Associations between childhood sexual abuse, body image and the development of eating disorders
Svava Guðrún Helgadóttir

2016
BSc in Psychology

Author: Svava Guðrún Helgadóttir
ID number: 250792-2479

Department of Psychology
School of Business
Foreword

Submitted in partial fulfillment of the requirements of the BSc Psychology degree, Reykjavik University, this thesis is presented in the style of an article for submission to a peer-reviewed journal.
Sexual abuse is a fairly common and serious crime that affects a significant number of both girls and boys and can lead to short and long-term consequences affecting the victim’s health and functioning. Studies have revealed that there is a link between sexual abuse, negative body image and the development of eating disorders. The aim of the current study was to evaluate the effects of sexual abuse among girls and boys on body image and the development of eating disorders. The possible mediating effect of distorted body image was also examined as well as potential gender differences. The current data was collected by the Icelandic Centre for Social Research and Analysis as a part of their research *Youth in Iceland 2007*. In the current study responses from a random sample of 1,732 participants was used. The results showed that sexual abuse is associated with negative body image and eating disorders. The findings also showed that girls were more likely to self-report sexual abuse, have negative body image and eating disorders compared to boys. Furthermore, the study showed that body image partially mediated the effects of sexual abuse on eating disorders for girls.

**Keywords:** Sexual abuse, body image, eating disorders, adolescents
Associations between childhood sexual abuse, body image and the development of eating disorders

Childhood sexual abuse is an important matter that has received a lot of attention in recent years that has reflected in the exponential increase in research concerning this area (Martin & Silverstone, 2013). The increase is due to high prevalence of the abuse and the ongoing concern over the potential consequences that the abuse has on individuals (Whiffen & MacIntosh, 2005). Sexual abuse is a fairly common and a very serious crime that affects significant number of both boys and girls and can lead to short and long term consequences affecting the victim’s health and functioning (Dolezal & Carballo-Dieguez, 2002; Mullen, Martin, Anderson, Romans, & Herbison, 1996). It is important to take those consequences into consideration when sexual abuse is studied since they inhibit every individual’s growth and can cause many different psychological problems.

Impacts and prevalence of childhood sexual abuse

Sexual abuse can be hard to define because of the different forms it can take. Ratican (1992) gave the following definition: ‘‘Sexual abuse is any sexual act, overt or covert, between a child and an adult (or older child, where the younger child’s participation is obtained through seduction or coercion)” (p. 33). The prevalence of childhood sexual abuse is hard to determine because the abuse is often not reported and experts have indicated that the incidents are far more prevalent then what has been thought (Ratican, 1992). Many children who are sexually abused in childhood take years to disclose about the abuse and some of them never do (London, Bruck, Ceci & Shuman, 2005).

Many studies have shown that childhood sexual abuse can cause variety of psychological problems (Maniglio, 2009). Studies have shown that individuals who have been sexually abused
are at greater risk of developing psychological, medical and behavioral problems compared to those who have not been sexually abused. Therefore it is critical that childhood sexual abuse should be looked on as both general and non-specific risk factor for those problems (Maniglio, 2009). The magnitude of the influence that sexual abuse has on a child varies from one individual to another. The seriousness of influence that the abuse has on individuals depends on different factors, including duration and frequency of the abuse, age at the onset, the relationship between the perpetrator and the victim (Browne & Finkelhor, 1986).

**Sexual abuse and body image distortions**

Previous studies have revealed that there is a link between sexual abuse and negative body image (Eubanks, Kenkel, & Gardner, 2006). Body image is defined as a subjective picture of one’s own physical appearance established by different emotions, cognitions and perceptions (Mancuso, 2016). It contains how individual looks at the size, shape and form of his or her own body. Women who have experienced sexual abuse often have a negative body image and distorted perceptions of their own body size. A community sample of 57 adult women who had been sexually abused in childhood were studied as well as 47 comparison subjects (Wenninger & Heiman, 1998). The relationship between long term consequences such as psychological and sexual functioning and body image variables were tested. Results from the study showed that the survivors reported lower self-esteem concerning their bodies and sexual attractiveness compared to the comparison subjects (Wenninger & Heiman, 1998). Other studies have shown that childhood sexual abuse is a very serious assault on body integrity and has a long term effect on the development of destructive body image (Wenninger & Heiman, 1998).
Sexual abuse and eating disorders

Body dissatisfaction, especially related to weight is found to be one of the best predictors of the later development of eating disorders and different depressive symptoms (Stice & Shaw, 2002). Previous literature has explored the relationship finding results that indicate that sexual abuse plays a role in the development of eating disorders later in life (Smolak & Murnen, 2002). However, the nature of the association between sexual abuse and eating disorders still remains unclear (Preti, Incani, Camboni, Petretto & Masala, 2006). Individuals with eating disorders tend to use food to deal with painful experiences such as sexual abuse and other traumatic events (Deep, Lilenfeld, Plotnicov, Pollice, & Kaye, 1999). Limiting food intake or binging and purging is used to feel in control over their lives (Deep et al., 1999). Individuals start to have concerns over their body weight, size and shape which can result in an eating disorder.

To examine the relationship between childhood sexual abuse and the development of eating disorders a study was conducted on a sample of 1044 female students (Sanci et al., 2008). The results showed that childhood sexual abuse acted as a risk factor for the development of bulimic symptoms later in life (Sanci et al., 2008). Another study that subjects with all subtypes of eating disorders, including Anorexia Nervosa with no lifetime history of binging and purging and two subtypes of Bulimia Nervosa, one group without a history of substance abuse and one with a lifetime history of substance dependence disorder had significantly higher rates of sexual abuse compared to the community sample with no history of eating disorders (Deep et al., 1999).

Body image as a mediating factor for eating disorders

Studies among females have supported the negative effects of sexual abuse on body image as well as on the development of eating disorders later in life (Smolak & Murnen, 2002). Furthermore, studies have investigated the role of distorted body image as a mediating effect on
the impact of sexual abuse and the development of eating disorder symptoms later on (Preti et al., 2006). In a community sample 126 women were studied by means of self- compiled measure to understand the link between sexual abuse and eating disorders. The aim of the study was to investigate the role of bodily dissatisfaction as a mediator effect between sexual abuse and reported eating disorder symptoms (Preti et al., 2006). The results from the study showed that those who had reported being sexually abused in their childhood scored higher on bodily dissatisfaction scale compared to those who had not experienced sexual abuse. The findings showed that young women who had been sexually abused were more likely to report to symptoms of eating disorders compared to those who had not been sexually abused and body dissatisfaction acted as a mediating factor between sexual abuse and eating disorders (Preti et al., 2006)

**Gender differences among sexually abused individuals**

It is important to take both genders into consideration when sexual abuse is being studied because both males and females are being sexually abused all around the world (Dhaliwal, Gauzas, Antonowicz, & Ross, 1996). However, sexual abuse against males is the lowest reported form of child abuse in the United States (Black & DeBlassie, 1993). One part of the problem seems to be that males tend to unveil their abuse less often. A study was conducted to examine the relationship between body image, eating pathology as well as sexual harassment among both men and women (Buchanan, Bluestein, Nappa, Woods, & Depatie, 2013). Results from the study found that women reported more worries concerning their weight, dietary restraint, eating pathology and binge eating compared to men. The results also showed that sexual harassment had negative affect on weight concerns, eating pathology, dietary habits and binge eating
(Buchanan et al., 2013). However, the relationship between sexual harassment and the rise in eating pathology was stronger for women than for men.

Another study was conducted to examine the impact of race, gender and childhood sexual abuse on disturbance in eating and dieting behavior (Hernandez, 1992). The findings showed that girls were at greater risk for developing destructive eating and dieting behaviors as well as disturbed body image compared to boys (Hernandez, 1992). Another study that examined the gender differences in the prevalence of eating disorders among both males and females found that females were significantly more likely to report to eating disorders than males (Striegel-Moore et al., 2009).

As shown above results from different studies show that there is an association between childhood sexual abuse, gender, body image and the development of eating disorders later in life. The aim of this study is to examine this relationship further. Based on the literature, the current study examines gender differences and the link between sexual abuse, body image and the development of eating disorders as well as testing mediating effects. Based on previous studies the following hypotheses were put forward:

1. Girls are more likely to self-report sexual abuse, have negative body image and eating disorder symptoms than boys.

2. Adolescents who report sexual abuse are more likely to have negative body image compared to those who have not reported being sexually abused.

3. Adolescents who report sexual abuse are more likely to have developed eating disorder symptoms compared to those who have not reported being sexually abused.

4. The relationship between sexual abuse and body image is stronger for girls than for boys.
5. Body image mediates the effects of sexual abuse on eating disorder symptoms among both girls and boys.

Method

Participants

The present study uses data that was collected by The Icelandic centre for Social Research and Analysis (ISCRA) in October 2004 (Kristjansson, Guðmundsdottir, Palsdottir, Sigfusdóttir, & Sigfusson, 2008). The study was based on a cross-sectional anonymous national data collection called Youth in Iceland. The number of valid questionnaires from participants was 9,113 students from all secondary school in Iceland. All the participants who were in class the day that the questionnaires were submitted completed the questionnaires inside their classrooms. In the current study responses from a random sample of 1,732 participants was used. The gender ratio in the sample consisted of 48.3% (n = 836) males and 51.4% (n = 891) females and 0.3% did not specify their gender. The age of the participants was between 16 and 19. The participants did not receive any kind of payment or reward for their participation in the study. The current study was conducted in accordance with the Privacy and Data Protection Authority in Iceland and an ethical proposal was approved by the Department of Psychology in Reykjavik University.

Procedure

The Icelandic Centre for Social Research and Analysis (ISCRA) conducted the data collection. The questionnaires were sent to each and every secondary school in Iceland and every student who attended school the day that the study was conducted were asked to participate in the study. The teachers submitted the questionnaires to the participants and all of the participants were asked not to write their name or any kind of identifying information since
the study was anonymous. The participants were asked to answer the questionnaires to the best of their knowledge. The participants were informed that they could withdraw their participation at any time during the study and they were also asked to raise up their hand and ask for assistance if they had any problems regarding the questions. As soon as the students had finished answering the questionnaire, they were asked to put it in a closed envelope and hand them over to their teacher so their answers could not be traced back to them.

**Measures**

The original study contained questions regarding a broad range of questions including students social background, education, culture, athletics and family. The chosen questions used in the current study measured the following variables: gender, sexual abuse, body image and eating disorders (see Appendix A).

*Gender:* Participants were asked which gender they were, where 1 was coded for males and 2 for females.

*Sexual abuse:* To measure sexual abuse experienced by each participant five questions were used from the questionnaire (Mossige, 2004; Bryndis Bjork Asgeirsdottir, 2011) (see Appendix A). The introduction to those five questions were as follows: Sometimes individuals are persuaded, strained or forced to engage in sexual activities that they can not protect themselves from. The following questions are regarding those situations: Have you ever experienced any of the following against your will and if so how old were you? 1. “Somebody exposed him/herself in front of you in an inappropriate way,” 2. “Somebody touched your body, excluding genitals, in an inappropriate way,” 3. “Somebody touched your genitals,” 4. “Somebody persuaded, strained or forced you to touch his/her genitals” and 5. “Somebody persuaded, strained or forced you to have intercourse”. Answers to each and every question has
“Yes” or “No” response option. If participants answered to all of the five statements were “No” they were coded as 0, meaning that no sexual abuse had taken place but if the answer was “Yes” to any of the five statements they were coded as 1, meaning that the sexual abuse had taken place.

**Body image:** The body image scale consisted of five questions from the Body and Self-Image subscale of the Offer Self-Image Questionnaire (OSIQ). The OSIQ is extensively used, self-report inventory, which measures the psychological adjustment of adolescents (see Appendix A). The body image scale had an acceptable internal consistency (Cronbach's Alpha=.765). The questions that were translated to Icelandic were about how participants felt concerning their body, physical health and physical appearance (Patton & Noller, 1994). The questions were as following: 1. “When I think about how I will look in the future, I am happy”, 2. “I often feel ugly or unattractive”, 3. “I am happy with my body”, 4. “I am happy with the physical changes that have happened in recent years” and the last question was 5. “I feel strong and healthy”. The response to those questions were as following: Describes me very well, Describes me quite well, Describes me well enough and the last response was Does not describe me at all. The body image variable was the sum of all the scores in the body image scale.

**Eating disorders:** Drive for Thinnes one of the underlying scales of the Eating Disorder Inventory test (EDI) was used to evaluate the obsession concerning weight (Garner, Olmsted & Polivy, 1983) (see Appendix A). The scale evaluates the desire to loose weight and distorted attitudes concerning food which are the main causes of eating disorders. The scale consists of seven statements regarding how participants feel towards food and their own weight. The question was as follow: How often does the following apply to you? The statements were: 1. “I can eat sweets and high-fat food without feeling nervous or anxious.”, 2. “I think about loosing
weight”, 3. “I feel very guilty after having eaten too much”, 4. “The thought of gaining weight frightens me“, 5. “I am very concerned with being thin”, 6. “I overestimate the importance of loosing weight 7. “If I have a little weight gain I am worried about gaining more weight.”. The response options to those questions were: Nearly every time, Often, Sometimes, Rarely and Nearly never. The items of the eating disorder scale were combined into one eating disorders variable. The eating disorder variable was the sum of all the scores on the eating disorder scale (cronbach’s alpha= .929), indicating high internal consistency.

Data analysis

Data were analysed in the statistical program SPSS. Descriptive statistics were conducted for gender, sexual abuse, body image and eating disorders. Independent samples t-test was conducted to estimate mean differences in body image and eating disorders by sexual abuse. Pearson’s r coefficient was conducted to estimate correlations between sexual abuse, eating disorders and body image for the sample as well as separately for girls and boys. In accordance to Baron and Kenney (1986) linear regression analyses were conducted to estimate whether body image mediated the effect of sexual abuse on eating disorders among girls. The assumptions of linear regression were tested and were met.

Results

In the sample a total of 26.8% of the adolescents reported having experienced sexual abuse and 73.2% reported not having experienced sexual abuse. Girls were more likely to report to have experienced sexual abuse compared to boys ($\chi(1) = 75.051, p < .001$). The results showed that 35.7% of girls reported to have experienced sexual abuse compared to 17.2% of the boys. The descriptive statistics for eating disorders, body image and gender variables used in the
study are presented in Table 1. Girls scored higher on the eating disorder scale compared to boys ($t(1654) = 23.800, p < .001$). Girls scored lower on the body image scale compared to boys ($t(1715) = 10.615, p < .001$).

Table 1

<table>
<thead>
<tr>
<th>Gender</th>
<th>Eating disorders</th>
<th>$n$</th>
<th>Range.</th>
<th>Min.</th>
<th>Max.</th>
<th>$M$</th>
<th>$SD$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls</td>
<td>Eating disorders</td>
<td>886</td>
<td>28</td>
<td>7</td>
<td>35</td>
<td>20.10</td>
<td>7.88</td>
</tr>
<tr>
<td></td>
<td>Body image</td>
<td>888</td>
<td>15</td>
<td>5</td>
<td>20</td>
<td>13.15</td>
<td>2.92</td>
</tr>
<tr>
<td>Boys</td>
<td>Eating disorders</td>
<td>825</td>
<td>32</td>
<td>3</td>
<td>35</td>
<td>12.03</td>
<td>6.09</td>
</tr>
<tr>
<td></td>
<td>Body image</td>
<td>829</td>
<td>18</td>
<td>2</td>
<td>20</td>
<td>14.65</td>
<td>2.93</td>
</tr>
<tr>
<td>Total</td>
<td>Eating disorders</td>
<td>1716</td>
<td>32</td>
<td>3</td>
<td>35</td>
<td>16.23</td>
<td>8.14</td>
</tr>
<tr>
<td></td>
<td>Body image</td>
<td>1722</td>
<td>18</td>
<td>2</td>
<td>20</td>
<td>13.88</td>
<td>3.01</td>
</tr>
</tbody>
</table>

To test the hypothesis that adolescents who reported sexual abuse were more likely to have negative body image compared to those who had not reported being sexually abused a independent samples t-test was conducted. Results showed that adolescent who reported being sexually abused ($M = 13.25, SD = 2.13$) had lower body image compared to those who had not reported being sexually abused ($M = 14.11, SD = 2.94$), $t(779) = 5.128, p < .001$. The results also showed that adolescents who reported to sexual abuse ($M = 18.80, SD = 8.36$) were more likely to develop eating disorder symptoms compared to those who had not reported being sexually abuses ($M = 15.28, SD = 7.85$), $t(776) = 7.854, p < .001$.

In Table 2 Pearson’s correlation coefficient was conducted to measure the correlations between eating disorder, body image and sexual abuse. Correlation was found between all
variables for girls. However the correlations between body image and sexual abuse for boys was not significant. Results showed that the correlation coefficients were in all cases substantially higher for girls compared to boys.

Table 2

*Pearson’s correlations between eating disorder, body image and sexual abuse for girls and boys*

<table>
<thead>
<tr>
<th></th>
<th>Eating disorder</th>
<th>Body image</th>
<th>Sexual abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Girls</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating disorder</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body image</td>
<td>-.340**</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>.130**</td>
<td>-.117**</td>
<td>1.00</td>
</tr>
<tr>
<td><strong>Boys</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating disorder</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body image</td>
<td>-.253**</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>.069*</td>
<td>-.062</td>
<td>1.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating disorder</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body image</td>
<td>-.284**</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>.157**</td>
<td>-.111**</td>
<td>1.00</td>
</tr>
</tbody>
</table>

*Note: Statistical significance: *p < 0.05; **p < .001*

Taking into consideration that that all correlation coefficients were significant for girls but the correlation between body image and sexual abuse for boys was nonsignificant a mediation effect of the associations of sexual abuse on eating disorders was explored only for girls. To test the mediation hypothesis linear regressions analyses were conducted and compared to the four conditions of mediation effect according to Baron and Kenny (1986). The results are presented in Table 3. The first condition was met since sexual abuse significantly increased the
likelihood of eating disorders among girls. Condition two was also met since sexual abuse significantly associated body image among girls. The third condition was met since body image significantly associated eating disorders. The fourth condition was met since the B coefficient for sexual abuse ($B= 2.114$) was lower when body image was added to the model ($B= 1.521$). The results showed that body image partially mediates the relationship between sexual abuse and eating disorders among girls.

Table 3

Linear regression coefficient to estimate whether body image mediated the effect of sexual abuse on eating disorders among girls

<table>
<thead>
<tr>
<th>Dependent variable</th>
<th>Independent variable</th>
<th>$R^2$</th>
<th>B</th>
<th>Std. Error</th>
<th>$\beta$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating disorder</td>
<td>(Constant)</td>
<td>12.9%</td>
<td>19.345</td>
<td>0.328</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sexual abuse</td>
<td></td>
<td>2.114</td>
<td>0.548</td>
<td>0.129</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Body image</td>
<td>(Constant)</td>
<td>1.2%</td>
<td>13.391</td>
<td>0.122</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sexual abuse</td>
<td></td>
<td>-0.665</td>
<td>0.203</td>
<td>-0.109</td>
<td>.001</td>
</tr>
<tr>
<td>Eating disorder</td>
<td>(Constant)</td>
<td>12.4%</td>
<td>31.276</td>
<td>1.186</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sexual abuse</td>
<td></td>
<td>1.521</td>
<td>0.521</td>
<td>0.093</td>
<td>.004</td>
</tr>
<tr>
<td></td>
<td>Body image</td>
<td></td>
<td>-0.891</td>
<td>0.086</td>
<td>-0.330</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

Discussion

The main purpose the the current study was to examine the association between childhood sexual abuse, gender, body image and the development of eating disorders among Icelandic adolescents. The current study investigated possible gender differences and the negative effects of sexual abuse on body image and the development of eating disorders.
Furthermore, the study also examined whether body image mediated the effects of sexual abuse on eating disorders.

The findings of the current study supported the first hypothesis that girls are more likely to self-report sexual abuse, have negative body image and report eating disorder symptoms compared to boys. Those results are consisted with previous studies that have found that girls are more likely to have been sexually abused compared to boys (Black & DeBlassie, 1993). It is, however important to take into consideration that sexual abuse against males is much less reported than sexual abuse against females where one part of the problem is that males tend to hide their abuse more often than girls (Black & DeBlassie, 1993). Hernandez (1992) findings demonstrated that girls were more likely to develop destructive eating and dieting behaviors as well as developing negative body image compared to boys. The results are also in accordance with another study that investigated gender differences among individuals who had been diagnosed with eating disorders. In the study the rates of reported eating disorder symptoms were significantly higher for girls compared to boys (Striegel-Moore et al., 2009).

The results also supported the second hypothesis that adolescents who report sexual abuse are more likely to have negative body image compared to those who have not reported being sexually abused. Those results are in accordance to previous studies that have found that those who are sexually abused are more likely to develop destructive body image compared to those who have not been sexually abused. Wenninger and Heiman’s (1998) study that was only conducted among females found that women who had been sexually abused in childhood reported lower self-esteem concerning their own bodies and were more likely to develop destructive body image compared to the comparison subjects (Wenninger & Heiman, 1998).
The third hypothesis that adolescents who report sexual abuse were more likely to develop eating disorder symptoms compared to those who had not reported being sexually abused was supported. Those findings support Sanci et al (2008) where they found that childhood sexual abuse increased the likelihood of the development of eating disorders, particularly bulimic tendencies (Sanci et al., 2008). Those results are also in accordance with another study that included all subtypes of eating disorders (Deep et al., 1999). Those who reported history of sexual abuse had significantly higher rates of reporting eating disorder symptoms compared to those who had not been sexually abused (Deep et al., 1999).

The fourth hypothesis that the relationship between sexual abuse and body image is stronger for girls than for boys was also supported since the correlation between sexual abuse and body image turned out to be only significant for girls but not boys. The final hypothesis that body image mediated the effects of sexual abuse on body image was partially supported. The results indicated that there was a partial mediation between sexual abuse and eating disorder symptoms for girls only. Those results are partly associated with previous literature that have found that bodily dissatisfaction acted as a partial mediator effect on the influence of sexual abuse and reported history of eating disorders among women (Preti et al., 2006).

The present study had several limitations. First of all the study relied on information obtained by self-reported questionnaire, which raises questions concerning response bias and whether participants answered the questions truthfully. Second, since the data are cross sectional the cause and effect relationship is not clear so it is impossible to make conclusions about causality.

One of the strengths of the current study however was that the results were based on a large sample size ($n = 1.732$) which is nationally representative for the population of adolescents
in Iceland. Another strength was that both genders participated in that study and there was a
total anonymity for the adolescents participating in the study. It is critically important to continue
the investigation of the relationship between sexual abuse, body image, gender and the
development of eating disorders. Longitudinal studies in the future are recommended to
understand what factors are crucial in reducing those consequences in mental health for
individuals who have been impacted by sexual abuse. As the research on the mental health
consequences of sexual abuse continues it is critical to further investigate gender differences and
possible mediating factors between sexual abuse and mental and behavioral outcomes. It is our
role as a society to search for ways to support those who have been impacted by sexual abuse
and find ways for them to gain back their strength.
References


Appendix A

Questionnaire

Ert þú strákur eða stelpa? (spurning 1)

a) Strákur
b) Stelpa

Hvaða ár ertu fædd(ur)? (spurning 2)

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

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

a) Þegar ég hugsa um hvernig ég muni líta út í framtíðinni er ég ánægð(ur)
b) Mér finnst ég oftast vera ófríð(ur) og óaðlaðandi
c) Ég ér ánægð(ur) með líkama minn
d) Ég er ánægð(ur) með þær líkamlegu breytingar sem hafa átt sér stað undanfarin ár
e) Mér finnst ég vera sterk(ur) og hraust(ur)

Svarmöguleikar:

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

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

Svarmöguleikar:

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

Hversu oft finnst þér að eftirfarandi fullyrðingar eigi við um þig? (spurning 67)

  a) Ég get bорðað sætindi og orkuríkan mat án þess að finna til spennu eða kvíða
  
  b) Ég hugsa um að fara í megrun
  
  c) Ég finn til mikillar sektarkenndar eftir að hafa bорðað of mikið
d) Tilhugsunin um að þyngjast skelfir mig

e) Ég ýki eða geri of mikið úr mikilvægi þyngdar

f) Ég er mjög upptekin(n) af löngun til að verða grennri

g) Ef ég þyngist lítillega hef ég áhyggjur af að halda áfram að þæta á mig

Svarmöguleikar:

1. Nær aldrei
2. Sjaldan
3. Stundum
4. Oft
5. Nær alltaf