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Pepperdine University  
Graduate School of Education and Psychology

HOW WOMEN OF COLOR CONCEPTUALIZE AND COPE WITH  
THEIR HISTORY OF CHILDHOOD SEXUAL ABUSE:  
A PRELIMINARY INVESTIGATION

A clinical dissertation submitted in partial satisfaction

of the requirements for the degree of

Doctor of Psychology

by

Michele Archambeault

December, 2010

Joy K. Asamen, Ph.D. – Dissertation Chairperson

This clinical dissertation, written by

Michele Archambeault

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

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## DEDICATION

With much gratitude, this dissertation is dedicated to my husband, John Beau Fewell. Thank you for all of the love and support you have given me during this process. This would not have been possible without you. I feel lucky everyday to have you in my life. Also to my parents, Paul and Patricia Archambeault; I am beyond fortunate to be your daughter and for all of the things you have given me throughout my life. I love you both and am forever grateful for the example that you have set, not only for Michael and I, but also to the countless students who have looked up to you. Thank you will never be enough. Finally to my brother, Michael, and his wife, Laura; many thanks for your 24-hour tech support availability, editing expertise, and for making fun of me when I really needed it.



## ACKNOWLEDGEMENTS

First, I would like to thank my dissertation chairperson, Dr. Joy K. Asamen, for her tireless effort and commitment to this work. Thank you Dr. Asamen, your mentorship and support have been vital in the completion of this dissertation. I would also like to thank my committee members, Drs. Tamra Loeb and Thema Bryant-Davis, for the guidance and availability they provided throughout this process. You have both been incredibly helpful. Thank you to Lauren Glamb for all of her input and time. Also thank you to Jennifer Carmona, Ph.D., and our research team from UCLA. Through this research, I was able to interview some of the incredibly brave and inspirational women who participated in the original study.

Next, I would like to thank the extended Borci and Archambeault families for helping me through this journey. I would especially like to thank my grandparents, Boniface and Jeanne Borci and Roger and Blanche Archambeault. Gram and Grampy, thank you for showing me how important it is to work hard towards your education. Gram, you truly are my kindred spirit. Memere and Pepere, thank you for your unconditional love and support through all of my undertakings, even if you still wish that I lived closer. Also to John E. Fewell and Carrie F. Duff and their families; thank you for the support you have given Beau and me throughout my education. We are so grateful.

Finally, I would like to say a special thank you to all of my friends and colleagues especially Nazanin Saghafi, Psy.D., Sarah Randall-Brown, Polly Barrowman, Erin Delaney, Denise Chase, Benjamin Isaiah, Tehra Thorpe, Brye Leary, John Schaeffer, Sonia Powell, the Brodkins, the Rodriguez Family, the Delongchamps, the Hofsteins, the Nice Cobras, and my Pepperdine cohort.

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## ABSTRACT

One's cultural system may influence how an individual deals with incidents of childhood sexual abuse (CSA), although limited research exists on how women of color perceive the experience and cope in the aftermath of CSA (Bensley et al., 2004; Clear, Vincent, & Harris, 2006; Leahy, Pretty, & Tenenbaum, 2003; Tyagi, 2001; Ullman & Filipas, 2005). The present qualitative study used a data archive to examine how a subsample of 12 African American and 12 Latina participants conceptualized their CSA histories and examined whether culture may have influenced their appraisal of the abuse. A subset of open-ended items from the Wyatt Sexual History Questionnaire (Wyatt, Lawrence, Vodounon, & Mickey, 1992) were content analyzed and triangulated with the Abuse Attribution Inventory (Feiring, Taska, & Lewis, 1998), Self-blame Scale (Coffey, Leitenberg, Henning, Turner, & Bennett, 1996), Beck Depression Inventory (Beck, Steers, & Brown, 1996), Post-Traumatic Disorder Scale (Foa, 1997), and Religious Well-being Scale (Ellison, Paloutzian, & Bufford, 1991). Thematic similarities and differences emerged between the Latina and African American participants in how both groups of women view their sexual victimization and how they coped with their experiences. Based on the findings of this study, a discussion of treatment considerations for women of color with histories of CSA is presented.

## **Chapter I: Introduction**

A sizeable amount of research in the past decade has documented the relationship between childhood sexual abuse (CSA) to psychological distress later in life, including PTSD, depression, and anxiety (Andres-Hyman, Cott, & Gold, 2004; Briggs & Joyce, 1997; Owens & Chard, 2003; Paolucci, Genuis, & Violato, 2001; Peleikis, Mykletun, & Dahl, 2004; Rodriguez, Ryan, Vande Kemp, & Foy, 1997). There is also a growing body of research on posttraumatic growth (PTG) which survivors recovering from the traumatic experience develop new and more effective coping strategies with which to live their lives (Lev-Wiesel, Amir, & Besser, 2005; Staub & Vollhardt, 2008). The three areas of one's life that are rebuilt in the wake of the trauma include, "perception of self, relationship to others, and philosophy of life" (p.270), and the potential for growth in these areas is influenced by the survivor's appraisal of the abuse experience and resiliency (Staub & Vollhardt, 2008). Still other researchers suggest that PTSD and PTG can coexist within CSA survivors, and the relationship of the survivor to the perpetrator is an important mediating factor in the capacity for growth as well as PTSD (Lev-Wiesel et al., 2005). Although these investigations further our understanding of the relationship that exists between one's adverse childhood experiences and psychological well being as adults, what is absent from these studies is how one's cultural system may influence how an individual copes with the CSA experience. In fact, few studies have investigated the relevance of culture to how one copes with this experience (Bensley et al., 2004).

On the other hand, there is descriptive research that has examined how women from different ethnic/racial groups define childhood sexual abuse (CSA), the nature of the abuse (i.e., the perpetrator, type of sexual abuse, etc.), and their willingness to

disclose the abuse. For example, in a study comparing the views of African Americans, Latinos, and Caucasians by Lowe, Pavkov, Casanova, and Wetchler (2005), no differences were noted on how CSA is defined between ethnic/racial groups and what constitutes a reportable CSA offense to law enforcement. Furthermore, Ullman (2007) suggests that CSA survivors experience more negative reactions to their abuse disclosures from others, such as disbelief or a punitive response, depending on the severity of the abuse (i.e., the abuse involving penetration) and the relationship to the perpetrator (i.e., the abuse perpetrated by a relative), rather than her ethnicity per se. Other descriptive research has shown that there are differences in the nature of CSA across ethnic groups. For example, one study suggests that African American girls are more likely to be abused by more than one perpetrator than other ethnic groups (Amodeo, Griffin, Fassler, Clay, & Ellis, 2006). Research also suggests African American women may be 1.75 times more likely to be abused by non-stranger perpetrators than other ethnic groups, and report more serious types of abuse, such as vaginal penetration (Amodeo et al., 2006; Huston, Parra, Prihoda, & Foulds, 1995; Ullman & Filipas, 2005). The researchers suggest that children abused by non-stranger perpetrators are usually younger and more vulnerable to family members or acquaintances, which may be especially prevalent in single parent families with multiple caregivers (Huston et al., 1995). Furthermore, Latinas have been shown to be abused by immediate family members more often than women from other ethnic groups (Huston et al., 1995; Ullman & Filipas, 2005), with some investigators reporting 25% of the abuse of Mexican American females perpetrated by a father or stepfather (Huston et al., 1995). The researchers suggest that

the closer the relationship to the perpetrator, the longer it took for the child to disclose the abuse, which allows for the abuse to continue longer.

Although almost two decades old, Wyatt's (1990) seminal investigation has provided a framework for subsequent research on the relationship of ethnicity in CSA, therefore, merits inclusion in the review of relevant literature. In this study, she found that African American women were less likely to confide in members of their immediate family or to report the abuse incident to law enforcement when compared to Caucasian women. Wyatt also suggested if a family member perpetrated the abuse, African American women were less likely than Caucasian women to disclose the incident so as not to stress family relationships. Similarly, it has been suggested that Latinas may not disclose the abuse to protect the unity of the family when a relative is the perpetrator (Sanders-Phillips, Moisan, Wadlington, Morgan, & English, 1995). This observation has been corroborated by other investigators who suggest that cultural values, such as showing deference to elders and not discussing or engaging in premarital sex, may influence the willingness of Latinas to disclose CSA incidents (Kenny & McEachern, 2007).

Historically, it has been difficult to conduct research on the topic of CSA because of the taboo many cultures place on discussing children and their sexual victimization. Yet, understanding how a woman's culturally rooted attitudes may influence her conceptualization of CSA and how she elects to cope with the experience as an adult are important considerations in planning and providing clinical support that is congruent with her needs. In fact, Mennen (1995) suggests that ethnicity influences "the way the experience of sexual abuse is processed, the meaning of the abuse to the victim, and the

severity and kinds of symptoms that develop” (p. 115). Therefore, an exploration of culture is necessary to further understand how individuals make meaning out of CSA experiences, as it may be relevant to understanding their psychological status as adults.

### **The After-Effects of Childhood Sexual Abuse among Women of Color**

**PTSD.** Studying the potential relationship of culture to the correlates on long term effects of CSA has been the focus of a limited body of research. For example, an exploratory study by Andres-Hyman et al. (2004) investigated the relationship of ethnicity and other demographic variables to the severity of Post-Traumatic Stress Disorder (PTSD) symptoms reported by female CSA survivors. PTSD symptom severity was established through the use of the Impact of Events Scale and a structured clinical interview. These researchers reported that Latinas reported less severe PTSD symptoms than Caucasians and African Americans, although the difference was not statistically significant. The researchers did find that Latinas scored significantly lower on the Intrusion subscale, which included items related to unsolicited thoughts and feelings about the abuse, than their African American and Caucasian counterparts. There were no significant results found for the PTSD symptoms reported by the African American and the Caucasian groups.

In contrast, the study findings of Pole, Best, Metzler, and Marmar (2005) suggest that Latina trauma survivors, when compared to Caucasians, reported greater avoidance, numbing, and hyperarousal symptoms but less re-experiencing symptoms. These researchers propose that Latin cultures rely on avoidance as a stress management strategy, which may contribute to survivors experiencing PTSD symptoms that are congruent with an avoidant style. Both Andres-Hyman et al. (2004) and Pole et al.

acknowledge that their Latina participants were multi-ethnic in composition, and this issue coupled with the potential of Latina participants underreporting symptoms, as has been observed in previous research, may have compromised their findings (Ullman & Filipas, 2005).

**Depression.** Previous studies on the cultural differences related to the long term effects of CSA have focused on depression. It has been suggested that depression symptoms were more likely to be present and reported by Latina CSA survivors than African American women (Sanders-Phillips et al., 1995). These researchers suggest that this may be attributed to the African American women in their study using withdrawal and avoidance as their primary coping strategies, which may have delayed expression of depression symptoms. Unlike Sanders-Phillips et al. (1995), Axelrod, Myers, Durvasula, Wyatt, and Cheng (1999) suggest that African American women experience more depression than Latinas, which they attribute to feelings of marginalization because of their abuse experience where Latinas may have more kinship networks to turn to for support. More recent research has suggested that the depression rates among Latinas and African American survivors are not significantly different but may appear so based on the different coping styles employed by survivors, as the withdrawal and avoidance noted among African American women by Sanders-Phillips et al. (Clear et al., 2006). Further support was offered by the findings of Andres-Hyman et al. (2004) in which African American survivors were more likely to communicate their depression through anger, withdrawal, and aggression than their Latina counterparts. This finding is an important cultural consideration that has relevance to rendering an accurate diagnosis and, in turn, an appropriate treatment plan for these women (Andres-Hyman et al., 2004).



**Maternal response to disclosure.** Still other research has focused on the influence of how their mothers reacted to their disclosure of abuse and the impact of that reaction to the psychological aftermath of CSA among women of color. Women whose mothers were non-threatening and supportive appeared to exhibit fewer interpersonal problems later in life that were related to their abuse experiences (Liang, Williams, & Siegel, 2006). This is particularly interesting because of the potential cultural differences in the role of the family, especially the maternal response, after the abuse occurs. In fact, one early study suggests that Latinas experience lower levels of maternal support after disclosure, such as protection from the perpetrator and empathy, in the wake of CSA than other ethnic groups (Sanders-Phillips et al., 1995). Although Alaggia (2002) does not specifically investigate maternal response to abuse disclosure, the researcher does provide indirect support for the early observations of Sander-Phillips et al. when suggesting “mothers from cultural backgrounds which adhere to rigid patriarchal norms may experience intense struggles regarding family preservation, loyalty binds between the perpetrating partner and child victim, and anxieties around being alienated from their extended family and ethnic community” (p. 55). Furthermore, religious beliefs held by the Latino family are tied to whether or not the mother is likely to divorce or separate from the perpetrating father/stepfather (Alaggia, 2002). These cultural and religious beliefs may be tied to how willingly the victim confides in the non-perpetrating parent (Alaggia, 2002).

### **Ethnicity and Coping with Childhood Sexual Abuse**

Female survivors of CSA typically have to cope with the issue of “self-blame leading to feelings of being ashamed, tainted and blameworthy” (Tyagi, 2001, p. 19). But

how might coping with these feelings manifest itself among women from diverse ethnic perspectives? For example, it has been suggested that for Latinas “self-sacrifice and self-denial have been found to be the mechanisms employed for coping with painful or shameful abuse experiences” (Tyagi, 2001, p. 20). In other words, Latinas tend to withdraw as a way to cope with their CSA experiences. In contrast, African American women engage in cognitive reappraisal in the face of CSA. Tyagi refers to cognitive reappraisal or reframing as a survival strategy that encompasses looking at one’s life from a different and perhaps more “realistic” perspective so one can move forward with their lives “without complaining” (p. 19).

Unlike Tyagi (2001), other investigators suggest that African American women were more likely to employ avoidance and withdrawal strategies to cope with CSA than Latinas (Clear et al., 2006; Sanders-Phillips et al., 1995). For example, Clear et al. contend that African American women feel less comfortable reporting abuse to government agencies due to mistrust, institutional racism, and the fear of being treated in a dehumanizing way by law enforcement. But it is important to note that these psychological defenses are the result of institutional racism rather than ethnic-specific cultures. Due to the paucity of research in this area, it is not feasible, at this time, to separate the institutional barriers to abuse disclosure from those that are ethnic-specific.

A qualitative investigation with African American adults who had experienced some type of sexual or physical violence in childhood points to several ways the participants coped with their experiences (Bryant-Davis, 2005). These included the use of spirituality or a higher power through channels like pastoral counseling or prayer; activism where the individual finds informal and/or formal ways to help others;

community support defined as using one's social network, such as family or friends, for help as opposed to a professional; and creativity where the individual can express feelings about their experiences through various arts. Other coping strategies included taking safety precautions to prevent repeat violence, especially for those living in areas where "continuous traumatic stress is prevalent" (p. 412), confronting the perpetrator, and introspectively thinking through the experiences (Bryant-Davis, 2005). This study also had very few participants who engaged in formal treatment noting the "historically justified distrust of mental health personnel and institutions" (p. 411) among African Americans (Bryant-Davis, 2005).

Another important consideration when examining how African American women and Latinas cope with CSA is the racism faced by people of color. Thomas, Witherspoon, and Speight (2008) have defined "ethgender" discrimination as the "intersection of the statuses between ethnicity and gender" (p. 308). African American women who perceive acts against them as ethgender racism experience more stress in the wake of these situations that may leave them feeling vulnerable and wanting to seek safety. Moreover, Pole et al. (2005) suggest that "ethnic minorities who endure ongoing race-related discrimination may be more susceptible to the effects" (p. 147) of trauma. They may also be at a higher risk for negative mental health outcomes because they are less likely to seek treatment. In addition, Latinas may be less prepared by their parents to deal with racism than their African American counterparts, which can impact how they cope with stressors in general. An understanding of their coping styles when dealing with racism may offer some insight as to how they handle the aftermath of CSA.

One study found that African American women were more likely to cope with racism and oppression by using an avoidant coping style they termed “cognitive-emotional debriefing” (Thomas et al., 2008, p. 312). This refers to the individual’s ability to minimize the negativity of the situation or engage in distractions. They also suggest that because many African American women are socialized to be strong, this type of avoidant coping allows them to keep their feelings hidden and maintain “the façade of strength and competence” (p. 312) to others. This value of appearing strong to others may further serve as a barrier to treatment.

Pole et al. (2005) also found that this type of avoidant coping is prevalent with Latinas. They suggest that those women who maintained stronger ties to their culture tended to view stressors as “inevitable or unalterable” (p. 146) and, therefore, nothing could be done to prevent the occurrence of these experiences. Fatalistic thinking of this type may actually raise their risk for PTSD. It has been suggested that avoidant coping strategies are less helpful than active problem-solving coping styles, which may produce better mental health outcomes. If avoidant coping styles are being employed by these women, it may also lessen their likelihood of seeking treatment in helping them deal with their CSA or other stressors. For Latinas, potential language barriers may also keep them from seeking psychological services (Clear et al., 2006).

### **Cultural Meaning-making of Childhood Sexual Abuse Experiences**

Although research on CSA among ethnic women exists for the tangible issues related to the experience (i.e., defining CSA, nature of abuse, willingness to disclose), there are few investigations that focus on the process that underlies the experience. For example, how do women of color conceptualize CSA? Do women of color differ in the

way they make meaning of the experience? How do their conceptualizations influence the way they cope with the experience? These are rather important clinically relevant questions to consider.

Research that focuses on the process of coping with CSA experiences has begun to emerge more strongly in the 21<sup>st</sup> century, although the investigations are etic rather than emic in nature. For example, a qualitative study by Leahy et al. (2003) collected narratives from CSA survivors to identify and understand the dynamics about how they conceptualize their abuse history. The data were organized by cognitive and emotional domains relative to proximal and current thoughts about the abuse.

In the cognitive domain, proximal to the abuse, common themes were observed in the Leahy et al. (2003) data. Survivors made reference to “confusion” (i.e., not knowing what was happening at the time or how to handle the situation), “negative valence” (i.e., describing the situation pessimistically or using negative associations such as “horrible” or “the worst feeling”), and “entrapment” (i.e., feeling trapped by the perpetrator due to the power the person had over them; Leahy et al., 2003, p. 661). Proximally, the cognitive themes were all tied to a “locus of control shift” (p. 661) where individuals blamed themselves for the abuse rather than the perpetrator (Leahy et al., 2003).

This idea of attributing blame onto oneself rather than the perpetrator was linked to the emotional domain. In the emotional domain, proximal to the abuse, feelings of “shock” and “fear” were common themes reported by the survivors (Leahy et al., 2003). They reported that fear was often associated with the decision to disclose the existence of abuse, which provides evidence as to how this emotion can “act as an effective barrier to help seeking” (Leahy et al., 2003, p. 660). Moreover, shock was related to feelings of

shame and embarrassment about the abuse situation, creating still another barrier to help seeking. As adults, survivors overwhelmingly blamed the perpetrator, although they still expressed some degree of self-blame for failing to stop the abuse at the time of its occurrence (Leahy et al., 2003). The way the clinically depressed participants currently experience their abuse in the emotional domain showed many themes around affect dysregulation, i.e., their “incapacity to regulate the intensity of affective responses” (p. 661) to their abuse (Leahy et al., 2003).

One investigation on culture and meaning making of CSA experiences was conducted with men. Grossman, Sorsoli, and Kia-Keating (2006) investigated the themes common among male survivors of CSA as they attempted to make meaning of their experience and to determine if there were cultural differences in the way these men conceptualized their experience. The investigators found that three types of meaning emerged for the men, regardless of ethnicity: “meaning making through actions,” “meaning making through thought and reason,” and “meaning making by developing or calling on spirituality” (Grossman et al., 2006, p. 436).

The action type of meaning refers to helping others who are viewed as “underdogs” (Grossman et al., 2006, p. 437) and to act out of altruism. In other words, there is the need to defend those who they perceive as vulnerable. This type of meaning making is similar to the concept of “Altruism Born of Suffering” (p. 267) suggested by Staub and Vollhardt (2008), which is a phenomenon associated with PTG. Furthermore, Grossman et al. (2006) found that the men in their study made meaning out of their CSA experiences through different forms of creative expression. Some of the men in the study used music, writing, and painting to make meaning of their trauma.

The second type of meaning, thought and reason, refers to understanding the psychological mindset of the abuser and the self in relation to the abuse (Grossman et al., 2006). Many of the participants blamed themselves for the abuse when they were children. One of the participants also reported that he had used fantasy as an adaptive framework to distance himself from the reality of his abuse. He reported that when he was a child, he imagined an alternate world to the one in which he lived that contained “glass castles” (p. 439) where life was better (Grossman et al., 2006).

The final type of meaning, developing or calling on spirituality, refers to using spiritual or religious beliefs as a way to cope with the abuse (Grossman et al., 2006). Beyond organized religion, to which few of the men turned, most of the participants reported that they developed their spiritual meaning through AA or other 12-step programs. One man reported that learning about acceptance from AA helped him make meaning of his abuse because “everything happens the way it happens” and that there are “no mistakes in God’s world” (Grossman et al., 2006, p. 439).

One notable difference found between groups was that men of color did not consider the psychological mindset of the perpetrator as often as their Caucasian counterparts. Furthermore, the Caucasian men had exposure to trauma therapy whereas the men of color did not have exposure to treatment. The last finding of note was that the men of color tended to “value and/or abide by norms associated with traditional masculinity” (p. 441) more than their Caucasian participants (Grossman et al., 2006). For more details of the studies provided in this review, please refer to Appendix A.

## **Research Objective and Specific Aims**

This dissertation sought to examine potential differences in how women of color conceptualize and cope with their abuse. By looking in-depth at individual CSA histories and the psychological aftermath and appraisal of the abuse experience, the study offers hypotheses and insights of clinical relevance for understanding the needs of these women as well as makes recommendations for more culturally congruent means of treatment.

Specifically, the following research questions were the aims of this dissertation:

1. How do Latina and African American women view their childhood sexual victimization?
2. Are there thematic similarities and differences as to how these two groups of women perceive their childhood sexual victimization?
3. How do Latina and African American women view their childhood sexual victimization when taking into account the severity and length of abuse, number of perpetrators, and relationship to the perpetrator(s)?
4. For Latina and African American women, how has the childhood sexual victimization influenced their lives and how have they coped in the aftermath?
5. Are there thematic similarities and differences as to how these two groups of women's lives have been influenced by their victimization and how they have coped in the aftermath?
6. What have Latina and African American women learned from this experience?
7. Are there thematic similarities and differences as to how these two groups of women have learned from this experience?



8. For Latina and African American women, how has the severity and length of abuse, number of perpetrators, and relationship to the perpetrator(s) influenced how their lives have been shaped by their victimization and how they have coped with the experience?

## Chapter II: Method

### Participants

The archived data of a subsample of 97 women of color from a 2-year pilot study conducted by the Collaborative Center for Trauma and Mental Health Disparities at the University of California, Los Angeles, served as participants in this investigation. These women were 18-40 years of age with histories of childhood sexual abuse and were recruited through a network of community based organizations, hospitals, and clinics. Permission to use cases from the dataset was granted by Drs. Jennifer Carmona and Tamra Loeb (see Appendix B). Furthermore, the consent form signed by the participants during the original collection of data indicated that the data may be released to other investigators for research purposes in de-identified form (see Appendix C).

To establish the CSA history, the women were asked a series of nine questions that assessed sexual abuse prior to the age of 18 years to which the women only disclosed whether the act had occurred or not in an attempt to minimize the intrusiveness during the screening stage of the investigation. The questions included fondling, frottage, digital, vaginal, and anal penetration. Furthermore, the women self-identified as African American or Latina, were English speaking, free of significant cognitive or psychiatric impairment that would impede their full engagement in the study, and reported being HIV negative. The term *African American* was defined as including those women who self-identify as Black or African American; the term *Latina* was defined as those women who self-identify as Latina or Hispanic from Spanish-speaking countries, regardless of immigration or acculturation status.

Upon gaining access to and reviewing the data of the 97 women who composed the archive, only 70 cases met eligibility for inclusion in this investigation. The following criteria were considered in selecting cases: (a) the abuse incident met the definition of CSA used in this study, i.e., unwanted or coerced sexual body contact prior to the age of 18 (Wyatt et al., 1992); (b) regardless of the length of the response, the recorded content must include a description of the abuse incident(s) and information about how the woman views and understands the incident(s) that was corroborated by three individuals who reviewed the data as adequate for entry into the content analysis; and (c) the written notes of the interviews had to be decipherable. For cases with inconsistent data, notes were kept on the decision making process and consensus was achieved by the three individuals who reviewed the cases (see Appendix D). Of the 70 women, 12 are Latina and 58 are African American. In order to balance the number of women in the two ethnic/racial groups, all 12 women in the Latina group were included in the analysis and a random subset of 12 African American women were selected for inclusion. For each case with multiple perpetrators, only the first incident of abuse was considered for the analysis, regardless of how many different perpetrators or different incidents these women experienced before the age of 18. Information on the cases with multiple perpetrators can be found in Appendix E.

Tables 1 through 4 provide a description of the 24 women included in the study. Tables 1 and 2 provide the demographic information for the Latina and African American participants. Tables 3 and 4 provide the abuse characteristics for the Latina and African American participants, including type of abuse, age(s) when abuse occurred, duration, and relationship to perpetrator. Among the African American women, 3 of the 12

participants had sought treatment in the 6 months prior to the interview, with 6 not seeking treatment and 3 refusing to offer a response; among the Latinas, 10 participants had sought treatment and 2 had not sought treatment in this same time frame.

Table 1

*Demographics – Latina Cases*

Case	Age	Relationship Status	Education	Employment Status	Country of Birth
01	38	Never Married	Some College	Unable to Work	USA
02	37	Married	High School	Unable to Work	Mexico
03	24	Never Married	Some College	Unemployed	USA
04	31	Married	Graduate School	Unemployed	USA
05	23	Divorced	Finished 7 <sup>th</sup> Grade	Homemaker	USA
06	39	Married (No Partner)	Finished 8 <sup>th</sup> Grade	Employed Full-time	USA
07	37	Married (No Partner)	Some College	Unable to Work	Mexico
08	27	Never Married	Finished 9 <sup>th</sup> Grade	Employed Full-time	USA
09	45	Legally Separated	Graduate School	Unable to Work	Mexico
10	32	Never Married	Finished 10 <sup>th</sup> Grade	Employed Full-time	Refused to Answer
11	40	Never Married	Some College	Employed Part-time	USA
12	32	Never married	High school	Employed part-time	USA

Table 2

*Demographics – African American Cases*

Case	Age	Relationship Status	Education	Employment Status
01	26	Never Married	Some College	Unable to Work
02	18	Never Married	High School	Employed Part-time
03	23	Never Married	Some College	Employed Part-time
04	32	Never Married	High School	Employed Part-time
05	38	Never married	College	Unemployed
06	40	Divorced	Some College	Employed Part-time
07	34	Married	Some College	Employed Part-time
08	19	Never Married	Some College	Employed Part-time
09	23	Never Married	College	Unemployed
10	29	Never Married	Finished 11 <sup>th</sup> Grade	Employed Full-time
11	39	Married	College	Unemployed
12	21	Never Married	Finished 10 <sup>th</sup> Grade	Employed Full-time

Table 3

*Abuse Characteristics – Latina Cases*

Case	Type of Abuse	Age(s) Abuse Occurred	Duration	Relationship to Perpetrator
01	Fondling	11	1 Time	Aunt
02	Rubbing Penis, Fondling, Rape	6	1 Time	Male Neighbor
03	Fondling	6	2-3 Times	Babysitter's Boyfriend
04	Fondling	11-15	4 Years	Father's Male Friend
05	Fondling	4	1 Time	Male Friend from Church
06	Rubbing Penis	5	1 Time	Male Stranger
07	Fondling	6	1 Time	Friend's Father
08	Fondling, Digital Penetration	5	A Few Months	Aunt's Boyfriend
09	Rubbing Penis, Fondling	5-11	6 Years	Brother
10	Rubbing Penis, Fondling, Attempted Rape	12	1 Time	Male Stranger

*(table continues)*

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Case	Type of Abuse	Age(s) Abuse Occurred	Duration	Relationship to Perpetrator
11	Rubbing Penis, Fondling, Attempted Rape	12	2 Times	Step-father
12	Rubbing Penis, Fondling	10 & 11	2 Times	Brother

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Table 4

*Abuse Characteristics – African American Cases*

Case	Type of Abuse	Age(s) Abuse Occurred	Duration	Relationship to Perpetrator
01	Rubbing Penis, Fondling	7-9	2 ½ Years	Uncle
02	Rape	13	1 Time	Uncle
03	Fondling, Digital Penetration, Rape	14	1 Time	Male Strangers (2)
04	Rubbing Penis, Fondling, Rape, Oral Sex	6-13	7 Years	Uncle
05	Fondling	7-8	2 Years	Stepfather
06	Rubbing Penis	9 or 10	1 Time	Brother
07	Rubbing Penis, Fondling, Digital Penetration, Attempted Rape	7-12	5 Years	Uncle
08	Rubbing Penis, Fondling, Digital Penetration, Oral Sex	4	6 Months	Brother
09	Fondling	7 or 8	1 Time	Father

*(table continues)*

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Case	Type of Abuse	Age(s) Abuse Occurred	Duration	Relationship to Perpetrator
10	Rubbing Penis, Fondling, Digital Penetration	5	1 Time	Male Neighbor
11	Rubbing Penis, Fondling, Digital Penetration, Rape, Oral Sex	7-11	4 Years	Uncle
12	Rape	4	1 Time	Mother's Boyfriend

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## **Instrumentation**

Although a comprehensive battery of instruments was used in the original investigation, for the purposes of this dissertation, only the data from the following instruments were considered: (a) Demographics (Glover et al., 2010), (b) Wyatt Sexual History Questionnaire (Wyatt et al., 1992), (c) Abuse Attribution Inventory (Feiring et al., 1998), (d) Self-blame Scale (Coffey et al., 1996), (e) Beck Depression Inventory-II (Beck et al., 1996), (f) Post-traumatic Disorder Scale (Foa, 1997), and (g) Religious Well-being Scale (Ellison et al., 1991). The following discussion provides more details of each instrument as well as delineates components of each instrument that were included in the investigation.

**Demographics.** The demographic characteristics that were collected in the original project included: age, sex, race/ethnicity, personal and household income in the past year, education, employment (days worked in the past month), usual occupation, household composition, and marital or relationship status (Glover et al., 2010). They were also asked about cultural factors such as immigration status, which was determined by asking all participants whether they were U.S. born. If not, they were asked about their country of origin and length of time (years) in the United States.

**Wyatt Sexual History Questionnaire.** Child sexual abuse (CSA) was assessed using 14 items from the revised Wyatt Sexual History Questionnaire (Wyatt et al., 1992). These items, a mix of closed and open-ended questions, ask about nonconsensual sexual incidents experienced by the participant as a child. There are nine yes/no screening items related to experiences with an adult or someone older than the victim before age 18, including fondling, frottage, attempted intercourse, intercourse, oral copulation, and

digital or object penetration. If a person had any of these experiences, she is asked for more detailed information, including the open-ended “Can you explain what happened” as well as age at the time of the experience, duration of the experience (first and last occurrence), relationship to perpetrator, whether physical violence accompanied the experience, and whether the same experience had happened with someone else before the victim was 18. The participant is asked open-ended questions that included how they felt during, after, and presently about their abuse and the perpetrator. If multiple perpetrators are reported, these data are collected for each perpetrator.

**Abuse Attribution Inventory.** CSA appraisal was measured with the Abuse Attribution Inventory (Feiring et al., 1998). This 22-item inventory includes 9 items assessing internal global self-blaming appraisals (e.g., “This happened to me because I am a bad person”), 5 items assessing internal specific appraisals (e.g., “This happened to me because of the way I was dressed”), and 8 items on external appraisals (e.g., “This happened because the perpetrator has a problem”). Each item has three response options: (1) not true, (2) somewhat true, and (3) very true. Participants were asked to respond to each measure for two points in time—the time of the CSA experience and the present time.

**Self-blame Scale.** The Self-blame Scale consists of seven items, such as “How much do you feel that you were personally to blame for what happened?” and “How much do you feel to blame for this sexual experience occurring because you acted in a way to allow it to happen?” (Coffey et al., 1996). Responses range from (1) not at all to (7) very much so. Participants were again asked to respond to each measure for two points in time—the time of the CSA experience and the present time.

**Beck Depression Inventory-II.** The Beck Depression Inventory consists of 20 items such as “My sleep was restless” and “I thought my life had been a failure.” (Beck et al., 1996). Responses were (0) Rarely or none of the time (less than 1 day), (1) Some or little of the time (1-2 days), (2) Occasionally or a moderate amount of time (3-4 days), (3) Most or all of the time (5-7 days), (7) Don’t know, (8) Refuse to answer, and (9) Not applicable. Participants were asked to respond on how they felt during the past week.

**Post-Traumatic Disorder Scale.** The Post-Traumatic Disorder Scale consists of 17 items that yield a PTSD diagnosis based on the *DSM-IV* criteria and serves as a measure of symptom severity (Foa, 1997). The scale is comprised of symptoms such as intrusive images, reliving of the trauma, memory loss, irritability, and hyperarousal. The scale also includes items regarding how the event has impacted one’s life in the past month, including increased use of alcohol and drugs as well as the impact on personal and professional activities.

**Religious Well-Being Scale.** The Religious Well-being Scale consists of 11 items that assess the individual’s perceptions of their spiritual quality of life (Ellison et al., 1991). The items lean toward a more Christian-based understanding of “God.” The participants are instructed that the term “God” refers to any “*higher being that is part of your life.*” Examples of items include “I feel most fulfilled when I am in spiritual communion with God” and “I believe that God is concerned about my problems and feelings.” Responses range from Strongly Agree (1) to Strongly Disagree (6).

### **Design and Procedures**

This instrumental, collective case study approach relied on the open-ended items from the Wyatt Sexual History Questionnaire and data from the Abuse Attribution

Inventory, the Self-blame Scale, Beck Depression Inventory-II, Post-traumatic Disorder Scale, Religious Well-being Scale, and the demographics (multiple sources of information) that have been collected and archived for a group of women of color (the cases) to provide a detailed description of how these women conceptualize and cope (the issue) with their history of CSA (Creswell, 2007). This design was chosen in order to generate clinically relevant hypotheses on ways in which psychotherapeutic interventions with CSA survivors can be tailored to the specific cultural needs of Latinas and African American women.

After receiving the approval of the Pepperdine University Graduate and Professional Schools Institutional Review Board, Drs. Carmona and Loeb released the data relevant to the proposed dissertation research in de-identified form.

### **Chapter III: Results**

The open-ended items from the Wyatt Sexual History Questionnaire were analyzed using the Spradley (1979) content analysis method. The steps of the analysis were as follows:

1. The researcher reviewed the responses to the open-ended items for the first incident of CSA in each case and highlighted key descriptors relevant to the purpose of the study.
2. The next step was for the data of each case to undergo a domain analysis. This step required categorizing the data into cover terms (domains) that contain included terms (major descriptors that provide evidence to support the existence of cover terms) that are linked semantically (i.e., strict inclusion, spatial, cause-effect, rationale, location-for-action, function, means-end, sequence, and attribution). An example of a cover term might be “relationship issues,” and “intimacy problems” and “unremitting unease around men” might be potential included terms that support the existence of this particular cover term. The included terms are semantically linked to the cover term by a strict inclusion type of semantic relationship, i.e., intimacy problems and unremitting unease around men are kinds of relationship issues.
3. The next step was to conduct a taxonomic analysis of the data for each case, which involved taking the cover terms (each having its respective semantically linked included terms) and grouping them through the use of semantic relationships into more inclusive cover terms. In essence, the researcher created a master domain composed of lesser cover terms or

domains. For example, in addition to relationship issues, there may be another cover term such as “suffering in the wake of abuse,” and both of these cover terms may be categorized as a kind (strict inclusion) of “abuse outcomes.”

4. After this step, the data for each case were subjected to a componential analysis in which inconsistencies were the focus of attention. It is at this step that the data from the other sources of evidence (data from the Abuse Attribution Inventory, Self-blame Scale, Beck Depression Inventory-II, Post-traumatic Disorder Scale, and Religious Well-being Scale) were included in the analysis. The participants’ scores for the BDI-II are included in Appendix F. Out of this process, a case summary was generated.
5. The fifth step of the analysis was to identify the major themes that emerged from analyzing across the cases. The cross-case analysis occurred at two levels: (a) across cases within each ethnic group and (b) across both ethnic groups (i.e., what African American and Latina women share in common).
6. Finally, the themes identified both within each ethnic group and across ethnic groups were considered in relation to CSA characteristics, i.e., severity and length of abuse, number of perpetrators, and relationship to the perpetrator.

Triangulation occurred at Steps 4 and 5 of the content analysis to enhance the credibility of the identified themes (Creswell, 2007). Specifically, different data methods were used in Step 4 (multiple sources of data) and different data sources (across cases) in Step 5. Furthermore, the cases were coded by both the investigator and a second Psy.D. student to enhance the dependability and confirmability of the identified themes (Mertens, 2005), and peer debriefing occurred with her clinical dissertation chairperson.



The results of the domain analysis for each case (Step 2) are presented in Appendix G and the results of the taxonomic analysis for each racial/ethnic group (Step 3) are presented in Appendix H.

Prior to presenting the results, it is important to acknowledge, the investigator's personal point of view so as to provide the reader with a contextualized understanding of the lens through which the results of the analysis were considered (Creswell, 2007). Relevant to this discussion is that the investigator is a 32-year-old Caucasian female, not a woman of color. Furthermore, her experience with CSA is strictly professional as she, herself, has no history of CSA. On the other hand, the investigator has several years of clinical experience working with women of color and women of color with histories of CSA. Moreover, she was one of the research assistants who conducted the interviews with the women of color in the original study from which these data were archived. As a clinician-in-training, the investigator took an interest in how few of the participants she interviewed had sought treatment in the wake of their CSA experiences. In speaking with these women, it became clear that many of the women did not realize treatment was available, did not have access to it, and/or did not understand how it could help them. These observations served as the driving force behind the investigator's interest in researching this topic.

## **Case Summaries**

The following sections provide the summaries for both the Latina and African American cases that resulted from Step 4 of the content analysis. Each participant has been assigned a pseudonym to facilitate the discussion.

**Latinas.** The following section describes the first incident of abuse for each of the Latina participants.

***Participant 01.*** Alma is a 38-year-old, Mexican-American who reported that her aunt fondled her on one occasion when she was 5 years old. She remembers feeling “confused” and wondering, “Why is she doing this?” and “Is this normal?” at the time the abuse occurred. She also reported that she “felt a little threatened but not much” because her uncle was the lookout when it happened. She believes that her aunt was also abused and that she did it because she was “someone that needed sexual gratification.” As an adult, Alma “can’t imagine doing that to a child or other person” and remembers thinking “how dare she do that to me.” She also reported that when she thinks about the abuse, she “gets mad.”

***Participant 02.*** Adrienne is a 37-year-old, Mexican American who described being raped at age 6 by a male neighbor in Mexico. She reported being “very, very upset” and “crying, crying days afterward.” She felt that it happened because “she did not listen to her mother” and “should not have gone to his house.” It affects her as an adult because she “cannot have sex with the husband that she loves very much” as it is “too painful.”

***Participant 03.*** Participant 03 is Flora, a 24-year-old, Mexican American, who stated that at age 6 her babysitter’s boyfriend fondled her on 2-3 occasions. She believes that it happened because “the guy had a problem” and she “doesn’t blame herself for any

of it.” She stated that at the time she thought “it must be normal if adults are doing it” and also remembers feeling “confused.” Flora also reported feeling “scared” because the perpetrator said he “would kill her mother” if she told anyone. In the wake of her abuse, she reports feeling “guilt” and “depressed,” “bec[a]me shy” and was “ultra aware of [her] surroundings.”

**Participant 04.** Grace is a 31-year-old Latina who disclosed that her father’s male friend repeatedly fondled her from the time she was 11 until she was 15 years old. When asked why she thought the abuse occurred, she reported that “he was sick” but believed that it happened because she was wearing “a new pair of Michael Jackson pants.” She stated that after the abuse, she felt “confused,” “shame,” and “guilt” because she thought it was her fault. When she thinks about the perpetrator, Grace reported feeling fearful when he is around and being “afraid that he has done it to someone else.” She also reported that as an adult, she is “easily startled” and that the abuse made it difficult for her to be intimate with her husband.

**Participant 05.** Carmen is a 23-year-old Mexican-American who reported that at age 4 her mother left her with a couple from their church when she had the chickenpox. She stated that she had wet the bed and the husband fondled her while she was in the shower. At the time, she was very confused by the incident, not knowing why it had occurred. Carmen reported that “it felt like it was a dream” and that “it went away for a while but came back as a dream.” As an adult, she stated that “it affects her on Sundays” because she sees him at church and “it triggers something.”

**Participant 06.** Participant 06 is Verence, a 39-year-old Mexican-American, who reported that she was on the bus at age 5 when a male stranger rubbed his penis on her

arm. When asked why she thought this happened, she stated that “he could see that I was an easy target” and she thinks that “some people can sense who they can and can’t do it to”. She also stated that it might have happened because “he was just a pervert,” she was the “only girl on the bus,” or “because the bus was crowded.” After the incident, Verenice reported feeling “helpless” because she “didn’t say anything” to anyone about what had happened.

**Participant 07.** Lena is a 37-year-old, Mexican-American participant who reported that when she lived in Mexico, her friend’s father had several little girls over and she saw some of them give him oral sex. She reported that he fondled her on one occasion at age 6. She stated that “you never think someone could be that sick” and she felt it was “shocking.” At the time, she described that she “didn’t understand” what was going on and could not “pinpoint” why this happened to her but she remembers that as a result of the abuse she “internalized things.” As an adult, Lena is “disgusted on how people can do those things to children” but feels that she has “come to a point where her life is making sense” and that she has “control over it.”

**Participant 08.** Olivia, a 27-year-old, Mexican-American participant, stated that her aunt’s boyfriend fondled and digitally penetrated her when she was 5 years old. She has had trouble remembering the abuse in detail and “doesn’t know” why it happened to her except to say that “he’s sick.” She “doesn’t remember” because she “was little” when it happened.

**Participant 09.** Lily is a 45-year-old Mexican-American who reported that her brother fondled her and would rub his penis on her over the course of 6 years from the time she was 5 until age 11. She reported that the abuse stopped because he died in a car

accident and she stated that she “blocked out” the abuse and did not remember it until she was 21 years old. She stated that as a child, she remembers feeling “livid” and “furious.” She thinks it happened because the perpetrator wanted to feel “powerful over another person” and that he wanted “the innocence of a child.” As an adult, she reported that her family “was always feeling guilty about his life” but that she mostly remembers she “couldn’t do anything.” Lily also stated that she has become “very disconnected” from her body and does not think she has ever had an orgasm.

**Participant 10.** Participant 10 is Carla, a 32-year-old, Mexican-American, who described being attacked by a male stranger at age 12. She reported that she was somewhere she was not supposed to be with one of her friends when this man started rubbing his penis, fondling her, and attempted to rape her. She stated that she was able to free herself and run away. When asked why she thought this happened to her, she responded “because men like women and pussy” and that she “shouldn’t have been there at that time.” She also stated that it happened because she was “convenient” and remembers feeling “scared.” In response to the abuse as an adult, Carla said, “I wonder if it happens to my kids. I wonder what’s going on with them.”

**Participant 11.** Lupe, a 40-year-old, Panamanian participant, reported that her mother’s boyfriend came into her bedroom on two occasions where he rubbed his penis on her, fondled her, and attempted to rape her when she was 12 years old. She stated that she thinks it happened because “he was drunk,” “I was mature, I looked like I was 12” and “because I appealed to him, I guess.” Lupe said that at the time she felt “embarrassed” and “scared.” As an adult, she reported that “whenever I talk about it, I feel hurt” and that it has made her “afraid of men” and “defensive.”

**Participant 12.** Melina is a 32-year-old Latina who reported that her brother fondled her and rubbed his penis on her two separate times when she was 10 and 11 years old. She stated that this happened to her because “he was sick in his head.” She also said, “I used to think it was my fault but it wasn’t my fault.” As a child, she remembers that she “was sad a lot because nobody would believe me” and is unsure of how affected her, stating “that’s why I always talk about it.” When asked about how it impacts her as an adult, Melina stated, “My kids...I don’t like nobody around my kids” and, in regards to her daughter she said, “I don’t let her go anywhere or to her friends’ house. I always talk to her about people trying to hurt her.”

**African American women.** The following section describes the first incident of abuse for each of the African American participants.

**Participant 01.** Brianna is a 26-year-old, African American participant who reported that her uncle fondled her and rubbed his penis on her a couple of times a month for 2 1/2 years when she was ages 7 to 9. When asked why she thought this happened, she said, “I can’t even try to figure out why” and “maybe because I was there.” She reported that at the time, she remembers, “It was more fear that he would do something to my sister. I didn’t want him to do anything to her. I was concerned about him hurting or abusing her.” As an adult, she reported that she thinks she is “really protective over kids.” Brianna also said, “It has made me the person I am today,” “I can still go on and not think about it all of the time,” and “It affects me a lot.” In regards to talking about the abuse as an adult, she said, “I don’t really talk about it now” and “I don’t really tell my boyfriend in-depth because I don’t want to play the victim.”

**Participant 02.** Ranelle, an 18-year-old, African American participant, reported that her uncle picked her up from school when she was age 13 and raped her on one occasion. She stated that at the time, she didn't "know what to think" and that she "was always happy and didn't know why" it occurred. She reported that there was "nothing I could do" because "nobody was there" and that she "just cried." As an adult, she reported that she still sees the perpetrator and that "he makes me uncomfortable." Ranelle stated that because of the abuse she "won't even stay at home with my dad" and that she does not "trust guys."

**Participant 03.** Devon is a 23-year-old African American woman who reported that at age 14 she was fondled, digitally penetrated, and raped by two teenage male strangers who came to her home when her mother was at work. She reported that she didn't know why it happened and that it "happened so fast." She also stated that she hopes she does not "run into them again." As an adult, Devon stated that she does not "trust anyone anymore" adding, "I only trust my fiancé and my baby's daddy. I can't be alone with a guy."

**Participant 04.** Participant 04 is Tonya, a 32-year-old, African American woman, who reported ongoing fondling, rape, oral sex, and penis rubbing by her uncle from the time she was 6 until she was age 12. When asked why she thought this happened to her, she reported that "due to my family situation there was no supervision," that "there were a lot of drugs and alcohol" and that her "mother wasn't doing her job." Tonya also stated that she "was overdeveloped and had breasts at age 8 and her period at age 10." She reported that she remembers "thinking it was wrong" and that she "held it in" but that "it's really blurry" and she "had no idea" what was occurring. When asked how it affects

her as an adult, Tonya stated, “I still have problems brushing my teeth and keeping my mouth clean,” “I engaged in a lot of high risk sexual behavior and I went into a life of sex for money,” and that she is “still very secretive.”

**Participant 05.** Sharise is a 38-year-old African American participant who described ongoing fondling by her stepfather for 2 years from ages 7-8. She reported that she “wasn’t around healthy people,” she “wasn’t upset” because the perpetrator “had pornography in the house” and that she “felt like she had to replace her mother because she [victim’s mother] was sick.” She also stated that she “was developed for her age.” At the time, Sharise remembers thinking that she “knew it was wrong but rationalized it” and that “shit happens.” She reported that as an adult, she started “believing that her self-image, [was based on] valuing her body” and that it has affected her relationships.

**Participant 06.** Joelle, a 40-year-old, African American participant, reported that her brother rubbed his penis on her when she was 9 or 10 years old on one occasion. When asked why she thought this happened, she reported that “he was much older and into drugs and alcohol.” She remembers crying after it happened and was unsure of what was going on. She reported that as an adult, “it doesn’t affect me at all.”

**Participant 07.** Participant 07 is Althea, a 34-year-old, African American woman, who reported that her uncle repeatedly abused her over the course of 5 years when she was ages 7-12. She reported that he rubbed his penis on her, fondled, digitally penetrated, and attempted to rape her when her parents were not home. When asked why she thought this happened to her, she reported that “you don’t touch your niece. It’s wrong” and that “he’s sick, if you can see a 7-year-old and do that.” Althea also reported that the perpetrator “used a kid that wouldn’t talk” and he “made it seem ok so I wasn’t fearful.”



She said at the time, she “blamed herself,” saying “I couldn’t understand it” and “I didn’t know about sex.” As an adult, she reported that she does not “think about it anymore.”

**Participant 08.** Bethany is a 19-year-old, African American participant who reported ongoing abuse by her older brother for 6 months when she was 4 years old. She believes that it happened because “our other brother’s mom was doing stuff to him” and that she “was the only one smaller than him”. At the time, she stated that she “didn’t understand it,” that “she knew it was wrong but she liked it” and that it “felt good” but she “felt guilty.” As an adult, Bethany said, “I think I’m fine. I’m not a crazed sexaholic.”

**Participant 09.** Nicole, a 23-year-old, African American participant, reported that her father fondled her and ejaculated into the bath on one occasion when she was 6 or 7 years old. When asked why she thought it happened, she said, “he didn’t think he was doing anything wrong,” “he thought he had the right to do this,” and “he thought he could get away with it.” Nicole said that at the time, she did not know why it was happening just that “he just wanted to do it” and that she “didn’t feel anything.” As an adult, she reported that the abuse has “made me very sexual” adding that, “if it didn’t happen I would have only been with one guy.”

**Participant 10.** Participant 10 is Ciara, a 29-year-old, African American woman, who reported that at age 5 a male neighbor rubbed his penis on her, fondled, and digitally penetrated her on one occasion. She said that she “didn’t know” why it was happening at the time but remembers that she “didn’t cry.” Ciara stated that she “felt scared” and that her “parent’s weren’t paying attention to where” she was. When asked how the abuse has affected her as an adult, she said, I am “protective about men being around young girls. I don’t trust no man around young girls.”

**Participant 11.** Evelyne, a 39-year-old, African American participant, reported 4 years of ongoing abuse by her uncle from the time she was age 7 until she was 11 years old. She reported that he would rub his penis on her, fondling, digital penetration, attempted rape, rape, and oral sex weekly when her parents were not home. When asked why she thought this happened, she said, “Because he’s an asshole.” Evelyne stated that at the time, she “didn’t know it wasn’t right” but “at the pit of my stomach, I wondered where this came from” and that she “thought it was supposed to happen.” As an adult, she reported that it makes her “sad,” “not trust people,” and she wonders “if anyone did it to her daughter and didn’t tell.”

**Participant 12.** Participant 12 is Amara, a 21-year-old, African American woman, who stated that her mother’s boyfriend raped her at age 4 on one occasion. When asked why she thought this happened to her, she stated that it was because “he was a molester.” At the time, Amara didn’t know why it happened and “couldn’t understand why,” adding that it made her feel “hurt and sad.” As an adult she has talked to a doctor and a psychiatrist about the abuse, stating that “sometimes I feel happy, sometimes I don’t, sometimes I bust out into anger.”

### **Cross-case Analyses**

**Latina cases.** The following sections include the results of the cross-case analyses within the Latina group of 12 women in response to the WSHQ open-ended items specific to their first incident of abuse. Overall, five themes emerged from the Latina group with two themes focused on how the women conceptualized the abuse: (a) other blame, (b) inability to make sense of abuse; and three related to the after-effects of abuse, (c) healthy coping, (d) suffering in the wake of abuse, and (e) relationship issues.

***Other blame.*** Of the 12 Latina cases, 9 of the participants offered mitigating explanations for the perpetrator's behavior when asked why they thought this happened to them. Examples included that the perpetrator was sick, drunk, or that they themselves had been abused. Only 1 Latina offered an explanation that appeared to hold the perpetrator directly responsible for his actions by referring to the perpetrator's attraction to innocent children as a way to meet the need to feel powerful.

***Inability to make sense of the abuse.*** Six Latinas described having difficulty making sense of their abuse. The participants reported feeling confused about the abuse, either not knowing why it was happening, what was happening, or not remembering the details because they were young. One Latina discussed wondering if the abuse was normal because the perpetrator was an adult, while another had a hard time believing it was real and not a dream.

***Suffering in the wake of abuse.*** Eleven of the 12 Latinas reported some type of struggle in the aftermath of their abuse. Several participants reported experiencing distressing feelings and beliefs after the abuse, which included feelings of shame, guilt, depression, and self-blame as well as concerns that others were being abused by the same perpetrator. Other participants reported feeling vulnerable and powerless because the perpetrator was in control or had threatened them as well as feeling as though they were an easy target because of their age. Negative behavioral consequences for one participant were that she felt she had become shy as a result of the abuse as well as ultra aware of her surroundings.

***Relationship issues.*** Having issues with one's relationships after the abuse occurred was a theme reported by 5 of the Latinas. The most common relational

subtheme was intimacy problems. Examples included not being able to have sex with their partners and feeling disconnected from their bodies in the wake of abuse. The other subthemes were having a general fear of other people as well as being overprotective of children for fear that they might also be abused.

***Healthy coping.*** Three of the 12 Latinas found healthy ways to cope with their abuse experiences. For example, these participants reported gaining mastery over their life and finding life was making sense again, and were clear that the blame for the incident occurring fell squarely on the perpetrator and not themselves. It is important to note that questions directly asking participants about healthy coping strategies were not asked; therefore, the number of women who actually exhibited such mastery may be underestimated.

***Severity and length of abuse, number of perpetrators, and relationship to perpetrator(s) relative to how participants view their CSA.*** To gain a deeper understanding of how participants' views of CSA may be influenced by characteristics of the abuse experience, four elements were considered: (a) severity of abuse, (b) length of abuse, (c) number of perpetrators, and (d) relationship of perpetrator to victim.

To examine the severity of abuse, Mennen's (1995) method for defining CSA severity was used to divide the groups by penetration (including rape, digital penetration, and oral sex) versus no penetration (defined as less severe types of sexual abuse such as attempted rape, fondling, or frottage). Of the 12 Latina cases, there were three who met criteria for the penetration group at some point during their CSA histories. The reason offered for why the abuse occurred was that the participant placed herself in the wrong situation at the wrong time (1 of the 3 participants did not provide a response). Most of

the eight remaining cases that reported no penetration suggested the perpetrator's own mental incapacity explained why the abuse occurred.

To further examine how the length of abuse might influence the views of the Latina participants, the women were divided into three groups which were as follows: (a) individuals who experienced abuse for a few months or longer with the same perpetrator, (b) those abused on 2-3 occasions by the same perpetrator, and (c) participants who were abused on one occasion only. The length of abuse was examined since participants who had lengthier abuse histories may have a different outlook on why the abuse occurred from participants who were abused by one perpetrator on one occasion or multiple single incidents. There were three cases where the abuse occurred for several months to several years by one perpetrator. In these cases, the participants suggested that the perpetrator was "sick," and although two of the participants did not blame themselves for the abuse occurring, one participant did believe she was to blame for the incidents. For the three participants abused 2-3 times, they also reported that the perpetrator was sick and did not blame themselves for the abuse. Of the remaining six participants that experienced one incident of abuse, there was a mix of views, including confusion and questioning the normalcy of the experience, self-blame, and blaming the perpetrator's own history of CSA for her abuse experience.

Because experiencing abuse by a number of different perpetrators might influence how women conceptualize their CSA experiences, the number of perpetrators was also considered. For this examination, the views of Latina participants who were abused by more than one perpetrator were compared to those women who were abused by just one perpetrator. There were five individuals who reported more than one perpetrator with

several abuse incidents before they turned 18 years old. In these cases, four individuals blamed their perpetrators for the abuse occurring (one individual did not provide a reason for why she thought this had happened to her). Of the seven cases that had one perpetrator, all seven participants reported ways to lessen or minimize the perpetrator's role in the abuse occurring.

Finally, the views of Latinas who were abused by family members were compared to women who were abused by non-family members. There were four Latinas who reported being abused by a family member. The perpetrators included brothers, an aunt, and a stepfather. These cases shared views on lessening the perpetrator's role in the abuse or implying something about themselves that may have contributed to the incident occurring. The eight women who were abused by non-family members were more likely to blame themselves for the abuse occurring.

*Severity and length of abuse, number of perpetrators, and relationship to perpetrator(s) relative to how CSA affected the lives of participants.* Also considered in this study was how the severity of abuse, length of abuse, number of perpetrators, and relationship of the perpetrator to the victim may influence how CSA has affected the lives of Latina participants in the aftermath. The women were divided into two groups using the same criteria for examining how these same elements might influence women's views of their CSA experience, discussed in the previous section.

When comparing the three participants whose CSA involved penetration with the nine participants who experienced non-penetration forms of abuse, the trend among the individuals who had experienced penetration were feelings of sadness and vulnerability in the wake of the abuse, intimacy problems as adults, and other relational issues (1 of the

3 participants did not provide a response). Of the nine participants with did not experience penetration, a common report was feeling upset in the wake of the abuse as well as scared and embarrassed.

While examining the role that the length of abuse plays in how these women handled their abuse as adults, two women who were abused for a few months to several years reported issues with intimacy in their adult relationships as well as distressing feelings such as fear of others and symptoms of depression (one participant in this group did not provide a response). The three participants who were abused 2-3 times by the same perpetrator reported feeling scared at the time of the abuse as well as feeling depressed several days a week as an adult. Of the six Latinas who reported being abused one time, there were more mixed observations, including reports of feeling helpless, upset, scared, and depressed as well as crying. Interestingly, only one participant reported some degree of personal growth in the wake of her abuse in that she feels she has gained mastery over the CSA experience rather than the experience controlling her.

In examining the influence of the number of perpetrators on how the participants coped with their abuse, 4 of the 5 Latinas with more than one perpetrator reported feeling vulnerable and helpless in the wake of their abuse (1 participant did not provide a response). The seven cases with one perpetrator reported experiencing some type of distress such as sadness, intimacy problems, and becoming very aware of their surroundings.

Finally, regardless of whether the perpetrator was a family member or non-family member, these women reported issues with intimacy as adults and difficulty trusting others, which included fear of others and concern for others being abused. The four

participants who were abused by a family member reported feeling sad, hurt, and helpless after the abuse occurred, which were also similar emotional reactions reported by the women abused by non-family members.

**African American cases.** The following sections include the results of the cross-case analyses within the African American group of 12 women in response to the WSHQ open-ended items specific to their first incident of abuse. Overall, six themes emerged from the African American group with two themes focused on how the women conceptualized the abuse: (a) other blame, (b) inability to make sense of abuse, and four related to the after-effects of abuse, (c) healthy coping, (d) suffering in the wake of abuse, (e) relationship issues, and (f) safety concerns for self and others.

***Other blame.*** Of the 12 African American cases, six of the women offered reasons to explain the perpetrator's behavior when asked why they thought the incident occurred. Examples of these explanations included that the individual was not getting proper parental supervision at the time the abuse occurred, the perpetrator was using alcohol and drugs when they were abusing the participant, or the perpetrator had a history of CSA and this was why the individual abused the participant. Other less common explanations, included the perpetrator not knowing the abuse was inappropriate, thinking he had the right to abuse the participant, intentionally abusing a child who he knew would not disclose the abuse to others, and normalizing the experience to alleviate fear on the part of the victim.

***Inability to make sense of the abuse.*** Eleven African American participants described having difficulty making sense of their abuse. The subthemes were as follows: (a) turning inward, (b) ambivalence, (c) confusion, and (d) minimizing the severity of the



incident. Nine of the 11 cases reported feeling some sort of confusion about the abuse from either not knowing what to make of the situation or not understanding what had occurred at the time. Other less frequent responses included turning inward and self-blame, ambivalence about the abuse occurrence, and minimizing the inappropriateness of the incident.

*Suffering in the wake of abuse.* Nine of the 12 African American participants reported negative consequences from their abuse experiences. Several participants described experiencing distressing feelings, beliefs, and behaviors in the aftermath of their CSA experiences. For example, some women reported symptoms of depression and anxiety, feelings of anger towards the perpetrator, feeling lonely because they could not talk about the abuse to others, and not being able to trust other people because of their CSA. One participant reported negative behavioral consequences from the incident, which included withholding her feelings from others, becoming secretive as an adult, and engaging in high-risk behaviors such as entering a life of prostitution. Finally, several participants reported experiencing feelings of helplessness as a consequence of the abuse since they were unable to stop its occurrence.

*Relationship issues.* Having relationship problems as a consequence of CSA was reported by four of the African American participants. Some participants reported that they felt an unremitting unease around men because of the abuse they suffered, which included difficulty with trusting men and not wanting their children around men for fear they would also be abused. Other issues that were reported included becoming hypersexual as well as intimacy and self-image problems.

***Healthy coping.*** Of the 12 African American participants, five reportedly found avenues for healthy coping in the wake of their abuse. These women typically held the perpetrator responsible for the abuse occurring rather than engaging in self-deprecating beliefs, refused to view themselves as a victim, and were comfortable expressing righteous anger toward the perpetrator. As noted with the Latinas, the participants were not directly asked about their use of healthy coping strategies, so the number of African American women who engaged in these strategies may be underestimated.

***Safety concerns for self and others.*** Three of the African American participants referred to vigilance about their personal safety and concern for the well-being of themselves and others as consequences of their CSA. Common issues that arose included fear of being harmed, feeling endangered due to a lack parental supervision, and concern that others close to the participant might undergo the same experience, such as one's children or siblings.

***Severity and length of abuse, number of perpetrators, and relationship to perpetrator(s) relative to how participants view their CSA.*** To further understand how the African American participants' views of CSA may be influenced by characteristics of the abuse experience, the same four elements were considered as the Latina group which were as follows: (a) severity of abuse, (b) length of abuse, (c) number of perpetrators, and (d) relationship of perpetrator to victim.

In regards to the severity of abuse, the women were divided into those participants who were penetrated versus not penetrated, again, based on the Mennen's (1995) method for distinguishing serious types of sexual abuse from those considered less severe. Of the 12 African American cases, eight reported that they were penetrated by at least one

perpetrator while four experienced non-penetration types of abuse such as fondling or frottage. When asked why they thought the abuse occurred, the participants who experienced penetration described feeling confused as to why the incident occurred, reporting they did not know it was inappropriate or they were too young to understand what was occurring. Other reasons offered for the incident occurring included poor family supervision, the perpetrator's own CSA experiences, and the perpetrator being sick or mentally incapacitated. These reasons appear to lessen the culpability of the perpetrator. Similarly, among the participants whose abuse did not include penetration, reasons offered by 2 of the 4 participants appeared to minimize the perpetrator's responsibility for the abuse. Only one participant reporting blaming herself for the incident occurring (one participant did not provide a response).

Length of abuse was compared in terms of those African American participants who had been abused for 6 months to 7 years versus those who had experienced abuse on one occasion. There were six cases where the abuse occurred from 6 months to 7 years. Among these participants, confusion was reported when asked to explain why the abuse occurred, and a lesser reported explanation was their families being responsible for allowing the abuse to occur. Confusion was also reported by all participants who experienced only one abuse incident.

To examine how the numbers of perpetrators might influence the conceptualization of CSA for the African American participants, the women were divided into two groups, those women who had two or three perpetrators versus women with only one perpetrator. There were five individuals who reported two or three different perpetrators with several abuse incidents, and three of these participants offered reasons

to lessen the culpability of the perpetrator, while the other two participants reported confusion about why the incident occurred. Similarly, the seven participants with one perpetrator also reported experiencing confusion as to why the incident occurred.

To consider the influence of the perpetrator's relationship to the participant on her understanding of why the abuse occurred, the African American participants were divided into two groups, those women abused by a family member versus those women abused by a non-family member. One participant was abused by her aunt's boyfriend and her responses were not considered in this analysis because the nature of their relationship is unclear. In other words, based on the interviewer's notes, it could not be ascertained if the aunt served as the participant's mother figure and the aunt's boyfriend resided with them and served as a father figure, or if the relationship was more removed. There were nine participants who reported being abused by a family member. These perpetrators included a father, two brothers, five uncles, and a stepfather. All nine participants reported experiencing confusion as to why they thought the incident occurred, while the one participant abused by her stepfather suggested that his time in Vietnam may have contributed to the situation. Finally, the two participants who were abused by strangers had similar feelings of confusion at the time of the abuse, which contributed to them having difficulty explaining why the abuse occurred.

*Severity and length of abuse, number of perpetrators, and relationship to perpetrator(s) relative to how CSA affected the lives of participants.* Similar to the Latina group, the African American group was examined as to how the severity of abuse, length of abuse, number of perpetrators, and relationship of the perpetrator to the victim may have influenced how they coped with their childhood abuse experience. The women

were divided into the same groups as the previous section to look deeper at these four elements of their abuse experiences.

To examine the role that abuse severity plays in its aftermath, the thematic content of those who had been penetrated were compared to those participants who did not experience penetration. Among the eight African American participants who experienced penetration, symptoms of depression were reported as well as fear of men and other people. Among the 4 participants who did not experience penetration, intimacy problems in their romantic relationships as adults, and symptoms of depression and anxiety were reported. Interestingly, two of the participants conveyed a sense of personal growth from the abuse experience, and did not feel they suffered any long-term negative consequences as a result of their CSA.

To investigate how the length of abuse might influence the lives of these women as adults, the African American women were divided into two groups, participants who were abused for 6 months to 7 years versus participants with one abuse incident. Among the six participants who had the lengthiest abuse histories, intimacy problems in their adult relationships and symptoms of depression were reported themes. The six women who reported one incident of abuse were more likely to report themes of fear, both of men and people in general.

In examining how the number of perpetrators impacted the way in which the participants coped with their abuse, five of the African American participants with two or three perpetrators reported experiencing fear or trust issues as adults, including being concerned that someone will abuse their children. Of the seven cases with one perpetrator, common themes were experiencing depression as an adult, having problems

being intimate with romantic partners, and, like the participants with multiple perpetrators, concern that their own children could be victimized.

Finally, the African American participants were divided into the group of women abused by a family member versus those who were abused by a non-family member. The case in which the aunt's boyfriend was the perpetrator was also excluded from this analysis since the exact nature of the relationship to the participant could not be determined. Among the nine participants in which a family member perpetrated the abuse, common experiences reported in the wake of their abuse included symptoms of depression and problems with intimacy. Finally, the two participants who reported abuse by non-family members were more likely to experience fears of being harmed or feeling endangered as an adult.

### **Cross-group Analysis**

The findings of the cross-group analysis revealed similarities in how the Latinas and African American participants conceptualized and coped with their CSA experiences.

**Abuse perceptions.** Fifty percent or more of both the Latina and African American participants attempted to make sense of their victimization through explanations they believed accounted for the perpetrator's actions, with the most common reason being that the perpetrator was "sick." The other theme shared in common by a similar proportion of participants from both groups was the inability to make sense of why they were victimized. These themes point to how participants have struggled to identify a logical explanation for their victimization, when, in fact, the act defies logic. This is an important clinical observation in that treatment may need to focus on helping these women normalize the sense of confusion they are experiencing, get in touch with

the emotionality associated with their CSA experience, and facilitate finding the words to describe their experience.

**Abuse outcomes.** When examining how the victims handled the abuse in its aftermath, the theme that was more frequently endorsed by 75% or more of both the Latina and African American participants was the emotional suffering that they experienced. Feeling of depression and anxiety were reported by participants in both groups. As adults, these women continue to illustrate how difficult it is to make sense of their abuse as children. The inability to reconcile their traumatic childhood experience may perpetuate the feeling of being unsafe, resulting in negative emotionality such as sadness and fear.

Although less frequently endorsed, both Latina and African American participants reported that they experienced problems with their relationships, including intimacy problems, issues with trusting others, fearing harm from others, and worrying their own children could be sexually victimized. This is an important clinical observation, for if these women's capacity to trust others is compromised, it serves as a barrier to seeking treatment, further increasing their risk for depression and other psychological and social challenges.

Finally, the least frequently endorsed theme, although shared by a subset of both Latina and African American participants, were reports that one had gained mastery over their CSA experience and no longer feel the "victim." Interestingly, these women did not report negative emotionality as part of the aftermath of CSA, which speaks to their psychological resilience and potential for growth from the experience.

These three themes illustrate the diversity of how women cope in the aftermath of CSA. That is to say, some of these women have not overcome the initial psychological trauma while others have found ways to go on with their lives, despite the experience.

**Severity and length of abuse, number of perpetrators, and relationship to perpetrator(s) relative to how participants view their CSA.** To further understand how the Latina and African American participants view their CSA experience, the following characteristics of the abuse experience were considered: (a) severity of abuse, (b) length of abuse, (c) number of perpetrators, and (d) relationship of perpetrator to victim.

The analysis revealed that both the Latina and African American participants who experienced non-penetration forms of abuse shared a tendency to blame the perpetrator's own mental incapacity for the abuse occurring, for example, thinking that the perpetrator's alcohol abuse was to blame for the CSA occurring; whereas, those women in both groups whose abuse involved penetration did not share common thematic content. The participants who experienced non-penetration forms of abuse were typically under the age of 10 years when the abuse occurred and experienced a single abuse incident.

In terms of length of abuse, the Latina and African American participants with lengthier abuse histories did not share common themes, while those with a single incident of abuse reported experiencing confusion about the situation, even questioning if the abuse was normal. Moreover, these participants were younger at the time of the abuse occurrence; hence, childhood naïveté may be one possible explanation for the confusion they experienced. Also, the Latinas and African American participants who experienced penetration and the lengthier abuse histories did not share common themes about their



abuse perceptions. This finding may be due, in part, to the diversity of the incidents they experienced and the varied ages at the time of each abuse occurrence.

Whether the participants were abused by multiple perpetrators or a single perpetrator, no common themes were found between the Latina and African American participants. When the participant's relationship to the perpetrator was examined, the Latina and African American participants abused by family members tended to offer reasons to lessen the perpetrator's role in the abuse. This observation may be due to issues such as family loyalty or the victim's reliance on the perpetrator as her primary caregiver, which makes placing blame on the individual difficult, and awkward, at best. No common themes were observed for the Latina and African American participants who were abused by non-family members.

**Severity and length of abuse, number of perpetrators, and relationship to perpetrator(s) relative to how CSA affected the lives of participants.** In the final cross-group analysis, common themes shared between the Latina and African American participants were identified for how severity of abuse, length of abuse, number of perpetrators, and relationship of the perpetrator to the victim may influence the way the individuals coped with their CSA.

Although no common themes emerged on the influence of abuse severity on how Latina and African American participants viewed their CSA experience, reporting symptoms of depression was shared by both groups of women in the aftermath of the experience. This observation suggests that regardless of how these women viewed their victimization, depression was a likely outcome to their experience. No common themes emerge for the women whose abuse experiences did not involve penetration.

Symptoms of depression was also the theme shared in common between Latina and African participants with lengthier abuse histories, while Latina and African American participants who were abused on one occasion shared themes of feeling vulnerable and helpless. The participants with the longest abuse histories had to deal with the confusion of why their CSA went on for months or years. Their inability to make sense of their situation may have made them more susceptible to depression as an adult.

In considering the number of perpetrators and how this might influence the way in which the individual elects to cope with her CSA, Latina and African American participants with one perpetrator reported experiencing some form of distress as an adult, including depression, problems with intimacy, and being excessively aware of one's surroundings. Those Latina and African American participants with multiple perpetrators also shared they had difficulty coping with their abuse histories, reporting symptoms such as depression and the fear of being around men.

Finally, in terms of relationship to perpetrator, both Latinas and African American participants who reported being abused by a family member reported symptoms of depression in the wake of their abuse as well as problems with intimacy in romantic relationships. Moreover, those participants abused by non-family members shared in common problems trusting others. These themes point to how the intense violation these participants experienced as children has made it difficult for these women to function interpersonally as adults, regardless of their relationship to the perpetrator.

## Summary of Findings

Among the Latina and African American participants, the following are the major themes that emerged:

1. In regard to their perceptions about why the abuse occurred, common themes that arose for both Latinas and African American participants were either their inability to find a plausible explanation for their victimization or their attempt to explain their abuse experience by offering reasons to lessen the culpability of the perpetrator.
2. Although both Latina and African participants reported an inability to find a plausible explanation for their victimization and lessened the culpability of the perpetrator, more Latinas offered explanations that minimized the perpetrator's role in the abuse while the African American participants were more likely to report they were unaware of what was occurring due to their young age.
3. The most common challenge reported by the Latina and African American participants in the abuse aftermath is the negative emotionality they experienced, i.e., feelings of depression and anxiety.
4. In addition to intrapersonal challenges, Latina and African American participants also reported difficulties in their interpersonal relationships, such as intimacy problems in romantic relationships or difficulty with trusting others.
5. Although the least frequently endorsed theme, some Latina and African

American women reported gaining a sense of mastery over their CSA experience, with some women indicating the experience made them the person they are today or the incident did not negatively influence their functioning as an adult.

6. A theme unique to the African American participants was their reporting of safety concerns for self and others, which included fears about feeling endangered and concerns about others being victimized.
7. In this particular subsample, it was found that the African American participants were more likely to report severe abuse (i.e., penetration), had lengthier CSA histories, and were more likely to be abused by a family member than their Latina counterparts.

## **Chapter IV: Discussion**

The way women of color conceptualize their CSA experiences can impact the psychological outcomes they face later in life. This conceptualization may vary across cultural groups based on a number of factors including how old the victim was at the time of the abuse, duration of the abuse, severity, and relationship to perpetrator (Kenny & McEachern, 2000). Leahy et al. (2003) have suggested that confusion about why the abuse occurred and self-blame are two of the most common perceptions of abuse for women with CSA histories across ethnicities. Only a few studies have explored the specific cultural differences that can shape how these women view their CSA, however, there are a number of studies that have looked at how women from different cultural backgrounds cope with their experiences in the aftermath, suggesting that depression and post-traumatic stress symptoms are common across groups (Andres-Hyman et al., 2004; Clear et al., 2006; Huston et al., 1995, Kenny & McEachern, 2007; Mennen, 1995; Ullman & Filipas, 2005).

The following discussion describes the abuse characteristics for the Latina and African American participants in this study and relates the findings to previous research on how women of color conceptualize and cope with their CSA. An examination of how the cultural backgrounds of these women may influence their views and outcomes of CSA is also provided.

## **Study Findings and Previous Research**

Overall, the thematic content that emerged in this study was corroborated by much of the existing literature. There did, however, appear to be inconsistencies when comparing previous studies with some of the experiences of these participants.

Some of the abuse characteristics of the African American and Latina participants were similar to what has been shown in previous research. For example, African American women had longer and more severe (i.e., penetration) abuse experiences than the Latina participants (Kenny & McEachern, 2000; Huston et al., 1995). Huston et al. (1995) also suggest that the longer the abuse continues, the higher the rates of penetration. This escalation in severity was present in both groups of women with longer CSA histories, although more common in the African American group due to the higher rates of both duration and severity.

Interestingly, the Latina and African American women with the lengthiest and most severe abuse histories did not share similar themes regarding why they believed the abuse occurred, while those with briefer and less severe experiences did share similar themes. The women who underwent severe abuse over months and years may have experienced shifts, over time, in the way they viewed their victimization, due to how these experiences interacted with the intrapersonal and interpersonal factors unique to each woman. Moreover, these same factors may have influenced how the women attempted to cope with their victimization, trying diverse coping strategies to abate the abuse. In fact, one study suggests that the repeated loss of safety can negatively impact how children view their own sexual victimization and the ways that it contributes to their functioning as adults (Leahy et al., 2003).

In regard to the relationship of the victim to the perpetrator, much of the research suggests that Latinas are more likely to be abused by a family member than African American women, which was not observed in the current study (Kenny & McEachern, 2007; Sanders-Phillips et al., 1995; Ullman & Filipas, 2005). Furthermore, the Latinas in previous studies were less likely than African American women to experience CSA perpetrated by strangers, which, again, was not the case in the present subsample. What is consistent with previous findings is that the subset of African American participants who experienced intrafamilial abuse were more likely abused by an uncle when compared to their Latina counterparts (Kenny & McEachern, 2000). These researchers also found that African American survivors were more likely to come from single-parent families, which increases the likelihood that uncles or other extended family members were providing supervision.

Thematic similarities also emerged in the perceptions of how Latina and African American women explained their victimization. The two most common responses were either being unable to explain why the abuse occurred or explaining the abuse by offering ways to minimize the culpability of the perpetrator. The former response is consistent with research that suggests confusion over the abuse occurrence was one of the most frequent ways in which CSA survivors responded to such queries (Leahy et al., 2003). The same study also suggests that lessening the blame on the perpetrator is one way in which victims can attribute a less threatening meaning to their victimization. Perhaps victims feel safer in the wake of their abuse if they make the incident appear less menacing. Although the groups shared common themes for explaining their abuse, Latinas were more likely to report reasons to lessen the blame on the perpetrator while

the African American women were more likely to report an inability to explain why the abuse occurred. If lessening the blame on the perpetrator potentially makes the abuse less threatening to the victim, it may account for why the African American women reported having safety concerns for themselves and those around them in the wake of their abuse, which was not reported by the Latinas.

The most common abuse outcome reported by Latina and African American women was negative emotionality, particularly symptoms of depression and anxiety. This finding is supported by research conducted with both Latina and African American CSA survivors (Andres-Hyman et al., 2004; Briggs & Joyce, 1997; Owens & Chard, 2003; Paolucci et al., 2001; Peleikis et al., 2004; Rodriguez et al., 1997). There are conflicting reports about whether it is the Latinas or the African American women who experience more negative emotionality. For example, some researchers suggest that Latinas experience more depression than African Americans with similar CSA histories (Sanders-Phillips, 1995), while other researchers suggest African Americans report more depression than Latinas (Axelrod et al., 1999). While still other studies suggest there are no differences on the degree of depression or anxiety reported by ethnicity (Mennen, 1995). Finally, other investigators, such as Clear, Vincent, and Harris (2006), suggest differences in coping styles may influence symptom presentation of Latina and African American CSA survivors, with withdrawal, anger, and avoidance more likely expressions of depression among African American women when compared to Latinas (Andres-Hyman et al., 2004; Clear et al., 2006).

Another common outcome of CSA reported by the Latina and African American women was the development of relational difficulties. Problems with intimacy in



romantic relationships and the inability to trust others were common themes that emerged from the analysis. The literature suggests that the greater the sexual trauma, the more difficult it is for the individual to develop a secure attachment style, thus, impacting the way they are able to function interpersonally as adults (Liang et al., 2006). These types of interpersonal issues may also serve as a barrier for seeking treatment because it is so difficult for these women to feel comfortable with others.

The least frequently reported theme that Latina and African American women shared in common, although worthy of further discussion, was gaining a sense of mastery over their CSA experience. In one study, it was observed that individuals who were abused by family members have a greater potential for post-traumatic growth than when the perpetrator is a non-family member (Lev-Wiesel et al., 2005). When physically escaping the abuse is infeasible, such as when the perpetrator is a family member who resides with the victim, individuals may be forced to find ways to emotionally disengage while the abuse is occurring, so they can function in other areas of their life. Lev-Wiesel et al. (2005) suggest that in such cases, post-traumatic growth may potentially serve as a way to defend against emotional distress for CSA survivors.

Safety concerns for the individual and those around her emerged as a unique theme for the African American participants. One study suggests that taking safety precautions in the wake of childhood trauma may be a vital coping strategy for African American survivors because they can gain a sense of control over their lives (Bryant-Davis, 2005). This may be especially important for those that live in urban areas where repeated trauma and violence are prevalent. Feelings of distrust for law enforcement may also make these women feel unsafe (Thomas et al., 2008). Many of these women may

have experienced discrimination by law enforcement or other social service agencies; hence, taking safety precautions into their own hands would become a necessity since the typical community support systems are not options for African American women. Moreover, if their abuse was perpetrated by a family member, these women may have felt they had nowhere to turn for support as children, and taking safety precautions guarded against feeling helpless as adults.

Also, the way in which these women showed concern for others being abused is a common outcome for CSA survivors. Grossman et al. (2006) suggest that this may actually be a way to make meaning out of this type of trauma. They found that CSA survivors have an allegiance to those that are perceived as vulnerable and this type of altruistic thinking may help them derive a sense of control over what happened to them. Because many of these women value feeling empowered, protecting others may be a positive way for them to maintain a sense of control in their own lives. In contrast, Latinas appeared to deal with their victimization by lessening blame on the perpetrator, thereby making the perpetrator less threatening, and in so doing, they feel safer.

### **Clinical Implications**

Therapeutic interventions aimed at Latinas and African American women who have experienced CSA must take into account how these women view and cope with their sexual victimization. From the findings of this study emerged themes of clinical relevance that Latinas and African American women share in common as well as themes that were unique to each group of women. Both the shared and unique perceptions of their abuse histories and ways of coping in the aftermath of the abuse are important considerations in planning treatment.

When looking at issues specific to the therapeutic needs of female CSA survivors, clinicians must not only provide a safe space for these women to share their experiences, but clinicians must, themselves, be comfortable authentically engaging with these women on the intense feelings they experience as well as be aware that how these women react or express their feelings may differ based on ethnic background (Leahy et al., 2003). Before healing can begin, therapists must allow these women to express their emotions openly, without fear of judgment. The failure of having this opportunity is among the most common problems reported by CSA survivors in treatment, regardless of ethnicity (Leahy et al., 2003).

Common themes for conceptualizing the abuse experiences that were reported by the Latinas and African American women in this study were the inability to find a plausible explanation for the abuse occurrence and lessening the culpability of the perpetrator. One of the most important therapeutic tasks for these women may be the development of “empowered meaning attributions” (p. 664), which include an integration of their feelings about the abuse and the perpetrator (Leahy et al., 2003). Because these women either had difficulty explaining their abuse or found ways to minimize the perpetrator’s role in it, research suggests that they are more likely to experience distress because they lack a meaningful understanding of the event (Grossman et al., 2006). Women who have created more meaningful attributions have been shown to fare better in the wake of their CSA.

One of the challenges with developing a more empowered understanding of why one’s CSA occurred is the inability to resolve the traumatic attachment the individual has to the perpetrator (Leahy et al., 2003). Understanding this attachment is particularly

important when considering about half of the women in the present study reported intrafamilial abuse. Depending on the role of the perpetrator in the victim's life, this type of attachment may become increasingly more complicated. If the perpetrator is a "trusted caregiver," the child may find it safer to blame herself because of the "overwhelming emotional and cognitive dissonance" (p. 663) such a situation evokes (Leahy et al., 2003). It is also important to consider that in cases of intrafamilial abuse, the individual may tend to minimize the blame on the perpetrator because of her established relationship with the perpetrator. Understanding how the individual has made meaning of her experience can help in identifying the level of traumatic attachment she has to the perpetrator, which may be the most important conflict to resolve in treatment.

The most common outcome for CSA survivors in this study, and in much of the existing literature, was negative emotionality (Andres-Hyman et al., 2004; Briggs & Joyce, 1997; Owens & Chard, 2003; Paolucci et al., 2001; Peleikis et al., 2004; Rodriguez et al., 1997). While therapists may be able to explain how depression and anxiety develop after trauma, what may be absent from their clinical understanding is how the CSA experience, itself, may play a significant role in the way these women handle the abuse in its aftermath. Mennen (1995) suggests that the "experience of sexual abuse has universalities that transcend culture" (p. 122) and the specific outcomes of CSA, including depression and anxiety, may have more to do with the abuse characteristics for each individual, e.g., relationship to perpetrator, length and severity of the abuse, or number of perpetrators. This would suggest that the more information the therapist uncovers regarding the abuse experience, the more helpful he or she may be in identifying healthier coping styles and planning treatment for each woman.

While negative emotionality was a shared experience for both groups of women, it is also important to note that the expression of symptom may actually distinguish African American women from Latinas. For example, Latinas who lack social support may be at a higher risk for developing depression in the wake of their CSA than Latinas with a stronger social network. This depression may manifest itself through avoidant behaviors, such as withdrawal and the development of repressed attitudes toward sexuality (Kenny & McEachern, 2000). In other words, by avoiding any thoughts of their own sexuality, these women deflect coping with their sexual victimization, which, in turn, may exacerbate the depression. In contrast, African American women may express their depression through symptoms of hyperarousal, such as irritability, aggression, or anger (Sanders-Phillips et al., 1995). Awareness that these differences may exist is imperative for rendering both an accurate diagnostic formulation and planning the course of treatment.

Issues with trust and intimacy were also common responses that emerged in the wake of CSA. The repeated loss of safety and exposure to trauma can negatively influence the quality of relationships survivors experience for the duration of their lives. Apart from helping these women resolve their potentially traumatic attachment to the perpetrator, the therapist's ability to provide a safe environment and establish a trusting relationship may facilitate the ability of these women to become more capable in other interpersonal relationships (Leahy et al., 2003). Because these women do not feel safe when with others, many have elected to isolate themselves rather than engage others. Yet, research indicates that social support can serve as a buffer to psychological damage from

CSA (Lev-Wiesel et al., 2005), therefore, by isolating themselves, these women are denied the opportunity to begin the healing process.

While gaining a sense of mastery over their CSA experiences was the least frequently endorsed outcome for both groups of women in the present study, it is important for clinicians to understand that not all outcomes are necessarily negative as well as become familiar with factors that may support post-traumatic growth in the wake of CSA. For example, while CSA can negatively influence the way individuals view the world around them, the ability to cognitively restructure and function at a high level in the wake of the trauma may be influenced by the relationship of the perpetrator to the survivor. Lev-Wiesel et al. (2005) suggest that children who reside with the perpetrator are forced to turn inward to escape the abuse, so may have a higher potential for post-traumatic growth. They suggest that a “dissociative mechanism” (p. 14) is employed by these individuals, allowing them to detach emotionally from the difficult circumstances of living with the perpetrator (Lev-Wiesel et al., 2005). In this case, the dissociative experience of these women potentially plays a positive role and serves as a buffer against negative thoughts and feelings, allowing the women to function in other areas of their lives. These women are practiced in separating the negative thoughts and feelings of their CSA experiences in their adult lives since they were forced, as children, to emotionally escape through daydreaming or fantasy to cope with their circumstances.

Clinicians who work with survivors of CSA must take into account clinical considerations that are shared by survivors of CSA, unique to particular subgroups of CSA survivors, and vary from one survivor to another. From the findings of this study, it appears access to treatment is as critical as what occurs in treatment.

## **Directions for Future Research**

Many of the themes that emerged from the present study were consistent with previous research on how Latina and African American women conceptualize and cope with their histories of CSA. There were, however, issues of clinical value that would benefit from further investigation.

First, since the Wyatt Sexual History Questionnaire (WSHQ) did not specifically ask participants for cultural content, the findings of this study did not ascertain the role of culture in how women view and cope with their histories of CSA. Although the study identified areas in which Latinas and African American women differ in their conceptualization and ways of coping with abuse, the findings did not identify cultural difference per se. Knowing more about the relevance of culture offers opportunity to develop culturally strategic treatments. Moreover, attention to how culture and level of acculturation may impact the influence of abuse characteristics, such as severity and length of abuse, relationship to perpetrator, and number of perpetrators, on how women create meaning and cope with their abuse histories is warranted. This subsample found that African American women were more likely than Latinas to have longer CSA histories, had more severe abuse (i.e., penetration), and were more likely to be abused by a family member. These differences need to be investigated in more depth so as to develop a better understanding of the specific role these attributes play in how one deals with CSA as well as how culture and these characteristics may intersect and affect the potential of these women seeking treatment.

Second, the WSHQ is an open-ended, interview style measure that allowed the direct collection of data from the survivors. The themes generated by this investigation

emerged from the experiences of the participants in their own words. This is not typical for research on CSA survivors, especially when focusing on potential cultural differences in long-term effects of abuse. One recommendation for the further development of the WSHQ is to include specific questions about the victim/perpetrator relationship, such as whether or not the individual was living with the victim at the time of the incident, how long the victim had known the perpetrator, and what the relationship had been with the perpetrator prior to the abuse occurring. For example, a family friend living in the home who perpetrates the abuse may be considered more like a family member to the victim than an uncle who has little contact with the victim other than the abuse experience.

Third, there is a lack of research literature on how women with multiple perpetrators versus a single perpetrator make sense and cope with their abuse experiences. Although the present study only analyzed the data reported for the first incident of abuse, women in both groups with multiple perpetrators reported more themes of fearing others and feeling vulnerable in the wake of their abuse. Existing research was not found that dealt specifically with these differences, warranting further investigation into this observation.

Fourth, more research on the intersection of culture and symptom expression is needed. The literature on how women of different cultures present in the aftermath of CSA exhibits opposing views in much of the existing research. Cultural differences that have emerged in symptom expression may include anxiety manifesting as withdrawal or avoidance and depression expressed as anger or irritability. Few studies have closely examined how cultural factors may influence these differences in symptom expression.



Fifth, further examination of how one's cultural system influences the development of post-traumatic growth in the wake of CSA is warranted. Research on the relationship of culture to post-traumatic growth is limited, at best. Future investigations that focus on how women with CSA histories gain mastery over their abuse rather than have their histories hold them hostage has the potential of facilitating growth in others CSA survivors who have not fared as well.

Sixth, an examination of healthy versus unhealthy sexuality with women who have experienced CSA appears warranted. Examining the influence of culture on women's views of sexuality and how their sexual behavior since their abuse may have been impacted by their CSA may offer direction for providing more culturally congruent treatment. Moreover, focusing on healthy sexuality with CSA survivors may help women overcome the intimacy issues many report facing in the aftermath of abuse.

Seventh, understanding how religious or spiritual beliefs may influence the way women cope with and conceptualize CSA may also uncover important themes. There are many ways that individuals use their religious or spiritual beliefs to help them through difficulties in life, but those individuals who follow strict religious doctrines may carry negative beliefs about themselves in the wake of their sexual trauma. An examination of these beliefs and their impact on individuals may help provide an understanding on how religion can be used in both positive and negative ways by survivors of CSA.

Finally, there are a host of methodological considerations that merit consideration as these issues may have influenced the outcome of the present study and should be addressed in the design of future investigations. First, due to the dialectical nature of qualitative research, it is typical for the investigator to have opportunity to engage in

further consultation with the study participants in order to clarify their interpretation of findings and to ensure the participant's point of view is accurately portrayed. In working with data that are archived, this opportunity does not exist; hence, procedures for ensuring the credibility of the study findings had to be built into the investigation, and in cases where consensus could not be achieved on the meaning of data, the case had to be excluded. Another issue was the data collection method used in the original study, that is to say, the interview responses were handwritten rather than audiotaped or videotaped. With this method of data recording, a certain amount of interpretive freedom may have occurred, making it difficult to authentically track what is recorded to its source (Mertens, 2005). Moreover, some responses were vague or ambiguous, while other responses were illegible.

## **Conclusion**

Maya Angelou (1994) said, "history, despite its wrenching pain, cannot be unlived, but if faced with courage, need not be lived again" (p. 272). The strength and courage that the women who participated in the original study displayed by speaking out about their CSA can only be viewed with great admiration. Many of these women expressed gratitude that their stories could be shared and utilized for research to help others who have experienced CSA. The ultimate goal of future researchers should not only be finding ways to prevent CSA but also to adopt culturally appropriate treatment options for survivors to help them heal in the wake of their abuse. The earlier treatment begins, the more time these individuals can spend finding ways to grow and thrive, despite the horrors they faced as children. This investigation was an attempt to begin the search for some of these answers.

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## APPENDIX A

### Literature Spreadsheets

## I. Overview of Research on Female Survivors of Childhood Sexual Abuse

Citation	Research Objectives/ Questions	Sample	Instrumentation	Research Approach	Data Analysis	Major Findings
<p>Amodeo, M., Griffin, M.L., Fassler, I.R.; Clay, C.M., &amp; Ellis, M.A. (2006). Childhood sexual abuse among Black women and White women from two-parent families. <i>Child Maltreatment</i>, 11 (3), 237-246.</p>	<p>The investigators examined the differences in the nature, severity, and aftereffects of abuse between African American and Caucasian women from two-parent families with CSA histories.</p>	<p>290 women 21-65 year old women 45.5% African American, 54.5% White</p>	<ul style="list-style-type: none"> <li>• Wyatt's face to face, open-ended measure of the individual's worst CSA experience</li> <li>• Timeline Follow-Back Interview</li> <li>• CSA Childhood questionnaire</li> <li>• Collateral sibling interviews including questions about their own abuse histories and response to sibling abuse</li> </ul>	<p>Causal-comparative</p>	<p><i>t</i> test Chi square</p>	<ul style="list-style-type: none"> <li>• African American women were 1.75 times more likely to have experienced CSA.</li> <li>• The rate of incest was similar to Wyatt (1999) study findings where extra familial abuse was twice as likely as intrafamilial abuse.</li> <li>• No racial differences were found in the nature, severity, or aftermath of CSA.</li> </ul>
<p>Andres-Hyman, R. C., Cott, M. A., &amp; Gold, S. N. (2004). Ethnicity and sexual orientation as PTSD</p>	<p>The investigators studied demographic variables (relationship status, religion,</p>	<p>257 women in outpatient treatment over the age of 17 with a CSA history and presenting traumatic CSA</p>	<ul style="list-style-type: none"> <li>• Impact of Events Scale (IES)</li> <li>• Structured Clinical Interview</li> </ul>		<p>One-way ANOVA</p>	<ul style="list-style-type: none"> <li>• Hispanics had less severe intrusive symptoms of psychological distress than other groups and significantly lower scores on the Intrusion subscale of the IES.</li> <li>• The investigators note the difference may be due to the inclusion of diverse ethnic groups in the Hispanic category.</li> <li>• Hispanics reported less severe intrusive</li> </ul>



<p>mitigators in child sexual abuse survivors. <i>Journal of Family Violence, 19(5), 319-325.</i></p>	<p>ethnicity, education &amp; income, sexuality/sexual orientation) that may impact PTSD symptoms among CSA women.</p>	<p>after effects Ages 17-58 77% Caucasian, 10.2% Hispanic, 7.4% African-American, 5.5% Other  41.5% married; 30.5% single; 28.1% separated, divorced, or widowed  Average age of abuse onset 6.97 years  Average abuse duration 5.07 years  Average # of perpetrators 2.73</p>				<p>symptoms of psych distress than African Americans, Caucasians, &amp; the other group.</p> <ul style="list-style-type: none"> <li>• Lower IES Intrusion subscale scores suggest a buffering effect for Hispanic women, which is in contrast to previous research.</li> <li>• The investigators also found that women who were not interested in sex had lower scores on IES Intrusion subscale, perhaps due to not engaging in sex that could trigger recollections of past CSA.</li> </ul>
<p>Bensley, L., Ruggles, D., Wynkoop Simmons, K., Harris, C., Williams, K.,</p>	<p>The investigators looked into perceived norms in the general</p>	<p>314 females; 190 males Ages 18 – 65+ 457</p>	<ul style="list-style-type: none"> <li>• Behavior list including 34 items where participants</li> </ul>	<p>Causal-comparative</p>	<p>Chi-square</p>	<ul style="list-style-type: none"> <li>• Those who had experienced the abuse were less likely to consider the behaviors abusive.</li> <li>• More research needs to be done to look at meaning-making across cultures in response to CSA.</li> </ul>

<p>Putvin, T., &amp; Allen, M. (2004). General population norms about child abuse and neglect and associations with childhood experiences. <i>Child Abuse &amp; Neglect</i>, 28(12), 1321-1337.</p>	<p>population and how these norms are influenced form personal experiences.</p>	<p>Caucasian; 24 Hispanic; 14 African-American; 13 Asian/Hawaiian/Pacific Islander; 9 Native American/Alaskan; 5 other; 6 not reported</p> <p>141 high school graduate or less; 202 some college or technical school; 161 college graduate or more</p>	<p>were asked if they believed it to be abusive or neglectful (yes, maybe, sometimes, or no).</p> <ul style="list-style-type: none"> <li>• Childhood experiences: the same behaviors were used to ask participants if they had happened to them</li> <li>• Demographic questionnaire</li> </ul>			
<p>Briggs, L., &amp; Joyce, P. R. (1997). What determines post-traumatic stress disorder symptomatology for survivors of childhood sexual abuse? <i>Child Abuse &amp; Neglect</i>, 21(6), 575-582.</p>	<p>The investigators studied which childhood abuse experiences are associated with symptoms of PTSD. The 3 categories were no abuse; particular trauma and abuse</p>	<p>73 women over the age of 16 recruited from the Family Health Counseling Service's Sexual Abuse Program</p>	<ul style="list-style-type: none"> <li>• History of CSA before and after age 16 was taken from initial intake interviews for their individual therapy</li> <li>• Hopkins Symptom Check List</li> <li>• Social Adjustment</li> </ul>	<p>Correlational</p>	<p>Descriptive statistics</p> <p>Pearson correlations</p> <p>Multiple linear regression</p> <p>Factor analysis with varimax rotation</p>	<ul style="list-style-type: none"> <li>• The severity of PTSD is correlated to actual sexual intercourse during the abuse.</li> <li>• A factor analysis was conducted with 5 factors (dissociation, intrusive thoughts, hyperarousal, numbing, and anger) to determine CSA experiences and PTSD severity and found that CSA with intercourse remained significant when variables such as general psychopathology were controlled.</li> </ul>

	experienced 1-3 times; and multiple, repeated abuse.		<ul style="list-style-type: none"> <li>Scale</li> <li>PTSD Symptoms Scale</li> </ul>			
Huston, R., Parra, J., Prihoda, T. & Foulds, D.M. (1995). Characteristics of childhood sexual abuse in a predominantly Mexican-American Population. <i>Child Abuse &amp; Neglect</i> , 19(2), 165-176.	These investigators examined demographic, historical, and physical findings of cases of Mexican American children with CSA histories.	1,885 children that were taken from retrospective review of all children under the age of 18 who were evaluated at university-based hospital settings in Bexar County, Texas between 1987-1989  1,625 girls, 260 boys  65% Mexican American, 27% Anglo, 8% African American	<ul style="list-style-type: none"> <li>Hospital records</li> </ul>	Causal-comparative	t-test  ANOVA  Chi-square	<ul style="list-style-type: none"> <li>77% of the cases were perpetrated by someone the child knew.</li> <li>Girls were older at the time of abuse.</li> <li>African American children were more likely to be abused by more than one person (21%, compared to 8% of Mexican Americans).</li> <li>African American children reported higher rates of penetration than Mexican American and Caucasian children.</li> <li>One-quarter of the Mexican American children in the study were abused by fathers or step-fathers.</li> </ul>
Kenny, M.C., & McEachern, A.G. (2007). Family environment in Hispanic	The researchers examined the family environment of Latinas with	18 females  Ages 20-49  Separated into groups based	<ul style="list-style-type: none"> <li>Semi-structured interview</li> <li>FES Form R</li> <li>Demographic data</li> <li>CSA severity /</li> </ul>	Mixed Method	t test  theme analysis	<ul style="list-style-type: none"> <li>Fathers were the authority figure in the household generally but overall elders were the decision makers.</li> <li>Found significance on the Achievement-orientation subscale of the FES.</li> <li>Premarital sex was not discussed and was</li> </ul>

<p>college females with a history of childhood sexual abuse. <i>Journal of Child Sexual Abuse</i>, 16(3), 19-32.</p>	<p>CSA histories.</p>	<p>on SES levels 28% Low or under \$24,000  40% from \$25,000-60,000  32% from over \$60,000  All Latina: 50% Cuban 17% Puerto Rican 17% Central American 16% Biethnic</p>	<p>prevalence / relationship to perpetrator</p>			<p>discouraged.</p>
<p>Lev-Wiesel, R., Amir, M., &amp; Besser, A. (2005). Posttraumatic growth among female survivors of childhood sexual abuse in relation to the perpetrator identity. <i>Journal of Loss &amp; Trauma</i>, 10(1), 7-17.</p>	<p>The researchers examined PTG in relation to PTSD in a female sample of CSA survivors in relation to the perpetrators' identity.</p>	<p>93 female CSA survivors were randomly drawn from a sample of 246 female university students. Average age – 24.96 87% Israeli  40% abused by family member  60% abused by stranger</p>	<ul style="list-style-type: none"> <li>• Traumatic Events Questionnaire</li> <li>• PTSD Inventory</li> <li>• PTG Inventory</li> </ul>	<p>Correlational</p>	<ul style="list-style-type: none"> <li>• <i>t</i> test</li> <li>• Regression analysis</li> <li>• Mediational analysis</li> </ul>	<ul style="list-style-type: none"> <li>• PTSD &amp; PTG coexist</li> <li>• Those with family perpetrators had more dissociative coping which proved to be more beneficial to them in later life.</li> </ul>

<p>Lowe, W. J., Pavkov, T. W., Casanova, G. M., &amp; Wetchler, J. L. (2005). Do American ethnic cultures differ in their definitions of child sexual abuse? <i>American Journal of Family Therapy</i>, 33(2), 147-166.</p>	<p>The investigators examined the three largest ethnic groups (African American, Caucasian, Hispanic) in the U.S. to determine if what they considered CSA was the same as well as what each group deemed reportable.</p>	<p>179 freshmen students in daytime and evening psychology and sociology courses</p> <p>129 female, 50 male</p> <p>113 Caucasian, 31 African American, 34 Hispanic, 1 Native American</p> <p>Ages 18-51</p> <p>Majority identified as upper-middle, middle, and lower-middle class</p>	<ul style="list-style-type: none"> <li>• Demographic questionnaire</li> <li>• Child Sexual Abuse Evaluation questionnaire (CSAEQ; vignettes used to describe three legal categories of CSA as defined in the State of Indiana Code of Criminal Law and Procedure: Child Seduction, Sexual Misconduct with a Minor, and Child Molestation)</li> </ul>	<p>Correlational</p>	<p>Chi Square</p> <p>Logistic regression analysis</p>	<ul style="list-style-type: none"> <li>• There were 2 scenarios out of 15 that were significant in regards to ethnic differences. These included recognizing and responding to CSA. The first scenario included a 23-year-old adoptive father having intercourse with his 17-year-old adopted daughter. The second was an 18-year-old male and 15-year-old female performing mutual masturbation.</li> <li>• No other differences in ethnicity and the definition of CSA were reported.</li> </ul>
<p>Mennen, F. E. (1995). The relationship of race and ethnicity to symptoms in childhood sexual abuse.</p>	<p>Ethnicity and cultural background were examined in terms of levels of depression, anxiety, and</p>	<p>134 females</p> <p>51 Caucasians, 38 Latinas, 35 African Americans, 8 Asian Americans, 2</p>	<ul style="list-style-type: none"> <li>• CDI</li> <li>• Revised Children Manifest Anxiety Scale</li> <li>• Self-perception Profile for</li> </ul>	<p>Causal-comparative</p>	<p>MANOVA</p> <p>Stepwise Data Analysis Strategy</p>	<ul style="list-style-type: none"> <li>• Mennen suggests that ethnicity influences “the way the experience of sexual abuse is processed, the meaning of the abuse to the victim, and the severity and kinds of symptoms that develop”.</li> </ul>

<i>Child Abuse &amp; Neglect</i> , 19(1), 115-124.	self-worth in female CSA survivors	Other Ages 6-18	Children			
Owens, G. P., & Chard, K. M. (2003). Comorbidity and psychiatric diagnoses among women reporting child sexual abuse. <i>Child Abuse &amp; Neglect</i> , 27(9), 1075-1082.	The investigators studied the frequency of PTSD and other Axis I as well as Axis II disorders among women with a history of CSA who entered treatment.	89 female adults with CSA history; Ages 18-56 82% Caucasian, 14% African American, 3% Hispanic, 1% Other	<ul style="list-style-type: none"> <li>• Clinician Administered PTSD Scale</li> <li>• Schedule for Nonadaptive and Adaptive Personality</li> <li>• Structured Clinical Interview (SCID-IV)</li> </ul>	Correlational	<p>Linear regression analysis</p> <p>Correlational coefficients with Bonferroni corrections were used.</p>	<ul style="list-style-type: none"> <li>• 89% of women met criteria for PTSD, which is higher than previous research, due to the method of recruitment.</li> <li>• The data suggest that frequencies for many lifetime disorders are significantly higher for women with a CSA history with current or lifetime PTSD than for the general population.</li> <li>• Avoidant Personality Disorder and Depression were significant predictors of PTSD.</li> </ul>
Paolucci, E. O., Genuis, M. L., & Violato, C. (2001). A meta-analysis of the published research on the effects of child sexual abuse. <i>The Journal of Psychology</i> , 135(1), 17-36.	The investigators meta-analyzed the effects of CSA for 6 outcomes that included PTSD, depression, suicide, sexual promiscuity, victim-perpetrator cycle, and poor academic performance.	37 studies published between 1981 and 1995 involving 25,367 participants  Five main criteria: 1. Had to focus on one of 6 outcome effects of CSA 2. Empirically report findings on DV			Metanalysis	<ul style="list-style-type: none"> <li>• A 20% increase in baseline for PTSD was found in persons with CSA history.</li> <li>• Gender, SES, type and age of abuse, relationship to perpetrator, and # of incidents were not found to mediate effect of CSA on outcomes.</li> </ul>

		<p>measure</p> <p>3. Empirical data on a contrast group of persons not known to have CSA history</p> <p>4. Psychometric measures used (standardized measurement instruments, observation techniques, checklists, etc)</p> <p>5. <math>n = 12</math> or greater</p>				
<p>Peleikis, D. E., Mykletun, A., &amp; Dahl, A. A. (2004). The relative influence of childhood sexual abuse and other family background risk factors on adult adversities in female outpatients treated for anxiety disorders and</p>	<p>The authors investigated CSA and family background risk factors (FBRF) on current mental disorder risks and quality of intimate relationships.</p>	<p>144 women from Norway being treated for anxiety and/or depression (56 with CSA history)</p> <p>75 women from outpatient psychiatry clinic and center for anxiety disorders (19</p>	<ul style="list-style-type: none"> <li>• Structured interview with one female psychiatrist with questions regarding CSA, family background and developmental history (FBRF), education, work history, marriage/relationships, sexual experiences,</li> </ul>	<p>Descriptive study</p>	<p><math>t</math> test</p> <p>Chi square</p> <p>Multiple linear and logistic regression analyses</p>	<ul style="list-style-type: none"> <li>• Women treated for anxiety and depression with a history of CSA have a significantly higher load of all childhood adversities compared to those without CSA history.</li> <li>• Satisfying relationships were higher with their sample of CSA survivors than other studies have shown.</li> </ul>

depression. <i>Child Abuse &amp; Neglect</i> , 28(1), 61-76.		with CSA history)	rape, mental illness history, etc. <ul style="list-style-type: none"> <li>• MINI International Neuropsychiatry Interview, version 5.0</li> <li>• Symptom Checklist 90 Revised</li> <li>• Robson's 30-item schedule for self-esteem</li> <li>• Intimate Bond Measure for quality of intimate relationships</li> </ul>			
Rodriguez, N., Ryan, S. W., Vande Kemp, H., & Foy, D. W. (1997). Posttraumatic stress disorder in adult female survivors of childhood sexual abuse: A comparison study. <i>Journal of Consulting and Clinical Psychology</i> , 65(1), 53-59.	The authors examined the rate of PTSD and child physical abuse (CPA) exposure in women with CSA histories, hypothesizing that CSA will result in higher intensity of PTSD symptoms and higher exposure to CPA exposure	76 women: 45 inpatient dealing with CSA, 31 with no reported CSA but had to be in a distressed relationship  Both groups needed to attend some type of therapy during the course of the study	<ul style="list-style-type: none"> <li>• Sexual Abuse Exposure Questionnaire</li> <li>• Assessing Environments III</li> <li>• Structured Clinical Interview</li> </ul>	Descriptive study	Chi-squares  Hierarchical multiple regression analysis	<ul style="list-style-type: none"> <li>• PTSD rates were significantly higher in the CSA group.</li> <li>• The CSA group also showed significantly higher exposure to CPA.</li> </ul>



	apart from CSA.					
Sanders-Phillips, K., Moisan, P., Wadlington, S., Morgan, S., & English, K. (1995). Ethnic differences in psychological functioning among black and Latino sexually abused girls. <i>Child Abuse &amp; Neglect, 19</i> (6), 691-706.	The investigators examined differences in psychological functioning of African American and Latina girls suspected of having been sexually abused.	Females referred to King Drew Medical Center by law enforcement, social workers, child protection agencies, and parents after experiencing sexual abuse between 1990-1992  23 African-Americans, 19 Latinas  8-13 years of age  .	<ul style="list-style-type: none"> <li>• Physical and genital examination</li> <li>• Children's Depression Inventory</li> <li>• Nowicki-Strickland Children's Locus of Control Scale</li> <li>• Shortened Children's Health Locus of Control Scale</li> <li>• Piers-Harris Self-Concept Scale</li> <li>• Body Cathexis Scale</li> <li>• WISC</li> <li>• Bender-Gestalt</li> </ul>	Causal-comparative	Chi-square ANOVA	<ul style="list-style-type: none"> <li>• Latinas had higher depression scores than African American girls.</li> <li>• Latinas were abused at a younger age, were more likely to be abused by a relative, and were more likely to have a sibling abused.</li> <li>• Latinas also had higher levels of family conflict and lower maternal support after the abuse than African American girls.</li> <li>• African American girls were more likely to have support from their mothers following disclosure.</li> <li>• African American girls were more likely to be abused by a step-father.</li> </ul>
Staub, E., & Vollhardt, J. (2008). Altruism born of suffering : the roots of caring and helping after victimization and other trauma.	The researchers conducted a literature review on "altruism born of suffering" in relation to PTG and resilience in survivors of victimization and trauma.			Literature Review		<ul style="list-style-type: none"> <li>• The three areas of one's life that are rebuilt in the wake of the trauma include, "perception of self, relationship to others, and philosophy of life," and the potential for growth in these areas is influenced by the survivor's appraisal of the abuse experience and resiliency</li> <li>• ABS typically occurs when a survivor of a traumatic event feels the need to help others that they might see as vulnerable or susceptible to abuse themselves.</li> </ul>

<p><i>American Journal of Orthopsychiatry</i>, 78(3), 267-280.</p>						
<p>Ullman, S.E. (2007). Relationship to perpetrator, disclosure, social reactions, and PTSD symptoms in child sexual abuse survivors. <i>Journal of Child Sexual Abuse</i>, 16(1), 19-36.</p>	<p>The researcher examined the relationship of the victim to the perpetrator, how they disclosed, what the social reactions were, and if the individual has experienced PTSD as a result of their CSA experience.</p>	<p>733 college students</p> <p>71% female</p> <p>95% unmarried</p> <p>36% white, 29.6% Asian American, 18.5% Latino, 11.3% African American, 4.7% other</p> <p>22.8% had CSA history</p> <p>28.2 % of females had CSA history</p> <p>13.3% of males had CSA history</p> <p>66.5% of those abused had disclosed abuse</p> <p>89.4% had</p>	<ul style="list-style-type: none"> <li>• CSA experiences – 15 questions assessing whether the person had CSA history</li> <li>• Characteristics of abuse &amp; disclosure characteristics assessments</li> <li>• SRQ</li> <li>• Attribution of blame survey</li> <li>• Posttraumatic Stress Symptom Severity Scale</li> </ul>	<p>Causal-Comparative</p>	<p>One way ANOVA</p> <p>Chi Square</p> <p>Two way ANOVA</p> <p>Post hoc Tukey</p>	<ul style="list-style-type: none"> <li>• The abuse by relatives and the resulting PTSD symptoms were significantly more severe than those abused by non-relatives.</li> <li>• The more severe the abuse, the more negative the reaction to disclosure from relatives.</li> </ul>

		been abused by a non-stranger				
Ullman, S. E., & Filipas, H. H. (2005). Ethnicity and child sexual abuse experiences of female college students. <i>Journal of Child Sexual Abuse</i> , 14(3), 67-89.	The investigators compared females of different races/ethnicities on their abuse experiences.	461 female college students were recruited from undergraduate classes at an urban university	<ul style="list-style-type: none"> <li>• CSAEQ</li> <li>• Disclosure questionnaire</li> <li>• SRQ</li> <li>• Brief measures of coping &amp; attributions of blame</li> <li>• Center for Epidemiologic al Studies – Depression Scale (CES-D)</li> </ul>	Descriptive study	Bivariate analysis Cross tabs ANOVA	<ul style="list-style-type: none"> <li>• African American women reported more severe forms of abuse than other women.</li> <li>• No significant differences were found in PTSD or depression.</li> <li>• "Ethnic lumping" of groups was discussed as a reason for why ethnic differences were not captured.</li> </ul>

## II. The Psychological After-effects of Childhood Sexual Abuse among Women of Color

Citation	Research Objectives/ Questions	Sample	Instrumentation	Research Approach	Data Analysis	Major Findings
Alaggia, R. (2002). Cultural and religious influences in maternal response to intrafamilial child sexual abuse: Charting new territory for	The investigator examined maternal attachment, meaning-making, loyalty, and family and community	10 mothers of children sexually abused by their mother's intimate partner  25-43 year old	<ul style="list-style-type: none"> <li>• In-depth interviews assessing the mothers' emotional and behavioral responses to their child's CSA</li> </ul>	Grounded theory	NUDIST qualitative data analysis system	<ul style="list-style-type: none"> <li>• Religious mothers were more likely to forgive perpetrators and were less likely to separate or divorce perpetrating partners because their religious and ethnic communities forbid divorce.</li> <li>• Mothers reported that service providers did not fully understand the cultural belief systems of the families.</li> </ul>

research and treatment. <i>Journal of Child Sexual Abuse</i> , 10(2), 41-60.	alienation among mothers whose children had been sexually abused by their intimate partners.					
Andres-Hyman, R. C., Cott, M. A., & Gold, S. N. (2004). Ethnicity and sexual orientation as PTSD mitigators in child sexual abuse survivors. <i>Journal of Family Violence</i> , 19(5), 319-325.	See Section I. Overview of Research on Female Survivors of Childhood Sexual Abuse					
Axelrod, J., Myers, H. F., Durvasula, R.S., Wyatt, G.E., & Cheng, M. (1999). The impact of relationship violence, HIV, and ethnicity on adjustment in	“This study examined how relationship violence, HIV, and ethnicity, moderated by social support, social undermining, and relationship	415 African American, European American, & Latina women  140 HIV negative; 275 HIV positive	<ul style="list-style-type: none"> <li>• Conflict Tactics Scale</li> <li>• Wyatt Adult Sexual Abuse Scale</li> <li>• CES-D</li> <li>• Symptom Checklist – 90 Anxiety Subscale</li> <li>• PTSD short</li> </ul>	Causal-comparative	3-way ANOVAs  Multi-way Chi Square  ANCOVA	<ul style="list-style-type: none"> <li>• African American women experience more depression than Latinas</li> <li>• This may be attributed to feelings of marginalization because of their abuse experience</li> <li>• Latinas may have more kinship networks to turn to for support so they don’t feel as marginalized as their African-</li> </ul>

women. <i>Cultural Diversity &amp; Ethnic Minority Psychology</i> , 5(3), 263-275.	satisfaction, influence psychological distress and dysfunction.”		<ul style="list-style-type: none"> <li>form Checklist</li> <li>• Dyadic Adjustment Scale</li> <li>• University of Michigan – Composite International Diagnostic Inventory</li> <li>• Social Undermining Scale</li> <li>• Social Support Scale</li> </ul>			American counterparts.
Clear, P., Vincent, J., & Harris, G. (2006). Ethnic differences in symptom presentation of sexually abused girls. <i>Journal of Child Sexual Abuse</i> , 15(3), 79-94.	The investigators examined how culture may impact symptom expression (avoidance vs. intrusion) in coping with CSA among girls.	<p>50 girls who were a subset of participants in an intervention program for victims of crime</p> <p>Ages 5-17; girls</p> <p>24% Caucasian, 38% Hispanic, 38% African American</p>	<ul style="list-style-type: none"> <li>• Children’s Depression Inventory</li> <li>• IES</li> <li>• Piers-Harris Children’s Self-Concept Scale</li> </ul>	Causal-comparative	Chi-square Regression analysis	<ul style="list-style-type: none"> <li>• African-American girls were more likely to use withdrawal or avoidance as a primary coping strategy than Latinas</li> <li>• The investigators suggest that African American girls may not feel comfortable reporting abuse to government or service agencies due to mistrust and being treated in a dehumanizing way.</li> </ul>
Liang, B., Williams, L. M., & Siegel, J. A. (2006). Relational	The investigators studied relational outcomes	136 female participants of original 206 in a longitudinal study (original	<ul style="list-style-type: none"> <li>• 1973-1975: Medical records &amp; interviews with</li> </ul>	Ex post facto factorial criterion group design	2 x 2 ANOVA 2 x 2 chi square	<ul style="list-style-type: none"> <li>• Investigators suggest that maternal attachment may not directly impact their later relationships but may alleviate the impact of the severity of sexual abuse on interpersonal</li> </ul>

<p>outcomes of childhood sexual trauma in female survivors: A longitudinal study. <i>Journal of Interpersonal Violence</i>, 21(1), 42-57.</p>	<p>(marital satisfaction) relative to trauma severity and role of maternal attachment among women with a history of CSA.</p>	<p>data collection 1973-1975; follow-up 1990-1992)</p> <p>18-31 years of age (age at original data collection 10 mos to 12 yrs)</p> <p>83% African American, 11% White, &lt;3% Latina, 2% Native American</p> <p>34% high school graduates</p> <p>46% household income less than \$14,000</p> <p>55% never married, 18% married, 16% cohabitated, 10% divorced or separated, 1% widowed</p> <p>All reported CSA</p>	<p>participants and caregivers about the nature of sexual abuse experiences, types of sex acts involved, severity of abuse, and age of the victim (original data collection)</p> <ul style="list-style-type: none"> <li>• 1990-1992: Interviews with participants provided information about family demographics, abuse histories, and past/present interpersonal relationships; measured adult interpersonal problems, marital status &amp; dissatisfaction</li> </ul>			<p>problems and marital dissatisfaction.</p> <ul style="list-style-type: none"> <li>• Strong maternal attachment may be helpful to survivors with higher severity types of abuse because their relationships with their mothers can provide safe female attachment.</li> <li>• Strong maternal attachment was seen to be a factor in more women who did not marry or live with a partner. Poor maternal attachment was associated with higher marriage rates.</li> </ul>
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		perpetrators were male (34% family members, 28% strangers, does not report on rest of sample)				
Pole, N., Best, S. R., Metzler, T., & Marmar, C. R. (2005). Why are Hispanics at greater risk for PTSD? <i>Cultural Diversity and Ethnic Minority Psychology</i> , 11(2), 144-161.	The investigators considered peritraumatic dissociation, greater wishful thinking and self-blame coping, lower social support, and greater perceived racism as important variables in explaining the elevated PTSD symptoms among Hispanics.	668 police officers 528 men and 140 women  28% Hispanic, 48% non-Hispanic Caucasian, and 24non-Hispanic Black	<ul style="list-style-type: none"> <li>• Social Desirability Scale</li> <li>• Critical Incident History Questionnaire</li> <li>• Peritraumatic Dissociative Experiences Questionnaire</li> <li>• Ways of Coping Questionnaire</li> <li>• Work Environment inventory</li> <li>• Sources of support scale</li> <li>• Symptom Checklist 90-Revised</li> <li>• Mississippi Scale - Civilian</li> </ul>	Secondary analysis of Pole's (2001) study  Two regression models were constructed: (1) the difference between Hispanics and non-Hispanic Blacks and (2) the difference between Hispanics and non-Hispanic Caucasians	Multiple regression analysis	<ul style="list-style-type: none"> <li>• Peritraumatic dissociation significantly distinguished Hispanic officers from both their non-Hispanic Caucasian and non-Hispanic Black counterparts.</li> <li>• Hispanic officers engaged in more wishful thinking and self-blame coping which could lead to more severe PTSD symptoms.</li> </ul>

			Version			
Sanders-Phillips, K., Moisan, P., Wadlington, S., Morgan, S., & English, K. (1995). Ethnic differences in psychological functioning among Black and Latino sexually abused girls. <i>Child Abuse &amp; Neglect</i> , 19(6), 691-706.	See Section I. Overview of Research on Female Survivors of Childhood Sexual Abuse					
Ullman, S. E., & Filipas, H. H. (2005). Ethnicity and child sexual abuse experiences of female college students. <i>Journal of Child Sexual Abuse</i> , 14(3), 67-89.	See Section I. Overview of Research on Female Survivors of Childhood Sexual Abuse					



### III. Ethnicity and Coping with Childhood Sexual Abuse

Citation	Research Objectives/ Questions	Sample	Instrumentation	Research Approach	Data Analysis	Major Findings
Bryant-Davis, T. (2005). Coping strategies of African American adult survivors of childhood violence. <i>Professional Psychology: Research and Practice</i> , 36(4), 409-414.	The researcher explored coping strategies used among African American adult survivors of childhood violence	70 African American men and women who were 18 years of age and older and had been victims of physical or sexual violence as children.	Violent Experiences and Coping Strategies Interview	Ethnography	Qualitative content analysis	Strategies endorsed were as follows: community support (52%), spirituality (55%), activism (26%), creativity (29%), introspection, confrontation, therapy and/or medication, escapism, desensitization, transcendence, humor, safety precautions, and racial reframing/racial attribution.
Clear, P., Vincent, J., & Harris, G. (2006). Ethnic differences in symptom presentation of sexually abused girls. <i>Journal of Child Sexual Abuse</i> , 15(3), 79-94.	See Section I. Overview of Research on Female Survivors of Childhood Sexual Abuse					
Grossman, F., Sorsoli, L., & Kia-Keating, M.	The researchers examined how	16 men 10 Caucasian,	5 hour semi structured interview ranging	Biographical review	Thematic analysis 40 variables were	<ul style="list-style-type: none"> <li>Three types of meaning-making emerged from the analysis. This includes “actions, through thought</li> </ul>

<p>(2006). A gale force wind: Meaning making by male survivors of childhood sexual abuse. <i>American Journal of Orthopsychiatry</i> 76(4), 434-443.</p>	<p>men of color made meaning of their CSA experiences.</p>	<p>2 African-American, 3 Latino, and 1 part Native American</p> <p>Ages 24-61</p> <p>9 identified as heterosexual – 3 married, 1 engaged, 5 singles</p> <p>7 identified as gay or bisexual – 4 in long term relationships with men</p>	<p>in areas of symptoms, functioning, csa experiences, strengths/vulnerabilities in childhood environment, etc.</p>		<p>used in the coding; special attention was paid to therapy experiences and meaning-making of CSA</p>	<p>and reason, and by developing or calling on spirituality”.</p> <ul style="list-style-type: none"> <li>Men of color did not consider what was “wrong” or if their perpetrator was mentally ill or his/her psychological mindset in general when making-meaning of their experience.</li> <li>Caucasian men did not abide by traditional masculinity roles in the same way men of color had. Caucasian men had exposure to trauma treatment where men of color did not.</li> </ul>
<p>Leahy, T., Pretty, G., &amp; Tenenbaum, G. (2003). Childhood sexual abuse narratives in clinically and nonclinically distressed adult survivors. <i>Professional Psychology: Research and Practice</i>, 34(6), 657-665.</p>	<p>The researchers examined the dynamics involved in sexual abuse trauma and aftereffects for clinical and nonclinical groups.</p>	<p>10 males, 10 females were chosen from a larger sample of active competitors in sports in Australia; they were split into clinical &amp; nonclinical groups evenly – 5 females/5 males in clinical group; 5 females/5 males in</p>	<ul style="list-style-type: none"> <li>TSI</li> <li>Childhood Trauma Scale</li> <li>SAIS</li> </ul> <p>Face-to-face measure consisting of legal definitions of CSA and traumatic event exposure scenarios</p>	<p>Negative Case Analysis</p>	<p>Inductive thematic content analysis</p>	<ul style="list-style-type: none"> <li>Found on the cognitive domain that confusion, negative valence, and entrapment were common themes.</li> <li>Survivors had a tendency to blame themselves around the time the abuse occurred but later on found that they were blaming the perpetrator.</li> <li>The emotional domain showed shock and fear were common themes among survivors.</li> </ul> <p>They also found that as adults, the survivors still believed that they are to blame for not stopping the abuse.</p>

		nonclinical group Ages 21-47				
Sanders-Phillips, K., Moisan, P., Wadlington, S., Morgan, S., & English, K. (1995). Ethnic differences in psychological functioning among black and Latino sexually abused girls. <i>Child Abuse &amp; Neglect</i> , 19(6), 691-706.	See Section I. Overview of Research on Female Survivors of Childhood Sexual Abuse					
Staub, E., & Vollhardt, J. (2008). Altruism born of suffering : the roots of caring and helping after victimization and other trauma. <i>American Journal of Orthopsychiatry</i> , 78(3), 267-280.	See Section I. Overview of Research on Female Survivors of Childhood Sexual Abuse					
Thomas, A.J.,	The	344 African	• SCL-90-R	Correlational	Regression	• AA women used avoidant coping

<p>Witherspoon, K. M., &amp; Speight, S.L. (2008). Gendered racism, psychological distress, and coping styles of African American women. <i>Cultural Diversity and Ethnic Minority Psychology, 14</i>(4), 307-314.</p>	<p>investigators examined the coping styles among African American women in regards to how they handle oppression and identified strategies based on how they impact their psychological well-being.</p>	<p>American women Over age 18</p>	<ul style="list-style-type: none"> <li>• Africultural coping styles inventory (ACSI)</li> <li>• Schedule of sexist events-R</li> </ul>		<p>Analyses</p>	<p>style to deal with oppression and racism</p> <ul style="list-style-type: none"> <li>• Cognitive-emotional debriefing was used which means finding distractions to the stressor and/or minimizing the negativity of the situation.</li> </ul>
<p>Tyagi, S. V. (2001). Incest and women of color: A study of experiences and disclosure. <i>Journal of Child Sexual Abuse, 10</i>(2), 17-39.</p>	<p>The investigator examined disclosure and coping in the aftermath of CSA as well as the relevance of value systems, community mindedness, social attitudes, etc.</p>	<p>12 adult women of color  Ages 22-42  2 Chinese, 1 Egyptian-Cosmopolitan, 1 Filipino, 1 Peruvian, 2 Jamaican, 2 West Indian, 1 Canadian, 2 multiracial</p>	<ul style="list-style-type: none"> <li>• Semi-structured interview</li> </ul>	<p>Existential-phenomenological</p>	<p>Constant comparison method</p>	<ul style="list-style-type: none"> <li>• There is a lack of a strong relationship with the mother or the non-perpetrating parent; participants did not blame the parent but agonized over that parent being unaware of abuse.</li> <li>• Surviving the abuse had helped them build inner strength.</li> <li>• Separation from the perpetrator played a key role in the participant's ability to cope.</li> <li>• 11 out of the 12 participants made their first disclosure to peers.</li> <li>• Valuing the girl's virginity before marriage, maintaining a good face, and being loyal to family were cultural values of the women after the abuse that prevented disclosure.</li> </ul>



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## APPENDIX B

### Permission to Access Data Archive

December 16, 2008

To Whom It May Concern:

We authorize Michele Archambeault to use the data from the pilot “Disclosure & Appraisal of CSA: Relationships with PTSD, Depression, & Biomarkers”, part of the UCLA Center for Culture, Trauma, and Mental Health Disparities. Michele assisted with collecting the data for this project and is entitled to use the data.

Thank you,

Tamra Loeb, Ph.D. (Co-Principal Investigator)  
Associate Research Psychologist  
UCLA

Jennifer Carmona, Ph.D. (Principal Investigator)  
Associate Research Psychologist  
UCLA

## APPENDIX C

### Consent Form for Original Collection of Data

#### ***CONSENT TO PARTICIPATE IN RESEARCH***

#### **Women's Childhood Experiences Project**

You have been asked to participate in a research study conducted by Jennifer Vargas Carmona, Ph.D, and her colleagues, Tamra Burns Loeb, Ph.D., Gail E. Wyatt, Ph.D., and Honghu Liu, Ph.D. from the Department of Psychiatry at the University of California, Los Angeles. You have been asked to participate in this study because you are a Latina or African American woman, 18 years of age or older, and are English speaking. You have also described early sexual experiences which you might not have fully understood or consented to, or that involved sexual abuse. Your participation is voluntary. You should read the information below, and ask questions about anything that you do not understand, before deciding whether or not to participate.

#### **PURPOSE OF THE STUDY:**

The Women's Project will ask you about your demographic characteristics, sexual issues (including the circumstances and effects of early sexual experiences), and mental health. The aim of the study is to better understand the effects of these early sexual experiences on mental and physical health.

#### **PROCEDURES:**

**If you volunteer to participate in this study, you will be asked to come in to UCLA and complete an interview. The interview session will include an assessment of past sexual behaviors and current mental health. We will also conduct some non-invasive procedures to measure indicators of your allostatic load. The interview lasts from 2-3 hours. There is also a 12-hour urine collection procedure that we will ask you to take home and complete. A courier will pick up the container from your residence.**

#### **POTENTIAL RISKS AND DISCOMFORTS:**

The study may involve questions relating to your current and past experiences that may make you feel somewhat uncomfortable, embarrassed or upset. By participating in the study, you may reveal personal information about your early and later sexual experiences that you may not have otherwise discussed.

If you become overly upset, you may choose not to participate until you feel you are able to continue.

If you are in need of further psychological services, the interviewer will refer you to counseling agencies with low fee services, so that you may talk to someone about your problems. The costs of these services, however, will be paid for by you.

The results will remain confidential and filed separately from any information that can identify you. Results will be available upon request. A doctor will be available for any questions you may have. If you wish to have your results released to your own physician you will be able to do so if you sign a form which gives the project investigator permission to release this information to your own doctor.

**ANTICIPATED BENEFITS FOR THE PARTICIPANT:**

By participating in this study you will receive information about resources in your community and have access to the interviewer who can answer questions and/or provide additional support.

**ANTICIPATED BENEFITS TO SOCIETY:**

Your participation in this study will help to develop programs to provide support and services for women with histories of sexual abuse.

**ALTERNATIVES TO PARTICIPATION:**

If you do not want to participate in this project, you may be able to get access to resources such as support groups and child abuse related information at local agencies. We can provide you with a list of those resources.

**PAYMENT FOR PARTICIPATION:**

You will be paid \$75 total, \$50 for completing the interview session and \$25 for completing the urine procedure. Transportation via bus tokens and childcare will be provided if needed. Refreshments will also be provided.

**FINANCIAL OBLIGATION:**

Neither you nor your insurance company will be billed for your participation in this research.

**EMERGENCY CARE AND COMPENSATION FOR INJURY:**

If you are injured as a direct result of research procedures, not done primarily for your own benefit, you will receive treatment at no cost. The University of California does not provide any other form of compensation for injury.

## **PRIVACY AND CONFIDENTIALITY:**

The confidentiality of your responses and your allostatic load results will be respected and used for research purposes only. Your records will be filed under lock and key and identified only by an identification number. The form which has your name written on it will be filed separately from any records which have your identification number on them.

An audiocassette tape will be used during some of the interviews to make sure that the interviewer always administers the assessment the same way. These tapes, however, will be used for research purposes only and your identity will not be disclosed. An identification number will be used instead of your name to protect your identity. You will have the right to review the tapes made as part of the study to determine whether they should be edited or erased in whole or in part. The tapes will be kept for this research, and they will always be confidential.

This research is covered by a Certificate of Confidentiality issued by the Department of Health and Human Services (DHHS). This Certificate will protect the investigators from being forced to release any research data in which you are identified, even under a court order or subpoena. Disclosure will be necessary, however, upon request of DHHS for audit or program evaluation purposes.

The Certificate of Confidentiality does not prevent the researchers from disclosing voluntarily, without your consent, information that would identify you as a participant in the research project under the following circumstances: if you intend to hurt yourself or others, or if we learn of child or elder abuse. If we learn that keeping information private would immediately put you in danger, or put in danger someone else we know about, it is the investigator's responsibility to report these incidents or to work through supportive agencies such as Child or Adult Protection Services to ensure that these incidents are reported.

## **PARTICIPATION AND WITHDRAWAL:**

Your participation in this research is VOLUNTARY. If you choose not to participate, that will not affect your relationship with UCLA (or UCLA Medical Center), or your right to health care or other services to which you are otherwise entitled. If you decide to participate, you are free to withdraw your consent and discontinue participation at any time without prejudice to your future care at UCLA.

## **CONSEQUENCES OF WITHDRAWAL:**

If you choose to withdraw voluntarily, this will not affect your relationship with UCLA. However, you will be paid only for those sessions that you attend.

## **WITHDRAWAL OF PARTICIPATION BY THE INVESTIGATOR:**

The investigator may withdraw you from participating in this research if circumstances arise which warrant doing so. If you experience significant psychiatric distress which prevents you from completing the assessment, you may have to drop out even if you

would like to continue. The Principal Investigator, Dr. Jennifer Carmona, will make the decision and let you know if it is not possible for you to continue. The decision may be made either to protect your health and safety, or because it is part of the research plan that people who develop certain conditions may not continue to participate, or the Principal Investigator deems you are not appropriate for the study.

**IDENTIFICATION OF INVESTIGATORS:**

In the event of a research related injury, or if you experience an adverse reaction, please immediately contact the investigator listed below. If you have any questions about the research, please feel free to contact:

Jennifer V. Carmona, Ph.D., Principal Investigator  
Neuropsychiatric Institute-UCLA  
760 Westwood Plaza, Room C8-539  
Los Angeles, CA 90024  
(310) 206-9860  
24-hour phone line – (310) 825-0511

**RIGHTS OF RESEARCH SUBJECTS:**

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, you may contact:

Office for Protection of Research Subjects  
2107 Peter V. Ueberroth Building  
University of California, Los Angeles  
Los Angeles, CA 90095-1694  
(310) 825-8714

SIGNATURE OF RESEARCH SUBJECT

I have read (or someone has read to me) the information provided above. I have been given an opportunity to ask questions and all of my questions have been answered to my satisfaction. I have been given a copy of this form, as well as a copy of the Subject's Bill of Rights.

BY SIGNING THIS FORM, I WILLINGLY AGREE TO PARTICIPATE IN THE RESEARCH IT DESCRIBES.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature of Participant Date

SIGNATURE OF INVESTIGATOR:

I have explained the research to the participant, and answered all of her questions. I believe that she understands the information described in this document and freely consents to participate.

\_\_\_\_\_  
Name of Investigator

\_\_\_\_\_  
Signature of Investigator Date (same as participant's)

## APPENDIX D

### Decision Making Process for Case Exclusion

<b>CASE</b>	<b>REASON FOR EXCLUSION</b>	<b>ADDITIONAL INFORMATION</b>
13-AA	Experience does not meet definition for CSA	Consensual sexual relationship with boyfriend as a teenager.
14-AA	Incomplete information in data archive.	Primary Investigators determined this was not CSA.
15-AA	Experience does not meet criteria for CSA.	Consensual sexual relationship with foster brother.
16-AA	Several measures were incomplete	Demographics and WSHQ incomplete.
17-AA	Experience did not meet criteria for CSA.	Events took place at age 21.
13-L	Inadequate information provided by participant.	Not enough detail in responses to WSHQ.
14-L	Inadequate information provided by participant.	Not enough detail in responses to WSHQ.
15-L	Inadequate information provided by participant.	Not enough detail in responses to WSHQ.
16-L	Inadequate information provided by participant.	Not enough detail in responses to WSHQ.
17-L	Experience does not meet definition for CSA	No abuse occurred.
18-L	Experience did not meet definition for CSA	Consensual sexual relationship with boyfriend as a teenager.
19-L	Inadequate information provided by participant.	Not enough detail in responses to WSHQ.
20-L	Inadequate information provided by participant.	Not enough detail in responses to WSHQ.
21-L	Experience did not meet definition for CSA	Consensual sexual relationship with boyfriend as a teenager.
22-L	Inadequate information provided by participant.	Not enough detail in responses to WSHQ.
23-L	Inadequate information provided by participant.	Not enough detail in responses to WSHQ.
24-L	Inadequate information provided by participant.	Not enough detail in responses to WSHQ.
25-L	Inadequate information provided by participant.	Not enough detail in responses to WSHQ.
26-L	Experience did not meet definition for CSA	Consensual sexual relationship with boyfriend as a teenager.
27-L	Inadequate information provided by participant.	Not enough detail in responses to WSHQ.
28-L	Inadequate information provided by participant.	Not enough detail in responses to WSHQ.
29-L	Inadequate information provided by participant.	Not enough detail in responses to WSHQ.
30-L	Inadequate information provided by participant.	Not enough detail in responses to WSHQ.
31-L	Inadequate information provided by participant.	Not enough detail in responses to WSHQ.

## APPENDIX E

### Multiple Incident Information



**LATINA GROUP**

**1 incident only**

Case 01      Case 04      Case 10      Case 12  
 Case 02      Case 07      Case 11

**2<sup>nd</sup> incident**

<b>Case</b>	<b>Type of abuse</b>	<b>Age(s) abuse occurred</b>	<b>Duration</b>	<b>Relationship to perpetrator</b>
03	Fondling	8	2 weeks	Great uncle
05	Fondling	5	2 years	Sister
06	Rubbing penis, Fondling, Digital penetration	7	1 time	Male friend of the family
08	Rubbing penis, Fondling, Digital penetration Attempted, Rape, Oral Sex	6-7	1 year	Male cousin
09	Fondling	12	5 times	Brother

**3<sup>rd</sup> incident**

<b>Case</b>	<b>Type of abuse</b>	<b>Age(s) abuse occurred</b>	<b>Duration</b>	<b>Relationship to perpetrator</b>
03	Rubbing penis, Fondling	8	2 years	2 male neighbors
05	Rubbing penis, Fondling	9	1 time	Mom's Boyfriend
06	Rape	13	1 time	Boyfriend
08	Rape	17	1 time	Boyfriend and his male friend

**4<sup>th</sup> incident**

<b>Case</b>	<b>Type of abuse</b>	<b>Age(s) abuse occurred</b>	<b>Duration</b>	<b>Relationship to perpetrator</b>
03	Rubbing penis, Fondling	11-16	5 years	Step-father
06	Rape	15	1 time	Boyfriend

**5<sup>th</sup> incident**

<b>Case</b>	<b>Type of abuse</b>	<b>Age(s) abuse occurred</b>	<b>Duration</b>	<b>Relationship to perpetrator</b>
03	Fondling, Attempted Rape	17	1 time	Step-uncle

**AFRICAN AMERICAN GROUP**

**1 incident only**

Case 01      Case 04      Case 07      Case 12  
 Case 03      Case 06      Case 09

**2<sup>nd</sup> incident**

<b>Case</b>	<b>Type of abuse</b>	<b>Age(s) abuse occurred</b>	<b>Duration</b>	<b>Relationship to perpetrator</b>
02	Rape	16	1 time	Male cousin
05	Fondling	8	1 time	Male family friend
08	Digital penetration	13	1 time	Male family friend
10	Rubbing penis, Fondling	6	1 time	Male cousin
11	Rubbing penis, Fondling, Digital penetration, Rape, Oral Sex	13	1 time	Male stranger

**3<sup>rd</sup> incident**

<b>Case</b>	<b>Type of abuse</b>	<b>Age(s) abuse occurred</b>	<b>Duration</b>	<b>Relationship to perpetrator</b>
08	Fondling, Digital penetration	14	1 time	Friend's brother and 2 friends
11	Rape	16	1 time	Mom's boyfriend

APPENDIX F

Beck Depression Inventory-II, Religious Well-Being Scale, & Post-traumatic Disorder

Scale Scores

<b>Cases</b>	<b>Beck Depression Inventory-II</b>	<b>Religious Well-Being Scale</b>	<b>Post-traumatic Disorder Scale (Cut-off &gt;17= Meets criteria for PTSD)</b>
01-AA	17 – mild	11- High	1
02-AA	42 – severe	26 – Moderate	36
03-AA	8 – minimal	11 – High	7
04-AA	36 – severe	44 – Low	11
05-AA	45 – severe	42 – Low	16
06-AA	12 – minimal	18 – High	1
07-AA	20 – moderate	19 – High	7
08-AA	24 – moderate	11 – High	0
09-AA	27 – moderate	11 – High	24
10-AA	39 – severe	28 – Moderate	23
11-AA	22 – moderate	11 – High	22
12-AA	34 – severe	23 – High	23
01-L	19 – mild	31 – Moderate	2
02-L	27 – moderate	20 – High	13
03-L	11 – minimal	25 – High	14
04-L	16 – mild	21 – High	6
05-L	27 – moderate	12 – High	6
06-L	28 – moderate	34 – Moderate	3
07-L	23 – moderate	15 – High	9
08-L	25 – moderate	32 – Moderate	31
09-L	20 – moderate	29 – Moderate	15
10-L	32 – severe	32 – Moderate	32
11-L	18 – mild	20 – High	10
12-L	38 – severe	34 – Moderate	22

## APPENDIX G

### Domain Analysis for Latina and African American Participants

#### LATINA PARTICIPANTS

##### CASE 01-L

##### **MITIGATING CIRCUMSTANCES FOR PERPETRATOR'S BEHAVIOR**

someone that needed sexual gratification. (SI)

I think she, I've been circling around an answer, I think she was abused (SI)

##### **CHILDHOOD NAÏVETÉ**

As a child I didn't have bad thoughts (SI)

I was looking up thinking 'is this normal? What is going on?' (CE)

I just thought "why is she doing this and is this normal?" (CE)

I was confused. (CE)

Instrument items that triangulate with cover term:

- This happened to me because I was too young to do anything about it (AAI)

##### **POWERLESSNESS**

I felt a **little threatened** but not much (perpetrator told her to be quiet and perpetrator's brother was the lookout) (child) (SI)

She (perpetrator) was in control. (R)

Instrument items that triangulate with cover term:

- Felt helpless at time of abuse (PDS)

##### **RIGHTEOUS ANGER**

Just remembering **how dare she do that to me**. I get mad. (adult) (R)

I, as a woman, can't imagine doing that to a child or other person. (adult) (R)

I don't think there is a justification for that (wanting the innocence of a child). (R)

##### CASE 02-L

##### **MITIGATING CIRCUMSTANCES FOR PERPETRATOR'S BEHAVIOR**

Because she did not listen to her mother (and went to see perpetrator). (SI)

Should not have gone to his house. (SI)

Instrument items that triangulate with cover term:

- This happened to me because "I did not obey my mom". (AAI)

##### **DISTRESS**

Very, very upset (child) (SI)

Crying, crying days afterward. (child) (CE)

Instrument items that triangulate with cover term:

- Felt my life was in danger at the time of abuse (PDS)
- Felt terrified at the time of abuse (PDS)
- I feel depressed most or all of the time. (BDI)
- Occasionally, I think my life has been a failure. (BDI)

## **INTIMACY PROBLEMS**

Cannot have sex with husband that she loves very much (CE)

It's too painful. (adult) (SI)

Instrument items that triangulate with cover term:

- I have experienced problems with my sex life due to my CSA history (PDS)

## **CASE 03-L**

### **MITIGATING CIRCUMSTANCES FOR PERPETRATOR'S BEHAVIOR**

Because the guy had a problem. I don't know really, him having a problem (SI)

## **NOT HOLDING SELF ACCOUNTABLE**

don't blame self for any of it (ME)

Thought it must be normal if adult is doing it. (child) (R)

Thought it was normal for adults. (child) (R)

confused (child) (R)

Instrument items that triangulate with cover term:

- Felt she was not at all to blame for what happened. (SBS)
- I believe this happened because "I thought that's what adults did". (AAI)

## **NEGATIVE EMOTIONS**

**Upset** (SI)

Was **depressed** (SI)

Felt **guilt** (SI)

**Scared** cause he said he would kill my mother. (SI)

Instrument items that triangulate with cover term:

- Felt my life was in danger at the time of abuse (PDS)
- Felt terrified at the time of abuse (PDS)
- I feel depressed 1-2 days per week. (BDI)

## **NEGATIVE BEHAVIORAL CONSEQUENCES**

Became shy (SI)

Ultra aware of surroundings (adult) (SI)

## **CASE 04-L**

### **MITIGATING CIRCUMSTANCES FOR PERPETRATOR'S BEHAVIOR**

I think he was sick. (SI)

Instrument items that triangulate with cover term:

- I believe this happened because "there's something wrong with him". (AAI)

## **BLAMING SELF**

I felt that I did something. (R)

I think it happened because I was wearing a new pair of Michael Jackson pants. (R)

Shame (child) (CE)

Guilt (child) (CE)

Instrument items that triangulate with cover term:

- Felt she was a lot to blame for what happened. (SBS)

### **DISTRESSING FEELINGS/BELIEFS**

Unremitting (always fear when he was around; adult) (Ch)

Concern for others (I'm just afraid that he has done this to someone else; adult.) (CE)

I am easily startled (adult) (CE)

Instrument items that triangulate with cover term:

- He did this to me because he is a bad person. (AAI)
- I feel sad 1-2 days per week. (BDI)

### **ABSENCE OF INFORMATION**

I was confused (child) (SI)

All I know is his nickname. (adult) (SI)

I know he has a son but I don't know anything else about him. (adult) (SI)

### **INTIMACY PROBLEMS**

Affects relationship with my husband (R)

He likes to play and will touch my breasts and I react in a negative way. (R)

Instrument items that triangulate with cover term:

- I have experienced problems with my sex life due to my CSA history (PDS)

### **CASE 05-L**

#### **CONFUSION**

I don't know. (SI)

I still don't know. (SI)

It affects me on Sundays. I see him every Sunday. **It triggers something** (but unclear what is being triggered). (adult) (SI)

### **DIFFICULTY ACCEPTING ABUSE AS REALITY**

I felt like it was a dream. (R)

It went away for a while but came back as a dream. (R)

### **CASE 06-L**

#### **FEELING VULNERABLE**

He could see that I was an easy target. Maybe people could see I was an easy target. I think some people can sense who they can do it to and who they can't. (R)

Maybe because I was the only girl on the bus (R)

Maybe because the bus was crowded (R)

[Maybe] he was just a pervert (R)

I felt helpless because **I didn't say anything**. (R)

Instrument items that triangulate with cover term:

- Felt helpless at the time of abuse (PDS)
- This happened to me because I was too young to do anything about it. (AAI)

### **CASE 07-L**

#### **MITIGATING CIRCUMSTANCES FOR PERPETRATOR'S BEHAVIOR**

You never think someone could be that sick (SI)

## **CONFUSION**

I don't know. (SI)

I didn't understand it. (child) (SI)

Instrument items that triangulate with cover term:

- “I can't pinpoint it” (why this happened to me). (AAI)

## **NEGATIVE EMOTIONS**

I felt it was **shocking**. (child) (SI)

I feel **disgusted** on how people can do those things to children. (adult) (SI)

I internalized things. (child) (ME)

Instrument items that triangulate with cover term:

- When facing life's challenges, I rely on God to see me through. (RWBS)

## **SELF-GROWTH**

I've come to a point where my life is making sense. (SI)

I have control over it (life). (SI)

## **CASE 08-L**

### **MITIGATING CIRCUMSTANCES FOR PERPETRATOR'S BEHAVIOR**

Because he's sick. (SI)

## **ABSENCE OF INFORMATION**

I don't know. (SI)

Don't remember. (R)

Don't remember a lot. I was little. (R)

## **CASE 09-L**

### **DELIBERATE MOTIVATIONS FOR PERPETRATOR'S BEHAVIOR**

I think it is **feeling powerful** over another person when people do this to children. (SI)

They **want the innocence** of the child and that's why they do it. (SI)

Instrument items that triangulate with cover term:

- This happened to me because he was “emotionally sick, if I say mentally ill it's giving him an excuse, a way out”. (AAI)

## **DISTRESSING FEELINGS/BELIEFS**

I was **livid (child)** (SI)

I only remember that I was **furious**. (child) (SI)

We were always feeling guilty about his life. (adult) (SI)

Mostly I remember that I couldn't do anything. (child) (SI)

Instrument items that triangulate with cover term:

- Felt helpless at the time of abuse (PDS)

## **INTIMACY PROBLEMS**

This affects me sexually. **I don't think I've ever had an orgasm**. (R)

I became very disconnected with my body. (R)

### **CASE 10-L**

#### **MITIGATING CIRCUMSTANCES FOR PERPETRATOR'S BEHAVIOR**

Because men just like women and pussy. (SI)

I shouldn't have been there at that time. (SI)

I was convenient. (SI)

Instrument items that triangulate with cover term:

- This happened to me because "I was there and men just prey on young women". (AAI)

#### **DISTRESSING FEELINGS/BELIEFS**

Scared (SI)

I wonder if it happens to my kids. I wonder what's going on with them. (CE)

Instrument items that triangulate with cover term:

- When facing life's challenges, I rely on God to see me through. (RWBS)
- I feel depressed most or all of the time. (BDI)
- I have trouble keeping my mind on what I'm doing most or all of the time. (BDI)

### **CASE 11-L**

#### **MITIGATING CIRCUMSTANCES FOR PERPETRATOR'S BEHAVIOR**

I guess because he was drunk (SI)

Because I appealed to him I guess. (SI)

I was mature. I looked like I was 12. (SI)

Instrument items that triangulate with cover term:

- This happened to me because "of the way I was dancing or the way I was dressed". (AAI)

#### **NEGATIVE EMOTIONS**

Embarrassed. (child) (SI)

Scared. (child) (SI)

Whenever I talk about it I feel **hurt**. (adult) (SI)

Instrument items that triangulate with cover term:

- When facing life's challenges, I rely on God to see me through. (RWBS)
- I feel depressed 3-4 days per week. (BDI)

#### **FEAR OF OTHERS**

I became afraid of men (adult) (SI)

I became defensive. (adult) (CE)

### **CASE 12-L**

#### **MITIGATING CIRCUMSTANCES FOR PERPETRATOR'S BEHAVIOR**

He was sick in his head. (SI)

Instrument items that triangulate with cover term:

- This happened to me because "he has a mental problem. Sometimes I think that if they didn't take him away he could've hurt somebody. He hates women". (AAI)



### **DISTRESSING FEELINGS/BELIEFS**

**Because I used to think it was my fault** but it wasn't my fault. (SI)

I don't know...**that's why I always talk about it.** (CE)

I was **sad a lot** because nobody would believe me. (SI)

Instrument items that triangulate with cover term:

- I always felt to blame for what happened. (SBS)
- I have experienced problems with the overall level of functioning in all areas of my life due to my CSA history (PDS)
- When facing life's challenges, I rely on God to see me through. (RWBS)
- I feel sad 3-4 days per week. (BDI)
- I feel fearful 3-4 days per week. (BDI)
- Occasionally, I think my life has been a failure. (BDI)

### **OVERPROTECTIVE OF HER CHILDREN**

My kids...I don't like nobody around my kids. (ME)

I don't let her go anywhere or to her friends' house. (ME)

I always talk to her about people trying to hurt her. (adult) (ME)

## **AFRICAN-AMERICAN PARTICIPANTS**

### **CASE 01-AA**

#### **CONFUSION**

I don't know. That's a...I don't know. **I can't even try to figure out why.** (child) (R)

I **still** don't know. (child) (R)

**Maybe** because I was there. (R)

#### **AFRAID FOR OTHERS**

It was more fear that he would do something to my sister. **I didn't want him to do anything to her.** I was **concerned about him hurting or abusing her.** (child) (R)

I think I'm really protective over kids. (adult) (CE)

Instrument items that triangulate with cover term:

- I think it would happen to somebody else if they were there. (AAI)

#### **SELF-GROWTH**

But it has made me the person I am. (adult) (CE)

I can still go on and I don't think about it all the time. (adult) (CE)

It affects me a lot. Just the person I am today. (adult) (CE)

I don't really tell my boyfriend in depth because **I don't want to play the victim.** (adult) (SI)

I don't really talk about it now. (adult) (SI)

### **CASE 02-AA**

#### **CONFUSION**

I don't know what to think. (child) (R)

I didn't know. I was always happy. I didn't know why. (child) (R)

## **HELPLESSNESS**

Nothing I could do. Nobody was there. (child) (R)

I just cried. (child) (CE)

Instrument items that triangulate with cover term:

- This happened to me because I was too young to do anything about it (AAI)
- Felt helpless at time of abuse (PDS)

## **UNREMITTING UNEASE AROUND MEN**

I won't even stay at home with my dad. (adult) (CE)

I don't trust guys. (adult) (CE)

**I still see him.** He makes me uncomfortable. (adult) (R)

Instrument items that triangulate with cover term:

- I have experienced problems with my sex life due to my CSA history (PDS)

## **DISTRESSING FEELINGS**

- I feel depressed most or all of the time. (BDI)
- I feel fearful 3-4 days per week. (BDI)

## **CASE 03-AA**

### **CONFUSION**

I didn't know. It happened so fast. (child) (SI)

I don't know. I just hope I don't run into them again. (adult) (SI)

Instrument items that triangulate with cover term:

- When this happened, "I just thought why me?" (AAI)

### **FEAR OF MEN**

I don't trust anyone anymore. **I only trust my fiancé and my baby's daddy.** (adult) (CE)

I can't be alone with a guy. (adult) (CE)

Instrument items that triangulate with cover term:

- I have experienced problems with my sex life due to my CSA history (PDS)

### **FEAR OF BEING HARMED**

- Felt my life was in danger at the time of abuse (PDS)
- Felt terrified at the time of abuse (PDS)

## **CASE 04-AA**

### **MITIGATING CIRCUMSTANCES FOR PERPETRATOR'S BEHAVIOR**

Due to my family situation, there was no supervision. (SI)

There were a lot of drugs and alcohol. (SI)

My mother wasn't doing her job. (SI)

I was very overdeveloped. I had breasts at age 8 and my period at 10. (SI)

Instrument items that triangulate with cover term:

- This happened to me because my mother didn't know what was happening to me. (AAI)

## **CONFUSION**

It's really blurry. (child) (R)

I had no idea. (child) (SI)

I was thinking it was wrong. (child) (R)

Instrument items that triangulate with cover term:

- “I didn’t know why” this was happening to me. (AAI)

## **DISTRESSING FEELINGS/BELIEFS/BEHAVIORS**

- I feel depressed most or all of the time. (BDI)
- I feel fearful 3-4 days per week. (BDI)
- Occasionally, I think my life has been a failure. (BDI)
- I feel sad most or all of the time. (BDI)
- I can’t get going most or all of the time. (BDI)

## **NEGATIVE BEHAVIORAL CONSEQUENCES**

I still have problems brushing my teeth and keeping my mouth clean. (adult) (SI)

I engaged in a lot of high risk sexual behavior and I went in to a life of sex for money. (adult) (SI)

I'm still very secretive. (adult) (SI)

I held it in. (child) (SI)

Instrument items that triangulate with cover term:

- I have experienced problems with my sex life due to my CSA history (PDS)
- I have experienced problems with the overall level of functioning in all areas of my life due to my CSA history (PDS)

## **CASE 05-AA**

### **MITIGATING CIRCUMSTANCES FOR PERPETRATOR’S BEHAVIOR**

(Victim) wasn't around healthy people. (SI)

Because she (victim) was developed for her age (R)

Felt like she had to replace her mother because she (victim’s mother) was sick. (R)

Instrument items that triangulate with cover term:

- This happened to me because my mother didn’t know what was happening to me. (AAI)
- I believe it happened because “he had been to Vietnam and seen a lot. My mom was sick so I don’t think he could help himself”. (AAI)

### **MINIMIZING SEVERITY OF INCIDENT**

I knew it was wrong but rationalized it. (ME)

Wasn't upset because perpetrator had pornography in the house, she (victim) was able to rationalize (R)

Shit happens (R)

Instrument items that triangulate with cover term:

- It was better me than somebody else. (AAI).

### **INTIMACY PROBLEMS**

Believing that her self-image, (was based on) valuing her body. (adult) (R)

Affects relationships (adult) (CE)

Instrument items that triangulate with cover term:

- I have experienced problems with my sex life due to my CSA history (PDS)
- Most of the time, I feel lonely. (BDI)
- Most of the time, I feel people dislike me. (BDI)

### **DISTRESSING FEELINGS/BELIEFS/BEHAVIORS**

- I feel depressed most or all of the time. (BDI)
- Most or all of the time, I think that my life has been a failure. (BDI)
- I feel fearful most or all of the time. (BDI)

### **CASE 06-AA**

#### **MITIGATING CIRCUMSTANCES FOR PERPETRATOR'S BEHAVIOR**

He was much older and into drugs and alcohol. (SI)

Instrument items that triangulate with cover term:

- I believe it happened because "he had stayed in prison. Maybe that was it now that I look back on it". (AAI)

### **CONFUSION**

I don't know. (child) (SI)

### **DISTRESS**

Crying (child) (SI)

Instrument items that triangulate with cover term:

- When facing life's challenges, I rely on God to see me through. (RWBS)

### **SELF-GROWTH**

Doesn't affect me at all. (adult) (CE)

### **CASE 07-AA**

#### **RIGHTEOUS ANGER**

You don't touch your niece. It's wrong. (R)

He's sick, if you can see a 7-year-old and do that. (R)

Instrument items that triangulate with cover term:

- I believe it happened because "he is a sick man". (AAI)

### **DELIBERATE ACTIONS BY PERPETRATOR**

He used a kid that wouldn't talk. (SI)

He made it seem ok so I wasn't fearful. (SI)

### **CONFUSION**

I couldn't understand it. (child) (R)  
I didn't know about sex. (child) (R)

### **TURNING INWARD**

I was quiet. (CE)  
I blamed myself. (child) (R)  
I don't think about it anymore. (adult) (CE)  
Instrument items that triangulate with cover term:

- Felt she was a lot to blame for what happened. (SBS)
- I feel depressed 1-2 days per week. (BDI)

### **CASE 08-AA**

#### **MITIGATING CIRCUMSTANCES FOR PERPETRATOR'S BEHAVIOR**

Cause our other brother's mom was doing stuff to him. (SI)  
I was the only one smaller than him. (SI)  
Instrument items that triangulate with cover term:

- I believed it happened because "maybe something's wrong with him". (AAI)

### **AMBIVALENCE**

I didn't understand. (child) (R)  
I knew it was wrong but I liked it. (child) (R)  
It **felt good** but I felt **guilty**. (child) (R)  
**I think** I'm fine. I'm not a crazed sexaholic. (R)  
Instrument items that triangulate with cover term:

- [I believed the] perpetrator was somewhat to blame for what happened. (AAI)

### **CASE 09-AA**

#### **DELIBERATE MOTIVATIONS FOR PERPETRATOR'S BEHAVIOR**

He didn't think he was doing anything wrong. (SI)  
He thought he had the right to do this. (SI)  
He thought he could get away with it. (SI)  
Instrument items that triangulate with cover term:

- I believed this happened because "I was young, vulnerable, and had no power. If someone has power, they can do anything they want". (AAI)

### **CONFUSION**

I don't know. Guess he just wanted to do it. (R)  
Didn't feel anything (child) (R)

### **INTIMACY PROBLEMS**

Only after that I became more sexual. (adult) (R)  
It made me very sexual. If it didn't happen, I'd have only been with one guy. (adult) (R)  
Instrument items that triangulate with cover term:

- I feel lonely 3-4 days per week. (BDI)

### **CASE 10-AA**

## **CONFUSION**

I don't know. (child) (SI)

I didn't cry. (child) (R)

## **DISTRESSING FEELINGS/BELIEFS/BEHAVIORS**

- Most or all of the time I feel that I can't shake off the blues even with help from my family and friends. (BDI)
- Most or all of the time I feel lonely. (BDI)
- Most or all of the time I have crying spells. (BDI)
- Occasionally, I feel that people dislike me. (BDI)

## **FEELING ENDANGERED**

I felt scared. (child) (R)

My parents weren't paying attention to where I was at. (R)

Protective about men being around young girls. I don't trust no man around young girls (adult) (CE)

Instrument items that triangulate with cover term:

- This happened to me because my mother didn't know what was happening to me. (AAI)

## **CASE 11-AA**

### **HOLDING PERPETRATOR CULPABLE**

Because he's an asshole. (SI)

Instrument items that triangulate with cover term:

- I believe this happened because "my uncle had issues. He was a predator." (AAI)

## **CONFUSION**

I didn't know it wasn't right, at my pit of my stomach, I wondered where this came from. (R)

Didn't know why, thought it was supposed to happen. (R)

Instrument items that triangulate with cover term:

- I believed this happened because "I thought this was something everybody did". (AAI)

## **DISTRESSING FEELINGS/BELIEFS/BEHAVIORS**

Not trust people (adult) (SI)

I wonder if anyone did it to my daughter and didn't tell (adult) (SI)

Makes me sad. (adult) (SI)

Instrument items that triangulate with cover term:

- I have experienced problems with my sex life due to my CSA history (PDS)
- I have experienced relationship problems due to my CSA history (PDS)
- Most or all of the time I do not feel like eating; my appetite was poor. (BDI)
- I feel depressed most or all of the time. (BDI)
- Occasionally, I think my life has been a failure. (BDI)
- I feel fearful 3-4 days per week. (BDI)

- I feel lonely most or all of the time. (BDI)

### **CASE 12-AA**

#### **HOLDING PERPETRATOR CULPABLE**

He was a molester. (R)

#### **CONFUSION**

Don't know (child) (SI)

Couldn't understand why. (child) (R)

#### **DISTRESSING FEELINGS/BELIEFS/BEHAVIORS**

I was **hurt** and **sad**. (child) (SI)

Sometimes I feel **happy**, sometimes I don't, sometimes I bust out into **anger**. (adult) (SI)

Talk to doctor & psychiatrist. (adult) (F)

Instrument items that triangulate with cover term:

- When facing life's challenges, I rely on God to see me through. (RWBS)
- I feel depressed most or all of the time. (BDI)
- I have trouble keeping my mind on what I'm doing most or all of the time. (BDI)
- I feel lonely 3-4 days per week. (BDI)
- I feel sad 3-4 days per week. (BDI)

## APPENDIX H

### Taxonomic Analysis for Latina and African American Participants

#### Latina Cases

##### **Other Blame (10)**

DELIBERATE MOTIVATIONS FOR PERPETRATOR'S BEHAVIOR (1) SI  
MITIGATING CIRCUMSTANCES FOR PERPETRATOR'S BEHAVIOR (9) SI

##### **Healthy Coping (3)**

SELF-GROWTH (1) SI  
NOT HOLDING SELF ACCOUNTABLE (1) SI  
RIGHTEOUS ANGER (1) SI

##### **Inability to Make Sense of Abuse (6)**

CHILDHOOD NAÏVETÉ (1) R  
ABSENCE OF INFORMATION (2) R  
CONFUSION (2) R  
DIFFICULTY ACCEPTING ABUSE AS REALITY (1) R

##### **Suffering in the Wake of Abuse (11)**

DISTRESS (1) SI  
NEGATIVE EMOTIONS (3) SI  
FEELING VULNERABLE (1) SI  
DISTRESSING FEELINGS/BELIEFS (4) SI  
POWERLESSNESS (1) SI  
NEGATIVE BEHAVIORAL CONSEQUENCES (1) SI  
BLAMING SELF (1) SI

##### **Relationship Issues (5)**

INTIMACY PROBLEMS (3) SI  
FEAR OF OTHERS (1) SI  
OVERPROTECTIVE OF HER CHILDREN (1) SI



## African American Cases

### **Other Blame (6)**

MITIGATING CIRCUMSTANCES FOR PERPETRATOR'S BEHAVIOR (4) SI  
DELIBERATE ACTIONS BY PERPETRATOR (1) SI  
DELIBERATE MOTIVATIONS FOR PERPETRATOR'S BEHAVIOR (1) SI

### **Suffering in the Wake of Abuse (9)**

HELPLESSNESS (1) SI  
DISTRESSING FEELINGS/BELIEFS/BEHAVIORS (6) SI  
NEGATIVE BEHAVIORAL CONSEQUENCES (1) SI  
DISTRESS (1) SI

### **Safety Concerns for Self and Others (3)**

FEAR OF BEING HARMED (1) SI  
FEELING ENDANGERED (1) SI  
AFRAID FOR OTHERS (1) SI

### **Relationship Issues (4)**

UNREMITTING UNEASE AROUND MEN (2) SI  
INTIMACY PROBLEMS (2) SI

### **Inability to Make Sense of Abuse (13)**

TURNING INWARD (1) CE  
AMBIVALENCE (1) CE  
CONFUSION (10) R  
MINIMIZING SEVERITY OF INCIDENT (1) CE

### **Healthy Coping (5)**

HOLDING PERPETRATOR CULPABLE (2) SI  
SELF-GROWTH (2) SI  
RIGHTEOUS ANGER (1) SI