

AN EXPLORATION OF ATTACHMENT INFLUENCES ON RAPE ATTITUDES  
A Thesis Submitted to the Committee of Graduate Studies in Partial Fulfillment of the  
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## **Abstract**

### **An exploration of Attachment Influences on Rape Attitudes**

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While there is substantial research on the influence of adverse childhood experiences on sexual offending behaviours and attachment representations on sexual offending behaviours, few studies to date have explored how adverse childhood experiences and attachment representations act together to influence the development of rape attitudes in a non-clinical population. The purpose of this thesis was to explore how childhood experiences and attachment may help to understand the development of rape attitudes. Data were collected from 273 undergraduate students who completed self-report questionnaires pertaining to their attachment, childhood experiences and rape attitudes. Correlational and Structural Equation analyses were computed, and the results did not find support for the simultaneous influence of adverse childhood experiences and attachment representations on rape attitudes. Given that the sample was primarily female (83%), the results indicate that the outcomes of adverse childhood experiences on sexual attitudes may differ by gender. Understanding the formation of rape attitudes is important to understand the motivations behind sexual assault behaviours.

*Keywords:* attachment; adverse childhood experiences; rape attitudes

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## Introduction

Sexual assault refers to any type of unwanted physical sexual act or attempt to obtain a sexual act without consent (Krug, Mercy, Dahlberg, & Zwi, 2002; Long & Butler, 2018). As such, the term sexual assault covers a degree of sexual offences ranging from unwanted sexual advances to sexual violence and rape (Long & Butler, 2018). While the term sexual assault covers a range of sexual offences, there is no clear global consensus for how sexual assault and the different types of sexual assault should be defined and used. For example, the term ‘rape’ is no longer legally recognized in Canada. Instead, in the Canadian legal system the term ‘sexual assault’ encompasses unwanted sexual contact, including non-consensual sexual penetration (Criminal Code, 1985). In other countries, such as the United Kingdom, rape is a recognized sexual offence (UK Sexual Offences Act, 2003) and can be defined as sexual assault that includes non-consensual genital, anal or oral penetration (Devore & Sachs, 2011). Given that different legal systems recognize sexual assaults in different ways, the field of sexual offences also contains the use many different sexual terms that are used interchangeably, without a clear definition for what these terms mean and how they differ from one another.

Despite the terminology issues, research highlights that sexual assault has become a big global problem. According to the World Health Organization, sexual violence constitutes a human rights and public health problem. The World Health Organization defines sexual violence as “any sexual act, attempt to obtain a sexual act, or act directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting including but not limited to home and work” (World Health Organization, 2002, p. 149). Based on the data available, it is estimated that 35% of

women worldwide have experienced sexual and/or physical violence and one third of adolescent girls report that their first sexual experience was not consensual (World Health Organization, 2012; World Health Organization, 2014).

Given this situation, research has emphasized the importance of understanding the etiological factors underlying sexual assault, and in particular, attitudes towards non-consensual sex (which will be referred to as rape attitudes; Wanklyn, Ward, Cormier, Day, & Newman, 2012). A prominent theory that has been used to explore the etiological factors of rape attitudes is attachment theory, which emphasizes the importance of the early bonds created between children and their caregivers (Grady, Levenson, & Bolder, 2017; Seto, Lalumiere, & Hinshaw, 2012). Researchers have found that insecure attachment, particularly avoidant insecure attachment, where individuals are distant towards emotional intimacy, may increase the vulnerability of developing rape-supportive attitudes and sexually aggressive behaviours (Baker, Beech, & Tyson, 2006; Maniglio, 2012; Mitchell & Beech, 2011).

To date, much of the previous research has been focused on incarcerated sexual offenders, while very little research has explored the associations among attachment and rape attitudes in a university sample. In this study, I aim to explore the influence of childhood experiences, attachment representations and rape-supportive attitudes in a sample of undergraduate students to determine if childhood experiences and attachment representations influence the development of rape attitudes. I hypothesize that high attachment anxiety will be associated with adverse childhood experiences, such as high parental rejection (Hinnen et al., 2009), high parental overprotectiveness and high parental abuse (Baer & Martinez, 2006; Cyr, Euser, Kranenburg, & Ijzendoorn, 2010). In

addition, I also hypothesize that rape supportive attitudes will be associated with adverse childhood experiences, such as high rejection, high overprotection, and high abuse (Abbiati, Mezzo, & Desponds, 2014; Hudson, & Ward, 1997; Marini, Leibowitz, Burton, & Stickle, 2014; Maniglio, 2012). Furthermore, I also hypothesize that rape supportive attitudes will be associated with attachment avoidance. Finally, I hypothesize that adverse childhood experiences and attachment avoidance will act together to influence rape supportive attitudes. Specifically, I hypothesize that attachment avoidance may act as a mediator between adverse childhood experiences and rape supportive attitudes (Grady, Levenson, & Bolder, 2017; Seto, Lalumiere, & Hinshaw, 2012; Ward, Hudson, & Marshall, 1995).

### **Sexual Assault**

Sexual assault constitutes a problem in today's global society. Statistics show that in Canada, there are approximately 21 incidents of sexual assault for every 1,000 Canadians aged 15 and older (Statistics Canada, 2015). In the US, research has found that nearly 1 in 5 women and 1 in 71 men have been raped in their lifetime. In addition, approximately 44.6% of women and 22.2% of men have experienced sexual violence victimization other than rape in their lifetime (Black et al., 2001).

Given the high prevalence of sexual assault, understanding the etiological and risk factors associated with the development and perpetration of sexual assault is crucial. Research in sexual offenders has consistently found that endorsement of rape supportive attitudes, also commonly called rape myths, is correlated with sexual assault perpetration (Burt, 1980; Bohner et al., 1998; Loh & Gidycz, 2006; Malamuth, Linz, Heavey, Barnes, & Acker, 1995; Poppen & Segal, 1988, Suarez & Gadalla, 2010). Rape myths are rape

supportive attitudes that are prejudicial attitudes and beliefs that serve to downplay sexual assault, encourage victim blaming and negate perpetrator responsibility (Burt, 1980; Payne, Lonsway & Fitzgerald, 1999). Examples of rape myths include beliefs such as: women who are dressed provocatively are asking to be raped; even if a woman says no it means yes; and women commonly lie about being raped (Payne, Lonsway & Fitzgerald, 1999). In their study of the risk factors of date rape, Muehlenhard and Linton (1987) found that men who held more adversarial sexual beliefs and endorsed more rape myths were more likely to have a history of committing sexual assault. Similarly, in his study of juvenile sex offenders, Huang (2016) found that rape myth acceptance level predicted juvenile rape perpetration. The rape myth acceptance level of juvenile sex-offenders was also significantly higher than the rape myth acceptance level of juvenile non-sex offenders . These findings have been supported by other research that shows acceptance of rape myths to be correlated with sexual assault perpetration (Drieschner & Lange, 1999; Koss, Dinero, Seibel, & Cox, 1998; Suarez & Gadalla, 2010).

Rape supportive attitudes are strongly associated with post-assault justification, misperception of sexual intent, sexist views and sexual aggression (DeGue & DiLillo, 2004; Wegner, Abbey, Pierce, Pegram, & Woerner, 2015). Men who endorse rape supportive attitudes also tend to be more emotionally detached, prefer non-committed sexual relationships, and are more cynical and hostile towards women (Malamuth, Linz, Heavey, Barnes, & Acker, 1995; Wegner, Abbey, Pierce, Pegram, Woerner & Freeman, 2015). Given these negative outcomes, understanding the etiological factors behind the development of rape supportive attitudes is imperative.

While research specifically exploring the etiology of rape supportive attitudes is limited, researchers have explored the mechanisms by which rape supportive attitudes function. Rape supportive attitudes allow individuals to rationalize their sexually aggressive behaviours by attributing these behaviours to external and situational factors, such as the victim's behaviours and the environmental circumstances (Payne, Lonsway & Fitzgerald, 1999; Burt 1980). This shift to external attributions negates the perpetrator of internal blame and instead shifts this blame onto the victim. Internal attributions are central to an individual's sense of self so by attributing sexually aggressive behaviours to external factors such as the victim's clothing, the victim's behaviours, or alcohol and drug use, it allows for maintenance of sense of self and negates feelings of guilt and shame (Polaschek & Ward, 2002; Wegner et al., 2015).

Developmental researchers have highlighted that childhood experiences play a crucial role in developing and shaping future behaviours, including future sexual behaviours (Loeber, Slot, & Stouthamer-Loeber, 2008; Moffitt, 1993; Gentzler & Kerns, 2004; Oshri, Sutton, Clay-Warner, & Miller, 2015; Higginbotham, Ketring, Hibbert, Wright, & Guarino, 2007). One of the most widely used theoretical models of sexual assault, The Confluence Model of Sexual Assault Perpetration, highlights the crucial role that early childhood experiences play in the development of sexual behaviours and attitudes (Malamuth et al., 1995). The confluence model of sexual assault perpetration proposes that when the two pathways of hostile masculinity and impersonal sex combine, this leads to an increased likelihood of perpetrating future sexual assault (Malamuth et al., 1995).

The hostile masculinity pathway is characterized by hostile, dominant, and pessimistic attitudes towards women, which develops due to early childhood experiences characterized by physical and/or sexual abuse as well as witnessing domestic violence. According to Malamuth et al. (1995), children who are victims to these adverse experiences tend to grow up to associate with delinquent peers and relate to social groups that identify strongly with traditional masculine traits such as dominance, aggression and power. In addition, these individuals tend to be hostile towards feminine qualities, and believe that males are superior to non-males. This makes individuals more likely to justify using power over women, especially in sexual scenarios (Malamuth et al., 1995).

The impersonal sex pathway is characterized by emotional detachment within sexual relationships. This emotional detachment, which begins to form from childhood, is hypothesized to flourish if individuals immerse themselves within a delinquent social environment. Given that delinquent individuals share common pathological traits, such as impaired social, interpersonal and inhibition skills, having a delinquent peer group limits the learning and understanding of appropriate social behaviours, leading to more problematic and anti-social behaviours (Malamuth et al., 1995; Ward, Polascheck, & Beech, 2006). Both the pathways of the confluence model of sexual assault perpetration point to childhood as the origin of the development of rape supportive attitudes and behaviours.

In fact, for men physical and sexual abuse in childhood has been consistently correlated to sexual aggression, sexual dominance, and hostile, distrustful and misogynous attitudes towards women (Abbiati, Mezzo & Desponds, 2014; Abbey, Tiura, & LeBreton, 2011; Beech & Mitchell, 2005; Mitchell & Beech, 2011). Individuals who

witness and/or are victims of sexual abuse as children are more likely to justify and identify with sexual assault perpetrators in adulthood, and they are more likely to model these sexually aggressive behaviours themselves (Whitfield, Anda, Dube, & Felitti, 2003). Much of the research that examines the reported childhood experiences of individuals with rape supportive attitudes is limited to research on sexual offenders (e.g., Marshall & Hambley, 1996; Maniglio, 2012; Sigre-Leiros, Carvalho, & Nobre, 2016). Given that rape supportive attitudes are a consistent predictor for sexual assault perpetration, examining the research on the childhood experiences and etiology of rape attitudes can provide a deeper insight into the origins of this phenomenon (Zinzow & Thompson, 2015).

Incarcerated sexual offenders consistently report parental experiences consisting of lack of care and neglect (Maniglio, 2012), childhood histories of physical and sexual abuse (Simons, Wurtele, & Heil, 2002; Marini, Leibowitz, Burton, & Stickle, 2014), exposure to family violence (Marini, Leibowitz, Burton, & Stickle, 2014), and problematic relationships with their parents, especially their fathers (Abbiati, Mezzo, & Desponds, 2014; Hudson & Ward, 1997). While sexual offenders are exposed to various forms of negative parenting, exposure to physical abuse is one that is consistently reported (Maniglio, 2012). Childhood physical abuse has been associated with violent crimes, with numerous studies finding that men who were physically abused as children were more likely to commit sexual crimes and be charged for violent crimes as adults (Abbiati, Mezzo, & Desponds, 2014; Kobayashi, Sales, Becker, Figueredo, & Kaplan, 1995). Given the association between adverse childhood experiences and sexual

offending, studying early childhood experiences will provide an etiological perspective to understanding the origins of sexual assault perpetration.

### **Attachment Theory**

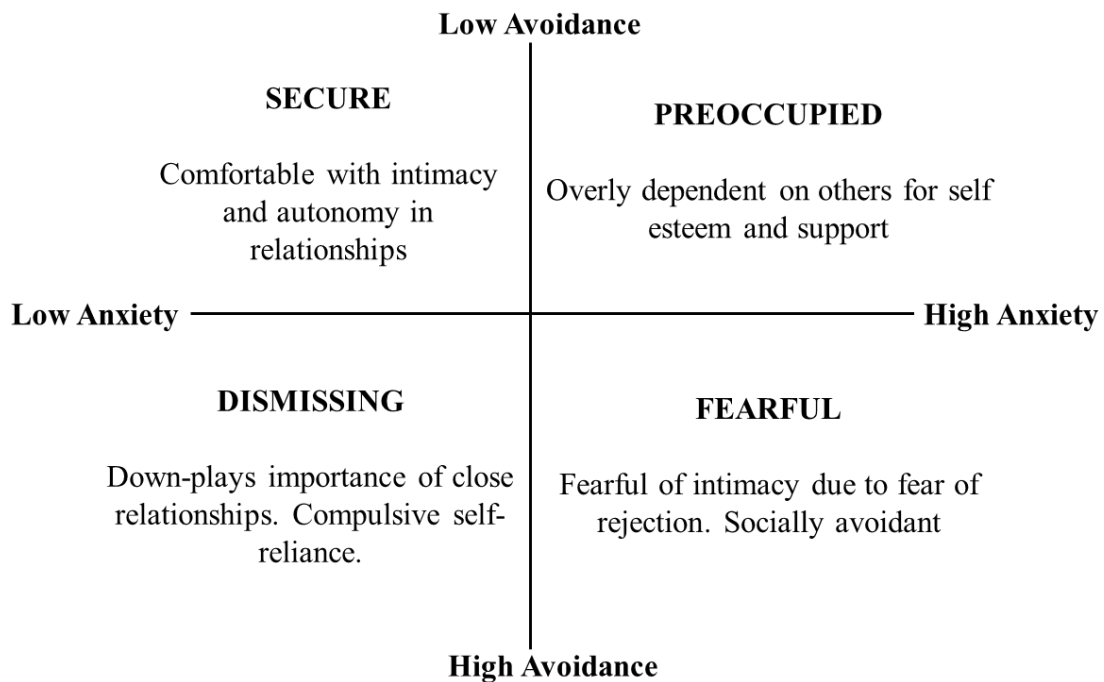
Attachment theory, as proposed by Bowlby (1969/1973/1988), highlights the innate need for children to establish close bonds to their parents or primary caregivers. Bowlby posited that to aid in their survival, infants are born with a biological need to form attachment bonds with their caregivers. According to Bowlby, a child's innate attachment system will be activated in instances of distress and need, and in such instances, the child will seek to be in close proximity to their primary caregivers, also termed attachment figures. For example, when met with a threatening stimulus a child will communicate their distress through crying and will only find comfort once with their primary attachment figure (e.g., mother). During these formative early interactions, the availability, sensitivity and responsiveness of attachment figures will shape the child's internal working models of the self and other (Bowlby, 1973). The working model of the self, also called attachment anxiety, refers to one's anxiety about how worthy one believes they are of receiving love and support. The internal working model of other, also called attachment avoidance, refers to how trustworthy and reliable one believes others are (Bowlby, 1969, 1973), which in turn determines whether an individual is likely to approach or avoid others in times of distress and need.

During these formative early interactions, if parents are emotionally available, sensitive, responsive and supportive to the child's needs, the child learns that they are worthy of love and support and that caregivers are a source of comfort (Bowlby, 1969, 1973). This fosters a secure attachment, characterized by positive perceptions of the self



and positive expectations of others. A secure attachment represents low attachment anxiety and low attachment avoidance (Bowlby, 1969, 1973). However, if parents are inconsistent, intrusive, controlling or neglectful and not responsive to the child's needs, then the child learns that they are not worthy of love and support and that parents cannot be relied on (Bowlby, 1969, 1973, 1988). This fosters an insecure attachment, characterized by negative perceptions of the self and negative expectations of others. An insecure attachment represents high attachment anxiety and/or high attachment avoidance. In general, an insecure attachment is associated with diminished cognitive, emotional and social development (Caldwell, Shaver, & Minzenberg, 2011). As attachment patterns develop from parent-child interactions, adverse parenting styles are likely to give rise to insecure attachment types and hinder healthy child development.

Bartholomew (1990) extended Bowlby's theory of attachment by operationalizing Bowlby's definition of the internal models of the self (attachment anxiety) and other (attachment avoidance), generating four types of attachment orientations: secure, fearful, preoccupied and dismissing (see diagram 1; Griffin & Bartholomew, 1994). Secure attachment, defined by low attachment anxiety and low attachment avoidance is associated with high self-confidence, high self-worth and a positive view of others. As a result, secure individuals are able to form healthy, stable relationships characterized by trust and they are able to form these relationships without losing their own personal autonomy (Bartholomew & Horowitz, 1991). Fearful attachment, defined by high attachment anxiety and high attachment avoidance, is associated with low self-esteem, low self-worth and negative views of others making the formation and maintenance of personal relationships difficult.



*Figure 1.* Bartholomew's four attachment styles (Bartholomew, 1990; Bartholomew & Horowitz, 1991)

Fearfully attached individuals are fearful of rejection and thus tend to be hesitant of intimacy, making them more socially avoidant (Bartholomew & Horowitz, 1991).

Preoccupied attachment, defined by high attachment anxiety and low attachment avoidance, is associated with low self-esteem, low self-worth but positive views of others. Preoccupied individuals are dependent on others, emotionally driven and tend to use personal relationships as a measure of their self-worth (Bartholomew & Horowitz, 1991). Finally, dismissing attachment, defined by low attachment anxiety and high attachment avoidance, is associated with high self-confidence, high self-worth but negative views of others. Dismissing individuals are mistrustful of others and thus maintain a safe emotional distance from intimacy. As a result, their relationships are

characterized by a lack of trust, emotional intimacy and low dependency (Bartholomew & Horowitz, 1991; Kobak & Sceery, 1998).

There are also other variations of attachment models that correspond with different attachment measures. These attachment measurements range from interviews and behavioural observation to single and multi-item self-report measures (Hesse, 2008; Wampler, Riggs, & Kimball, 2004; Bartholomew & Horowitz, 1991). The first self-report attachment measure that was widely used was Hazan and Shaver's (1987) questionnaire of adult attachment. Hazan and Shaver's single item attachment measure consists of 3 paragraphs, with each paragraph corresponding to the characteristics of either a secure, anxious or avoidant attachment. Participants are asked to indicate which paragraph best corresponds to the way they think, feel and behave in relationships (Hazan & Shaver, 1987), categorizing them into either secure attachment, anxious attachment or avoidant attachment.

Based on Hazan and Shaver's (1987) one-item measure, Collins and Read (1990) developed the Adult Attachment Scale (AAS). The AAS, an 18-item measure, also categorizes individuals into one of three attachment styles: secure, anxious or avoidant. The AAS shows moderate validity but low reliability, especially across different populations (Graham & Unterschute, 2015). While the AAS reflects a multi-item 3-category measure of attachment, research has highlighted that attachment does not fit into a purely taxonic categorical model (Fraley & Waller, 1998), and thus the AAS can be limiting to our understanding of attachment.

Another prominent measure of attachment is the Relationship Scales Questionnaire (RSQ; Bartholomew and Horowitz, 1991). The RSQ, a 30-item measure,

was derived from the work of Hazan and Shaver (1987) and Collins and Read (1990). The RSQ is a continuous measure of attachment that assess Bartholomew (1990)'s four categories of attachment (secure, fearful, preoccupied and dismissing) based on the underlying dimensions of attachment anxiety and attachment avoidance. While the RSQ addressed the limitations from previous attachment measures, it was found to have with low reliability for the continuous scales. To address these shortcomings, a revised version of RSQ was created.

This revised version, called the Trent Relationship Scales Questionnaire (T-RSQ; Scharfe, 2016) was found to have improved internal consistency, moderate to high test-retest reliability and good construct validity (Scharfe, 2016). The T-RSQ is becoming a widely used measure of attachment and it is one that will be utilized for this study. The use of a continuous four-category measure of attachment presents both a dimensional (attachment anxiety and attachment avoidance) and categorical approach (secure, fearful, preoccupied and dismissing) to measuring attachment behaviours (Fraley & Waller, 1998, Fairchild & Finney, 2006).

### **Attachment and Sexual Offending**

Research has consistently shown that negative childhood experiences disrupt the formation of a healthy secure attachment bond, giving rise to insecure attachment representations. Insecure individuals consistently report maladaptive childhood experiences consisting of neglect, verbal, physical and sexual abuse (Baer & Martinez, 2006), perceived parental rejection and less parental support than secure individuals (Hinnen et al., 2009), higher levels of parental insensitivity, and frightening behaviour

(Cyr, Euser, Kranenburg, & Ijzendoorn, 2010), and more threats, punishment, coercion and power assertion from their parents (Cyr, Euser, Kranenburg, & Ijzendoorn, 2010). Research also shows that adverse childhood experiences, including physical abuse, emotional abuse, sexual abuse and disengaged parenting, is an important predictor for later psychological and behavioural problems (Briere, Runtz, Eadie, Bigras, & Godbout, 2017). In fact, adults who remember adversity in their childhoods report more interpersonal and psychosocial difficulties (Cassidy, Poehlmann, Shaver, 2010; Poole, Dobson, & Pusch, 2018), including an impaired ability to interpret and regulate emotions (Poole, Dobson, & Pusch, 2018), as well as more expressions of anger and violence in their relationships (McKinney et al., 2009).

Personal relationship researchers have also found ample support for the role of attachment in predicting future sexual behaviours, including the initial age of sexual intercourse, frequency of sexual partners, sexual intimacy, participation in risky sexual behaviours, and aggressive and coercive sexual behaviours (Gentzler & Kerns, 2004; Oshri, Sutton, Clay-Warner, & Miller, 2015; Higginbotham, Ketring, Hibbert, Wright, & Guarino, 2007). While there is limited research exploring the influence of attachment on the endorsement of rape supportive attitudes in non-clinical populations, research has investigated the influence of attachment on sexual offending.

Research exploring the attachment of sexual offenders finds sexual offenders to consistently report an insecure attachment (Grady, Levenson, & Bolder, 2017; Seto, Lalumiere, & Hinshaw, 2012). In their study of sexual offenders, Baker, Beech, and Tyson (2006) found that individuals who had a history of sexual offending demonstrated an insecure attachment, as well as problematic relationships with their parents and peers.

In their study of adult offenders, Craissati, McClurg, and Browne (2002) found that while both sexual and non-sexual offenders demonstrated an insecure attachment, the level of insecure attachment reported by sexual offenders was significantly higher compared to non-sexual offenders. Insecure attachment has also been associated with traits commonly found in sexual offenders, including a lack of intimacy and reduced empathy, especially towards victims (Britton & Fuendeling, 2005; Covell & Scalora, 2002). These results have also been replicated and supported by other research (Baker, Beech, & Tyson, 2006; Simons, Wurtele, & Durham, 2008; Beech & Mitchell, 2005; Miner, Romine, Robinson, Berg, & Knight, 2016; Mitchell & Beech, 2011). While developmental research has clearly demonstrated that there is an association between insecure attachment and sexual offending, this says very little about the type of insecure attachment that is associated with sexual offending. An insecure attachment merely suggests a non-secure attachment. Therefore, studying the association between types of insecure attachment and sexual offending would be very informative to the understanding of how attachment is related to sexual offending attitudes and behaviours.

There is limited research that studies how the different types of insecure attachment are associated with sexual offending. However, the limited research in this area suggests that one type of insecure attachment, attachment avoidance, is associated with sexual offending (Smallbone & Wortley, 2001). For example, Simons, Wurtele and Durham (2008) studied the attachment of 137 rapists and found that rapists predominately reported attachment avoidance. Similarly, in their study on familial and non-familial sexual abusers, Smallbone and Wortley (2001) discovered that avoidant attachment was demonstrated by both familial and non-familial sexual abusers. While

these studies are retrospective in nature, they highlight the presence of attachment avoidance in sexual assault behaviours.

These findings are supported by literature on attachment which finds attachment avoidance to be associated with numerous interpersonal difficulties including emotional detachment during sex (Birnbaum et al., 2006), sex in uncommitted relationships (Gentzler & Kerns, 2004), risky sexual behaviours (McElwain, Kerpelman, & Pittman, 2015), aggressive and coercive sexual behaviours, and reduced empathy and social skills (Babcock et al., 2000; Nguyen & Parkhill, 2014; Gentzler & Kerns, 2004; Ward et al., 1995). Given the negative sexual implications associated with attachment avoidance and given that sexual offenders also report attachment avoidance, attachment may be the framework by which to understand the origins of rape supportive attitudes. In addition, given that the endorsement of rape supportive attitudes is strongly correlated with sexual assault perpetration, exploring the origins of rape supportive attitudes through the lens of attachment can provide a more detailed insight into the trajectory of how these behaviours are formed.

### **Present Study**

There is a large prevalence of sexual assault in society today, including in college and university campuses. In Ontario, approximately 23% of university students, 17.2% of college students and 9.5% of private career college students have been victims of a non-consensual sexual experience (CCI Research Incorporated, 2019). In addition, young Canadians are more likely to be victims of sexual assault than older Canadians. In fact, Canadians aged 15 to 24 are 18 times more likely to be the victims of sexual assault than Canadians aged 55 and above (Statistics Canada, 2010). Given such a situation, research

exploring the origins of rape supportive attitudes is imperative to our understanding and prevention of sexual assault. Recent developmental research has pointed to the role that attachment, especially attachment avoidance, plays in the development of sexual offending. In this study, using self-report measures and the utilization of structural equation modelling, I explore the associations between perceived parental experiences, attachment representations and rape supportive attitudes in a sample of undergraduate students. In general, I hypothesize that adverse childhood experiences and/or attachment avoidance will be associated with a high degree of rape supportive attitudes.

First, I hypothesized that negative childhood experiences (i.e. abuse, control, rejection) would be associated with attachment representations; specifically, low attachment anxiety would be associated with low rejection, low overprotectiveness and low abuse, while the high anxiety and/or high avoidance would be associated with high rejection, high overprotectiveness, and/or high abuse. Second, I hypothesized that rape supportive attitudes would also be associated with reporting adverse childhood experiences (i.e., high rejection, high overprotectiveness, and high abuse; consistent with Abbiati, Mezzo & Desponds, 2014; Hudson, & Ward, 1997; Marini, Leibowitz, Burton, & Stickle, 2014; Maniglio, 2012). Thirdly, I hypothesized that attachment representations would be associated with rape supportive attitudes. Specifically, consistent with previous research (e.g., Grady, Levenson, & Bolder, 2017; Seto, Lalumiere, & Hinshaw, 2012; Ward, Hudson, & Marshall, 1995), I hypothesized that rape supportive attitudes would be associated with attachment avoidance. In addition, given that prior research has consistently linked childhood experiences and attachment, adverse childhood experiences and rape supportive attitudes, and attachment avoidance and rape supportive attitudes, I



also hypothesized attachment avoidance to act as a possible mediator between adverse childhood experiences and rape supportive attitudes.

## **Method**

### **Participants**

Participants were recruited through Trent University's online SONA system. The age of the participants ranged from 18-44 years ( $M = 20.6$ ,  $SD = 7.59$ ), but the majority of participants (78%) were within the 18-20 year age range. Majority of the sample was female (83%,  $n = 227$ ) and Caucasian (74%) while two participants reported their gender as non-binary. Most of the participants reported their sexual orientation as heterosexual (83%), while 9% reported bisexual, 3% reported homosexual, 2% reported pansexual, 1% reported queer, and 2% identified as 'other'. Almost half of the participants (47%) reported being in a committed relationship, while 31% reported being single, and 17% stated being single but seeing someone. Among the participants who reported that they were in a relationship, 92% reported that the relationship was sexual, whereas 8% reported that it was not a sexual relationship. In addition, of the students who reported being in a relationship, the relationship length ranged from approximately one month to 264 months ( $M = 22.8$ ,  $SD = 28.2$ ). Finally, the majority of the participants reported being sexually active (77%), whereas 23% reported that they were not sexually active.

### **Materials**

**Trent Relationship Scale Questionnaire.** (T-RSQ; Scharfe, 2016; see appendix B for all measures of the T-RSQ). The T-RSQ is a 40-item measure that assesses participants' attachment to their mother, father, peers and current/most recent romantic

partner. The T-RSQ assesses the relative fit of an individual to each of the four attachment types (secure, fearful, preoccupied and dismissing). Participants rated questions on a 7-point scale ranging from 1 (“Not at all like me”) to 7 (“Very much like me”). The secure scale consists of 10 items and includes items such as: “I find it easy to get emotionally close with my mother” ( $\alpha = 0.76-0.82$ ). The fearful scale also consists of 10 items and includes items such as: “I find it difficult to depend on my mother” ( $\alpha = 0.59-0.88$ ). The preoccupied scale consists of 10 items and includes items such as: “I want to be completely emotionally intimate with my mother” ( $\alpha = 0.53-0.61$ ). Finally, the dismissing scale consists of 10 items and includes items such as: “It is very important for me to feel independent from my mother” ( $\alpha = 0.82-0.88$ ). The Cronbach’s alpha measures internal consistency and the internal consistency for the four scales was consistent with the original development of the measure (Scharfe, 2016). The current sample was predominately securely attached; this was not deemed problematic as university samples do tend to be more secure (Scharfe, 2016).

In order to measure the underlying dimensions of attachment anxiety and attachment avoidance from the four T-RSQ subscales (secure, fearful preoccupied and dismissing), the four attachment scales were first standardized and then these standardized scores were used to compute the scales measuring attachment anxiety and attachment avoidance. The attachment anxiety model was computed by the equation:

$$\text{attachment anxiety} = \text{secure} - \text{fearful} - \text{preoccupied} + \text{dismissing}$$

while the attachment avoidance model was computed by the equation:

$$\text{attachment avoidance} = \text{secure} - \text{fearful} + \text{preoccupied} - \text{dismissing}.$$

The scores for the attachment anxiety model for mother, father, peer and romantic partner were used as indicators for the latent variable of Attachment Anxiety. Similarly, the scores for the attachment avoidance model for mother, father, peer and romantic partner were used as indicators for the latent variable of Attachment Avoidance. The reliability of these composite scores was calculated by taking the average standardized parameter estimates derived from the measurement models. For means, standard deviations, and reliability for this sample see Table 1.

### **Childhood Experiences Measures**

**The Short My Memories of Upbringing.** (s-EMBU; Arrindell, Sanavio, Sica, Hatzichristou, Eisemann, & Ende, 1999; see Appendix D for both mother and father versions of s-EMBU). The s-EMBU, consisting of 23 items, was developed from the original 81 item EMBU scale and was created to provide a brief measure of perceived parental rearing practices along three dimensions of parental behaviour: emotional warmth, rejection and overprotection (Arrindell et al., 1999).

Table 1

*Correlations, Means and Standard Deviations among mother, father, peer and romantic partner attachment anxiety and attachment avoidance, mother overprotection, father overprotection, childhood abuse, childhood neglect, rape myth acceptance, negative sexual beliefs and rape supportive attitudes*

	<i>M</i>	<i>SD</i>	Range	Chronbach's $\alpha$
Mother Attachment				
Self	-0.01	1.59	-5.54-3.78	0.67
Other	0.01	2.92	-7.96-5.84	0.54
Father Attachment				
Self	-0.03	1.49	-5.11-3.89	0.65
Other	-0.06	3.28	-7.40-6.44	0.35
Peer Attachment				
Self	-0.02	1.71	-5.73-3.88	0.69
Other	2.38	3.27	-6.33-10.92	0.86
Romantic Partner Attachment				
Self	0.70	1.79	-4.10-5.50	0.50
Other	2.38	3.27	-5.00-9.30	0.61
Childhood Experiences				
EMBU M pro	2.25	0.63	1.00-4.00	0.60
EMBU F pro	1.91	0.64	1.00-4.00	0.69
ACE abuse	1.48	0.50	1.00-4.00	0.57
ACE neglect	1.55	0.73	1.00-4.00	0.32
Rape Attitudes				
IRMA	1.95	0.90	1.00-5.00	0.43
SBS	0.52	0.40	0.00-2.25	0.90
RSAS	1.73	0.82	1.00-4.85	0.69

*Note.*  $n = 273$ ; Mself = T-RSQ mother self; Fself = T-RSQ father self; Pself= T-RSQ peer self; RPsself= T-RSQ romantic partner self; Mother= T-RSQ mother other; Fother = T-RSQ father other; Pother = T-RSQ peer other; RPother= T-RSQ romantic partner other; EMBUMrej= My Memories of Upbringing (mother) overprotection scale; EMBUFpro= My Memories of Upbringing (father) overprotection scale; ACE abuse= Adverse Childhood Experiences Abuse Scale; ACE neglect= Adverse Childhood Experiences Neglect scale, IRMA= Updated Illinois Rape Myth Acceptance Scale; SBS= Sexual beliefs scale; RSAS= Rape Supportive Attitude Scale.

The questionnaire was completed twice, once with the instruction to think about your mother and once for the father. Research demonstrates that parental overprotection is one of the most reoccurring childhood experiences reported by sexual offenders and is more consistently reported by sexual offenders than non-sexual offenders (Mckillop, Smallbone, Wortley, & Andjic, 2012; Craissati et al., 2002; Marsa, O'Riley, Carr, Murphy, O'Sullivan, Cotter, & Hevey, 2004). Given this, only the overprotection dimension from the s-EMBU was used. The overprotection dimension measures parental overprotection in the form of intrusiveness, high levels of control and high levels of expectancy regarding the child's whereabouts (Arrindell, Gerlsma, Vandereyken, Hageman & Daeseleire, 1998).

Participants rated statements on a 4-point Likert scale ranging from 1("no never") to 4 ("yes most of the time"). The overprotection dimension consists of 9 items and includes items such as: "It happened that I wished my parents would worry less about what I was doing". To obtain a score for the overprotection dimension, question 17 was reverse scored so that all the questions were scored in the same direction, and then the average for the overprotection items was calculated. On average, the sample reported low overprotection scores for both mother overprotection ( $M = 2.25$ ,  $SD = 0.63$ ) and father overprotection ( $M = 1.91$ ,  $SD = 0.64$ ), indicating that participants reported little overprotection from their parents. The internal consistency for the mother overprotection subscale ( $\alpha = 0.60$ ) and father overprotection subscale ( $\alpha = 0.69$ ) was moderate but lower than the internal consistency found for the original scales for mother overprotection ( $\alpha = 0.74-0.82$ ) and father overprotection ( $\alpha = 0.74-0.80$ ; Arrindell et al., 1999). Means, standard deviations, and reliability for this sample can be seen in Table 1.

### **Adverse Childhood Experiences (ACE; Felitti et al., 1998; see Appendix E).**

The ACE is a 28-item measure that assesses three types of adverse childhood experiences: abuse, neglect and household dysfunction. The majority of the research that studies the influence of childhood experiences on attachment and sexual behaviours more frequently explores the role of childhood abuse and neglect rather than the role of household dysfunction in particular. As a result, research more frequently finds an association among childhood abuse and neglect and attachment and sexual behaviours. Hence, for the purpose of this study, only the abuse and neglect subscales were used for the SEM analysis.

The abuse dimension consists of eight items and is further broken down into: physical abuse, emotional abuse, and sexual abuse. The emotional abuse subscale is composed of two questions that the participants rated on a 5-point Likert scale from 1 (never) to 5 (very often), and included the items: “During your first 18 years of life, did anyone swear at you, insult you or put you down; and during your first 18 years of life, did anyone act in a way that made you afraid that you might be physically hurt?” ( $\alpha = 0.81$ ). Emotional abuse was deemed present and coded as 1 if participants responded “often” or “very often” to item 11 or “sometimes”, “often” or “very often” to item 12 (see Appendix E).

The physical abuse subscale was also comprised of two questions that the participants rated on a 5-point Likert scale from 1 (never) to 5 (very often) and consisted of the items: “How often did a parent, stepparent or adult living in your home actually push, grab, shove, slap you or throw something at you; and how often did a parent, stepparent or adult living in your life actually hit you so hard that you had marks or were

injured?” ( $\alpha = 0.81$ ). Physical abuse was deemed present and coded as 1 if participants responded “often” or “very often” to item 13 or “sometimes”, “often” or “very often” to item 14 (see Appendix E).

Finally, the sexual abuse subscale contains four questions that participants rated on a dichotomous yes/no scale and includes items such as: “During your first 18 years of life, did anyone touch or fondle your body in a sexual way?” ( $\alpha = 0.91$ ). Exposure to sexual abuse was deemed present and coded as 1 if participants responded “yes” to any of the sexual abuse items. The three abuse subscales were then summed resulting in a score ranging from 0 (indicating no abuse) to 3 (indicating emotional, physical and sexual abuse). The sample on average reported low abuse scores ( $M = 1.48$ ,  $SD = 0.50$ ). The internal consistency for the abuse subscale was high, which was consistent with the findings from the original sample (Dube et al., 2003; Felitti et al., 1998).

The neglect dimension of the ACE consists of 10 items and is further broken down into physical neglect and emotional neglect. The physical neglect subscale is composed of five questions that the participants rated on a 5-point Likert scale from 1 (never true) to 5 (very often true) and includes items such as: “While you were growing up, during your first 18 years of life, you didn’t have enough to eat”. The responses to items 20 and 23 were reverse coded so that all the questions were scored in the same direction. The responses to the physical neglect items were then averaged resulting in a score ranging from 1 to 5, with higher scores reflecting more physical neglect. The emotional neglect subscale is also composed of five questions that the participants rated on a 5-point Likert scale from 1 (never true) to 5 (very often true) and includes items such as: “While you were growing up, during your first 18 years of life, there was

someone in your family who helped you feel important or special”. The responses to the emotional neglect items were averaged resulting in a score ranging from 1 to 5, with higher scores reflecting more emotional neglect. To get an overall neglect score, the sum of the physical neglect and emotional neglect subscales was calculated resulting in a score ranging from 1-10, with higher scores indicating more overall neglect. For means, standard deviations, and reliability for this sample see Table 1.

### **Rape Attitude Measures**

**Updated Illinois Rape Myth Acceptance Scale.** (IRMA; McMahon & Farmer, 2011; see Appendix F). The IRMA is a 22-item measure that assesses an individual’s agreement toward four rape myths: (1) she asked for it; (2) he didn’t mean to; (3) it wasn’t really rape; and (4) she lied. Participants rated statements on a 5-point Likert scale ranging from 1 (strongly agree) to 5 (strongly disagree). The questionnaire included items such as: “If a girl is raped while she is drunk, she is at-least somewhat responsible for letting things get out of hand”. The responses for all items were averaged to obtain an overall score, with higher scores indicating more support for rape myths. The sample on average reported a high rejection of rape myths ( $M = 1.95$ ,  $SD = 0.90$ ), with a Cronbach’s alpha of 0.43, while the Cronbach’s alpha for the original student sample ranged from 0.64 to 0.80 (McMahon & Farmer, 2011). The original sample however was much bigger ( $N = 951$ ) in comparison to the current sample ( $N = 273$ ) and the original sample consisted of 55.7% male whereas only 16.7% of the participants were male in the current sample. For means, standard deviations, and reliability for this sample see Table 1.

**Sexual Beliefs Scale.** (SBS; Muehlenhard & Felts, 1998; see Appendix G). The SBS is a 40-item scale that measures five rape related beliefs: (1) women often indicate



not wanting to have sex even when they do; (2) if a woman leads a man on and behaves like she wants sex when in fact she doesn't, the man is justified in forcing her; (3) women enjoy forced sex; (4) men should be sexually dominating and (5) women can refuse to have sex at any point and when they do so, the man should stop all sexual advances (Muehlenhard & Felts, 1998). Participants rated statements on a 4-point scale ranging from 0 (disagree strongly) to 3 (agree strongly). The questionnaire included items such as: "girls who are teased deserve what they get". To calculate an overall score, first the subscale 'women can refuse to have sex at any point and when they do so, the man should stop all sexual advances' was reversed so that all subscales were scored in the same direction. Next, the subscales were averaged to obtain an overall score with higher scores reflecting a greater agreement with negative sexual beliefs. The sample on average predominately disagreed with the negative sexual beliefs ( $M = 0.52$ ,  $SD = 0.40$ ). Cronbach's alpha for the scale was 0.90, which is consistent with the range found in the original sample (Muehlenhard & Felts, 1998). For means, standard deviations, and reliability for this sample see Table 1.

**Rape Supportive Attitude Scale.** (RSAS; Lottes, 1991; see Appendix H). The Rape Supportive Attitude Scale is a 20 item scale that measures seven beliefs about rape: (1) women enjoy sexual violence; (2) it is a woman who is responsible to prevent rape; (3) it is power, not sex, that is the primary motivation for rape; (4) rape happens only to certain kinds of women; (5) women are less desirable after being raped; (6) women make many false rape accusations; (7) rape is justified in some situations (Lottes, 1991). Participants rated statements on 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree). The questionnaire included items such as: "being roughed up is sexually

stimulating to many women”. All the items were averaged to obtain an overall score, with higher scores indicating more support for rape attitudes. The current sample on average demonstrated a greater disagreement than support with the rape supportive attitudes ( $M = 1.73$ ,  $SD = 0.82$ ). The Cronbach's alpha for the scale was 0.69 which was consistent with the Cronbach's alphas found in the original sample (Lottes, 1991). For means, standard deviations, and reliability for this sample see Table 1.

## **Procedure**

Data was collected from December 2017 to August 2018, and all participants were recruited through Trent University's SONA system. For the summer semesters, students who were enrolled in one of the available psychology summer courses were eligible to participate in the study. For the fall and winter semesters, students who were enrolled in either the first-year Introduction to Psychology course or second year statistics course were eligible to participate in the study<sup>1</sup>. For the fall and winter semesters, eligible students had the option to complete the study online or come into the lab to complete the study. The study procedure was identical for both the online and in lab sample, with the only exception being that participants who completed the survey online did so at a location of their choice whereas participants who completed the survey in lab scheduled a time through SONA to come to the Trent computer lab. Participants who completed the study online ( $n = 235$ ) were awarded a 1% bonus credit, which went towards their course grade while participants who completed the study in the computer lab on campus ( $n = 38$ ) were awarded 2% bonus credits. It should be noted that the data analysis included participants from both the online sample and the lab sample For the summer semesters,

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<sup>1</sup>Fall and winter courses: Introduction to Psychology (PSYC 1020 and PSYC 1030).

students who were enrolled in online psychology summer classes could only complete the online survey<sup>2</sup>, and students who were enrolled in in-class psychology summer courses could only complete the survey in the lab<sup>3</sup>.

Participants were all presented with a consent form that they were to read and sign before the study began. Once participants provided consent, they were asked to complete a demographic questionnaire, which assessed their age, gender, race, and relationship status. Next, they completed a set of questionnaires that assessed their attachment patterns, childhood experiences and various sexual attitudes. Participants were told that the purpose of the study was to assess how views of their childhood experiences, and relationship with mother, father, peer and romantic partner/s influenced their views about sexuality and sex myths. They were also asked to complete the questionnaire as honestly as possible. After the questionnaires were completed, participants were directed to a feedback form that further explained that the purpose of this study was to explore the associations between childhood experiences, views of close relationships and views towards non-consensual sex. They were also provided with a list of mental health resources that they could contact if they felt the need to do so. The Research Ethics Committee at Trent University approved all steps taken for this study.

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<sup>2</sup> Summer online courses: Introduction to Psychology (PSYC 1020 and PSYC 1030); Child Development (PSYC 2500); Introduction to Cognitive Psychology (PSYC 2400).

<sup>3</sup> Summer in class courses: Introduction to Statistics (PSYC 2018 and PSYC 2019); Introduction to Abnormal Psychology (PSYC 2300); Introduction to Social Psychology (PSYC 2700); Advanced Statistics and Research Design (PSYC 3015); Sleep and Arousal (PSYC 3230); Advanced Abnormal Psychology (PSYC 3300); Motivation and Emotion (PSYC 3460); Psychology of Gender (PSYC 3740); Human Sexuality (PSYC 3760).

## Statistical Analyses

First, to test the associations among the study variables (attachment anxiety, attachment avoidance, childhood experiences and rape supportive attitudes), Pearson's correlations were computed. Specifically, correlation analyses were performed to examine the association between attachment and childhood experiences, childhood experiences and rape supportive attitudes and rape supportive attitudes and attachment. Based on previous research that found moderate associations among attachment, sexual offending behaviours and childhood adversities, moderate associations ( $r$ 's in the 0.30 range) were expected among these variables (Russell & King, 2016; Seto & Lalumiere, 2010).

While correlations analyzed the associations among the study variables, correlation analyses are limited in that they do not allow for simultaneous testing. In order to test the simultaneous effect of how attachment, childhood experiences and rape attitudes were associated, structural equation modelling was used to analyze the data by utilizing the Structural Equation Modelling module of Statistica. SEM was deemed the best analysis technique to answer this research question because it allows for the estimation of multiple and interrelated associations in one analysis (Tabachnick & Fidel, 2013; Weston & Gore, 2006). While the data could have also been analyzed using multiple regressions, over 100 regression analyses would have been required, and the type 1 error for these analyses would have been quite large. The SEM model created and tested for the current study was based on existing literature (see Figure 2).

Previous literature indicates that individuals who experience adverse childhood experiences develop insecure attachment representations with a negative view of the self and/or others (Baer & Martinez, 2006; Hinnen et al., 2009; Styron & Janoff-Bulman,

1997). Given this association, the proposed model hypothesized that childhood experiences would be associated with attachment anxiety (path a) and attachment avoidance (path b). Secondly, research on sexual offending and attachment demonstrates that sexual offenders predominately report high levels of attachment avoidance, but the same has not been found for attachment anxiety (Grady, Levenson, & Bolder, 2017; Seto, Lalumiere, & Hinshaw, 2012; Ward, Hudson, & Marshall, 1995). Given these findings, the model hypothesized that there would be an association between attachment avoidance and rape supportive attitudes (path c) but not between attachment anxiety and rape supportive attitudes (path d). Finally, research on the developmental experiences of rapists consistently finds that rapists report childhood adversity, including abuse, control and neglect (Abbiati, Mezzo & Desponds, 2014; Maniglio, 2012). Therefore, the model also hypothesized that there would an association between adverse childhood experiences and rape supportive attitudes (path e).

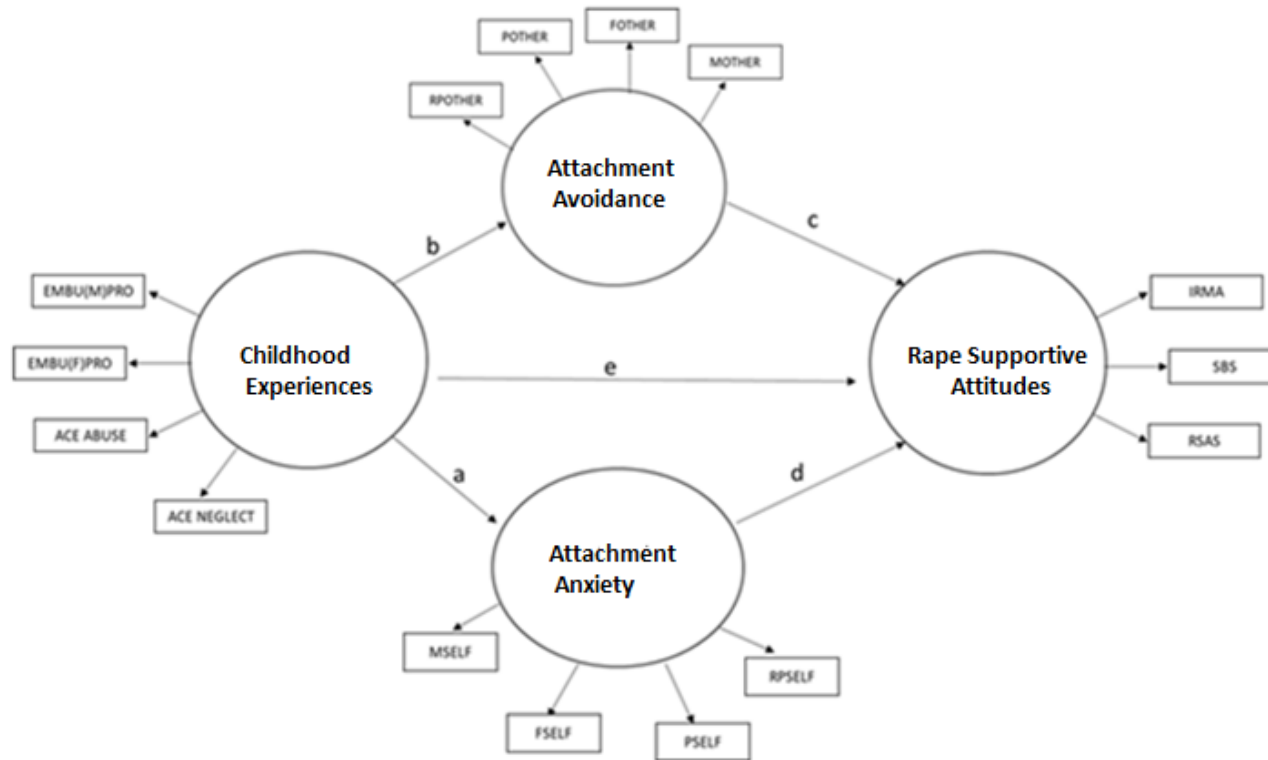


Figure 2. Proposed SEM model.

## **Results**

This study was designed to determine whether there is a relationship between childhood experiences, attachment representations and attitudes towards rape. In preparation to answer this question:

1. Multiple measures were identified to measure the study constructs of attachment anxiety, attachment avoidance, childhood experiences and rape supportive attitudes. SEM requires that there be at-least 3 measures (also called indicators) per construct (Iacobucci, 2010; Weston & Gore, 2006).
2. The steps of SEM are (a) run correlational analyses to determine relationships between variables, (b) test measurement models, (c) evaluate fit of the measurement model and determine where improvements can be made and (d) compute the structural model/s and examine the relationship between constructs.

### **Assessment of Normality**

Normality was assessed by evaluating histograms, z-scores of skew and kurtosis values, quantile-quantile (Q-Q) and probability-probability (P-P) plots. Histograms display the underlying frequency distribution of a continuous data set and the data is deemed to follow a normal distribution if it resembles the shape of a bell curve. Skewness is a measure of data symmetry while kurtosis measures whether a dataset is heavy-tailed or light-tailed in comparison to a normal distribution (Field, 2018). As recommended by Tabachnick and Fidell (2013), the z-scores of the skew and kurtosis values were computed and normality was deemed violated if the z-scores exceeded the  $\pm 3.29$  cut off. Q-Q and P-P plots are both probability plots that compare the distribution of two data

sets. Q-Q plots plot the quantiles of the observed data distribution against the quantiles of a normal distribution, whereas P-P plots plot the observed data set against a specified theoretical distribution (Field, 2018). If the data set is normal, then it should fall onto the straight line that represents the normal distribution.

When considering histograms, skew and kurtosis values, and Q-Q and P-P plots, normality was deemed violated for the childhood abuse subscale (Abuse) and the rape myth acceptance scale (IRMA). The childhood abuse subscale showed a non-normal distribution and was positively skewed, indicating that participants reported low abuse than high abuse. The childhood abuse subscale evaluates childhood experiences of emotional, physical and sexual abuse, and given that this was a non-clinical sample, it was not surprising that majority of the participants reported low abuse scores. The distribution for the rape myth acceptance scale also looked non-normal and was positively skewed, indicating that majority of participants reported little support of rape myths. Again, given that this was a non-clinical sample and that majority of the sample was female, it is understandable that majority of the participants reported high rape myth rejection. Research demonstrates that university females show greater rejection of rape myths compared to their male counterparts (Golge, Yavuz, Muderrisoglu, & Yavuz, 2003; Lev-Wiesel, 2004). Overall, although some of the scales appeared to violate normality, these violations were not considered problematic given the non-clinical sample and because structural equation modeling is robust to violations of normality (Tabachnick & Fidell, 2013).



## Correlation Analyses

Firstly, to assess how the variables were related and to ensure that there was no multicollinearity, Pearson correlation coefficients were computed using two-tailed  $p$  values (see Table 2). After assessing the correlation matrix, there was no multicollinearity found.

**Attachment and Childhood Experiences.** Mother attachment anxiety ( $M_{\text{self}}$ ) and mother attachment avoidance ( $M_{\text{other}}$ ) were significantly negatively correlated with all of the childhood experiences subscales. These associations were in the small to medium effect size range. Father attachment anxiety ( $F_{\text{self}}$ ) was significantly correlated with childhood father overprotection ( $F_{\text{protect}}$ ) ( $r = 0.19, p < .05$ ), and childhood abuse ( $r = 0.20, p < .05$ ), while father attachment avoidance ( $F_{\text{other}}$ ) was significantly correlated with childhood abuse ( $r = 0.25, p < .05$ ) and childhood neglect (Neglect) ( $r = 0.31, p < .05$ ).

Peer attachment anxiety ( $P_{\text{self}}$ ) was not significantly correlated with any of the childhood experiences scales while peer attachment avoidance ( $P_{\text{other}}$ ) was significantly correlated with childhood abuse ( $r = 0.14, p < .05$ ) and neglect ( $r = 0.14, p < .05$ ).

Romantic partner attachment anxiety ( $RP_{\text{self}}$ ) was significantly negatively correlated with all the childhood experiences subscales, while romantic partner attachment avoidance ( $RP_{\text{other}}$ ) was significantly correlated with all but childhood abuse (see Table 2). In general, the correlation analyses validated and supported previous literature. As hypothesized,

Table 2

Correlations, Means, Standard Deviations among mother, father, peer and romantic partner attachment anxiety and avoidance, mother overprotection, father overprotection, childhood abuse, childhood neglect, rape myth acceptance, negative sexual beliefs and rape supportive attitudes

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1.Mself	1.00	<b>0.50</b>	<b>0.45</b>	<b>0.26</b>	<b>0.34</b>	0.08	<b>0.19</b>	<b>0.21</b>	<b>0.25</b>	<b>0.22</b>	<b>0.25</b>	<b>0.17</b>	-0.02	<b>-0.21</b>	<b>-0.18</b>
2.Fself	<b>0.50</b>	1.00	<b>0.42</b>	<b>0.29</b>	0.10	<b>0.28</b>	<b>0.20</b>	<b>0.20</b>	0.10	<b>0.18</b>	<b>0.19</b>	0.05	-0.04	<b>-0.15</b>	-0.06
3.Pself	<b>0.45</b>	<b>0.42</b>	1.00	<b>0.40</b>	<b>0.15</b>	<b>0.15</b>	<b>0.38</b>	<b>0.22</b>	0.09	0.10	0.07	0.08	-0.08	<b>-0.15</b>	-0.02
4.RPself	<b>0.26</b>	<b>0.29</b>	<b>0.40</b>	1.00	<b>0.20</b>	<b>0.13</b>	0.10	<b>0.36</b>	<b>0.15</b>	<b>0.13</b>	<b>0.15</b>	<b>0.16</b>	0.02	-0.10	0.02
5.Mother	<b>0.34</b>	0.10	<b>0.15</b>	<b>0.20</b>	1.00	<b>0.29</b>	<b>0.26</b>	<b>0.31</b>	<b>0.31</b>	<b>0.13</b>	<b>0.26</b>	<b>0.41</b>	-0.03	<b>-0.15</b>	-0.10
6.Fother	0.08	<b>0.28</b>	<b>0.15</b>	<b>0.13</b>	<b>0.29</b>	1.00	<b>0.15</b>	0.12	0.07	0.10	<b>0.25</b>	<b>0.32</b>	0.00	-0.02	0.06
7.Pother	<b>0.19</b>	<b>0.20</b>	<b>0.38</b>	0.10	<b>0.26</b>	<b>0.15</b>	1.00	<b>0.37</b>	0.11	0.07	<b>0.14</b>	<b>0.14</b>	<b>-0.13</b>	<b>-0.24</b>	-0.11
8.RPother	<b>0.21</b>	<b>0.20</b>	<b>0.22</b>	<b>0.36</b>	<b>0.31</b>	0.12	<b>0.37</b>	1.00	<b>0.23</b>	<b>0.18</b>	0.10	<b>0.13</b>	-0.08	<b>-0.26</b>	<b>-0.15</b>
9.Mprotect	<b>0.25</b>	0.10	0.09	<b>0.15</b>	<b>0.31</b>	0.07	0.11	<b>0.23</b>	1.00	<b>0.42</b>	<b>0.16</b>	<b>0.16</b>	-0.03	0.09	0.06
10.Fprotect	<b>0.22</b>	<b>0.18</b>	0.10	<b>0.13</b>	<b>0.13</b>	0.10	0.07	<b>0.18</b>	<b>0.42</b>	1.00	<b>0.21</b>	<b>0.16</b>	0.04	<b>0.18</b>	<b>0.21</b>
11.Abuse	<b>0.25</b>	<b>0.19</b>	0.07	<b>0.15</b>	<b>0.26</b>	<b>0.25</b>	<b>0.14</b>	0.10	<b>0.16</b>	<b>0.21</b>	1.00	<b>0.22</b>	-0.03	0.11	<b>0.12</b>
12.Neglect	<b>0.17</b>	0.05	0.08	<b>0.16</b>	<b>0.41</b>	<b>0.32</b>	<b>0.14</b>	<b>0.13</b>	<b>0.16</b>	<b>0.16</b>	<b>0.22</b>	1.00	<b>0.12</b>	0.06	-0.03
13.IRMA	-0.02	-0.04	-0.08	0.02	-0.03	0.00	<b>-0.13</b>	-0.08	-0.03	0.04	-0.03	<b>0.12</b>	1.00	<b>0.38</b>	<b>0.29</b>
14.SBS	<b>-0.21</b>	<b>-0.15</b>	<b>-0.15</b>	-0.10	<b>-0.15</b>	-0.02	<b>-0.24</b>	<b>-0.26</b>	0.09	<b>0.18</b>	0.11	0.06	<b>0.38</b>	1.00	<b>0.62</b>
15.RSAS	<b>-0.18</b>	-0.06	-0.02	0.02	-0.10	0.06	-0.11	<b>-0.15</b>	0.06	<b>0.21</b>	<b>0.12</b>	-0.03	<b>0.29</b>	<b>0.62</b>	1.00
Mean	0.00	-0.03	-0.03	-0.08	-0.04	-0.10	-0.05	-0.08	2.25	1.90	0.58	5.30	1.95	0.52	1.73
SD	1.58	1.48	1.73	2.81	2.91	2.98	2.65	2.80	0.63	0.64	0.84	0.76	0.89	1.73	0.82

Note:  $n = 273$ . Bolded correlations are significant at  $p > .05$ ; Mself = T-RSQ mother self; Fself = T-RSQ father self; Pself = T-RSQ peer self; RPself = T-RSQ romantic partner self; Mother = T-RSQ mother other; Fother = T-RSQ father other; Pother = T-RSQ peer other; RPother = T-RSQ romantic partner other; EMBUMpro = My Memories of Upbringing (mother) overprotection scale; EMBUFpro = My Memories of Upbringing (father) overprotection scale; ACE abuse = Adverse Childhood Experiences Abuse scale; ACE neglect = Adverse Childhood Experiences Neglect scale, IRMA = Updated Illinois Rape Myth Acceptance Scale; SBS = Sexual beliefs scale; RSAS = Rape Supportive Attitude scale

attachment anxiety and attachment avoidance were significantly related to childhood experiences.

**Rape Attitudes and Childhood Experiences.** The second hypothesis was that rape supportive attitudes would be associated with reporting adverse childhood experiences. Acceptance of rape myths (IRMA) was significantly correlated with childhood neglect ( $r = 0.12, p < .05$ ). Negative sexual beliefs (SBS) were significantly correlated with childhood father overprotection ( $r = -0.18, p < .05$ ). Finally, rape supportive attitudes (RSAS) were significantly correlated with childhood father overprotection ( $r = -0.21, p < .05$ ) and childhood abuse ( $r = -0.12, p < .05$ ). In general, these results also validated and supported previous literature that has found an association between rape attitudes and childhood experiences.

**Attachment and Rape Attitudes.** The third hypothesis was that attachment avoidance would be significantly correlated with rape supportive attitudes, while attachment anxiety was not expected to be significantly related to rape supportive attitudes. The correlation analyses showed that for attachment avoidance, mother attachment avoidance was significantly correlated with negative sexual beliefs ( $r = -0.15, p < .05$ ). Peer attachment avoidance was significantly correlated with acceptance of rape myths ( $r = -0.13, p < .05$ ) and negative sexual beliefs ( $r = -0.24, p < .05$ ). Romantic partner attachment avoidance was significantly correlated with negative sexual beliefs ( $r = -0.26, p < .05$ ) and rape supportive attitudes ( $r = -0.15, p < .05$ ). For attachment anxiety, father attachment anxiety ( $r = -0.15$ ) and peer attachment anxiety ( $r = -0.15, p < .05$ ) were significantly correlated with negative sexual beliefs.

While in general attachment avoidance was associated with rape supportive attitudes, the fact that father attachment avoidance was not associated with any rape attitudes measures is contrary to previous research. In addition, given that only father and peer attachment anxiety were related to one rape attitude measure, the hypothesis that attachment anxiety would not be related to rape supportive attitudes was partially supported.

In summary, the correlation analyses demonstrated that: attachment anxiety and attachment avoidance were significantly related to childhood experiences; rape supportive attitudes were significantly associated with childhood experiences; and except for father attachment avoidance, attachment avoidance was significantly related to rape supportive attitudes. These findings are consistent with prior literature and given that multicollinearity was also not found, the correlation matrix was acceptable for the SEM analysis.

### **Structural Equation Modelling Analysis**

The goal of this study was to explore the relationship between childhood experiences, attachment representations and rape supportive attitudes to determine if childhood experiences and attachment representations influence the development of rape supportive attitudes. The main analyses for this study were conducted using Structural Equation Modelling (SEM). Based on existing theory and literature, a SEM model consisting of four theoretically related constructs was created (see Figure 2).

While multiple regression could have also been used, SEM makes it possible to simultaneously assess the relationship between various theoretically related constructs at once. As such, using SEM in this study not only allows for the exploration of the

relationship between attachment and childhood experiences, rape supportive attitudes and childhood experiences, attachment and rape supportive attitudes, but it also allows for an assessment of how attachment and childhood experiences may work together to influence the development of rape supportive attitudes. Using multiple regression would have resulted in having to conduct over 100 regression analyses, inflating type 1 error. Therefore, the data was analyzed using the Structural Equation Modelling module of Statistica, using the generalized least squares to maximum likelihood discrepancy function based on covariance matrices.

**Measurement Models.** The first step to test the hypothesized SEM model was to conduct a confirmatory factor analysis to assess the fit of the measurement models. The interpretation of the SEM structural model can only be made once there are good-fitting measurement models (Weston & Gore, 2006). There were three measurement models in this analysis: childhood experiences model, attachment model (composed of the constructs attachment anxiety and attachment avoidance), and rape supportive attitudes model. Measurement models examine the relationship between latent constructs and their associated indicators. Latent constructs are unobserved constructs that are inferred through direct measures (indicators; Weston & Gore, 2006). For example, the attachment model is further broken down into the two interrelated constructs of attachment anxiety and attachment avoidance. As such, ‘attachment anxiety’ is the latent construct and is measured by the indicators: mother attachment anxiety; father attachment anxiety; peer attachment anxiety; and romantic partner attachment anxiety. Similarly, ‘attachment avoidance’ is also a latent construct and is measured by the indicators: mother attachment

avoidance; father attachment avoidance; peer attachment avoidance, and romantic partner attachment avoidance.

In the childhood experiences measurement model, 'childhood experiences' is the latent construct and is measured by the indicators: mother childhood overprotection; father childhood overprotection, childhood abuse; and childhood neglect. Finally, in the rape supportive attitudes measurement model, 'rape supportive attitudes' is the latent construct and is measured by the indicators: rape myth acceptance; negative sexual beliefs; and rape supportive attitudes. The confirmatory factor analysis therefore evaluates how well the chosen indicators combine to measure their underlying latent construct (Weston & Gore, 2006).

Each measurement model must be assessed for measurement fit. Measurement fit refers to how well the specified model fits the data set. To assess the measurement fit of each of these models, the following fit indices were used:  $\chi^2$  statistic (ratio of  $\chi^2$  to degrees of freedom); Root Mean Square Error of Approximation (RMSEA); the standardized root mean square residual (SRMR); and the Bentler Comparative Fit Index (CFI). For the  $\chi^2$  statistic, a value between 2-5 indicated a good fitting model. For the RMSEA, values less than 0.08 indicated a good fit. For the SRMR, values below 0.08 indicated a good fit, and for CFI, values greater than 0.90 indicated a good fit (Hopper, Coughlan, & Mullen, 2008).

The measurement models were computed via a confirmatory factor analysis and assessed for measurement fit. In total, there were three confirmatory factor analyses computed, one for each measurement model. In the measurement model of attachment, attachment anxiety and attachment avoidance were both inputted as latent variables.

These variables were also correlated for the analysis given that they are intercorrelated constructs that measure the two different dimensions of attachment. The attachment measurement model was not an acceptable fit, indicating that the model was not an acceptable representation of the data set ( $\chi^2/df = 6.02$ ; RMSEA = 0.08; CI = 0.10-0.15; SRMR = 0.07; CFI = 0.783,  $p = 0.00$ ).

The fit of the model can be improved by modifying or decreasing the number of standardized residuals. Standardized residuals represent the standardized difference between the observed covariance matrix (covariance matrix generated based on the dataset) and the theoretical covariance matrix (covariance matrix based on the hypothesized model). Large standardized residuals indicate that there is a significant difference in covariance between the theoretical model and the observed model, thereby decreasing model fit. In general, standardized residuals over 0.10 are regarded as large and thus problematic (Grimm & Yarnold, 2010; Tabachnick & Fidell, 2013).

In the attachment measurement model, there were six standardized residuals above 0.10: mother attachment avoidance and mother attachment anxiety (0.12); father attachment anxiety and mother attachment avoidance (-0.11); father attachment avoidance and mother attachment avoidance (0.12); father attachment avoidance and father attachment anxiety (0.15); peer attachment avoidance and peer attachment anxiety (0.13); and romantic partner attachment avoidance and romantic partner attachment anxiety (0.18). Attachment anxiety and attachment avoidance are two related constructs of attachment and their standardized residuals can therefore be correlated. A new modified measurement model was run with the residuals correlated from: mother attachment avoidance and mother attachment anxiety; father attachment avoidance and

father attachment anxiety; peer attachment avoidance and peer attachment anxiety; and romantic partner attachment avoidance and romantic partner attachment anxiety. The new model was a much better fit ( $\chi^2/df = 3$ ; RMSEA = 0.09; CI = 0.06-0.12; SRMR = 0.04; CFI = 0.93,  $p = 0.00$ ). Parameter estimates were examined, and all factor loadings were significant ( $M_{\text{self}} = 0.70$ ,  $F_{\text{self}} = 0.67$ ,  $P_{\text{self}} = 0.66$ ,  $RP_{\text{self}} = 0.46$ ,  $M_{\text{other}} = 0.50$ ,  $F_{\text{other}} = 0.30$ ,  $P_{\text{other}} = 0.58$ ,  $RP_{\text{other}} = 0.61$ ,  $p = 0.00$ ). The correlation between the attachment anxiety and attachment avoidance constructs was significant at 0.49,  $p = 0.00$ .

Next, the measurement model for childhood experiences was tested and overall the model was deemed to fit ( $\chi^2/df = 3.21$ ; RMSEA = 0.09; CI = 0.02-0.17; SRMR = 0.04; CFI = 0.95,  $p = 0.04$ ). The parameter estimates were examined, and all factor loadings were significant (s-EMBU-M (overprotection) = 0.60, s-EMBU-F (overprotection) = 0.69, ACE (abuse) = -0.33, ACE (neglect) = -0.27,  $p = 0.00$ ). This analysis revealed that the measurement model of childhood experiences fit the data set well and the chosen indicators were a good measure of the construct childhood experiences.

Finally, the measurement model of rape attitudes was tested. The model had no degrees of freedom so no fit indices except for SRMR (3.23E-009) could be calculated. The parameter estimates were examined, and all factor loadings were significant (IRMA = -0.43, SBS = 0.90, RSAS = 0.69,  $p = 0.00$ ).

**Structural Models.** The next step in the SEM analysis was to test the hypothesized structural models. While measurement models define the relationship between indicators and their associated unobserved constructs, structural models define the relationship between the unobserved constructs. In particular, the structural model



specifies how (i.e., directly or indirectly) the latent variables in the analysis are related (Byrne, 2012; Weston & Gore, 2006).

Firstly, to test the relationship between childhood experiences, attachment anxiety and attachment avoidance, a structural model was tested (see Figure 3). In this model, attachment anxiety and attachment avoidance were inter-correlated and the correlated residuals from the attachment measurement model were also included ( $M_{\text{self}} + M_{\text{other}}$ ,  $F_{\text{self}} + F_{\text{other}}$ ,  $P_{\text{self}} + P_{\text{other}}$  and  $RP_{\text{self}} + RP_{\text{other}}$ ). Overall, the model was an acceptable fit ( $\chi^2/\text{df} = 3.06$ ;  $\text{RMSEA} = 0.09$ ;  $\text{CI} = 0.073\text{-}0.11$ ;  $\text{SRMR} = 0.07$ ;  $\text{CFI} = 0.84$ ,  $p = 0.00$ ). As shown in Figure 2, all the parameter estimates for the pathways between childhood experiences and attachment anxiety and attachment avoidance were significant.

Secondly, to examine the relationship between childhood experiences and rape supportive attitudes, a structural model was tested (see Figure 4). Overall, the model was a good fit ( $\chi^2/\text{df} = 1.92$ ;  $\text{RMSEA} = 0.05$ ;  $\text{CI} = 0.01\text{-}0.09$ ;  $\text{SRMR} = 0.05$ ;  $\text{CFI} = 0.96$ ,  $p = 0.02$ ). As shown in Figure 3, the parameter estimates for the pathway between childhood experiences and rape supportive attitudes was significant.

Next, to test the relationship between attachment anxiety, attachment avoidance and rape supportive attitudes, a structural model was tested (see Figure 5). In this model, attachment anxiety and attachment avoidance were again inter-correlated and the correlated residuals from the attachment measurement model were again included. This model was a good fit ( $\chi^2/\text{df} = 1.79$ ;  $\text{RMSEA} = 0.06$ ;  $\text{CI} = 0.036\text{-}0.08$ ;  $\text{SRMR} = 0.05$ ;  $\text{CFI} = 0.95$ ,  $p = 0.002$ ). When examining the parameter estimates for the paths, the path from attachment avoidance to rape supportive attitudes was significant at 0.14,  $p = 0.00$ . The path from attachment anxiety to rape supportive attitudes was not significant.

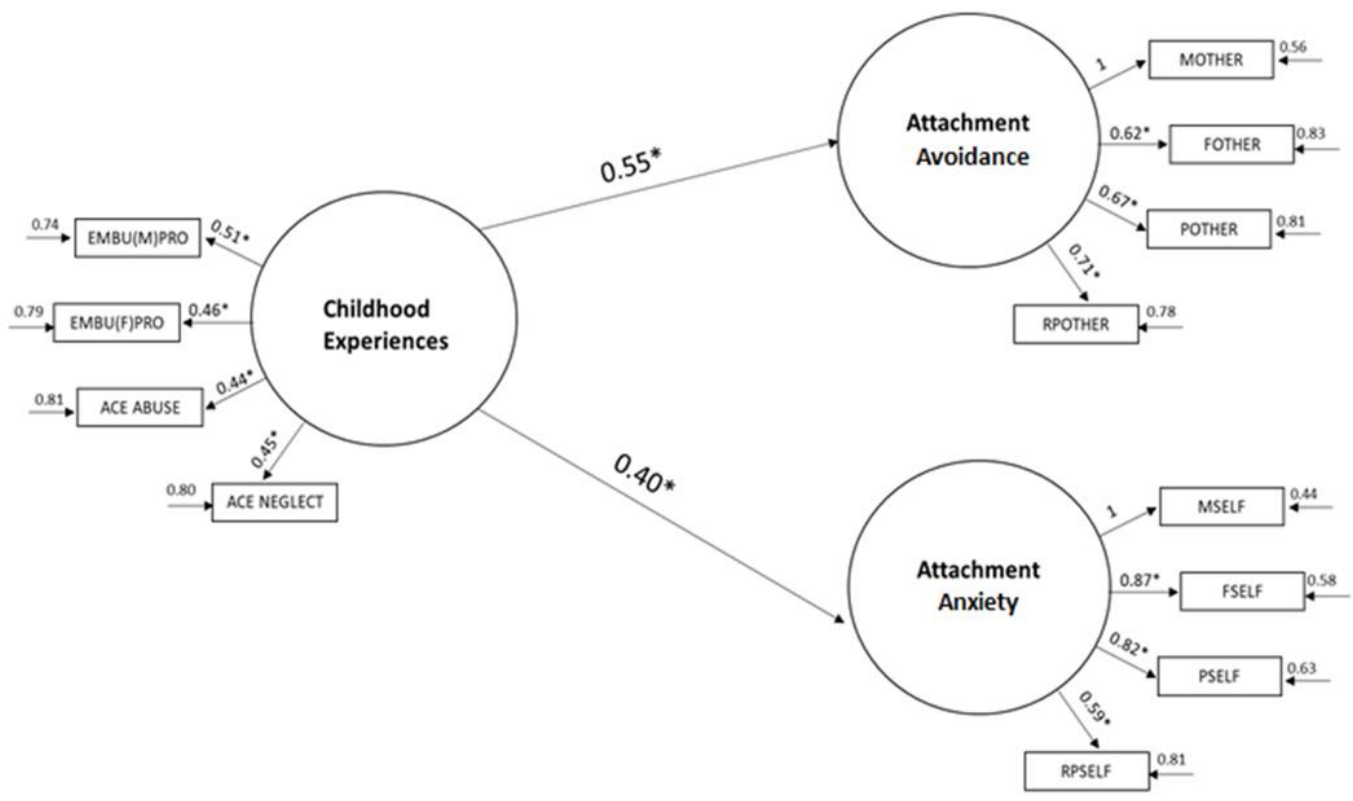


Figure 3. Childhood Experiences and Attachment Model.

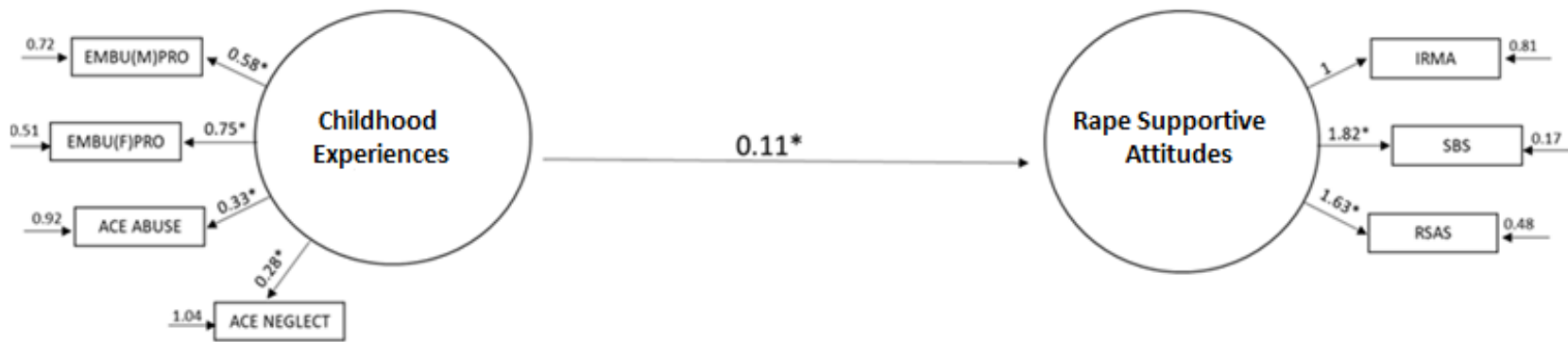


Figure 4. Childhood Experiences and Rape Supportive Attitudes Model.

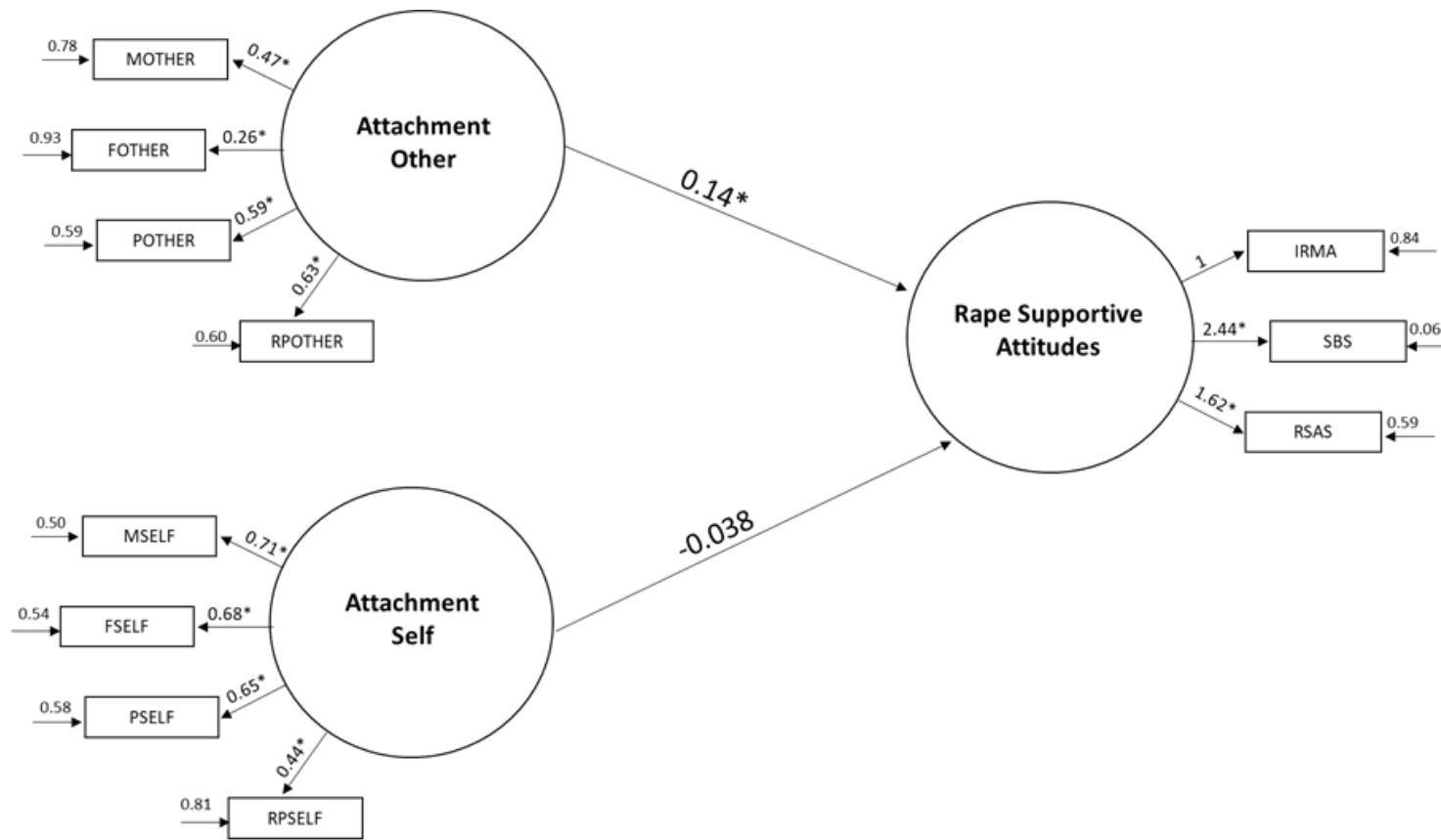


Figure 5. Attachment and Rape Supportive Attitudes Model.

Finally, to test the simultaneous relationship between all latent constructs (attachment anxiety, attachment avoidance, childhood experiences and rape supportive attitudes), the hypothesized final model was tested (see Figure 6). In this full model, direct paths were specified from childhood experiences to attachment anxiety, childhood experiences to attachment avoidance, attachment avoidance to rape supportive attitudes, and childhood experiences to rape supportive attitudes. By testing the relationship between all latent constructs, it allows for an evaluation of both direct and indirect paths.

Overall, this model was a good fit ( $\chi^2/df = 2.40$ ; RMSEA = 0.08; CI = 0.06-0.09; SRMR = 0.06; CFI = 0.86,  $p = 0.00$ ). When evaluating the parameter estimates for this overall model, only the pathways from childhood experiences to attachment anxiety and attachment avoidance were significant, with parameter estimates of -0.41 and -0.50, respectively (see Figure 6 for all parameter estimates). This overall model shows that once all the latent variables are accounted for, the only significant relationships are between childhood experiences and attachment.

It should also be noted that figure 3 demonstrates a positive relationship between childhood experiences and attachment, whereas figure 6 shows a negative relationship between childhood experiences and attachment. Therefore figure 3 indicates that as adverse childhood experiences increase, so does attachment anxiety and attachment avoidance. Figure 6 indicates that when all the of study constructs are accounted for, as adverse childhood experiences increases, attachment anxiety and attachment avoidance decreases. This change may be due to the weak association between the other constructs in the final model.

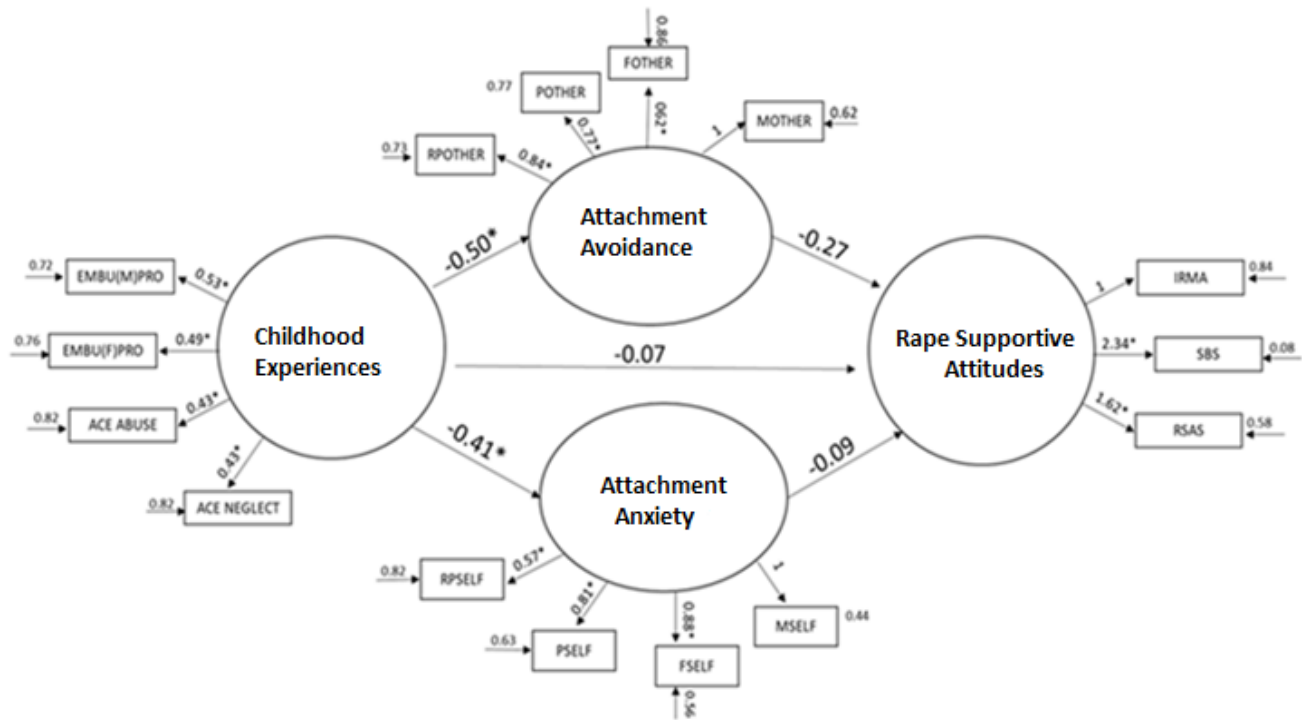


Figure 6. Full Structural Model of childhood experiences, attachment and rape supportive attitudes.

## **Discussion**

The purpose of this thesis was to extend the prior literature on attachment, childhood experiences and rape attitudes. Previous research has demonstrated that adverse childhood experiences and insecure attachment representations, particularly attachment avoidance, are consistently reported by incarcerated sexual offenders. However, there is very little research to date that has explored the associations among attachment, childhood experiences and rape supportive attitudes in a non-clinical sample. Therefore, this study explored the childhood experiences, attachment representations and rape supportive attitudes in a sample of undergraduate students to determine if adverse childhood experiences and attachment avoidance influence the development of rape supportive attitudes.

### **Childhood Experiences and Attachment**

First, I hypothesized that childhood experiences would be significantly associated with attachment. Consistent with prior research, this hypothesis was statistically supported (Ainsworth, 1989; Baer & Martinez, 2006; Cyr, Euser, Kranenburg, & Ijzendoorn, 2010; Morton & Browne, 1998). There were significant associations of moderate effect sizes between childhood experiences and both attachment anxiety and attachment avoidance.

Developmental theorists emphasize that an infant's connection to caregivers is integral for healthy development (Bowlby, 1988; Fonagy, 2001). Human infants, as social beings, depend on caregivers for care, support and ultimately for survival. For example, a baby's motivation for crying is to attain comfort, affection and/or food, all of which are needed for the child's survival (Bowlby, 1988). The response that caregivers

give to these cues is integral in informing the child about how important his or her needs are, and how available caregivers are. These non-verbal cues of communication in the early stages of life can support or inhibit the healthy development of the child's maturation and psychological development (Caldwell, Shaver & Minzenberg, 2011). Bowlby thus described attachment as an emotional bond between children and their caregivers that serves two major functions: a protective function that the child relies on when facing unknown or dangerous stimuli (known as safe haven), and an exploratory function that is used for discovery and exploration of unknown stimuli, because the child knows that the attachment figure is available (known as secure base; Bowlby, 1988; Kaehler, Babcock, DePrince, & Freyd, 2013).

Bowlby argued that these early experiences with caregivers' form what he termed internal working models. These working models are mental representations of how important the child feels (i.e., how responsive are caregivers to my needs) and how available caregivers are to support the needs of the child (i.e., can caregivers be trusted to provide my needs). These internal working models come to form a blueprint that determines the child's understanding of their own self-worth (attachment anxiety) and their outlook on others (attachment avoidance). If caregivers provide consistent care and support, children come to form a healthy attachment system, in which the caregivers are a safe haven against threats, as well as a secure base for their child. The child comes to understand that they are important (low attachment anxiety), and that caregivers can be relied on (low attachment avoidance). However, if caregivers are inconsistent, unresponsive and uncaring, then the caregivers now act as both a threat and a safe haven. This complicated interplay teaches the child that their needs are not important (high



attachment anxiety) and/or that caregivers cannot be relied on (high attachment avoidance; Bartholomew, 1990). This inconsistent attachment system hinders the child's ability to attach to caregivers in a healthy way, thereby diminishing their cognitive, social and emotional development (Bowlby, 1988; Caldwell, Shaver & Minzenberg, 2011). Therefore, early childhood experiences with caregivers is fundamental to how children come to view themselves (attachment anxiety) and how they view others (attachment avoidance). This provides the framework for the establishment and regulation of future relationships.

### **Childhood Experiences and Rape Attitudes**

Next, I hypothesized that rape supportive attitudes would be associated with reporting adverse childhood experiences. As shown in Figure 4, there was a small significant association between childhood experiences and rape supportive attitudes. Although this significant association is consistent with prior research, typically moderate effect sizes are reported for this relationship (Abbiati, Mezzo, & Desponds, 2014; Ward & Hudson, 1998; Marini, Leibowitz, Burton, & Stickle, 2014; Maniglio, 2012). The current student sample was not clinical and reported low childhood adversity ( $M = 1.73$ ,  $SD = 0.82$ ), therefore this weak relationship was not surprising as it reflects the qualities of the sample.

Bivariate correlations were also analyzed in order to determine what specific facets of maladaptive childhood experiences were significantly associated with the rape attitude subscales. Based on the literature, it was hypothesized that rape supportive attitudes would be significantly correlated with high rejection, high overprotection and high abuse (Abbiati, Mezzo, & Desponds, 2014; Ward & Hudson, 1998; Marini,

Leibowitz, Burton, & Stickle, 2014; Manigilio, 2012). Acceptance of rape myths was correlated with childhood neglect ( $r = 0.12$ ), indicating that as childhood neglect increased, so did acceptance of rape myths, although this association was very small. This significant association is consistent with prior research on sexual offenders, but prior research predominately reports moderate effect sizes (Levenson & Socia, 2016; Manigilio, 2012; Seto, Lalumiere, & Hinshaw, 2010).

Negative sexual beliefs and rape supportive attitudes were significantly correlated with childhood father overprotection ( $r = 0.18$ ;  $r = 0.21$ ), indicating that as childhood father overprotection increased, so did negative sexual beliefs and rape supportive attitudes. This is parallel to research on incarcerated rapists which finds that rapists predominately report high levels of parental overprotection (Manigilio, 2012), along with more problematic and abusive relationships with their fathers, as opposed to their mothers (Hudson & Ward, 1997; Sigre-Leiros, Carvalho & Nobre, 2016).

Furthermore, rape supportive attitudes was significantly correlated with childhood abuse, indicating that as childhood abuse increased, so did the agreement with rape supportive attitudes. However, this association was very small ( $r = 0.12$ ). Previous research consistently finds moderate associations among childhood abuse and sexual aggression/perpetration (Fonseka, Minnis, & Gomez, 2015; Homma, Wang, Saewyc, & Kishor, 2012; Marini, Leibowitz, Burton, & Stickle, 2013; Yuan, Koss, Polacca, & Goldman, 2006). This small effect size may be again due to the qualities of the student sample. Previous research was conducted on clinical samples, including incarcerated rapists who reported high levels of childhood abuse. The current sample was non-clinical, reported low levels of childhood abuse and a low agreement with rape supportive

attitudes ( $M = 1.73$ ,  $SD = 0.82$ ). Therefore, this weak association can be explained by the difference between previous samples compared to the current sample.

### **Attachment and Rape Attitudes**

Thirdly, I hypothesized that attachment avoidance would be significantly related to rape supportive attitudes. As shown in Figure 5, there was a small significant association between attachment avoidance and rape attitudes ( $r = 0.14$ ), such that a higher degree of attachment avoidance was associated with more endorsement of rape supportive attitudes. Therefore, consistent with previous literature, this hypothesis was supported (Babcock et al., 2000; Gentzler & Kerns, 2004; Grady, Levenson, & Bolder, 2017; Nguyen & Parkhill, 2014; Seto, Lalumiere, & Hinshaw, 2010).

As both childhood experiences and attachment are significantly associated with rape attitudes, researchers have drawn attention to the combined influence of these factors on the development of negative sexual outcomes. A prominent theory linking childhood experiences and attachment to the development of rape behaviours is Marshall and Babaree's (1990) integrated theory of sexual offending. Marshall and Babaree explain that the onset of sexual offending behaviours stems from an insecure attachment caused by maladaptive parenting, such as uncaring, hostile and abusive parenting styles. These negative parenting styles result in a distorted internal working model causing the child to view the world as cynical and dangerous. If the child has been exposed to abusive and misogynist behaviours, they could learn to model these behaviours and perceive them as normal. The child also does not develop the necessary social controls regarding sex and aggression, leading to difficulties in being able to discriminate between the two during adolescence. Given their insecure attachment, they also do not learn the

appropriate social skills needed for sustaining relationships, resulting in difficulty establishing and maintaining adult relationships (Marshall & Barbaree, 1990). This difficulty leads to negative attitudes towards relationships and women, making the individual more violent and aggressive in their attempts to gain intimacy through sexual contact. This is also consistent with other research findings that posit that an insecure attachment is associated with reduced empathetic capacity and increased emotional dysregulation, thereby increasing the likelihood of coercive interpersonal styles (Seto, Lalumiere, & Hinshaw, 2010).

### **Childhood Experiences, Attachment and Rape Attitudes**

Finally, to test the simultaneous effect of both childhood experiences and attachment representations on rape attitudes, a final full structural equation model with all factors was created and tested (see figure 6). Previous research consistently finds an association among childhood experiences and attachment, childhood experiences and sexual offending behaviours/sexual aggression, and attachment-avoidance and sexual offending behaviours. For that reason, it was hypothesized that all paths in the structural model (except for attachment anxiety to rape supportive attitudes) would be significant. Given that early childhood experiences give rise to attachment representations, attachment was also hypothesized to act as a possible mediator between the relationship between childhood experiences and rape attitudes.

As hypothesized, childhood experiences was significantly associated with attachment anxiety and attachment avoidance. In the model that assessed only how childhood experiences and attachment was related (see model 3), the relationship between childhood experiences and attachment anxiety and attachment avoidance was

positive. However, in the full model, the relationship between childhood experiences and attachment anxiety and attachment avoidance becomes negative. This change of directionality indicates that this full hypothesized model did not fit the current data set well. The fact that the direction of a previously positive relationship is now negative indicates that there was a big difference between the standardized residuals of the hypothesized model and the standardized residuals of the actual model that represented the data set.

Also as hypothesized, there was no significant association between attachment anxiety and rape supportive attitudes. Contrary to my hypothesis, there was no significant direct or indirect association between childhood experiences and rape supportive attitudes. Also contrary to my hypothesis, there was no significant association between attachment avoidance and rape supportive attitudes. While these results are inconsistent with prior findings, there are several reasons for why these unexpected insignificant associations were present.

Firstly, the hypothesized model for this thesis was based primarily on clinical samples of participants who reported high attachment anxiety and/or high attachment avoidance, high rates of abuse, overprotection and neglect (Abbiati, Mezzo, & Desponds, 2014; Hudson & Ward, 1997; Maniglio, 2012; Marini, Leibowitz, Burton, & Stickle, 2014). A lot of these samples were also drawn from incarcerated sexual offenders, and therefore the samples included individuals who not only reported high agreement with rape supportive attitudes and rape myths, but also individuals who acted on these beliefs. In comparison, the current sample did not share the same qualities. The sample was not clinical, and participants reported high levels of attachment security as opposed to

attachment insecurity. Research shows that attachment security is associated with low levels of childhood adversity and thus it follows that the current sample also reported low levels of childhood abuse, childhood overprotection and childhood neglect. Research also demonstrates that high childhood adversity is linked to more sexual aggression, sexual coercion and perpetration of sexual assault behaviours (Sigre-Leiros, Carvalho, & Nobre, 2016; Loh & Gidycz, 2006; Maniglio, 2012). Given that the current sample did not show high levels of childhood adversity, it also follows that the sample reported low agreement with rape supportive attitudes and rape myths. Therefore, the different qualities of the current sample can explain the insignificant and weak associations found in the study.

Secondly, there was a huge gender disparity in this study as the ratio of women ( $n = 227$ ) to men ( $n = 46$ ) was unbalanced. The hypothesized theoretical model was based on sexual offending literature which consists of primarily male samples. Given that this study was not able to recruit a highly concentrated male sample, this could have influenced the results. The trajectory of childhood experiences and attachment avoidance to the development of rape supportive attitudes could develop in a much different way for females compared to males. While there is the consensus that adverse childhood experiences, especially abuse and neglect, prove to be detrimental for an individual's mental wellbeing and sexual functioning, the mechanisms by which these affect individuals could differ by gender. When assessing the gender difference in the outcomes of adverse childhood experiences, the literature suggests that men who experience adverse childhood experiences develop an increased risk of being perpetrators of sexual aggression and violence, while females who experience adverse childhood experiences develop an increased risk of being victims of sexual violence. Yuan, Koss, Polacca and

Goldman (2006) found that while childhood maltreatment predicted later physical assault for both men and women, childhood maltreatment predicted later sexual assault for females only. Similarly, a study exploring the relationship between adverse childhood experiences and intimate partner violence found that female prisoners who were subjected to childhood physical and emotional neglect were more likely to become victims of sexual assault later in adulthood (Jones, Worthen, Sharp, & McLeod, 2018). Women who reported childhood sexual abuse were twice as likely to become victims of later sexual assault. In addition, women who reported experiencing more than five types of adverse childhood experiences were significantly more likely to become victims of sexual assault compared to women who had experienced four types of adverse childhood experiences or less.

While childhood adversity places women at an increased risk of later victimization, this goes beyond just sexual victimization. There is an overwhelming amount of evidence linking childhood maltreatment with experiencing intimate partner violence (IPV). Research that delves into the risk factors of IPV victimization continuously lists adverse childhood experiences as one of the major risk factors. Western studies have shown positive associations between childhood adversity (physical abuse, emotional abuse, sexual abuse, childhood neglect and witnessing domestic violence) and IPV victimization (Anda et al., 2006). More recent studies conducted on non-Western populations are also replicating the same findings (Fonseka, Minnis, & Gomez, 2015). Therefore, with regard to women and childhood adversity, there seems to be an overarching theme of adult victimization, rather than adult perpetration.

For males, childhood adversity seems to be associated with sexual assault perpetration. Casey, Beadnell, and Lindhorst (2009) discovered that men who experienced childhood physical and sexual abuse were 450% more likely to become perpetrators of sexual abuse and sexual coercion compared to males without a history of physical and sexual abuse. Similarly, a history of childhood abuse has been consistently linked with later sexual aggression (Loh & Gidycz, 2006; Malamuth, Linz, Heavey, Barnes, & Acker, 1995; Parkhill & Pickett, 2016). Furthermore, studies on incarcerated sexual offenders finds that sexual offenders consistently report experiences of emotional abuse, physical abuse, sexual abuse, neglect and high levels of parental overprotection (Sigre-Leiros, Carvalho, & Nobre, 2016; Maniglio, 2012). While it is true that incarcerated individuals report more childhood adversity than the general population, sexual offenders report significantly more frequent sexual abuse, physical abuse and emotional abuse compared to non-sexual offenders (Marini, Leibowitz, Burton, & Stickle, 2014; Seto & Lalumiere, 2010).

Given the large body of literature that has found a link between male childhood adversity and later negative sexual outcomes, there seems to be more overwhelming evidence linking male (versus female) adverse childhood experiences to rape supportive attitudes. Given that female childhood adversity is more associated with sexual victimization as opposed to sexual perpetration, the current hypothesized model does not account for this gender difference. In addition, the questionnaires used to assess rape attitudes were very heteronormative, in that the males were always the perpetrators while the females were the victims.



In combination with the gender disparity, another possible reason for the unexpected insignificant associations could also be because of the inclusion of romantic partner attachment. Almost half of the participants reported being in a committed relationship (47%). Research has found that individuals in relationships, especially committed relationships, have less attachment related anxiety in terms of their views of others (Hendrick & Hendrick, 1994). Individuals who demonstrate high levels of attachment avoidance have negative perceptions of others, and of romantic relationships, so even entering a committed relationship is not likely for those who have high levels of attachment avoidance. Therefore, the fact that almost half of the participant pool reported being in a committed relationship infers that in general, the participants had a high level of attachment security, which could have also biased the results.

### **Limitations and Future Directions**

The present study has limitations that should be acknowledged. The first limitation that should be mentioned and addressed for future studies is the use of the sexual abuse questions from the Adverse Childhood Experiences questionnaire. There were four questions that assessed sexual abuse and included items such as: “During your first 18 years of life, did anyone touch or fondle your body in a sexual way”. The typical adolescence will have their first sexual intercourse experience at around the age of 16, and these sexual encounters are not considered sexual abuse (Frappier et al., 2008; Rotermann, 2012). Hence these sexual abuse questions are problematic because they do not specify whether these sexual encounters were consensual or not. Participants could have been confused if the question was asking about sexual abuse or general sexual encounters. Given that the sample on average reported low abuse, the sexual abuse items

were further inspected to check if an appropriate number of participants reported yes to sexual abuse. In total, only 11% of participants indicated that they had experienced some form of sexual abuse. In addition, the questions on sexual abuse were preceded by questions on household dysfunction and violence such as: “During your first 18 years of life, did you live with anyone who used street drugs?”. Given that the sexual abuse items were nested within questions that clearly assessed adverse childhood experiences and given that only 11% of participants reported experiencing some form of sexual abuse, these items were deemed fine to use for the purposes of this study. Future studies however should address these problematic sexual abuse items and consider alternative measures of childhood sexual abuse.

Secondly, the hypothesized association between attachment and rape supportive attitudes was based on research from primarily incarcerated sexual offenders. These offenders represent a specific population. They are individuals who not only hold a high endorsement of rape supportive attitudes, but they acted on these attitudes and were caught and convicted. University students by comparison are a much different population. Even compared to the general population, university students are more likely to have a higher socioeconomic background, show more emotional competence, and demonstrate higher rates of attachment security (Côté, Gyurak, & Levenson, 2010; Scharfe, 2016). Therefore, it could also be possible that there is an alternative path by which university students come to hold rape supportive attitudes.

Research shows that there is an association between university male dominated social groups, such as fraternities and athletic groups, and campus sexual assault (Martin, 2016; Harkins & Dixon, 2009). Fraternity membership has been linked to coercive and

sexually aggressive behaviours and men in fraternities are more likely to reinforce sexually coercive behaviours and engage in these behaviours themselves (Boeringer, Shehan, & Akers, 1991; Harkins & Dixon, 2009). Therefore, for university students there may be alternative pathways, such as social memberships and peer relationships, that prove to be important factors for the endorsement of rape supportive attitudes. Hence future studies should explore alternative pathways by which university students could come to hold rape supportive attitudes. In addition, given that university students are not representative of the normal population, future studies should also include a community sample to test how the community sample compares to the student sample.

Thirdly, Trent University has a large percentage of female students versus male students and thus the participant pool was very female concentrated. Due to this, the desired sample of male participants could not be reached. Given that research shows that childhood adversity is associated with sexual assault perpetration for men but sexual victimization for females, future studies should consist of a balanced ratio between males and females and should assess both rape supportive attitudes and the rates of sexual victimization among the participants to assess the gender difference in these measures.

In addition, the questionnaires assessing rape attitudes were designed in the early 1900's and the wording of these scales are quite heavy-handed. Today's cultural climate is very different than the cultural climate when the scales were created. Today students are exposed to rape prevention and consent campaigns through various platforms. Normality tests also showed that the rape attitude measures were significantly skewed, demonstrating that most participants rejected rape myths. Hence the heavy-handed and explicit nature of the questionnaires could have increased social desirability responding.

Some researchers also find that explicit measures are not an effective method of assessing attitudes that individuals are not willing to admit. Implicit tests provide a more effective method for assessing underlying attitudes (Gawronski & Payne, 2010). Therefore, it may be more effective to use implicit measures, rather than explicit measures to assess rape attitudes.

Furthermore, this study utilized only self-report measures to assess childhood experiences and rape attitudes, which could have affected the validity of the responses. Given the retrospective nature of the questionnaires assessing childhood experiences, it is likely that participants were not able to recall with complete accuracy. In addition, given the sensitive nature of the questions, social desirability bias may have affected how forthcoming and truthful participants were in responding to the questions. Before beginning the study, participants were also told that the purpose of the study was to assess how childhood experiences and relationships with others influenced their views of sexuality and sex myths. Given that they were told the purpose of the study upfront, this may have primed them to respond with more socially desirable answers. Future studies should consider disclosing the full purpose of the study only after the study has been completed.

In addition, participants had the choice to complete the study in the computer lab or at a location of their own choice. Majority of the participants (87.4%) completed the study at a location of their own choice, in an environment that was not controlled by the researcher. Therefore, participants may have not given the survey their full attention, especially if there were distractions around, affecting the accuracy of the responses provided.

## **Implications**

The current research adds and supports the existing literature findings on the impact of childhood experiences on attachment representations. In addition, although the hypothesis that attachment representations may account for more of the variability in the relationship between adverse childhood experiences and rape supportive attitudes was not supported, the results of this study point to the importance of further research on a primarily male sample. Research shows that young men who display rape supportive attitudes will more likely go onto commit sexual crimes if unidentified (Zinzow & Thompson, 2015). If research can identify particular types of parental treatment and attachment representations that act together to influence the development of rape attitudes, then early intervention programs can be implemented for high risk individuals before they form distorted sexual patterns. Understanding the origins of rape supportive attitudes is imperative for not only interventions and treatment, but also for prevention.

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## Appendix A

### Student Consent Form (Online study)

#### Information and Consent Form

**Title:** I know you want it: an exploration of attachment influences on attitudes towards non-consensual sex

**Student researcher:** Grishma Dahal, Department of Psychology, (705-748-1011 x 7872, LHS C131)

**Faculty supervisor:** Elaine Scharfe, PhD., Department of Psychology, 705-748-1011 x 7354, LHS C130

**The purpose of this research:**

In this study, you will complete an online survey to assess your views of your childhood experiences, your relationship with your mother, father, peers and romantic partner/s and your views about sexuality and sex myths. You will be asked specific questions about sexuality including your attitudes towards rape myths. Previous research shows that individuals who report poorer relationships with their parents and those who avoid turning to others for support are at an increased vulnerability of developing sexual violence/aggression (Manglio, 2012; Nguyen & Parkhill, 2014).

**Procedures:**

If I choose to participate in this project, I will be asked to complete an online survey with demographic questions and surveys about my relationships with others, as well as my attitudes towards sex. I understand that I may review these questionnaires before I decide to participate. I understand that it will take me approximately 50-55 minutes to complete the questionnaires

**Discomfort, Risks, and Benefits:**

I understand that there is no expected harm from completing these questionnaires. I understand, however, that some of the questions may be viewed as personal and that I can refuse to answer any question(s) and may stop participating at any time. I also understand that some people report that the survey gets them to think about their behaviours, feelings, experiences, and their relationships more deeply than they might do otherwise and that may be a benefit or a risk depending on the nature of my behaviours and relationships. I understand that this study is minimal risk. I understand that by agreeing to this consent form and completing the online surveys that I will be awarded 1% credit bonus towards my psychology course grade.

**Confidentiality:**

I understand that my responses will be completely confidential and that I can skip any question(s) that I am not comfortable answering. I will be given an ID number by the SONA system and that number will be recorded on all data – my name will never be used on the data and my name will not be linked to the data. All data from the questionnaires will be completely anonymous and will be stored in a computer file form using the ID number for identification purposes. This anonymous data will be analyzed by Grishma Dahal and Dr. Scharfe as well as graduate and undergraduate students working in Dr. Scharfe's research lab. The data will be kept for at least five years after publication of the results. All of the data will be used in Grishma Dahal's MSc thesis and any resulting publications. Data will also be used by Dr. Elaine Scharfe for research and teaching purposes. The data may be presented at conferences and published in journals, chapters, books or other venues.

**Other:**

Participation in this study is completely my choice. I can refuse to answer any question or quit participating at any time and there will be no negative consequences to me whatsoever. If I stop taking part in the study, the information I have given up to the time of my withdrawal will be automatically deleted from the system. If I decide that I wish to withdraw my data after I have completed the study, I can email the researchers to let them know. Once I have completed the study, the data will be completely anonymous (i.e., the data will not be associated with me). If I have any questions about this study, I can take this opportunity to ask questions now, so that my concerns are addressed to my satisfaction before I agree to participate, by emailing Grishma Dahal ([grishmadahal@trentu.ca](mailto:grishmadahal@trentu.ca); 705-748-1011 ext. 7872) or Dr. Elaine Scharfe ([escharfe@trentu.ca](mailto:escharfe@trentu.ca); 748-1011 ext. 7354).

I agree to participate in this study and I understand that by proceeding I am giving informed consent. If I would like a summary of the results, I know that I must email Grishma Dahal, [grishmadahal@trentu.ca](mailto:grishmadahal@trentu.ca) or Dr. Elaine Scharfe, [escharfe@trentu.ca](mailto:escharfe@trentu.ca) to let them know that I would like to receive this summary when the study is completed (Fall 2018). I understand that if I would like clarification regarding any part of this research, I can contact either researcher. If I have any questions about the ethics approval or considerations, I may contact the Trent Research Ethics Board by either phoning Karen Mauro at 748 1011 x 7050 or e-mailing her at [kmauro@trentu.ca](mailto:kmauro@trentu.ca). I understand that I can ask for a print copy of this consent form for my records.

I have read and given consent to completing the following questionnaire. To confirm that I agree to the consent form, I will click here to proceed.

If you do not wish to participate, do not continue and please close

Student Consent Form (In-lab study)  
**Information and Consent Form**

**Title:** I know you want it: an exploration of attachment influences on negative sexual attitudes

**Student researcher:** Grishma Dahal, Department of Psychology, (705-748-1011 x 7872, LHS C131)

**Faculty supervisor:** Elaine Scharfe, PhD., Department of Psychology, 705-748-1011 x 7354, LHS C130

**The purpose of this research:**

In this study, you will complete an online survey to assess your views of your childhood experiences, your relationship with your mother, father, peers and romantic partner/s and your views about sexuality and sex myths. You will be asked specific questions about sexuality including your attitudes towards rape myths. Previous research shows that individuals who report poorer relationships with their parents and those who avoid turning to others for support are at an increased vulnerability of developing sexual violence/aggression (Manglio, 2012; Nguyen & Parkhill, 2014).

**Procedures:**

If I choose to participate in this project, I will be asked to complete an online survey with demographic questions and surveys about my relationships with others, as well as my attitudes towards sex. I understand that I may review these questionnaires before I decide to participate. I understand that it will take me approximately 50-55 minutes to complete the questionnaires.

**Discomfort, Risks, and Benefits:**

I understand that there is no expected harm from completing these questionnaires. I understand, however, that some of the questions may be viewed as personal and that I can refuse to answer any question(s) and may stop participating at any time. I also understand that some people report that the survey gets them to think about their behaviours, feelings, experiences, and their relationships more deeply than they might do otherwise and that may be a benefit or a risk depending on the nature of my behaviours and relationships. I understand that this study is minimal risk. I understand that by agreeing to this consent form and completing the online surveys that I will be awarded 2% credit bonus towards my psychology course grade.

**Confidentiality:**

I understand that my responses will be completely confidential and that I can skip any question(s) that I am not comfortable answering. I will be given an ID number by the SONA system and that number will be recorded on all data – my name will never be used on the data and my name will not be linked to the data. All data from the questionnaires will be completely anonymous and will be stored in a computer file form using the ID number for identification purposes. This anonymous data will be analyzed by Grishma Dahal and Dr. Scharfe as well as graduate and undergraduate students working in Dr. Scharfe's research lab. The data will be kept for at least five years after publication of the results. All of the data will be used in Grishma Dahal's MSc thesis and any resulting publications. Data will also be used by Dr. Elaine Scharfe for research and teaching

purposes. The data may be presented at conferences and published in journals, chapters, books or other venues.

**Other:**

Participation in this study is completely my choice. I can refuse to answer any question or quit participating at any time and there will be no negative consequences to me whatsoever. If I stop taking part in the study, the information I have given up to the time of my withdrawal will be automatically deleted from the system. If I decide that I wish to withdraw my data after I have completed the study, I can email the researchers to let them know. Once I have completed the study, the data will be completely anonymous (i.e.. the data will not be associated with me). If I have any questions about this study, I can take this opportunity to ask questions now, so that my concerns are addressed to my satisfaction before I agree to participate, by emailing Grishma Dahal ([grishmadahal@trentu.ca](mailto:grishmadahal@trentu.ca); 705-748-1011 ext. 7872) or Dr. Elaine Scharfe ([escharfe@trentu.ca](mailto:escharfe@trentu.ca); 748-1011 ext. 7354).

I agree to participate in this study and I understand that by proceeding I am giving informed consent. If I would like a summary of the results, I know that I must email Grishma Dahal, [grishmadahal@trentu.ca](mailto:grishmadahal@trentu.ca) or Dr. Elaine Scharfe, [escharfe@trentu.ca](mailto:escharfe@trentu.ca) to let them know that I would like to receive this summary when the study is completed (Fall 2018). I understand that if I would like clarification regarding any part of this research, I can contact either researcher. If I have any questions about the ethics approval or considerations, I may contact the Trent Research Ethics Board by either phoning Karen Mauro at 748 1011 x 7050 or e-mailing her at [kmauro@trentu.ca](mailto:kmauro@trentu.ca). I understand that I can ask for a print copy of this consent form for my records.

I have read and given consent to completing the following questionnaire. To confirm that I agree to the consent form, I will click here to proceed.

If you do not wish to participate, do not continue and please close

## Appendix B

### Demographic Form

1. Gender:
  - Female
  - Male
  - Other \_\_\_\_\_
  
2. Age: \_\_\_\_
3. Ethnicity: \_\_\_\_
4. Sexual Orientation:
  - Heterosexual
  - Homosexual
  - Bisexual
  - Pansexual
  - Queer
  - Questioning
  - Asexual
  - Other \_\_\_\_\_
5. Relationship Status:
  - Single, not seeing someone
  - Single, seeing someone
  - In a committed relationship
  - In an open relationship
  - Engaged
  - Married
  - Separated/divorced
  - Widowed
6. Length of this relationship \_\_\_\_\_
  
7. Is this a sexual relationship?
  - Yes
  - No
  
8. Are you currently sexually active? (have had at least one sexual encounter in the past month)?
  - Yes, I have had at least one sexual encounter in the past month
  - No, I have not had at least one sexual encounter in the past month

## Appendix C

Trent Relationship Scales Questionnaire (mother, father, peer and romantic partner)

### T-RSQ (Mother)

Please read each of the following statements and rate the extent to which it describes your feelings about your relationship with your mother or mother figure on the 7-point scale.

Please think about your relationship with your mother past and present, and respond in terms of how you generally feel in this relationship.

1	2	3	4	5	6	7
Not at all like me			somewhat like me			very much like me

- \_\_\_\_\_ 1. I find it difficult to depend on my mother.
- \_\_\_\_\_ 2. It is very important to me to feel independent from my mother.
- \_\_\_\_\_ 3. I find it easy to get emotionally close to my mother.
- \_\_\_\_\_ 4. I worry that I will be hurt if I allow myself to become too close to my mother.
- \_\_\_\_\_ 5. I am comfortable without a close emotional relationship with my mother.
- \_\_\_\_\_ 6. I want to be completely emotionally intimate with my mother.
- \_\_\_\_\_ 7. I worry about being alone.
- \_\_\_\_\_ 8. I am comfortable depending on my mother.
- \_\_\_\_\_ 9. I find it difficult to trust my mother completely.
- \_\_\_\_\_ 10. I am comfortable having my mother depend on me.
- \_\_\_\_\_ 11. I worry that my mother does not value me as much as I value her.
- \_\_\_\_\_ 12. It is very important to me to feel self-sufficient from my mother.
- \_\_\_\_\_ 13. I prefer not to have my mother depend on me.
- \_\_\_\_\_ 14. I am somewhat uncomfortable being close to my mother.
- \_\_\_\_\_ 15. I find that my mother are reluctant to get as close as I would like.
- \_\_\_\_\_ 16. I prefer not to depend on my mother.
- \_\_\_\_\_ 17. I worry about having my mother not accept me.
- \_\_\_\_\_ 18. I tend to let problems build up with my mother before dealing with them.
- \_\_\_\_\_ 19. I would like to spend more time with my mother, but she does not have enough time for me.
- \_\_\_\_\_ 20. It took a long time for me to become close to my mother.
- \_\_\_\_\_ 21. I am affectionate in my relationship with my mother.
- \_\_\_\_\_ 22. I am too busy form a close relationship with my mother.
- \_\_\_\_\_ 23. I tend to be emotionally expressive in my relationship with my mother.
- \_\_\_\_\_ 24. I am honest and open in my relationship with my mother.
- \_\_\_\_\_ 25. I am shy in social situations with my mother.
- \_\_\_\_\_ 26. When I disagree with my mother, I find that she is often defensive.
- \_\_\_\_\_ 27. I do not disclose personal information to my mother.
- \_\_\_\_\_ 28. It is difficult to accept advice from my mother because her views are so different from mine.
- \_\_\_\_\_ 29. I like to deal with conflict with my mother immediately, regardless of how long it takes to resolve the conflict.

- \_\_\_\_\_ 30. I am usually a good judge of how my mother is feeling.
- \_\_\_\_\_ 31. I cry easily with my mother.
- \_\_\_\_\_ 32. I handle conflicts differently with my mother.
- \_\_\_\_\_ 33. I do not express my feelings openly for fear that my mother might disagree with me.
- \_\_\_\_\_ 34. I believe that it is a waste of time to argue/disagree with my mother.
- \_\_\_\_\_ 35. I am comfortable crying in front of my mother.
- \_\_\_\_\_ 36. Many of the problems in my relationship with my mother are primarily my fault.
- \_\_\_\_\_ 37. When I am upset, I go to my mother for comfort or support.
- \_\_\_\_\_ 38. I do not go to my mother when I am upset because I like to deal with problems on my own.
- \_\_\_\_\_ 39. Although I want to be accepted, sometimes I feel like I do not fit in with my mother.
- \_\_\_\_\_ 40. I wish that I could be more open in my relationship with my mother, but I do not know how to change.

### T-RSQ (Father)

Please read each of the following statements and rate the extent to which it describes your feelings about your relationship with your father or father figure on the 7-point scale. Please think about your relationship with your father past and present, and respond in terms of how you generally feel in this relationship.

- |  | 1          | 2 | 3 | 4        | 5 | 6 | 7         |
|--|------------|---|---|----------|---|---|-----------|
|  | Not at all |   |   | somewhat |   |   | very much |
|  | like me    |   |   | like me  |   |   | like me   |
- 
- |       |     |   |
|-------|-----|---|
| _____ | 1.  | I find it difficult to depend on my father.   |
| _____ | 2.  | It is very important to me to feel independent from my father.  |
| _____ | 3.  | I find it easy to get emotionally close to my father.   |
| _____ | 4.  | I worry that I will be hurt if I allow myself to become too close to my father.                                   |
| _____ | 5.  | I am comfortable without a close emotional relationship with my father.   |
| _____ | 6.  | I want to be completely emotionally intimate with my father.  |
| _____ | 7.  | I worry about being alone.  |
| _____ | 8.  | I am comfortable depending on my father.  |
| _____ | 9.  | I find it difficult to trust my father completely.  |
| _____ | 10. | I am comfortable having my father depend on me.   |
| _____ | 11. | I worry that my father does not value me as much as I value them.   |
| _____ | 12. | It is very important to me to feel self-sufficient from my father.  |
| _____ | 13. | I prefer not to have my father depend on me.  |
| _____ | 14. | I am somewhat uncomfortable being close to my father.   |
| _____ | 15. | I find that my father is reluctant to get as close as I would like.   |
| _____ | 16. | I prefer not to depend on my father.  |
| _____ | 17. | I worry about having my father not accept me.   |
| _____ | 18. | I tend to let problems build up with my father before dealing with them.  |
| _____ | 19. | I would like to spend more time with my father, but he does not have enough time for me.                          |
| _____ | 20. | It took a long time for me to become close to my father.  |
| _____ | 21. | I am affectionate in my relationship with my father.  |
| _____ | 22. | I am too busy form a close relationship with my father.   |
| _____ | 23. | I tend to be emotionally expressive in my relationship with my father.  |
| _____ | 24. | I am honest and open in my relationship with my father.   |
| _____ | 25. | I am shy in social situations with my father.   |
| _____ | 26. | When I disagree with my father, I find that he is often defensive.  |
| _____ | 27. | I do not disclose personal information to my father.  |
| _____ | 28. | It is difficult to accept advice from my father because his views are so different from mine.                     |
| _____ | 29. | I like to deal with conflict with my father immediately, regardless of how long it takes to resolve the conflict. |
| _____ | 30. | I am usually a good judge of how my father is feeling.  |
| _____ | 31. | I cry easily with my father.  |



- \_\_\_\_\_ 32. I handle conflicts differently with my father compared to others.
- \_\_\_\_\_ 33. I do not express my feelings openly for fear that my father might disagree with me.
- \_\_\_\_\_ 34. I believe that it is a waste of time to argue/disagree with my father.
- \_\_\_\_\_ 35. I am comfortable crying in front of my father.
- \_\_\_\_\_ 36. Many of the problems in my relationship with my father are primarily my fault.
- \_\_\_\_\_ 37. When I am upset, I go to my father for comfort or support.
- \_\_\_\_\_ 38. I do not go to my father when I am upset because I like to deal with problems on my own.
- \_\_\_\_\_ 39. Although I want to be accepted, sometimes I feel like I do not fit in with my father.
- \_\_\_\_\_ 40. I wish that I could be more open in my relationship with my father, but I do not know how to change.

T-RSQ (Peer)

Please read each of the following statements and rate the extent to which it describes your feelings about close friendships on the 7-point scale. Think about all of your close friendships, past and present, and respond in terms of how you generally feel in these relationships.

1	2	3	4	5	6	7
Not at all			somewhat			very much
like me			like me			like me

- \_\_\_\_\_ 1. I find it difficult to depend on my close friends.
- \_\_\_\_\_ 2. It is very important to me to feel independent from my close friends.
- \_\_\_\_\_ 3. I find it easy to get emotionally close to my close friends.
- \_\_\_\_\_ 4. I worry that I will be hurt if I allow myself to become too close to my friends.
- \_\_\_\_\_ 5. I am comfortable without close emotional relationships with my close friends.
- \_\_\_\_\_ 6. I want to be completely emotionally intimate with my close friends.
- \_\_\_\_\_ 7. I worry about being alone.
- \_\_\_\_\_ 8. I am comfortable depending on my close friends.
- \_\_\_\_\_ 9. I find it difficult to trust my close friends completely.
- \_\_\_\_\_ 10. I am comfortable having my close friends depend on me.
- \_\_\_\_\_ 11. I worry that my close friends do not value me as much as I value them.
- \_\_\_\_\_ 12. It is very important to me to feel self-sufficient from my close friends.
- \_\_\_\_\_ 13. I prefer not to have my close friends depend on me.
- \_\_\_\_\_ 14. I am somewhat uncomfortable being close to my close friends.
- \_\_\_\_\_ 15. I find that my close friends are reluctant to get as close as I would like.
- \_\_\_\_\_ 16. I prefer not to depend on my close friends.
- \_\_\_\_\_ 17. I worry about having my close friends not accept me.
- \_\_\_\_\_ 18. I tend to let problems build up with my close friends before dealing with them.
- \_\_\_\_\_ 19. I would like to spend more time with my close friends, but they do not have enough time for me.
- \_\_\_\_\_ 20. It takes a long time for me to become close to someone new.
- \_\_\_\_\_ 21. I am affectionate in my relationships with my close friends.
- \_\_\_\_\_ 22. I am too busy for many close friendships.
- \_\_\_\_\_ 23. I tend to be emotionally expressive in my relationships with my close friends.
- \_\_\_\_\_ 24. I am honest and open in my relationships with my close friends.
- \_\_\_\_\_ 25. I am shy in social situations with my close friends.
- \_\_\_\_\_ 26. When I disagree with my close friends, I find that they are often defensive.
- \_\_\_\_\_ 27. I do not disclose personal information to friends that I am close to.
- \_\_\_\_\_ 28. It is difficult to accept advice from my close friends because their views are so different from mine.
- \_\_\_\_\_ 29. I like to deal with conflict with my close friends immediately, regardless of how long it takes to resolve the conflict.
- \_\_\_\_\_ 30. I am usually a good judge of how my close friends are feeling.

- \_\_\_\_\_ 31. I cry easily with my close friends.
- \_\_\_\_\_ 32. I handle conflicts with my close friends differently depending on the issues and the people involved.
- \_\_\_\_\_ 33. I do not express my feelings openly with my close friends for fear that someone might disagree with me.
- \_\_\_\_\_ 34. I believe that it is a waste of time to argue/disagree with my close friends.
- \_\_\_\_\_ 35. I am comfortable crying in front of my close friends.
- \_\_\_\_\_ 36. Many of the problems in my relationships with my close friends are primarily my fault.
- \_\_\_\_\_ 37. When I am upset, I go to my close friends for comfort or support.
- \_\_\_\_\_ 38. I do not go to my close friends when I am upset because I like to deal with problems on my own.
- \_\_\_\_\_ 39. Although I want to be accepted, sometimes I feel like I do not fit in with my close friends.
- \_\_\_\_\_ 40. I wish that I could be more open with my close friends, but I do not know how to change.

Note. Researchers wishing to use the following survey must obtain written consent from Dr. Elaine Scharfe (escharfe@trentu.ca)

### T-RSQ (Romantic Partner)

Please read each of the following statements and rate the extent to which it describes your feelings about your current romantic relationship on the 7-point scale. If you are not currently in a romantic relationship, please think about past relationships or skip to the next questionnaire.

- |  | 1          | 2 | 3 | 4        | 5 | 6 | 7         |
|--|------------|---|---|----------|---|---|-----------|
|  | Not at all |   |   | somewhat |   |   | very much |
|  | like me    |   |   | like me  |   |   | like me   |
- 
- \_\_\_\_\_ 1. I find it difficult to depend on my romantic partner.
  - \_\_\_\_\_ 2. It is very important to me to feel independent from my romantic partner.
  - \_\_\_\_\_ 3. I find it easy to get emotionally close to my romantic partner.
  - \_\_\_\_\_ 4. I worry that I will be hurt if I allow myself to become too close to my romantic partner.
  - \_\_\_\_\_ 5. I am comfortable without a close emotional relationship with my romantic partner.
  - \_\_\_\_\_ 6. I want to be completely emotionally intimate with my romantic partner.
  - \_\_\_\_\_ 7. I worry about being alone.
  - \_\_\_\_\_ 8. I am comfortable depending on my romantic partner.
  - \_\_\_\_\_ 9. I find it difficult to trust my romantic partner completely.
  - \_\_\_\_\_ 10. I am comfortable having my romantic partner depend on me.
  - \_\_\_\_\_ 11. I worry that my romantic partner do not value me as much as I value him/her.
  - \_\_\_\_\_ 12. It is very important to me to feel self-sufficient from my romantic partner.
  - \_\_\_\_\_ 13. I prefer not to have my romantic partner depend on me.
  - \_\_\_\_\_ 14. I am somewhat uncomfortable being close to my romantic partner.
  - \_\_\_\_\_ 15. I find that my romantic partner is reluctant to get as close as I would like.
  - \_\_\_\_\_ 16. I prefer not to depend on my romantic partner.
  - \_\_\_\_\_ 17. I worry about having my romantic partner not accept me.
  - \_\_\_\_\_ 18. I tend to let problems build up with my romantic partner before dealing with them.
  - \_\_\_\_\_ 19. I would like to spend more time with my romantic partner, but he/she does not have enough time for me.
  - \_\_\_\_\_ 20. It took a long time for me to become close to my romantic partner.
  - \_\_\_\_\_ 21. I am affectionate in my relationship with my romantic partner.
  - \_\_\_\_\_ 22. I am too busy for my romantic partner.
  - \_\_\_\_\_ 23. I tend to be emotionally expressive in my romantic relationship.
  - \_\_\_\_\_ 24. I am honest and open in my romantic relationships.
  - \_\_\_\_\_ 25. I am shy in social situations with my romantic partner.
  - \_\_\_\_\_ 26. When I disagree with my romantic partner, I find that he/she is often defensive.
  - \_\_\_\_\_ 27. I do not disclose personal information to my romantic partner.

- \_\_\_\_\_ 28. It is difficult to accept advice from my romantic partner because his/her views are so different from mine.
- \_\_\_\_\_ 29. I like to deal with conflict with my romantic partner immediately, regardless of how long it takes to resolve the conflict.
- \_\_\_\_\_ 30. I am usually a good judge of how my romantic partner is feeling.
- \_\_\_\_\_ 31. I cry easily with my romantic partner.
- \_\_\_\_\_ 32. I handle conflicts differently with my romantic partner.
- \_\_\_\_\_ 33. I do not express my feelings openly with my romantic partner for fear that he/she might disagree with me.
- \_\_\_\_\_ 34. I believe that it is a waste of time to argue/disagree with my romantic partner.
- \_\_\_\_\_ 35. I am comfortable crying in front of my romantic partner.
- \_\_\_\_\_ 36. Many of the problems in my relationships with my romantic partner are primarily my fault.
- \_\_\_\_\_ 37. When I am upset, I go to my romantic partner for comfort or support.
- \_\_\_\_\_ 38. I do not go to my romantic partner when I am upset because I like to deal with problems on my own.
- \_\_\_\_\_ 39. Although I want to be accepted, sometimes I feel like I do not fit in with my romantic partner.
- \_\_\_\_\_ 40. I wish that I could be more open with my romantic partner, but I do not know how to change.

## Appendix D

### My Memories of Upbringing (EMBU) Questionnaire

This questionnaire lists various parenting behaviours. Please read each of the following statements and rate the extent to which it describes your feelings about your **MOTHER** on the 4-point scale.

- |       | 1         | 2   | 3          | 4                     |
|-------|-----------|---|------------|-----------------------|
|       | No, never | Yes, but seldom   | Yes, often | Yes, most of the time |
| _____ | 1.        | It happened that my mother was sour or angry with me without letting me know the cause.   |            |                       |
|       | 2.        | My mother praised me.   |            |                       |
| _____ | 3.        | It happened that I wished my mother would worry less about what I was doing.  |            |                       |
|       | 4.        | It happened that my mother gave me more corporal punishment than I deserved.  |            |                       |
| _____ | 5.        | When I came home, I then had to account for what I had been doing, to my mother.  |            |                       |
| _____ | 6.        | I think that my mother tried to make my adolescence stimulating, interesting and instructive (for instance by giving me good books, arranging for me to go on camps, taking me to clubs). |            |                       |
| _____ | 7.        | My mother criticized me and told me how lazy and useless I was in front of others.  |            |                       |
| _____ | 8.        | It happened that my mother forbade me to do things other children were allowed to do because she was afraid that something might happen to me.  |            |                       |
| _____ | 9.        | My mother tried to spur me to become the best   |            |                       |
| _____ | 10.       | My mother would look sad or in some other way show that I had behaved badly so that I got real feelings of guilt.   |            |                       |
| _____ | 11.       | I think that my mother's anxiety that something might happen to be was exaggerated.   |            |                       |
| _____ | 12.       | If things went badly for me, I then felt that my mother tried to comfort and encourage me   |            |                       |
|       | 13.       | I was treated as the 'black sheep' or 'scapegoat' of the family.  |            |                       |
|       | 14.       | My mother showed with words and gestures that she liked me.   |            |                       |
| _____ | 15.       | I felt that my mother liked my brother(s) and/or sister(s) more than she liked me.  |            |                       |
|       | 16.       | My mother treated me in such a way that I felt ashamed.   |            |                       |
| _____ | 17.       | I was allowed to go where I liked without my mother caring too much.  |            |                       |
|       | 18.       | I felt that my mother interfered with everything I did.   |            |                       |
|       | 19.       | I felt that warmth and tenderness existed between me and my mother.   |            |                       |
| _____ | 20.       | My mother put decisive limits for what I was and not allowed to do, to which they adhered rigorously.   |            |                       |
|       | 21.       | My mother would punish me hard, even for trifles (small offenses).  |            |                       |
| _____ | 22.       | My mother wanted to decide how I should be dressed or how I should look.  |            |                       |

\_\_\_\_\_ 23. I felt that my mother was proud when I succeeded in something I had undertaken.

This questionnaire lists various parenting behaviours. Please read each of the following statements and rate the extent to which it describes your feelings about your **FATHER** on the 4-point scale.

1	2	3	4
No, never	Yes, but seldom	Yes, often	Yes, most of the time

- \_\_\_\_\_ 1. It happened that my father was sour or angry with me without letting me know the cause.
- \_\_\_\_\_ 2. My father praised me.
- \_\_\_\_\_ 3. It happened that I wished my father would worry less about what I was doing.
- \_\_\_\_\_ 4. It happened that my father gave me more corporal punishment than I deserved.
- \_\_\_\_\_ 5. When I came home, I then had to account for what I had been doing, to my father.
- \_\_\_\_\_ 6. I think that my father tried to make my adolescence stimulating, interesting and instructive (for instance by giving me good books, arranging for me to go on camps, taking me to clubs).
- \_\_\_\_\_ 7. My father criticized me and told me how lazy and useless I was in front of others.
- \_\_\_\_\_ 8. It happened that my father forbade me to do things other children were allowed to do because they were afraid that something might happen to me.
- \_\_\_\_\_ 9. My father tried to spur me to become the best.
- \_\_\_\_\_ 10. My father would look sad or in some other way show that I had behaved badly so that I got real feelings of guilt.
- \_\_\_\_\_ 11. I think that my father's anxiety that something might happen to be was exaggerated.
- \_\_\_\_\_ 12. If things went badly for me, I then felt that my father tried to comfort and encourage me.
- \_\_\_\_\_ 13. I was treated as the 'black sheep' or 'scapegoat' of the family.
- \_\_\_\_\_ 14. My father showed with words and gestures that he liked me.
- \_\_\_\_\_ 15. I felt that my father liked my brother(s) and/or sister(s) more than he liked me.
- \_\_\_\_\_ 16. My father treated me in such a way that I felt ashamed.
- \_\_\_\_\_ 17. I was allowed to go where I liked without my father caring too much.
- \_\_\_\_\_ 18. I felt that my father interfered with everything I did.
- \_\_\_\_\_ 19. I felt that warmth and tenderness existed between me and my father.
- \_\_\_\_\_ 20. My father put decisive limits for what I was and not allowed to do, to which they adhered rigorously.
- \_\_\_\_\_ 21. My father would punish me hard, even for trifles (small offences).

- \_\_\_\_\_ 22. My father wanted to decide how I should be dressed or how I should look.
- \_\_\_\_\_ 23. I felt that my father was proud when I succeeded in something I had undertaken.



## Appendix E

### Adverse Childhood Experiences Questionnaire

For the following questions, please respond to them with either a yes or a no

*During your first 18 years of life:*

- \_\_\_\_\_ 1. Did you live with anyone who was a problem drinker or an alcoholic?
- \_\_\_\_\_ 2. Did you live with anyone who used street drugs?
- \_\_\_\_\_ 3. Was anyone in your household depressed or mentally ill?
- \_\_\_\_\_ 4. Did anyone in your household attempt to commit suicide?
- \_\_\_\_\_ 5. Were your parents ever separated or divorced?
- \_\_\_\_\_ 6. Did anyone in your household ever go to prison?
- \_\_\_\_\_ 7. Touch or fondle your body in a sexual way?
- \_\_\_\_\_ 8. Have you touch their body in a sexual way?
- \_\_\_\_\_ 9. Attempt to have any type of sexual intercourse (oral, anal or vaginal) with you?
- \_\_\_\_\_ 10. Actually have any type of sexual intercourse with you (oral, anal, or vaginal) with you?

For the following questions, please rate them on the following the 5-point scale

- |       |               |           |       |            |
|-------|---------------|-----------|-------|------------|
| 1     | 2             | 3         | 4     | 5          |
| Never | Once or twice | Sometimes | Often | Very often |

*Sometimes parents or other adults hurt children. While you were growing up, during your first 18 years of life, how often did a parent, stepparent, or adult living in your home:*

- \_\_\_\_\_ 11. Swear at you, insult you, or put you down?
- \_\_\_\_\_ 12. Act in a way that made you afraid that you might be physically hurt?
- \_\_\_\_\_ 13. Actually push, grab, shove, slap you or throw something at you?
- \_\_\_\_\_ 14. Hit you so hard that you had marks or were injured

*Sometimes physical blows occur between parents. While you were growing up in your first 18 years of life, how often did your father (or stepfather) or mother's boyfriend do any of these things to your mother (or stepmother)?*

- \_\_\_\_\_ 15. Push, grab, slap or throw something at her?
- \_\_\_\_\_ 16. Kick, bite, hit her over at least a few minutes?
- \_\_\_\_\_ 17. Repeatedly hit her over at least a few minutes?
- \_\_\_\_\_ 18. Threaten her with a knife or gun, or use a knife or gun to hurt her?

For the following questions, please rate them on the following 5-point scale

1	2	3	4	5
Never True	Rarely True	Sometimes true	Often true	Very often

*While you were growing up, during your first 18 years of life:*

- \_\_\_\_\_ 19. You didn't have enough to eat.
- \_\_\_\_\_ 20. You know there was someone to take care of you and protect you.
- \_\_\_\_\_ 21. Your parents were too drunk or high to take of the family.
- \_\_\_\_\_ 22. You had to wear dirty clothes.
- \_\_\_\_\_ 23. There was someone to take you to the doctor if you needed it.
- \_\_\_\_\_ 24. There was someone in your family who helped you to feel important or special.
- \_\_\_\_\_ 25. You felt loved.
- \_\_\_\_\_ 26. People in your family looked out for each other.
- \_\_\_\_\_ 27. People in your family felt close to each other.
- \_\_\_\_\_ 28. Your family was a source of strength and support.



## Appendix G

### Sexual Beliefs Scale

Below is a list of statements regarding sexual attitudes. Using the scale below, indicate how much you agree or disagree with each statement. There are no right or wrong answers, only options.

	0	1	2	3
	Disagree Strongly	Disagree Midly	Agree Midly	Agree Strongly
_____	1.	Guys should dominate girls in bed.		
_____	2.	Even if a man really wants sex, he shouldn't do it if the girl doesn't want to.		
_____	3.	Girls who are teased deserve what they get.		
_____	4.	By being dominated, girls get sexually aroused.		
_____	5.	A little force really turns a girl on.		
_____	6.	It's a girl's right to refuse sex at any time.		
_____	7.	Girls usually say No even when they mean yes.		
_____	8.	When a girl gets a guy obviously aroused and then says No, he has the right to force sex on her.		
_____	9.	Girls really want to be manhandled.		
_____	10.	Men should decide what should happen during sex.		
_____	11.	A man is justified in forcing a woman to have sex if she leads him on.		
_____	12.	A man's masculinity should be proven in sexual situations.		
_____	13.	Girls generally want to be talked into having sex.		
_____	14.	Girls think it is exciting when guys use a little force on them.		
_____	15.	A guy should respect a girl's wishes if she says No.		
_____	16.	The man should not be the one who dictates what happens during sex.		
_____	17.	Girls say No so that guys don't lose respect for them.		
_____	18.	Feeling dominated gets girls excited.		
_____	19.	A girl who leads a guy to believe she wants sex when she really doesn't deserves whatever happens.		
_____	20.	Women often say No because they don't want me to think they're easy.		
_____	21.	When girls say No, guys should stop.		
_____	22.	During sex, guys should be in control.		
_____	23.	When a girl toys with a guy, she deserves whatever happens to her.		
_____	24.	Girls just say No so as not to look promiscuous.		
_____	25.	At any point, a woman always has the right to say No.		
_____	26.	Guys should have the power in sexual situations.		
_____	27.	Women really get turned on by men who let them know who's boss.		
_____	28.	Girls just say No to make it see like they're nice girls.		
_____	29.	Girls who tease guys should be taught a lesson.		
_____	30.	The man should be in control of the sexual situation.		
_____	31.	Girls who act like they want sex deserve it when the guy follows through.		

- \_\_\_\_\_ 32. Even if a man is aroused, he doesn't have the right to force himself on a woman.
- \_\_\_\_\_ 33. Girls who lead guys on deserve what they get.
- \_\_\_\_\_ 34. If a woman says No, a man has no right to continue.
- \_\_\_\_\_ 35. Men should exercise their authority over women in sexual situations.
- \_\_\_\_\_ 36. When girls say No, they often mean Yes.
- \_\_\_\_\_ 37. It really arouses girls when guys dominate them in bed.
- \_\_\_\_\_ 38. If a girl doesn't want sex, the guy has no right to do it.
- \_\_\_\_\_ 39. Girls who act seductively really want sex, even if they don't admit it.
- \_\_\_\_\_ 40. Girls like it when guys are a little rough with them.



## Appendix I

### Feedback Form

**Title:** I know you want it: an exploration of attachment influences on attitudes towards non-consensual sex

**Student researcher:** Grishma Dahal, Department of Psychology, 705-748-1011 x 7872, LHS C131

**Faculty advisor:** Elaine Scharfe, PhD., Department of Psychology, 705-748-1011 x 7354, LHS C130

### Participant Feedback

The purpose of this study is to explore the associations between your childhood experiences, views of your close relationships and your views towards non-consensual sex. Previous research indicates that individuals who report poor relationships with their parents and those that avoid turning to others for support are at an increased vulnerability of developing sexual violence/aggression (Manglio, 2012; Nguyen & Parkhill, 2014)

### Suggested Readings

- Bartholomew, K., & Horowitz, L. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology*, *61*, 226-244.
- Grady, M.D., Levenson, J.S., & Bolder, T. (2016). Linking Adverse Childhood Effects and Attachment: A Theory of Etiology for Sexual Offending. *Trauma, Violence & Abuse*.
- Scharfe, E. & Eldredge, D. (2001). Associations between attachment representations and health behaviours in late adolescence. *Journal of Health Psychology*, *6*(3), 295-307.
- Seto, M., Lalumière, M., & Hinshaw, Stephen P. (2010). What is so special about male adolescent sexual offending? A Review and Test of Explanations Through Meta Analysis. *Psychological Bulletin*, *136*(4), 526-575.

If you have any questions about this study, the readings, or would like a summary of the findings (available August 2018) please email Grishma Dahal ([grishmadahal@trentu.ca](mailto:grishmadahal@trentu.ca)) or Dr. Elaine Scharfe ([escharfe@trentu.ca](mailto:escharfe@trentu.ca)). If you have any problems or concerns as a result of your participation in this study, please contact Trent Research Ethics Board by either phoning Karen Mauro at 705-748-1011 x 7050 or e-mailing her at [kmauro@trentu.ca](mailto:kmauro@trentu.ca).

If you have experienced any distress while completing the study, personal counselling is available to all students through the Counselling Centre. Many students seek support for specific concerns related to anxiety, depression, grief, and relationship challenges. Other students come to the Centre with less clearly defined difficulties such as low motivation, poor self-image/esteem, stress, loneliness and adjustment issues, all of which can seriously interfere with one's daily functioning and academic performance. Through discussion and goal-setting, counsellors can help students to more fully understand themselves, their concerns and to learn effective coping strategies. A few sessions of

individual counselling are often sufficient to find a solution or at least to view the problem from a more manageable perspective. The opportunity to speak freely about one's concerns in a confidential and non-judgemental atmosphere can provide a source of comfort and relief. Relevant referrals within the Trent and Peterborough communities can be arranged as appropriate. Group therapy and workshops on selected topics are offered throughout the year. Limited psychiatric services are also provided. To book an appointment, please call (705) 748-1386 or drop by Blackburn Hall, Suite 113.

Counselling Centre

Web:

[www.trentu.ca/counselling](http://www.trentu.ca/counselling)

Blackburn Hall, Suite 113

Office Hours: Monday -

Friday

Telephone: (705) 748-1386 Fax: 705: 748-1137

9:00-12:00, 1:00-4:00

E-mail: [counselling@trentu.ca](mailto:counselling@trentu.ca)

Please phone ahead

for an appointment.

**Below are several non-university resources that may also be helpful if you have experienced any distress while completing the study.**

1. Kawartha Sexual Assault Centre: <http://www.kawarthasexualassaultcentre.com/>
2. Telecare Distress Centre: <http://www.telecarepeterborough.org/>
3. Kids Help Phone: [www.kidshelpphone.ca](http://www.kidshelpphone.ca)
4. Canadian Mental Health Association: [www.ontario.cmha.ca](http://www.ontario.cmha.ca)
5. Telehealth Ontario: This is a confidential phone service, where you can talk to a Registered Nurse for free 24 hours a day, 7 days a week. Phone Number: 1-866-797-0000
6. John Howard Society of Canada: <http://www.johnhoward.ca/>
7. Elizabeth Fry Society of Canada: <http://www.elizabethfry.ca/>
8. Peterborough Public Health: <http://www.peterboroughpublichealth.ca>