

THE SELF-CONCEPT PROFILES OF SEXUALLY ABUSED,
LEARNING DISABLED, AND NORMAL ADOLESCENT FEMALES

A Thesis Presented to the Faculty
of
California State University, Hayward

In Partial Fulfillment
of the Requirements for the Degree
Master of Science in Counseling

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June, 1989

ABSTRACT

This study was designed to investigate the self-concepts of female adolescent victims of sexual abuse. Additionally, the self-concepts of female learning disabled adolescents were compared with the self-concepts of normal population adolescents.

A sample of fifteen normal adolescents and thirteen learning disabled adolescents completed the Piers-Harris Children's Self-Concept Scale. The archival data included fifteen Piers-Harris questionnaires completed by adolescent victims of sexual abuse.

An analysis of variance provided significant differences on six of the seven scales of the Piers-Harris. A protected-t post hoc analysis yielded significant differences between the three groups. The sexual abuse group scored significantly lower than the normal group in the areas of overall self-concept, and intellectual and school status. The sexual abuse group scored significantly lower than the learning disabled group in the areas of overall self-concept, intellectual and school status,

ABSTRACT

anxiety, and happiness and satisfaction. The learning disabled scored significantly lower than the normal group in the areas of overall self-concept, intellectual and school status, anxiety, and popularity.

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ACKNOWLEDGMENTS

I would like to express my appreciation to Dr. Ted Alper for his enthusiastic support towards the completion of this project. Also, my thanks to Dr. Viola Mecke for her inspiration and final reading of this project. I would like to thank the Director of Special Services, the high school staff and students whose cooperation and support made this project possible.

I would like to express my gratitude to C.H. for her invaluable instruction on working with victims of sexual abuse and for providing the archival data.

I would also like to thank my parents and the members of my graduating class for their endless support in the preservation of my sanity.

Finally, I would especially like to thank my friend and cohort, Michelle, for her immeasurable support and encouragement without which this project would not have been accomplished.

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CHAPTER I
INTRODUCTION

General Statement of the Problem

What are the differences between sexually abused adolescents and other adolescent girls on measures of self-concept?

Background of the Problem

A 1980 national incidence study (Finkelhor & Hotalwig, 1984) suggested that over 45,000 children are sexually assaulted each year. Another group of researchers (Alter-Reid, Gibbs, Lachenmeyer, Sigal & Massoth, 1986) suggested that the reported number of cases of sexual abuse is only one-third to one-fourth of the actual number of the cases occurring each year. If this were true then the actual number of sexual abuse cases per year is 150,000 to 200,000.

With increasing public awareness of the incidence of child sexual abuse, it is surprising to note that relatively few studies have focused on the effects of sexual abuse on children (Alter-Reid, 1986; Browne & Finkelhor, 1986; Kilpatrick, 1986; Mannarino & Cohen, 1986; Steele, 1986). Most studies have focused on the pathology of the family and

parent-child interactions; yet, little has been researched about the long- and short-term effects of the abuse.

Although some researchers previously felt that sexual stimulation of children may have been beneficial (Calderone & Reiche, cited in Kilpatrick, 1986), this is an opinion that is rarely held today (Alter-Reid, et al., 1986; Brooks, 1985; Brown & Finkelhor, 1986; Steele, 1986). Researchers and clinicians strongly believe that the sexual abuse of children has definite detrimental effects on their physical and psychological development. Porter, Blick & Sgroi (cited in Alter-Reid, 1986) stated the following list of the consequences of sexual abuse:

- 1) damaged goods syndrome, 2) guilt, 3) fear,
- 4) depression, 5) low self-esteem and poor social skills, 6) repressed anger and hostility, 7) impaired ability to trust, 8) blurred role boundaries and role confusion, 9) pseudo-maturity coupled with failure to accomplish developmental tasks and 10) difficulty with self-mastery and control. (p. 258)

These authors found that the first five problems seemed to be observed in all sexually abused children and the remaining five were specific to incest victims. Steele (1986) stated that early abuse and neglect leave residues. He suggested that victims of sexual abuse have an especially low sense of self-esteem and a poor sense of identity.

Retrospective studies of sexual abuse have provided a great deal of insight into its long-term effects. Browne and Finkelhor (1986) reported that adult women victimized as children are more likely to manifest, "depression, self-destructive behavior, anxiety, feelings of isolation and stigma, poor self-esteem, a tendency toward revictimization and substance abuse" (p. 72). They further suggested that women abused as children frequently become self-deprecating. Sexually abused women often become involved with abusing partners as adults and maintain abusive relationships. These women also have a tendency to become victims of violent attacks, such as rape. Studies conducted with special populations (Brown & Finkelhor, 1986) have indicated that 55% of female prostitutes have a history of sexual victimization as children. These authors stated that 35% of victimized women have a history of substance abuse. It is also important to note that children who are victimized may in turn become abusers as adults. Finally, Steele (1986) suggested that incestual adults often have witnessed or experienced incest in their own family.

Significance of the Problem

The significance of the problem is based on the information regarding the effects of sexual abuse. It has been shown that children victimized by sexual abuse may have

several reactions: depression, self-destructive behaviors, revictimization or abusive behaviors. Thus, the identification and treatment of sexually abused children is quite important for their future development. The results of the current research may help to identify the specific areas of self-concept that become damaged by sexual abuse in childhood. Such information could be helpful in identifying potential victims of child sexual abuse and in developing effective treatment programs.

Definition of Terms

Self-Concept. A relatively stable set of self-perceptions, reflecting both a description and an evaluation of one's own behaviors and attributes (Piers, 1986). Positive self-concept or self-esteem indicates that the individual feels generally positive about her behavior, intelligence, appearance, popularity and contentment. A negative self-concept or self-esteem refers to feelings of being bad, incompetent, unattractive, unpopular and unhappy. For the purposes of this study, the terms "self-concept" and "self-esteem" will be used synonymously.

CHAPTER II
LITERATURE REVIEW

Introduction

The demands for a better understanding of sexual abuse and its affects have increased along with both the increased reporting of sexual abuse and increased public awareness. The present study focuses on the effects of sexual abuse on the self-concept of the adolescent victim.

The literature review is organized into the following four areas: 1) the development of self-concept, 2) the aspects of adolescent self-concept, 3) the effects of sexual abuse on victims, and 4) the self-concepts of learning disabled adolescents.

Self-Concept

Freud: Psychoanalytic Theory

Theories of self-concept and its development have varied depending on the theoretical background of the author. Freud (cited in Hall, 1954) viewed the self as an inclusive construct that was divided into the id, ego and superego. He conceptualized the self as the integration of the aspects of an individual's personality, or as the personality in general. The distinction he made between the ego and the self is often unclear. Freud considered the ego to be a

conscious phenomenon, whereas the self included both conscious and unconscious aspects.

Freud did not deal with reflected evaluations of the self. He dealt more with stronger emotional aspects such as self-hate and self-condemnation. He described the process of self-evaluation as a result of identification with the ego-ideal. Self-evaluation was proposed to occur when the self is not in accord with the ego-ideal (Wells & Marwell, 1976).

Erikson

Erikson (1958) created a theory of psychosocial development which encompasses the entire life cycle with eight stages from infancy to old age. He stressed the importance of both individual maturation and sociocultural influences.

He proposed that the individual must, somewhat successfully, move through an emotional crisis at each stage of life. Successful completion of each stage allows the individual to move to the next stage without residues of unresolved issues. Unsuccessful resolutions will continue to affect the individual's emotions and behaviors.

The following list contains the stages of the individual's self-development according to Erikson (1985):

Stage 1: Trust vs. Mistrust - in which the infant develops a basic sense of either confidence or anxiety in self or others.

Stage 2: Autonomy vs. Shame and Doubt - in which the beginning awareness of separateness is either a positive or a negative experience.

Stage 3: Initiative vs. Guilt - in which they fantasize and project themselves into diverse situations which are either acceptable or unacceptable.

Stage 4: Industry vs. Inferiority - in which the child must learn either to feel confident in his competence, or inferior in comparison to the skills of others.

Stage 5: Identity vs. Identity Confusion - young people seek to integrate their past experience and future expectations into a new sense of self.

Stage 6: Intimacy vs. Isolation - the individual seeks to establish relationships with others particularly with one another.

Stage 7: Generativity vs. Stagnation - mature adults hold out a helping hand to those who come after them.

Stage 8: Integrity vs. Despair - older adults come to terms with the activities of their lives and find life either meaningful or empty (Forisha-Kovach, 1983).

Rogers: Client-Centered Theory

The central construct of Rogerian theory (Wells & Marwell, 1978) has been the self-concept or the self in relation to the phenomenal field. He believed that self-esteem is based on a self-regarding attitude which encompasses a person's perceptions and cognitions of his abilities, actions, and relations within his social surroundings. This self-regarding attitude has three major aspects: the specific content of the attitude (a cognitive dimension), some judgment about the content relative to some standard (an evaluative dimension), some feelings attached to that judgment (an affective dimension).

Roger's theory has described self-concept or self-structure as an organized configuration of perceptions of the self which are available at the conscious level. Consistency has been regarded to be important in Roger's theory in that perceived behavior that is inconsistent with the self-concept tends to cause psychological stress. A positive self-concept results from a firmly organized structure whereas a negative self-concept results from experiences that are inconsistent with the structure (Wells & Marwell, 1976).

Adolescent Self-Concept

Psychoanalytic Theory

Psychoanalytic theory has viewed adolescence as a time of reworking the oedipal conflict (Muuss, cited in Stevens-Long & Cobb, 1983). During this new conflict the family ties are replaced by strong connections with the peer group (Stevens-Long & Cobb, 1983).

Freud (cited in Hall, 1954) identified five stages of development that culminated in adolescence. The last stage he proposed was the genital stage during which young people come into full maturity by developing and stabilizing a heterosexual relationship.

Erikson

Erickson's theory indicated that the task of adolescence is identity development. Each of the life's stages is the forerunner of an issue that emerges during adolescence as part of the "identity crisis." Each developmental stage has an adolescent counterpart which the adolescent must work through.

The following list contains the hypothesized stages of psychosocial development of adolescence as proposed by Erikson (1958).

Stage 1: Trust vs. Mistrust. The conflict is exemplified by a temporal perspective vs. time confusion.

The adolescent must trust that tomorrow will come and put off gratification, or in confusion about time demand instantaneous gratification.

Stage 2: Autonomy vs. Shame and Doubt. The key conflict for the adolescent is between self-certainty vs. self-consciousness. Self-certainty results from a sense of autonomy and assurance that one is a separate human being in the world. Self-consciousness results from a failure to distinguish oneself from others in that one is not sure to what degree one is separate from the thoughts of others.

Stage 3: Initiative vs. Guilt. The key conflict for the adolescent is role experimentation vs. role fixation. This task for adolescents is to try out different roles, or ways of being, without committing to any one. Role fixation occurs when the individual fixes on a role too soon and fails to differentiate between role and self.

Stage 4: Industry vs. Inferiority. The task for the adolescent at this stage involves apprenticeship vs. work paralysis. The adolescent experiences work successfully and works toward mastery. Work paralysis occurs when the individual overemphasizes the importance of the completed task and, in effect, fails to differentiate the stages of learning the task. Often the task becomes obsessive or not attempted at all.

Erikson (1958) stated that successful completion of these stages in adolescence allows the individual to move on to the following adult stages with little interruption from unresolved conflicts. The stages of adolescence incorporate the building blocks of the resolution of later central life issues. These building blocks are then integrated into the concept of identity (Forisha-Kovach, 1983).

Cognitive Theory

Cognitive theorists (Forisha & Kovach, 1988) have conceived of adolescence as a time when an individual is able to think about herself in the same way she thinks about the world. The self-concept has been defined as a system or theory constructed about the self. The adolescent is able to construct a theory of herself which is hierarchically organized. Cognitive theorists have proposed that adolescence is a time when individuals are mature enough on a cognitive level to construct a viable self-theory.

Piaget (cited in Ginsburg & Opper, 1976) stated that with the development of formal operational thinking the individual is able to think about the way she thinks. With the ability for abstract thinking, an individual is able to think about who one is and what one wants to be (Stevens-Long and Cobb, 1983).

The Effects of Sexual Abuse

With the increase in public awareness in recent years, and with the new legislation requiring more involvement by professionals, the reported number of child abuse cases has increased dramatically. Between 1983 and 1984 the number of reported cases of sexual abuse increased 59% (Everstine & Everstine, 1989). Only recently have researchers become interested in the effects of abuse.

Literature on the effects of sexual abuse is minimal. One limitation of researching sexual abuse is the fact that a concise universal definition is not available. The definition of sexual abuse has varied not only between legal services and clinicians, but also between individual researchers (Alter-Reid, 1986). Some researchers have used a more narrow definition limiting their results, while others have used a more broad definition that may be less generalizable. At a minimum, all of the studies included in their definitions, the concept of any physical act of sexual stimulation toward a child by a much older person.

The studies reviewed have presented some effects common to victims of sexual abuse, even though their samples and definitions may limit the generalizability of the results. Of the studies reviewed, the most common effects of sexual victimization to children are that of fear, anxiety, guilt and depression (Browne & Finkelhor, 1986;

Alter-Reid et al., 1986). These reactions have been found not only in children for whom the disclosure was recent (e.g., short-term effects), but also for women who had been victims of sexual abuse as children (e.g., long-term effects).

Another result that has been obtained common to sexual abuse victims was that of poor self-esteem. Again, studies of the long-term effects of sexual abuse show that victims manifest a poorer self-esteem and impaired self-concept. Experts have indicated that self-concept has the potential to affect all areas of a person's life; therefore, victims of sexual abuse may manifest problems throughout their life as a result of their impaired self-concept, such as revictimization or maintenance of abusive relationships with spouses (Browne & Finkelhor, 1986; Porter, Blick & Sgroi, cited in Alter-Reid, 1986; Steele, 1986).

Feelings of anger and hostility have also been observed initially and these negative feelings are then manifested in destructive, acting-out behaviors later on in life. Anger and hostility have been common reactions in younger children (Porter, Blick & Sgroi, cited in Alter-Reid, 1986; Brown & Finkelhor, 1986). However, in adolescence and adults, anger and hostility have sometimes been directed inward resulting in self-destructive behavior. Often, the self-destructive behavior has been in forms of

self-mutilation; however, sexual abuse victims have occasionally acted-out in ways that are not physically destructive, such as running away. Also, anger and hostility have at times been turned into aggression toward family members, such as one's own children (Steele, 1986).

Victims of sexual abuse have often lost their ability to trust others. As adults this lack of trust may interfere with women's love relationships and cause difficulties not only in relating, but also in sexual performance. Victimization has also caused problems in sexual functioning and with attitudes toward sex. Victims have often been more negative about sex than non-victimized women (Justice & Justice, cited in Alter-Reid, 1986).

Often abused children have had more confusing relationships with their parents. Frequent role reversals have taken place in the family, requiring the child to act as a parent. This type of role confusion could cause the child to act in a pseudo-mature manner, and as a result the child may have fail to achieve some developmental tasks. Such confusion has also resulted in problems in developing appropriate boundaries (Porter, Blick & Sgroi, cited in Alter-Reid, 1986; Orr & Downs, 1985).

Studies that survey special populations have suggested that victims of sexual abuse were overrepresented in samples of prostitutes, substance abusers, and abusive

mothers (Browne & Finkelhor, 1986). Other studies have indicated that the degree of psychopathology is higher in victims of sexual abuse than in non-victim samples (Brooks, 1985). It has also been noted that some victims do not have high educational goals (Orr & Downs, 1985).

In evaluating the aforementioned studies it is important to note that given the limited number of studies on the effects of sexual abuse and the limitation in researching this topic, the generalizability of these results are reduced.

Learning Disabled Self-Concept

A great deal of research has accumulated that indicates that there are differences between learning disabled children and normal children in their self-concept (Bruininks; Larsen, Parker, Jorjorian, cited in Pickar & Tori, 1986; Winne, Woodland, & Wong; cited in Pickar & Tori, 1986). Such children have also been shown to have greater difficulties in interpersonal relationships with both their peers and adults (McWhirter, McWhirter, & McWhirter, 1985). Both academic failure and difficulties in interpersonal functioning have been proven to lead to higher incidences of social-emotional problems in the learning disabled population (Pickar & Tori, 1986).

Adolescence has been proposed to be a time when the individual must deal with physical, emotional and biological changes. The adolescent must also strive for independence yet, explore new relationships with peers. Learning disabled adolescents have been shown to experience not only the difficulties associated with their learning, but also must cope with the developmental changes occurring naturally as a part of adolescence.

Adolescents with learning disabilities have been described as passive learners in response to problem-solving; they have taken on an attitude of "learned helplessness." Instead of attempting to solve a problem, the learning disabled student would wait to be directed (Wein & Torgesen, cited in Lerner, 1988). The learning disabled adolescent has been seen to have a poor self-concept or low self-esteem from years of failure and frustration. At times psychopathology developed from a lack of successful experiences (Lerner, 1988). Lerner indicated that learning disabled students' social and attending skills are poorly developed. She also stated that learning disabled students often have lost confidence in their intellectual abilities as a result of years of failure which have led them to have little motivation for school or learning (Lerner, 1988). The self-concepts of learning disabled children have been thought to be lower than non-learning disabled children

(Silverman & Zigmond, 1983). However, the research regarding the self-concepts of learning disabled adolescents has been more limited. Several empirical studies designed to show that learning disabled students have lower self-concepts have been attempted. However, the statistical analysis has indicated the contrary. The self-concept scores, on the Piers-Harris Children's Self-Concept Scale, did not reveal a significant difference on the overall self-concept (Silverman & Zigmond, 1983). Also, other general measures of self-concept revealed no significant differences on overall self-concept (Tollefson, cited in Bender, 1987).

However, on measures of academic self-concepts, a difference was obtained between the learning disabled and non-learning disabled adolescents (Hiebert, Wong & Hunter, cited in Bender, 1987). One additional study (Winne, et al. cited in Pickar & Tori, 1986) using the Piers-Harris, found a significant difference on the factor scores for learning disabled males. However, there were so few females studied, and these results were not statistically significant on either the factor or overall scores.

These few studies reveal conflicting information. The information regarding female adolescent learning disabled students is even more limited.

Summary

The literature provides several perspectives on the development of self-concept. For adolescents, the development of the self-concept is based on a combination of past experiences and an evaluation of present experiences. Adolescence is a time when an individual has the cognitive ability to think about who she is and who she wants to be.

For the abused adolescent, the effects of victimization have been shown to influence the development of adolescents in many ways. The development of the self-concept has been assumed to be impaired by the victimization. As seen in the retrospective studies the effects of sexual victimization were shown to have influenced the functioning of adult women. Women from abusive homes and families had often experienced victimization as children. Often abusive mothers were victims of abuse in their families of origin.

Learning disabilities have also been shown to have an effect on the development of self-concept. The learning disabled child has been thought to have experienced pain and frustration because of confrontations with academic failures. These failures lead to delays in social skills and create a more negative outlook by the student toward school and future achievement.

Both sexual abuse and learning disabilities have been assumed to have a dramatic effect on adolescents.

However, the limited research in both areas suggests the need for more in-depth analysis.

For abused adolescents, the effects of the abuse do seem to influence the development of the self-concept. However, it is still difficult to state just what that influence is and how those effects are manifested.

For the learning disabled adolescent girl, the effects on the specific self-concept is still unknown. It has been shown that the self-concepts of younger learning disabled children are affected adversely, yet it is unclear as to whether this negative self-concept continues into adolescence.

The goal of the present research is to look at the self-concept of sexually abused adolescents with the hypothesis that victims of sexual abuse have lower self-concepts than either learning disabled or normal adolescents.

CHAPTER III

DESIGN

Statement of the Problem

What are the differences among the self-concept profiles of sexually abused females, learning disabled females, and normal adolescent females?

Hypotheses

Ho₁: There will be no significant differences between the overall self-concept scores of adolescent victims of sexual abuse and the overall self-concept scores of either learning disabled or normal adolescents.

Ho₂: There will be no significant differences on any of the six cluster scores between adolescent victims of sexual abuse and/or learning disabled or normal adolescents.

General Methodology

The method for obtaining data was as follows:

1) The archival data, fifteen protocols completed by members of a sexual abuse support group, were provided by a Bay Area counselor who runs groups for adolescent victims of sexual abuse. A random sample of fifteen south Bay Area high school girls was selected from an alphabetical list of female high school students provided by the school. A

second sample of high school girls who participated in the Resource Program was obtained from the Office of Special Services. The parents of both the fifteen mainstream female students and the thirteen female students from the Resource Program were contacted by phone to obtain permission to invite their daughters to participate in the study. Verbal permission from the parents was required before the student could be approached.

2) Once parental permission was obtained, each student was brought into the experiment room individually. The study was described to the student. Students wishing to participate received a letter of informed consent for them and their parents to sign.

3) The signed consent forms were returned to the high school office and placed in a manila envelope. Those students who returned their permission letters were again called into the experiment room. The study was again described to the students along with confidentiality measures. The student was then given the test protocol to complete at that time.

4) In order to protect the anonymity of the subjects, the subject was required to provide only her age and ethnic group. Each subject was assigned an identification number to which the questionnaire corresponded. Upon the completion of the questionnaire, the

subject received her identification number printed on a receipt. If for any reason, the subject wished to withdraw from the study, the protocol could be identified by her identification number.

Definition of Terms

Normal. The normal adolescent group refers to students who have not been identified as either learning disabled or sexually abused.

Learning Disabled. The learning disabled group refers to students who have been identified as learning disabled and participate in the resource program for special education.

Sexual Abuse. The sexual abuse group refers to adolescent girls who have been victimized by sexual abuse. Sexual abuse is defined as any act that is forced or coerced on the child by a much older person for the purpose of sexual stimulation. Much older person constitutes five years for children under 14 and ten years for adolescents. Sexual acts include fondling, anal, oral and vaginal intercourse.

Setting

The participants were selected from a south-Bay Area high school. The school is located in a small suburb

community of San Jose. The socioeconomic level of this ethnically diverse population ranges from low to middle income. The sexual abuse group sample came from participants of a Bay Area support group for victims of sexual abuse. At the time the group participants were residents of a Bay Area drug treatment center.

Subjects and Sample

The twenty-eight subjects who were selected for participation in this study are students from a south Bay Area high school. The criteria for participation was limited to female students between the ages of 13 and 19 years. The participants were those students who returned permission letters.

Mainstream Students

Fifteen of the subjects participated in a regular education program. The regular education group consisted of nine White, zero Black, one Hispanic, one Asian, one Peruvian and three Filipino students.

Learning Disabled Students

The special education group consisted of nine White, zero Black, three Hispanic, zero Asian, one Hispanic/Filipino students.

Sexually Abused

The archival data for the fifteen sexually abused population was provided by a Bay Area, licensed marriage, family and child counselor. In 1987, this counselor led a group for adolescent victims of sexual abuse that continued for a year period. She collected her data from the members of her group who voluntarily completed a Piers-Harris questionnaire upon entering the group. The participants of the group were residents in a drug treatment center at the time. All the participants had experienced sexual abuse between the ages of three and twelve years. Most, if not all, had experienced the abuse prior to their dependence on chemicals. The protocols were identified by age and ethnic background. The racial distribution included: eleven White; two Black, and two Hispanic girls.

Instruments

Piers-Harris Children's Self-Concept Scale

The Piers-Harris is a self-report questionnaire that was developed in 1969 by Ellen Piers and Dale Harris. The 80-item questionnaire was designed to assess how children and adolescents feel about themselves. The subject indicates whether the statement applies to them by using

dichotomous "yes" and "no" responses. Scores can range from 10 to 85; the lower the score the more negative the self-concept (Piers, 1969).

Several studies have investigated the test-retest reliability of the Piers-Harris with both normal and special populations. Test-retest reliability indices varied depending on the interval of time in retesting. The shorter the interval the greater the reliability coefficient. Intervals of three to four weeks produced a coefficient of .96. An interval of eight months produced a coefficient of .42. The median test-retest reliability was .72.

Smith and Rogers (cited in Piers, 1969) studied test-retest reliability with learning disabled students and reported a stability coefficient of .62, with a population of 89 learning disabled students between the ages of 6 and 12 years from a large metropolitan school district. The retest interval was six months.

The validity of the Piers-Harris has been studied in a number of ways. These studies have used a variety of approaches including item analysis, intercorrelations among the scales and items, and comparisons of the responses of various criterion groups (Piers, 1984).

Wolf, Sklov, Hunter, Weber, and Berenson (cited in Piers, 1984) studied a mainstream biracial group of students aged 10 to 17 years. The results were analyzed with a

factorial design. The analysis yielded seven interpretable factors. Six of the factors matched the six subscales from the original study. It also yielded an additional factor relating to aggression.

Data Analysis

The 80 items were scored in the direction of positive self-concept so that the higher the raw score, the more positive the assessed self-concept. The total number of positive responses comprised the total self-concept score. The six factor scores were also calculated. The seven raw scores were then converted to seven t-scores. The t-scores were then analyzed by a one-way analysis of variance. A post-hoc analysis was then performed to determine the areas of significant difference.

CHAPTER IV

RESULTS

The results of the data analysis are presented in this chapter. The raw data utilized in the analysis is presented in the Appendix.

H_{01} : There are no significant differences between the overall self-concept score of adolescent victims of sexual abuse and the overall self-concept scores of either learning disabled or normal adolescents.

Table 4.1

Means, Standard Deviations and Significant F-Values for Overall Self-Concept of Sexual Abuse, Learning Disabled, and Normal Groups

Cluster	Sexual Abuse		Learning Disabled		Normal		F-value
	X	sd	X	sd	X	sd	
Total	37.6	8.96	48.38	6.13	55.13	11.48	13.71*

* significant at .01 level

Table 4.1 presents the means, standard deviations, and F-values for the comparison groups on the overall self-concept scores. Inspection of Table 4.1 revealed that there were significant differences among the comparison groups on

the overall self-concept measure. Therefore, the null hypothesis can be rejected.

Ho₂: There are no significant differences on any of the six cluster scores between adolescent victims of sexual abuse and either learning disabled or normal adolescents.

Table 4.2

Means, Standard Deviations and Significant F-Values
for the Cluster Scores of Sexual Abuse,
Learning Disabled, and Normal Groups

Cluster	Sexual Abuse		Learning Disabled		Normal		F-value
	X	sd	X	sd	X	sd	
I (Beh.)	31.27	11.16	51.0	7.68	54.8	10.14	24.31*
II (Sch/Int)	39.33	6.55	45.38	6.14	53.73	12.3	9.88*
III (Phy.App)	45.2	11.6	48.08	6.13	51.6	10.82	1.55
IV (Anx.)	32.47	12.0	43.82	10.65	49.87	14.93	7.16*
V (Pop.)	40.8	11.62	43.62	7.03	53.07	7.91	7.32*
VI (Happ.)	37.93	8.46	51.31	7.88	48.67	11.91	8.08*

* significant at .01 level

Table 4.2 presents the means, standard deviations, and F-values for the comparison groups on the cluster scores

of the self-concept profiles. Inspection of Table 4.2 revealed that there were significant differences among the comparison groups on the clusters of Behavior, School and Intellectual Status, Anxiety, Popularity, and Happiness and Satisfaction. Therefore, the null hypothesis can be rejected for those factors.

Table 4.3

T-Scores of Sexual Abuse, Learning Disabled,
and Normal Groups

Cluster	Normal vs. LD	Normal vs. Sex Abuse	LD vs. Sex Abuse
I Behavior	3.44	6.53*	18.62*
II School/Intell	9.26*	4.42*	6.71*
III Phy Appear	--	--	--
IV Anxiety	4.84*	3.74	8.64*
V Popularity	10.18*	3.67	3.04
VI Happiness	2.16	2.44	10.90*
Total Overall	7.21*	5.19*	11.51*

* significant at .05 level

The post-hoc analysis presented in Table 4.3 investigates the significant differences among the mean cluster and overall scores for the comparison groups. Table 4.3 presents the obtained t-score values of the comparison groups. Significant differences were found in the following areas:

Cluster I - Behavior: The sexual abuse group had a significantly lower score than the normal adolescents or the learning disabled adolescents.

Cluster II - School and Intellectual Status: The sexual abuse group had a significantly lower score than either the learning disabled group or the normal group. The learning disabled group had a lower score than the normal group.

Cluster III - Physical Appearance: There were no significant differences among any of the groups.

Cluster IV - Anxiety: The learning disabled had a significantly lower score than the normal group. The sexual abuse group had a significantly lower score than the learning disabled group.

Cluster V - Popularity: The learning disabled group had a significantly lower score than the normal group.

Cluster VI - Happiness and Satisfaction: The sexual abuse group had a significantly lower score than the learning disabled group.

Overall Self-Concept: The sexual abuse group had a significantly lower score than either the learning disabled group or the normal group. The learning disabled group had a significantly lower score than the normal group.

Summary

Significant differences were obtained between the sexually abused, learning disabled, and normal adolescent girls on their overall self-concept.

The factor score comparisons also yielded significant differences among the groups in each of the following areas: Behavior, School and Intellectual Status, Anxiety, Popularity, and Happiness and Satisfaction.

Post-hoc comparisons among the groups revealed that the sexually abused group was significantly lower than both comparison groups on the Behavior, Intellectual and School Status, and Overall self-concept measures. When compared to the normal group the learning disabled group was found to be significantly lower on the Anxiety, Popularity, and Overall self-concept. Finally, the sexually abused group was significantly lower than the learning disabled group on the Anxiety and Happiness and Satisfaction factors.

CHAPTER V
SUMMARY AND CONCLUSIONS

Discussion

The results indicate that a significant difference exists between the sexual abuse group and the learning disabled and normal groups. Thus, the sexually abused adolescents exhibit a significantly lower overall self-concept than either the learning disabled or normal adolescents. This conclusion provides empirical data to support the assumption that low self-concept may result from sexual victimization.

The results also indicate specific areas of concern with regard to the self-concepts of sexually abused adolescents. The results suggest that sexually abused adolescents rate themselves as behaving more inappropriately than either learning disabled or normal adolescents. Also, sexually abused adolescents rate themselves as having lower abilities in school or intellectual functioning, and lower general satisfaction and lower future expectations than either the learning disabled group or the normal group. The sexual abuse group does not differ from either normal or learning disabled adolescents on measures of physical appearance or popularity. On measures of anxiety and happiness and satisfaction the sexual abuse group see

themselves as more anxious and more unhappy than the learning disabled group; however, they did not differ from the normal group in these areas.

The results also provide information regarding the learning disabled group that is contrary to similar studies. The learning disabled group differed significantly from normal adolescents on a measure of overall self-concept, suggesting that learning disabled students have lower self-concepts than normal adolescents. This contradicts the studies of Silverman and Zigmond (1983) and Tollefson (cited in Bender, 1987) which did not obtain significant differences. The results also indicate that learning disabled adolescents rate themselves as having more inappropriate behaviors, less satisfaction with school, and lower future scholastic expectations in comparison to their normal peers. These adolescents have more anxiety and also feel they are not as popular as normal adolescents.

Limitations of the Study

A number of factors may have influenced the results of this study. One of the factors may be the small sample size, a factor which increases the possibility of sampling error. Additionally, the subjects were not randomly selected from the respective populations. The learning disabled population was selected from the special education

students who returned permission letters. The normal group was also selected from those students who returned permission letters. The sexual abuse group was taken from a selected sample within a restricted clinical population. It is also unclear what specific factors may have influenced the self-concepts of the participants in the sexual abuse sample group given that these participants were currently under treatment for chemical dependency.

Another limitation may have been the ethnic diversity with the normal and learning disabled groups. The sexual abuse sample was less ethnically diverse.

Suggestions for Further Research

Further research is needed in the area of long-term effects of sexual abuse. Still too little is known about the impairments children suffer as a result of sexual abuse.

Studies with larger sample sizes and subjects from various populations would help to generalize the results.

Further research into the specific areas of self-concept effected by sexual abuse would help to identify areas for treatment.

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APPENDIX

RAW DATA

Sexual Abuse	I	II	III	IV	V	VI	Total
01	31	43	56	26	51	32	39
02	23	30	34	20	23	24	25
03	41	45	34	20	34	30	35
04	47	43	56	59	51	64	55
05	39	45	64	38	39	63	47
06	35	41	55	54	47	56	45
07	45	47	53	33	44	42	42
08	39	45	43	30	54	41	45
09	13	34	37	33	31	18	25
10	31	45	43	31	45	24	35
11	36	34	42	43	61	52	43
12	33	38	29	21	31	28	29
13	13	38	60	25	41	30	35
14	31	38	43	34	41	47	39
15	13	24	29	20	29	18	25
Learning Disabled							
16	50	41	53	47	44	52	48
17	59	47	49	34	47	52	48
18	54	43	49	38	41	56	47
19	45	37	43	34	36	47	43
20	59	47	49	55	49	56	56
21	66	55	56	68	55	63	63
22	50	50	59	38	39	47	48
23	54	57	49	49	34	56	47
24	45	47	43	44	51	56	50
25	45	37	49	30	44	32	40
26	50	37	37	34	32	42	41
27	36	50	40	52	51	56	46
28	50	45	49	44	44	52	48
Normal Sample							
31	35	41	40	44	55	36	40
32	66	55	49	52	55	47	57
33	66	63	64	69	61	63	69
34	59	70	60	63	61	63	66
35	47	30	40	38	44	36	42
36	59	59	56	69	61	63	63
37	59	63	56	59	47	56	63
38	54	45	46	24	44	32	43

RAW DATA

39	43	38	29	26	39	36	37
40	50	47	49	52	51	47	53
41	39	55	56	44	61	52	57
42	59	70	53	59	61	47	58
43	66	50	43	44	51	42	55
44	54	50	64	36	44	47	51
45	66	70	69	69	61	63	79