Associations between childhood sexual abuse, substance use and body image.

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Foreword and Acknowledgement

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Abstract

Childhood sexual abuse is a very serious but fairly common offense. It is defined as touching and/or non-touching activity, performed by adult or older child. Research has found that childhood sexual abuse can affect adolescent’s substance use. Also has been found that sexual abuse is associated with lower body image. The main purpose of the current study was to investigate the associations between childhood sexual abuse, body image and substance use among adolescents. The possible mediating and moderating effect of body image was also examined. The Icelandic Centre for Social Research and Analysis (ICSRA) collected data for this study as part of their research “Youth in Iceland 2004”. Participants were 9,113 students from 30 secondary schools all around Iceland at the age of 16 and 19 years. The results show that sexual abuse is associated with more substance use and lower body image. The findings also indicate that low body image is associated with more substance use. However, body image had neither mediating nor moderating effect on the relationship between sexual abuse and substance use.

Key words: sexual abuse, substance use, body image, adolescents.

Abstract – Icelandic


Lykilorð: kynferðisleg misnotkun, vímuefnanesla, líkamsímynd, unglinnar
Associations between childhood sexual abuse, substance use and body image.

Childhood sexual abuse is a very serious but fairly common offense. It affects significant number of both girls and boys and it is suspected that only few of the cases are disclosed and investigated (Nurcombe, 2000). Females are approximately three times likelier to experience childhood sexual abuse than males (Gault-Sherman, Silver, & Sigfúsdóttir, 2009). Child sexual abuse is defined as touching and/or non-touching activity, performed by adult or older child (Robinson, Mills, & Strickland, 2011). Examples of touching activity are fondling and forcing intercourse. It also consist of no-touching activity that includes permitting children to watch pornography, witness sexual intercourse, inappropriately watching a child undress or use the bathroom, exposing an adult genitals to a child, photographing a child in sexual poses and/or promoting sexual activity of children (Robinson et al., 2011).

Experiencing sexual abuse in childhood can be traumatic, and it can have a very dramatic impact on the victim's life. Studies have shown that those who suffer sexual abuse in childhood are more likely to suffer other types of abuse later in life (Paul E. Mullen & Fleming, n.d.; Mullen, Martin, Anderson, Romans, & Herbison, 1996).

Child sexual abuse can cause serious mental health problems, physical disturbance, low body image, substance use and variety of psychological problems (Barry & Petry, 2009; Bergen, Martin, Richardson, Allison, & Roeger, 2004; Black, Sussman, Unger, Pokhrel, & Sun, 2010; Jarvis, Copeland, & Walton, 1998; Palmqvist & Santavirta, 2006; Thompson & Smolak, 2001; Wild, Flisher, Bhana, & Lombard, 2004). The seriousness of trauma that occur in sexual abuse depends on several factors, that include the duration of the abuse, if the perpetrator was a close family member or not, if the abuse involves penetration and/or contained aggressiveness or not (Browne & Finkelhor, 1987). Study by Martha, Eric and Inga Dóra suggested that severity of the abuse matter more for females than males (2009).
It is very common that the perpetrator is someone in the child’s family or someone they know but the closer the perpetrator is, the more impact it can have on victim’s life. (Ashcroft, Daniels, & Hart, n.d.; Browne & Finkelhor, 1987; Mullen, Martin, Anderson, Romans, & Herbison, 1996; Robinson et al., 2011).

The relationship between sexual abuse in childhood, and substance use has been examined by many academics (Bergen, Martin, Richardson, Allison, & Roeger, 2004; Patricia A. Harrison, Fulkerson, & Beebe, 1997; Jarvis, Copeland, & Walton, 1998). A cross-sectional study of 7.361 students at the age 13 to 15 years from South Australia was conducted with a questionnaire including questions on sexual abuse and on frequents and severity of substance use (Bergen et al., 2004). The results indicated that childhood sexual abuse was a risk factor for substance use among both girls and boys (Bergen et al., 2004). Similar results can also be found in a study by Harrison, Jayne and Timothy (1997). They examined the relationship between substance use and history of sexual abuse and their results indicated that victims of sexual abuse had higher likelihood of substance use, both girls and boys (Patricia A. Harrison et al., 1997).

There are many possible explanations for the relationship between substance use and child sexual abuse (Patricia Ann Harrison, Hoffmann, & Edwall, 1989; Paone, Chavkin, Willets, Friedmann, & Jarlais, 1992). Paone et al (1992) has suggested that women use drugs as self-medication to copy with the trauma caused by the abuse. Harrison, Hoffman and Edwall (1989) found that adolescent sexually abused girls, reported more regular use of sedative drugs compared to non-sexual abused girls, and they suggested that this could be to numb the pain and trauma that followed the abuse.
Studies have also found that child sexual abuse can have huge impact on body image among adolescents (Young, 1992). During the abuse the positive relationship towards the body can be impaired because of severe breach of the body’s physical boundaries. Moreover, the body is often connected to memories toward the abuse and that can lead to poor body image (Young, 1992). Study conducted in 2012 explored the relationship between body image and childhood sexual abuse in patients with posttraumatic stress disorder (PTSD) (Dyer et al., 2013). In the patients group there were 84 females that had been diagnosed with PTSD and the control group consisted of 53 female’s, which had not been diagnosed with PTSD. All participants had body image problems. The results of the study indicated that patients with PTSD after childhood sexual abuse reported more negative body image versus the control group (Dyer et al., 2013). Similar results can be found in a study by Kearney and Ackard (1999). They found that females that had been sexually abused reported more body dissatisfaction and less satisfaction with themselves and therefore had more negative body image than those who had not been sexually abused (Kearney-Cooke & Ackard, 1999). Studies have also found that girls reported more negative body image than boys, irrespective of sexual abuse (Asgeirsdottir, Ingolfsdottir, & Sigfusdottir, 2012).

A cross-sectional national study conducted in 2012 evaluated trends in body image among 14 to 15 years Icelandic adolescents from 1997 to 2010 (Asgeirsdottir et al., 2012). The results indicated that body image is improving significantly over the 13-year period, but girls reported more negative body image than boys at all time points (Asgeirsdottir et al., 2012).

Adolescents who have low body image i.e. are not happy about their looks and consider themselves as unattractive are likely to use substance to fit in with their peers (Nieri, Kulis, Keith, & Hurdle, 2005). Children and adolescents who dislike their
body image and think that their peers hold similar opinions about them may express their feelings by using substance, both in order to feel better about themselves and to be approved by their peers (French, Story, Downes, Resnick, & Blum, 1995).

Studies have also found gender difference in substance use among adolescents with low body image (Palmqvist & Santavirta, 2006; Wild et al., 2004). Wild et al. (2004) concluded that low body image among girls was associated with an increased risk of cigarette smoking and drug use but there was no such association among boys. These findings suggest that girls react more negatively when they gain weight, body fat or when they feel unattractive (Wild et al., 2004). Palmqvist and Santavirta (2006) found in their study similar results, that dissatisfaction with body image seems to relate to substance use. The findings also indicated that girls were more dissatisfied with their body appearance and image and had more negative self-image than boys (Palmqvist & Santavirta, 2006).

Sometimes body image is considered to be a part of self-esteem (Patton & Noller, 1994). Therefore it would be interesting to examine body image as moderator and mediator for the effect of sexual abuse on various outcomes. Study conducted in 2010 indicated that self-esteem mediated the effects of parental support, attitudes towards school and sport participation on depressed mood and anger among sexually abused individuals (Asgeirsdottir, Gudjonsson, Sigurdsson, & Sigfusdottir, 2010). The results also indicated that self-esteem interacted with sexual abuse in its effects on both depressed mood and anger among sexually abused individuals (Asgeirsdottir et al., 2010).

Because of the above shown results on the association between sexual abuse, substance use and body image it is important to examine this relationship further. Therefore, present study examined the association between childhood sexual abuse,
body image and substance use as well as the possible moderating and mediating effect of body image on the relationship. It is hypothesized that; 1) Those who have been sexually abused consume more substances than those who have not been sexually abused, 2) those who have been sexually abuse have lower body image than those who have not been sexually abused and 3) those who have low body image use more substances than those with high body image. Two exploratory hypotheses were presented, 1) that body image is mediating the effect of sexual abuse on substance use and 2) there are interaction effects between sexual abuse and body image on substance use.

Method
Participants

The Icelandic Centre for Social Research and Analysis (ISCRA) collected the data for the present study in October 2004 as a part of their national research program of surveys called Youth in Iceland (Kristjánsson, Guðmundsdóttir, Pálsdóttir, Sigfúsdóttir, & Sigfússon, 2008). All those students who were in school on the day the questionnaire was submitted, participated in the study. Participants younger than 18 years and did not get their parent’s permission to participate in the survey were excluded from the study along with students who did not speak Icelandic. Valid questionnaires were obtained from 9,113 participants from 30 secondary schools all around Iceland, 48.6% boys (N = 4,433), 51% girls (N = 4,652) and 0.3% (N = 28) did not provide their gender. Participant’s age was between 16 and 19 years and the mean age was 17.19.

Procedure

The study was conducted by The Icelandic Centre for Social Research and Analysis (ISCRA). The questionnaire was sent to all secondary schools in Iceland and
was submitted by schoolteachers. Every student attending the classroom on the day
the survey was submitted was asked to participate. E-mail with information about the
survey was sent to parents of students under the age of 18 and parents were asked for
permission for their child to participate in the survey. If parents did not reply to the e-
mail, it was assumed that they had given passive parental consent. The study was
anonymous and the teacher informed the students that they should neither write their
name nor identification number on the questionnaires. Participants were informed that
they could withdraw from the participation at any time if they wanted. When the
students had finished answering the questionnaire, they were asked to put it in closed
envelope and hand it over to their teacher.

Measures

In this study, 11 questions and one scale were used from the original study to
test the hypotheses (see Appendix A). The chosen questions measured the following
demographic variables; age, sex, sexual abuse, substance use and body image.

Age: The age of the sample was between 16 and 19 years and the mean age
was 17.19.

Gender: The sample contains of 48.6% boys (N = 4.433), 51% girls (N =
4.652) and 0.3% (N = 28) did not provide their gender.

Sexual abuse: Five questions were used to measure sexual abuse. The
questions were introduced as follows: Sometimes people are persuaded, pressed or
forced to participate in sexual activities they cannot protect themselves from. The next
questions are about such situation. Have you ever experienced any of the following
against your will and how old were you?: (1) “Somebody exposed him/herself
indecently towards you,” (2) “Somebody touched your body, excluding genitals, in an
indecent way,” (3) “Somebody touched your genitals,” (4) “Somebody persuaded,
pressed or forced you to touch his/her genitals” and (5) “Somebody persuaded you, pressed or forced you to have intercourse”. The response to each statement were as follow; “never”, “12 years or younger”, “13 years old”, “14 years old”, “15 years old”, “16 years old”, “17 years old”, “18 years of older”. If participants answered “no” to all five statements, they were coded as 0 (no sexual abuse) and if they answered “yes” to any of the five statements, they were coded as 1 (sexually abused).

**Substance use:** Four questions about substance use measured how often adolescents had consumed alcohol, cigarette and sedative or hypnotic. The questions were as follow: “How often have you smoked cigarettes in your life?”, “How often have you had a drink of alcohol of any kind in your life?”, “How many times have you been drunk?” and “How often have you consumed sedative or hypnotic?”. Possible responses to each question were: “never”, “1-2 times”, “3-5 times”, “6-9 times”, 10-19 times”, “20-39” and “40 times or more”.

**Body image:** The body image scale consisted of five questions from the Body and Self-Image subscale of the Offer Self-Image Questionnaire (OSIQ) (Patton & Noller, 1994). The OSIQ is a widely used, self-report inventory, measuring the psychological adjustment of adolescents (Patton & Noller, 1994). The OSIQ instrument has a high reliability (Cronback’s Alpha = .77). The questions that were used were translated to Icelandic and were all related to how the adolescents felt about their body, physical appearance and physical health. The questions were as follows; “When I think about how I will look in the future, I´m happy”, “I often feel ugly or unattractive”, “I´m happy with my body”, “I´m happy with the physical changes that have occurred in recent years” and “I feel strong and healthy”. Possible responses to each question were: “Describes me very well”, “Describes me quite well”, “Describes me well enough” and “Does not describe me at all”. Four items
were reversed, recoded and all five items were combined into a scale, ranging from 5 to 20, with higher scores reflecting more positive body image. The scale was then recoded into either “low” or “high” where scores from 5-13 reflected low body image and scores from 14-20 reflected high body image.

**Statistical analysis**

Descriptive statistic was conducted for sexual abuse, body image, age and substance use to see the distribution of frequency. Then correlation was made between all variables, sexual abuse and substance variables, sexual abuse and body image and body image and substance variables to see if there were significant relationship between these variables. One-way ANOVA was conducted to test for main effects between sexual abuse and substance use and also between body image and substance use. Two-way ANOVA was conducted to examine the interaction between body image and sexual abuse on substance use, to see if body image moderated the effect of sexual abuse on substance use. Two-way ANOVA was also conducted to see if body image mediated the effect of sexual abuse on substance use.

**Results**

**Descriptive results**

Descriptive statistics for variables used in the study are shown in Table 1 and Table 2. Table 1 shows the distribution of response to age, body image and sexual abuse. The average age of participants was 17.19 years and nearly 8% had suffered sexual abuse. Most respondents or 59.4% reported relatively high body image and 40.6% reported low body image.
Table 1.

Descriptive statistics for sexual abuse, body image and age.

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suffered sexual abuse</td>
<td>691</td>
<td>7.6%</td>
</tr>
<tr>
<td>Not suffered sexual abuse</td>
<td>7612</td>
<td>83.5%</td>
</tr>
<tr>
<td>Total</td>
<td>8303</td>
<td>91.1%</td>
</tr>
<tr>
<td>Body image</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low body image</td>
<td>3698</td>
<td>40.6%</td>
</tr>
<tr>
<td>High body image</td>
<td>5415</td>
<td>59.4%</td>
</tr>
<tr>
<td>Total</td>
<td>9113</td>
<td>100%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>3331</td>
<td>36.6%</td>
</tr>
<tr>
<td>17</td>
<td>2370</td>
<td>26%</td>
</tr>
<tr>
<td>18</td>
<td>1805</td>
<td>19.8%</td>
</tr>
<tr>
<td>19</td>
<td>1607</td>
<td>17.6%</td>
</tr>
<tr>
<td>Total</td>
<td>9113</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 2 shows the distribution of responses to the following questions regarding substance use. The majority of participants had consumed any of the following substance sometime over the lifetime, whether they had tried it ones or more than 40 times. Only a minority had never tried these drugs except for sedative or hypnotic, 87.2% had never consumed that substance. The substance that had been most consumed over 40 times was alcohol of any type (37.7%) and cigarettes smoking (24.8%)

Table 3.

Descriptive statistics for substance variables used in the study.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>1-2 times</th>
<th>3-5 times</th>
<th>6-9 times</th>
<th>10-19 times</th>
<th>20-39 times</th>
<th>40 times or often</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoked cigarettes</td>
<td>41.8%</td>
<td>10.1%</td>
<td>6.3%</td>
<td>4.5%</td>
<td>5.9%</td>
<td>5.1%</td>
<td>24.8%</td>
<td>98%</td>
</tr>
<tr>
<td>Sedative or hypnotic</td>
<td>87.2%</td>
<td>5.9%</td>
<td>1.8%</td>
<td>1.1%</td>
<td>0.7%</td>
<td>0.3%</td>
<td>0.8%</td>
<td>97.9%</td>
</tr>
</tbody>
</table>
More questions related to substance use were examined but only those questions that had significant correlation with body image and sexual abuse were used.

Table 3 shows how many participants had suffered sexual abuse divided by gender. Of all participants 689 had suffered sexual abuse, 115 were boys and 574 where girls.

Table 3

<table>
<thead>
<tr>
<th></th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual abuse</td>
<td>No</td>
<td>Yes</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>3.775</td>
<td>115</td>
<td>3.890</td>
</tr>
<tr>
<td></td>
<td>3.816</td>
<td>574</td>
<td>4.390</td>
</tr>
<tr>
<td>Total</td>
<td>7591</td>
<td>689</td>
<td>8.280</td>
</tr>
</tbody>
</table>

**Correlation**

To test for the three hypothesis correlation analyses were conducted.

Table 4 shows Pearson’s correlation coefficients and p value for variables in the study. The results show that sexual abuse is negatively related to body image ($r = -.101, p < .00$), that is, participants that have experienced sexual abuse are more likely to have lower body image. Thereby hypothesis two is supported.

As can be seen in Table 4, positive correlation is between sexual abuses and how often subjects had smoked cigarettes ($r = .151, p < .00$), consumed sedative or hypnotic ($r = .173, p < .00$), consumed any type of alcohol ($r = .106, p < .00$) or

<table>
<thead>
<tr>
<th></th>
<th>11.0%</th>
<th>7.8%</th>
<th>7.7%</th>
<th>7.5%</th>
<th>11.8%</th>
<th>13.9%</th>
<th>37.7%</th>
<th>97.3%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Became drunk</td>
<td>21.6%</td>
<td>9.3%</td>
<td>8.6%</td>
<td>8.0%</td>
<td>13.1%</td>
<td>12.8%</td>
<td>24.0%</td>
<td>97.3%</td>
</tr>
</tbody>
</table>
became drunk \((r = .085, p < .00)\) over lifetime. That is, those who had suffered sexual abuse, smoked more, drank more alcohol, became more often drunk and consumed more of sedative or hypnotic over lifetime than those who had not suffered sexual abuse. Thereby hypothesis one is supported.

From Table 4 it can also be seen that body image is highly correlated, in a negative direction, with all variables related to substance use. That means that low body image is associated with more substance use. Thereby hypothesis three is supported.

Table 4.

Person’s \(r\) bivariate correlation between sexual abuse, body image and substance variables.

<table>
<thead>
<tr>
<th></th>
<th>Sexual abuse</th>
<th>Body image</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual abuse</td>
<td>1.000</td>
<td>-.101***</td>
</tr>
<tr>
<td>Body image</td>
<td>-.101***</td>
<td>1.000</td>
</tr>
<tr>
<td>How often consumed over lifetime;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoked cigarettes</td>
<td>.151***</td>
<td>-.069***</td>
</tr>
<tr>
<td>Sedative or hypnotic</td>
<td>.173***</td>
<td>-.071***</td>
</tr>
<tr>
<td>Any type of alcohol</td>
<td>.106***</td>
<td>-.037**</td>
</tr>
<tr>
<td>Became drunk</td>
<td>.085***</td>
<td>-.023*</td>
</tr>
</tbody>
</table>

Note: * \(p < 0.05\); ** \(p < 0.01\); *** \(p < 0.001\)

**Main effect**

One-Way ANOVA was conducted to test for main effects. Sexual abuse had a significant main effect on cigarette smoking \(F(1, 8250) = 206.110; p = 0.000\), sedative or hypnotic \(F(1, 8262) = 255.746; p = 0.000\), any type of alcohol \(F(1, 8208) = 94.147 p = 0.000\) and became drunk \(F(1, 8206) = 59.395 p = 0.000\) over lifetime. Also the main effect of body image was significant on cigarette smoking \(F(1, 8927) = 42.914; p = 0.000\), sedative or hypnotic \(F(1, 8923) = 44.981; p = 0.000\), any type of
alcohol $F(1,8868) = 12.104 \ p = 0.001$ and became drunk $F(1,8869) = 4.662 \ p = 0.031$ over lifetime.

**Moderating and mediating**

Because of the significant correlation between the variables, sexual abuse, body image and substance use, the possibility for body image either mediating or moderating the effect of sexual abuse on substance use was explored, see Figure 1 and 2.

To test the first exploratory hypothesis that body image is mediating the effect of sexual abuse Analysis of Variance (ANOVA) was conducted to test for mediating effects. The results indicated that no significant interaction was between sexual abuse and body image on substance variables.

![Figure 1. The mediating model used in the study.](image)

To test the second exploratory hypothesis that body image is moderating the effect of sexual abuse on substance variables Analysis of Variance (ANOVA) was conducted, see figure 2. The findings indicated that body image is not moderating the effect between sexual abuse and substance. That is, body image did not moderate the effect of sexual abuse on any of the variables related to substance use.
The current study aimed to investigate the association between sexual abuse, substance use and body image among Icelandic adolescents. Furthermore, the aim was also to explore if body image could possibly moderate or mediate the effect of sexual abuse on substance use.

The findings of the study support the hypothesis that those who had suffered sexual abuse consumed more substance than those who had not suffered sexual abuse. These results are consistent with previous studies that have found that those who suffered sexual abuse use more substances (en, Martin, Richardson, Allison, & Roeger, 2004; Patricia A. Harrison, Fulkerson, & Beebe, 1997; Jarvis, Copeland, & Walton, 1998). However, the correlation between sexual abuse and substance use was very low (between .085 and .173) indicating a rather week relationship between these variables (see Table 3).

The results also supported the hypothesis those who have been sexually abuse have lower body image than those who have not been sexually abused. These results are consisted with previous studies that have found that sexual abuse is associated with lower body image (Dyer et al., 2013; Kearney-Cooke & Ackard, 1999).
The third hypothesis, that those who have low body image use more substance than those with high body image, was also supported. These results are also consistent with previous studies that have found association between low body image and substance use (French et al., 1995; Nieri et al., 2005; Palmqvist & Santavirta, 2006; Wild et al., 2004).

The two exploratory hypotheses were not supported. The first exploratory hypothesis was; that body image is mediating the effect of sexual abuse on substance use. No mediation effect on substance variables was significant. The results for mediation show that when controlling for body image the reduction in substance use caused by sexual abuse is minimum. Therefore, the results show that the effects of sexual abuse on substance use still remain after controlling for body image. The second exploratory hypothesis was; that interaction effects is between sexual abuse and body image on substance use. As there was no interaction between sexual abuse and body image on substance variables body image was not a moderating factor in this relationship.

No research was found within this topic but future studies could investigate this further.

There were two limitations to the current study. First, the study relied on self-reported data and therefore recall biases and inaccuracy of reported behaviors cannot be ruled out. Second, the study was based on cross-sectional data, so conclusions about causality cannot be made. Future studies might consider obtaining more accurate information about sexual abuse, through hospital records and interviews.

The current study also had several strengths. That includes large sample size, participation of both genders and anonymity of the participants.
It is important for future researches to continue to investigate sexual abuse and the impact on adolescent’s substance use and see what factors are important in terms of reducing these effects. More longitudinal studies are needed to explore the effect of sexual abuse on body image and substance use and therefore give conclusions about causality.
References


Appendix A

Chosen questions

Ert þú strákur eða stelpa? (spurning 1)

a. Stelpa
b. Strákur

Hvaða ár ertu fædd/ur? (spurning 2)

a. 1988  
b. 1987  
c. 1986  
d. 1985

Hveru vel eiga eftirfarandi fullyrðingar við um þig? (spurning 46)

a. Þegar þú hugsar um hvernig ég muni líta út í framtíðinni er ég ánægð(ur)  
b. Mér finnst ég oftast vera ófríð(ur) og óaðlaðandi  
c. Ég er ánægð(ur) með þær líkamlegu breytingar sem átt hafa sér stað hjá mér undanfarin ár.  
d. Mér finnst ég vera sterk(ur) og hraust(ur)

Valmöguleikar:

1. Lýsir mér vel  
2. Lýsir mér nokkuð vel  
3. Lýsir mér ekki nógu vel  
4. Lýsir mér alls ekki

Stundum eru einstaklingar sannfærðir, þvingaðir eða neyðdir til að taka þátt í kynferðislegum athöfnunum sem þeir geta ekki varið sig gegn. Næstu spurningar
eru um slíkar aðstæður. Hefur þú lent í einhverjum af eftirfarandi gegn vilja þínum (ef svo er hversu gamall/gömul varstu þegar það gerðist? (spurning 154)

a. Einhver berað sig gagnvart þér á ósæmilegan hátt
b. Einhver káfað á þér, annar staðar en á kynfærum, á ósæmilegan hátt.
c. Einhver káfað á kynfærum þínum
d. Einhver sannfærði þig, þvingað eða neyddi að snerta kynfæri sín
e. Einhver sannfærði þig, þvingaði eða neyddi til að hafa samfarir/kynmök

Valmöguleikar :
1. Aldrei
2. 12 ára eða yngri
3. 13 ára
4. 14 ára
5. 15 ára
6. 16 ára
7. 17 ára
8. 18 ára eða eldri

Hve oft hefur þú reykt sígarrettur um ævina? (Spurning 87)

Valmöguleikar :
1. Aldrei
2. 1-2 sinnum
3. 3 – 5 sinnum
4. 6 – 9 sinnum
5. 10 -19 sinnum
6. 20 – 39 sinnum
7. 40 sinnum eða oftar

Hve oft hefur þú drukkði áfengi af einhverju tagi um ævina? (Spurning 95)

Valmöguleikar:

1. Aldrei
2. 1 -2 sinnum
3. 3 – 5 sinnum
4. 6 – 9 sinnum
5. 10 -19 sinnum
6. 20 – 39 sinnum
7. 40 sinnum eða oftar

Hversu oft hefur þú orðið drukkinn um ævina? (spurning 96)

Valmöguleikar:

1. Aldrei
2. 1 -2 sinnum
3. 3 – 5 sinnum
4. 6 – 9 sinnum
5. 10 -19 sinnum
6. 20 – 39 sinnum
7. 40 sinnum eða oftar

Hverus oft hefur þú notað svefnþölfur eða róandi lyf um ævina? (Spurning 98)

Valmöguleikar:

1. Aldrei
2. 1 -2 sinnum
3. 3 – 5 sinnum
4. 6 – 9 sinnum
5. 10 -19 sinnum
6. 20 – 39 sinnum
7. 40 sinnum eða oftar