, while women prefer sex inside the context of relationships, either through e-mail, or chat rooms connections, rather than accessing pornographic images. Her findings demonstrate that 77% of males preferred pornography, versus 10% females; 46% males preferred chat rooms, versus 80% females.

This research may be extended by including variables such as the tendency to use romantic chat-rooms, and dating , or access web pages where male and women get in contact to establish any kind of sexual contact, not only visual gratification. Our findings contradict Schwartz, et al. (2000) that found that two thirds of their population when assessing compulsive cybersex, was suffering the long term consequences of sexual victimization.

Developmental stage might also pose a difference. It is possible that women in this sample were too young to feel the need to find a romantic relationship on the internet, so cybersex is presently not a topic of their interest. It is recommended that in the future middle aged women and men be tested to see the variance in this age group, and find if cybersex is a "sleeper effect" that arises at certain developmental age (Beitchman, et al. 1992). To distinguish from hebephilia, CSA before age 12 was considered in this sample; in the future, further research including CSA before 18, is recommended to observe if age at the time of abuse might influence reliance on cybersex. Assessment of the severity and duration of the abuse is also suggested. It has been very well established that women do have a tendency to access internet for sexual purposes. Schwartz, et al, (2000) found that most of the females in his sample on addictive cybersex were married (57.2%), or divorced (19%), and white collar professionals (47%). The vast majority of their female participants had suffered sexual abuse at some point in their lives. Schwartz and colleagues (2000) provide data that suggests that age, and lack of experiences, such as marital conflict and divorce, could be a determinant factor in our sample. The age ranges for their sample were 17-36 years old, females 28.6% and males 15.8 %; 27-36 years old, females 47% vs. 15% males; 37-46 years old, females 19%, males 57%. Our sample has

a mean age of 23 years old. Their female participants also showed a stronger preference for paraphilias (23%), romance dating (23.8%), and swinging (14%), not access to pornographic material.

Victims of CSA that answer this questionnaire disclose personal and sensitive information more easily than in face to face interviews, and the terminology and categories sought are clear and specific, facilitating the way of responding to each question. The Sexual Victimization Questionnaire (Finkelhor, 1979) utilized in this research is a focused scale that provides insight into issues regarding CSA and its behavioral consequences; however, it is important to consider that some participants do not provide accurate responses to sensitive questions. All participants in the three groups were administered the same questionnaire; nevertheless, they were treated slightly different in the blue group, who were tested in subgroups and there was less distance between participants' sitting arrangements. This can pose a slight threat to the validity of the responses because participants might think others can see their responses. Timing procedures, lighting, ventilation, and instructions were treated as standardized and constant as possible within a college classroom environment.

The fact women in this sample showed a significantly lower reliance on cybersexual material might be because of the social desirable responses some participants might be looking for when asked painful and embarrassing questions, failing to respond with complete truthfulness to questions related to accessing pornographic material (Christopher et al., 2007).

Other limitations of this study, as it is in most survey designs, is the disadvantage that it is based on the premise that questionnaires do not allow for

flexibility in the participant answers, meaning that some of those answers may lack validity or accuracy in the response. The same issue happens when questions are being formulated because these have to be standardized and general enough that they might miss important issues for each respondent (questions in our questionnaire focused only on X-rated videos and pornography). All these could have affected the results because, once again, there might be gender specific activities on-line that could have hidden the expected results.

On the other hand, no other design could have obtained as much information for this research as the surveys used in this thesis. Using a sample of college students could compromise the generalizability of it, because it is based only on educated population, yet many different socio-economic backgrounds are addressed. And as stated by DiLillo (2001) sample bias can occur also because college students are younger and better adjusted interpersonally, and are less diverse ethnically and in terms of social class. In regards of the ethnicity variability, this sample is by far Hispanic (91.7%) and most of the population ranges between low income and middle class socio economic status.

Further research is recommended to distinguish between the normal tendency males have to access pornographic images on the internet, and the proneness of addictive nature of cybersex as a consequence of CSA. The use of variables other than access to pornographic images, and which gender relies more in these other variables, should be assessed, considering also the different patterns of behavior, or addictions that might be present in both genders.

In this research, attention was given to the variables of the use of X- rated videos and visits to internet pornography sites, to test the primary thesis of this paper, which assumes

that victims of CSA rely a lot more in cybersex than non victims of CSA, and not to variables related to building, whether anonymous or not, intimate sexual relationships on-line. Schneider (2000) states that there is a significant difference between males and females interests regarding online sexual activities. She found hat 80% of the females in her sample seek on-line sexual activities that led to real-life sexual encounters, as opposed to males who only 33% seek this activity. In the future, it is needed to rule out variables that are used more commonly by males, regardless of CSA, and to find out which variables can be free of gender bias to obtain more accurate results, assessing how people who suffered CSA seek intimate relationships on-line as another variable of interest. Another suggestion is to test a sample which already admits being addicted to cybersex to find out whether they were victims of CSA or not.

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APPENDIX A

Table 1: Reported Childhood Sexual Abuse (CSA) by Administration Group, Gender and Age at Reported CSA

Group	Males			Females	
CSA<6	CSA<12	CSA<18	CSA<6	CSA<12	CSA<18
Blue					
4.92%	9.84%	9.84%	8.27%	11.19%	14.93%
Green					
10.0%	16.67%	18.33%	5.41%	16.22%	18.02%
Yellow					
2.94%	11.76%	11.76%	9.57%	17.02%	20.21%

Table 2 ANOVA with Gender and Childhood Sexual Abuse (CSA) before the Age of 12 as Independent Variables and Viewing X-Rated Videos as a Dependent Variable

Source	Degrees of Freedom	MS	F	P
Gender	1	19,664	4.182	<0.05
CSA	1	2,374	0.505	>0.05
Gender X CSA	1	1,798	0.383	>0.05
Error	468	2,200,253	4.701	
Total	471			

Table 3 ANOVA with Gender and Childhood Sexual Abuse (CSA) before the Age of 12 as Independent Variables and Hours of Visiting Pornographic Internet Websites as a Dependent Variable

Source	Degrees of Freedom	MS	F	P
Gender	1	120.43	38.86	<0.05
CSA	1	0.657	0.212	>0.05
Gender X CSA	1	0.494	0.159	>0.05
Error	469	1,453.33	3.099	
Total	472	1,743.75		

Table 4. Cross-tabulation of childhood sexual abuse experience (CSA+, CSA-) and use of X-rated videos (Pearson Chi-Square = 0.07, df = 1, p = 0.79 (Yates corrected 0.02, p = 0.89) .

		Use of X-Rated Videos	
		Does Use	Does Not Use
History of Childhood Sexual Abuse	CSA+	42 (55%)	35 (45%)
	CSA-	223 (56%)	174 (44%)

Table 5. Cross-tabulation of childhood sexual abuse experience (CSA+, CSA-) and use of internet pornography sites (Pearson Chi-Square = 0.07, df = 1, p = 0.79 (Yates corrected 0.02, p = 0.89) .

		Visits Internet Pronography	
		Yes	No
History of Childhood Sexual Abuse	CSA+	25 (38%)	302 (74%)
	CSA-	108 (26%)	302 (74%)

APPENDIX B

THANK YOU VERY MUCH FOR ASSISTING OUR RESEARCH PROGRAM BY AGREEING TO COMPLETE THIS BRIEF QUESTIONNAIRE

PLEASE REMEMBER THAT YOUR PARTICIPATION IS VOLUNTARY AND THAT YOU SHOULD FEEL FREE TO WITHDRAW FROM ANSWERING AT ANY TIME WITHOUT PENALTY

THIS COVER SHEET IS PROVIDED TO KEEP YOUR ANSWERS PRIVATE. **NO ONE ELSE WILL HAVE ACCESS TO THIS QUESTIONNAIRE EXCEPT THE PERSONS DOING THIS RESEARCH.** THE INFORMATION YOU PROVIDE WILL BE PUT ONTO A COMPUTER DATABASE BY DR. ERNST OR A RESEARCH ASSISTANT AND THE QUESTIONNAIRES WILL BE IMMEDIATELY DESTROYED BY SHREDDING.

Please provide this information and answer the questions which follow ONLY IF YOU ARE COMFORTABLE DOING SO AND ONLY IF YOU WANT TO.

AGE_____ SEX _____ CLASS STANDING: Freshman Sophomore Junior Senior

RACE/ETHNICITY (Circle One): Mexican-American European-American Asian-American

African-American Other Hispanic/Latino_____ Other_____

State and Country of Birth _____

Are you Bi-Lingual? Yes No What is your "first language"? _____

What is your "second language"? _____

Age of your mother when you were born_____ Age of your father when you were born_____

MARITAL STATUS_____ NUMBER OF CHILDREN_____

NUMBER OF OLDER SISTERS _____ NUMBER OF YOUNGER SISTERS _____

NUMBER OF OLDER BROTHERS _____ NUMBER OF YOUNGER BROTHERS _____

RELIGIOUS PREFERENCE_____

What profession, occupation, or job do you wish to have after you complete your education?

_____

QUESTIONS BEGIN ON NEXT PAGE

OPINION QUESTIONNAIRE – DO NOT PUT YOUR NAME ANYWHERE

PLEASE CIRCLE THE ANSWER WHICH BEST EXPRESSES HOW YOU FEEL ABOUT WHAT IS ASKED.

1. How important is it for people to participate in a research project like this one?

   a. Research is a waste of time.

   b. It is somewhat important

   c. It is important but only if someone has a lot of time.

   d. It is very important so that scientists learn more about what is not known

2. If you were a participant in a research project how would you feel about being asked personal questions for research?

Very Uncomfortable Uncomfortable Comfortable Very Comfortable

3. How would you feel about answering questions about your use of alcohol ?

Very Uncomfortable Uncomfortable Comfortable Very Comfortable

I don't use alcohol

4. How would you feel about answering questions about your use of drugs?

Very Uncomfortable Uncomfortable Comfortable Very Comfortable

I don't use drugs

5. How would you feel about answering questions about aspects of your sexual behavior?

Very Uncomfortable Uncomfortable Comfortable Very Comfortable

6. How would you feel about being asked if you have experienced sexual abuse as a child?

Very Uncomfortable Uncomfortable Comfortable Very Comfortable

7. How would you feel about answering questions concerning details of childhood sexual abuse without naming the person who did the abuse?

Very Uncomfortable Uncomfortable Comfortable Very Comfortable

8. How would you feel about identifying the relationship of the abuser if you were abused (for example, uncle, family friend, father, other) without mentioning names?

Very Uncomfortable Uncomfortable Comfortable Very Comfortable

******** **PLEASE ANSWER THE FOLLOWING QUESTIONS ONLY** ********
IF YOU ARE COMFORTABLE DOING SO AND ONLY IF YOU ARE SURE YOU WANT TO.

9. I believe that I was sexually abused before age 6. Yes No

10. I believe that I was sexually abused between ages 6 and 12. Yes No

11. I believe that I was sexually abused between ages 12 and 18. Yes No

12. If "Yes " to any of # 9 through # 11, please circle any of the following people you have talked to about these experiences.

Family Doctor Psychologist Husband Parent Uncle/Aunt

Psychiatrist Social Worker Counselor Sibling Friend

13. Which of these people did you talk to FIRST?

14. If "Yes" to any of #9 through #11, please estimate the percentage (0% to 100%) of "adjustment to" or "recovery from" the effects of the experience(s) you feel **at this time in your life.**

_____%

REMINDER

******** **PLEASE ANSWER THE FOLLOWING QUESTIONS ONLY** ********
IF YOU ARE COMFORTABLE DOING SO AND ONLY IF YOU ARE SURE YOU WANT TO.

Please circle, check, or fill in the correct answer as it applies to you…

15. How easy or difficult do you find talking about sex to your partner or boyfriend/girlfriend?

No difficulty at all Difficult on **some** topics but not others Difficult on **most** topics Difficult on **all** topics

16. How many times, on average, do you masturbate per month? _____

17. Approximately how many X-rated videos or films have you viewed in the past year? _____

17. On average, how many **hours per week** do you spend visiting internet porn sites or viewing pornographic media on your computer? _____

18. During your current or previous romantic relationships, how many times have you "cheated" on your partner by having sex with another person? _____

19. Does it ever sexually arouse you to think about being raped or about raping someone else. Yes No

20. How would you describe your sexual orientation/preference?

Exclusively Heterosexual Occasionally Bi-Sexual Regularly Bi-Sexual Exclusively Gay or Lesbian

20. Which of these terms describes your **typical** ability to achieve orgasm by masturbation?

_____ I have never been able to achieve orgasm this way _____ It is difficult for me to achieve orgasm

_____ It is easy for me to achieve orgasm _____ Not Applicable, I do not masturbate

21. Which of these terms describes your **typical** ability to achieve orgasm with a partner?

_____ I have never been able to achieve orgasm this way _____ It is difficult for me to achieve orgasm

_____ It is easy for me to achieve orgasm _____ Not Applicable, I have not had sex with anyone

BIOGRAPHICAL SKETCH

Liliana G. Moyers-Ruiz obtained her MA in Experimental Psychology at the University of Texas-Pan American located in Edinburg, Texas, in August, 2009. At the same institution, she was granted a BA in Psychology with a minor in Psychology, in December 2006.

During her graduate years, she obtained experience working as a Research Assistant for the Psychology department in the year of 2007, and for the Education Department in 2008. While she was doing her undergraduate course work she worked for the Learning Assistance Center, as a Supplemental Instruction Leader, helping psychology students to improve their studying skills.

Though native from Mexico City, Mexico, Liliana, and her family currently live in 3232 North Locust Street, in Denton Texas, 76207.