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Pepperdine University  
Graduate School of Education and Psychology

THE ROLE OF RELIGIOSITY, SPIRITUALITY, AND CREATIVE ARTS IN THE  
RECOVERY PROCESS OF LATINA SURVIVORS OF CHILD SEXUAL ABUSE

A clinical dissertation submitted in partial satisfaction  
of the requirements for the degree of  
Doctor of Psychology

by  
Bridget M. Vazquez

July, 2019

Thema-Bryant Davis, Ph.D. – Dissertation Chairperson

This dissertation, written by

Bridget M. Vazquez

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

Doctoral Committee:

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## ACKNOWLEDGMENTS

To heaven above, my gratitude to God, the Virgin Mary, the Holy Spirit, and all the angels and saints. Thank you for always being such a source of support and strength for me.

Mil gracias a mis papas, hermanos, y perros por brindarme todo su amor y apoyo! Los amo con todo mi corazon. ¡Si se pudo!

Thank you, husband, for all your unconditional love and support throughout this journey. I know it has not been easy, and I am forever grateful for the many sacrifices you have made for us. I love you, we did it!

My sincerest gratitude to all my extended family, friends, and mentors: I am grateful for all your love and support!



## VITA

**Bridget M. Vazquez****EDUCATION****Doctor of Psychology in Clinical Psychology**September 2015 – *Anticipated 2019*

Pepperdine University

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**Master of Science in Psychology**

June 2014

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**Bachelor of Arts in Psychology**

August 2011

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Magna Cum Laude

**LANGUAGES**

Fluent in Spanish

Perform clinical interviews, psychotherapy, and consultation/liaison services in Spanish

**APA-ACCREDITED PREDOCTORAL INTERNSHIP****Child and Adolescent Services (CAS)**

September 2018 – Present

**Multicultural Training Program***Supervisor:* Lindsey D. Bruett, Ph.D.

UCSF Department of Psychiatry

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*Responsibilities: Child and Adolescent Services (CAS) Program:* Provide mental health services in both English and Spanish to children, adolescents (birth through age 18), and their families, including initial evaluations and treatment planning, individual, group, and/or family psychotherapy, case management, and collateral contact with multidisciplinary providers; participate in a randomized control trial (RCT) of Trauma Focused Cognitive Behavior Therapy (TF-CBT) compared to Cue Centered Treatment (CCT); provide culturally-informed early childhood pre-adoptive developmental evaluations and comprehensive psychological assessments, including bilingual administration, scoring, interpretation, and report writing within a trauma-framework and utilizing a therapeutic collaborative assessment approach; provide bilingual consultation and assessments in pediatric services; provide bilingual comprehensive diagnostic assessments to children and adolescents for the purpose of determining specialty

mental health eligibility, diagnostic clarity, and appropriate disposition through the Diagnostic Assessment Clinic (DAC); co-facilitate Family Reunification and Emotional Resiliency Training (FUERTE), a school-based, group prevention program for newly arrived Latinx immigrant adolescents with limited English proficiency, low health literacy, and exposure to traumatic experiences; co-facilitate the Positive Parenting Program (Triple P), a parenting intervention aimed at increasing parental knowledge on causes of child behavior problems, setting specific goals, and using strategies to promote child development, manage misbehavior, and plan for high-risk situations; participate in weekly didactic seminars, special forums, case conferences, and individual and group supervision; and complete clinical documentation and billing to ensure adherence to ethical and legal requirements and to the San Francisco Department of Public Health (DPH) standards. *Infant-Parent Program (IPP) Rotation:* Provide early childhood mental health services in both English and Spanish to infants (ages 0 to 3) and their families, including infant mental health assessment and intervention, infant-parent psychotherapy (IPP), early childhood mental health consultation, child-parent therapy, play therapy, family therapy, and home-based services.

## **PRACTICA CLINICAL EXPERIENCE**

**Child & Adolescent Psychiatric (CAPS) Clinic**  
Harbor UCLA Medical Center

September 2017 – August 2018  
*Supervisor:* Claudia Avina, Ph.D.

*Position:* Extern/Practicum Student

*Responsibilities:* Provided cognitive-behavioral treatment services through the child & adolescent cognitive-behavior therapy track to children and adolescents ages 5 to 22 presenting with posttraumatic stress disorder, depression, anxiety, suicidal and self-harm behaviors, and severe emotional dysregulation; conducted clinic screenings, assessments, and intakes; utilized the Columbia Suicide Severity Rating Scale (C-SSRS) to assess clients who are in crisis, suicidal, or demonstrating dangerous and/or self-harm behaviors and develop a mutually agreed upon safety plan; utilized the UCLA Child/Adolescent PTSD Reaction Index for *DSM-5* to assess children and adolescent's trauma history; generated ongoing case conceptualizations to guide diagnoses and the development of culturally sensitive treatment care plans; provided psychotherapy services both in English and in Spanish; involved in the direct provision of client intervention to the pediatric medical population; participated in seminars and presentations; completed clinical documentation to ensure adherence to ethical and legal requirements and Los Angeles County Department of Mental Health (DMH) standards; and participated in weekly didactics and individual and group supervision.

**Jonathan Jaques Children's Cancer**  
Memorial Care  
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developmental screenings; provided feedback sessions to discuss both assessment and screening results and recommendations with parents, patients, school staff, and/or medical team; provided individual and group psychotherapy in both English and Spanish; utilized cognitive-behavioral therapy and existential-humanistic therapy and implement necessary adaptations to meet the needs of the patient and family; provided school reintegration services; participated in Individual Education Plan meetings; provided Monkey in My Chair school-based presentations; worked as part of an interdisciplinary team with psychiatrists, physicians, nurses, social workers, child life specialists, and rehabilitation therapists in the hematology/oncology department; provided consultation/liaison services and debrief with appropriate medical staff and psychosocial team; participated in grand round presentations and report summary to other staff members; presented clinical cases in didactic seminars, psychosocial team meeting, and comprehensive clinics; completed clinical documentation to ensure adherence to ethical and legal requirements; and participated in weekly didactics and individual and group supervision.

**Rich & Associates**  
Los Angeles, CA

July 10, 2017 – August 11, 2017  
August 10, 2016 – August 11, 2016  
*Supervisors:* Erika Rich, Ph.D.

*Position:* Extern/Practicum Student

*Responsibilities:* Provided social skills during an intensive summer camp for children ages 4 to 11; facilitated group activities including arts and crafts, mindfulness meditation, game playing, and large scale building projects; implemented a gold coin system to reinforce wanted behaviors such as use of coping skills, meeting individualized goals, and punish unwanted behaviors such as aggression; utilized in vivo coaching and role playing to teach children communication and social skills (e.g., use of clear language, appropriate body boundaries), problem solving and conflict resolution skills (e.g., negotiation), and emotional regulation (e.g., thought flipping); completed clinical documentation to ensure adherence to ethical and legal requirements; and participated in weekly group supervision.

**Irvine Community Counseling Center**  
Pepperdine University

October 2015 – June 2017  
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*Position:* Extern/Practicum Student

*Responsibilities:* Provided psychological services to diverse individuals and couples presenting with depression, anxiety, posttraumatic stress disorder, medical health conditions, and culture bound syndromes; conducted intake interviews and formulated comprehensive intake reports with treatment recommendations; administered and scored psychodiagnostic measures; reviewed video and audio recorded sessions with supervisor; presented clinical cases in didactics and group supervision; completed clinical documentation to ensure adherence to ethical and legal requirements; and participated in weekly individual, peer, and group supervision.

**Foothill Family Service**  
West Covina, CA

August 2013 – June 2014  
*Supervisor:* Margot Stueber, LMFT

*Position:* Marriage and Family Therapy, Trainee/Intern

*Responsibilities:* Provided mental health prevention and early intervention services to diverse children, adolescents, and families with depression, posttraumatic stress disorder, oppositional defiant disorder, and anxiety; conducted intake interviews; administered outcome questionnaires; formulated individualized treatment care plans from case agency assessments; provided child abuse prevention and treatment to children and families involved with the Department of Children and Family Services (DCFS); provided agency and school based individual and family therapy in both English and Spanish; utilized cognitive-behavioral therapy and family systems therapy; gained experience with Los Angeles County Department of Mental Health (DMH) standards and paperwork to ensure proper documentation and reporting of child abuse; presented clinical cases in group supervision; and participated in weekly individual and group supervision.

## UNIVERSITY SERVICE

**Pepperdine University**  
Graduate School of Education  
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September 2017 – April 2018  
*Supervisor:* Joan Rosenberg, Ph.D.

*Position:* Peer Consultant

*Responsibilities:* Provided weekly peer consultation services to a first-year Psy.D. student to facilitate acclimation to the doctoral program, practicum responsibilities, and professional growth; reviewed the logistics of peer consultation (e.g., purpose, meeting dates, times, and location, contact information and procedures, roles and responsibilities, ethical issues) and collaboratively established measurable goals; fostered a strong collegial alliance and a safe environment for peer consultation through empathic listening, reflection, and sharing of acquired knowledge, skills, and experiences; enabled self-exploration and professional skill development through discussion and role play of clinical scenarios as well as supportive and constructive feedback (e.g., intakes, diagnosis, sessions, participation); and participated in weekly supervision with supervisor to receive constructive feedback as well as explore personal strengths and weaknesses, professional challenges (e.g., ethical issues, concerns), and feelings, reactions, thoughts, and biases that arose during the peer consultation experience.

**Pepperdine University**  
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September 2016 – April 2018  
*Supervisor:* Susan Himelstein, Ph.D

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*Responsibilities:* Assisted in the instruction of doctoral and master level students enrolled in Cognitive and Personality Assessment courses on administration, scoring, and interpretation of assessment batteries; and lead assessment workshops, reviewed clinical reports, graded

assignments and exams, and delivered feedback regarding student test administration, performance, scoring, and integrative report writing.

## ABSTRACT

The purpose of this study aimed to examine the use and effectiveness of religiosity, spirituality, and creative arts as culturally sensitive forms of coping among adult Latina and/or Hispanic child sexual abuse (CSA) survivors. Research has demonstrated that methods of coping serve as culturally sensitive techniques that help Latinas cope with CSA experiences by fostering feelings of empowerment, pride, and safety (Becker, 2015; Collins, O'Neill-Arana, Fontes, & Osseg, 2014; Ligiero, Fassinger, McCauley, Moore, & Lyytinen, 2009; Marques et al., 2016; Meston, Lorenz, & Stephenson, 2013; Sabina, Cuevas, & Schally, 2012; Sweig, 2000). Despite these findings, these interventions with this specific population appear to under-explored due to Latino cultural influences on help-seeking behaviors, Latino cultural values and beliefs, and acculturation levels and variations within the Latino community. Utilizing a mixed methods study design, six participants completed three self-report questionnaires in addition to a face-to-face, audio-recorded interview on their use of religiosity, spirituality, and/or creative arts to cope with their CSA experience(s). Eligible participants included women over the age of 18 who self-identified as either Latina or Hispanic, reported a history of CSA, and whose primary language was either English or Spanish. Descriptive statistics were used to summarize, organize, and describe sample demographics, CSA experiences, and levels of acculturation. Interviews were analyzed through grounded theory. Results suggests that in the context of a culture in which CSA is taboo, recovery from CSA is a process that, for many religiously oriented Latinas and/or Hispanics, includes religious coping, spiritual practice, community support, connection to one's self and others, and use of the expressive arts.

## Chapter I. Introduction

### Child Sexual Abuse Defined

Child sexual abuse (CSA) is a significant and potentially traumatizing experience that increases the risk of mental health issues throughout the lifespan (Alcantara, Casement, & Lewis-Fernandez, 2013; Hillberg, Hamilton-Giachritsis, & Dixon, 2011; Lewis, McElroy, Harlaar, & Runyan, 2016; Ozbaran et al., 2009). Given the complexity in defining CSA, CSA has been defined to accommodate the needs of professionals including, but not limited to, mental health practitioners, medical staff, educators, members of the clergy, and law enforcement officials. As adapted by the American Psychological Association (APA) from the *Encyclopedia of Psychology* (Kazdin, 2000), CSA is defined as “unwanted sexual activity, with perpetrators using force, making threats, or taking advantage of victims not able to give consent” (American Psychological Association, 2016, as cited in Kazdin, 2000). Hillberg et al. (2011) further add that CSA is:

an act in which the child/children are used to provide sexual gratification for the perpetrator/perpetrators including inappropriate sexual touching, invitations, and/or exhibitionism, inappropriate non-penetrative sexual interaction (digital penetration, fondling, and/or masturbation), attempted or actual anal and/or vaginal penetration, incest coerced or forced penetration. (pp. 39)

Legal definitions such as The California Child Abuse and Neglect Reporting Act (CANRA) Penal Code 11165.1, note that CSA involves sexual assault or sexual exploitation of any person under the age of 18 (Child Abuse and Neglect Reporting Act of 1987). Sexual assault includes, but is not limited to sexual acts with a minor, penetration, intentional touching of genitalia or intimate body parts, and intentional masturbation in the presence of a child (Child

Abuse and Neglect Reporting Act of 1987). Conversely, sexual exploitation refers to preparing, selling, or distributing obscene matter involving minors (e.g., pornographic material), developing, duplicating, and downloading electronic or digital material in which a minor is engaging in obscene sexual conduct, and sexual trafficking of a minor (Child Abuse and Neglect Reporting Act of 1987).

Definitions of CSA have also made a distinction between intrafamilial CSA and extrafamilial CSA. According to Fischer and McDonald (1998), intrafamilial child sexual abuse is abuse perpetrated by family members. Individuals within this category include fathers and mothers (e.g., biological, foster, step), siblings (e.g., biological, foster, step), aunts and uncles, grandparents, and cousins (Fischer & McDonald, 1998). Extrafamilial CSA is abuse perpetrated by individuals outside of the family and include friends, caregivers, teachers, professionals (e.g., counselors, social workers, law enforcement), neighbors (Fischer & McDonald, 1998). While all of these definitions aim to increase awareness of CSA, protect children from further abuse, and allow for criminal prosecution, the lack of a uniform definition negatively impacts statistics on CSA prevalence rates.

### **National Prevalence Rates of Child Sexual Abuse**

Lifetime prevalence rates of CSA vary based on differences in definitions, disclosure variability, informants, reporting, and methodologies and samples utilized in studies (Lewis et al., 2016; Mayall & Gold, 1995; Paolucci, Genuis, & Violato, 2001). Furthermore, given that the majority of CSA prevalence rates are determined by self-report data, reporting agencies, and government reports, exact CSA prevalence rates are not possible (Sedlak et al., 2010; U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2016). Despite the



variances, current research indicates that CSA affects children across the world, with prevalence rates ranging from 8% to 31% for girls and 3% to 17% in boys (Barth, Bermetz, Heim, Trelle, & Tonia, 2013). While true victimization rates may be higher than what research shows, it is estimated that CSA occurs in approximately one in four girls and one in 20 boys (Finkelhor, Shattuck, Turner, & Hamby, 2014).

Though research suggests fluctuations in overall child victimization rates, current studies on CSA prevalence rates in the United States suggests a decrease in CSA (Sedlak et al., 2010; U.S. Department of Health & Human Services, Administration for Children & Families, Administration on Children, Youth and Families, Children's Bureau, 2015; U.S. Department of Health & Human Services, Administration for Children & Families, Administration on Children, Youth and Families, Children's Bureau, 2016). As reported by the 4<sup>th</sup> National Incidence Study (NIS-4), CSA rates under the Harm Standard and Endangerment Standard decreased from 215,700 in 1993 to 135,300 in 2005 to 2006 and 300,200 in 1993 to 180,500 in 2005 to 2006, respectively (Sedlak et al., 2010). Similar trends have also been observed according to the National Child Abuse and Neglect Data System (NCANDS).

In 2013, there were approximately 678,932 children who experienced child abuse and neglect; of these children 9.0% ( $N = 61,104$ ) were sexually abused (U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2015). In 2014, approximately 702,000 children experienced child abuse and neglect; of these children 8.3% ( $N = 58,266$ ) represented victims of sexual abuse (U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2016). While there appears to be an overall decline of CSA rates in the United States, there are limited studies that account

for ethnic differences in CSA trends (Sedlak et al., 2010; U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2015; U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2016), especially among the Hispanic/Latino population.

### **Prevalence Rates of Child Sexual Abuse Among Hispanics/Latinos**

Hispanics or Latinos are the largest and fastest growing ethnic minority group in the nation, composing 17% (55 million) of the total population in the United States (United States Census Bureau, 2014). The terms Latino and Hispanic are panethnic identities commonly used to describe Spanish origin and Spanish-speaking individuals and communities, respectively (Perez & Hirschman, 2009; Ramirez, 2004). These panethnic terms, therefore, account for a variety of cultural identities (Ramirez, 2004). In the United States, the Latino and Hispanic population includes Mexicans, Puerto Ricans, Cubans, Central Americans (i.e., Salvadorian, Guatemalan, Honduran), South Americans (i.e., Colombian, Ecuadorian, Peruvian), Dominicans, Spaniards, and other Spanish speaking cultures (Ramirez, 2004).

Studies that have examined ethnic and racial differences among CSA victims reveal mixed findings, indicating that both Black and Hispanic children are at higher risk for CSA than White children (Sedlak et al., 2010). Nevertheless, there is evidence to suggest that Latinos are at greater risk of experiencing CSA compared to European Americans (Graham, Lanier, & Johnson-Motoyama, 2016; Newcomb, Munoz, & Carmona, 2009). According to the 3<sup>rd</sup> and 4<sup>th</sup> National Incidence Study (NIS) respectively, an estimated incidence rate of 2.7423 per 1,000 Hispanic children were sexually abused between 1993 and 1995 while an estimated incidence

rate of 1.8195 per 1,000 Hispanic children were sexually abused between 2005 to 2006 (Sedlak et al., 2010).

Recent CSA data collection over the past decade has grouped individuals of various ethnic backgrounds together, making it difficult to delineate specific CSA prevalence rates among the Hispanic/Latino population. This is particularly evident in the NCANDS reports which are widely used by researchers and mental health practitioners across the world (U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2015; U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2016). In 2013 and 2014, it was observed that 3,956 and 3,652 children in the state of California were victims of CSA, respectively (U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2015; U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2016). Despite the declining rates of CSA, there is no clear indication as to what is contributing to this decline.

While many hypotheses can be made, variations in CSA prevalence rates among the Hispanic/Latino population appear to be attributed to methodological limitations (Kenny & McEachern, 2000) and limited reporting of CSA to professional agencies (Graham et al., 2016; Sinanan, 2011). Disclosure rates on behalf of CSA survivors may also play a role (Comas-Diaz 1995, as cited in Fontes & Plummer, 2010; Fontes, 1993; Shaw, Lewis, Loeb, Rosado, & Rodriguez, 2001; Glover et al., 2010). In a study comparing Hispanic and African-American female CSA survivors, Hispanics waited 19.2 months to disclose their first CSA experience

compared to African-Americans who waited 9.9 months (Shaw et al., 2001). Latina self-disclosure of CSA was influenced by cultural values (e.g., *respeto*) and beliefs (e.g., value of virginity, taboo around speaking of sexual abuse) as well as religious values (e.g., *aguantarse*, *resignarse*, and *sobreponerse*) (Comas-Diaz, 1995, as cited in Fontes & Plummer, 2010; Fontes, 1993). In a study by Fontes (1993), disclosure was also influenced by imposed beliefs by the perpetrator (e.g., acceptable act), threat of physical integrity, as well as oppression, discrimination, and poverty. Fierros and Smith (2006) further add that the belief that personal issues should be kept within the family may also play a role in self-disclosure. Given all together, limited rates of self-disclosure result in an underrepresentation of actual CSA cases among this population and downplay the magnitude of the problem.

### **Characteristics of Sexually Abused Hispanics/Latinos**

While there is no conclusive age of CSA onset among Hispanics/Latinos, research on this population suggests that initial CSA experiences range from younger than 7-years old to 16-years old (Hinson, Koverola, & Morahan, 2002; McGurk, Cardenas, & Adelman, 1993, as cited in Bacigalupe, 2001; Romero, Wyatt, Loeb, Carmona, & Solis, 1999; Stroud, 1999). Though Hispanic/Latino males are also CSA victims (Flores, Cicchetti, & Rogosch, 2005; Graham et al., 2016; Lewis-Fernandez et al., 2010; Newcomb et al., 2009), gender studies infer that Latinas are at greater risk of experiencing CSA (Bowman, Rew, & Murphey, 2009; Graham et al., 2016; Newcomb et al., 2009). While this may partly be explained by sample characteristics (e.g., participants are primarily female), research indicates that one in three Latinas report a history of CSA before 18-years old (Romero et al., 1999).

In a secondary data analysis from the 2012 National Child Abuse and Neglect Data System Child File, Graham et al. (2016) found that Latino/Latina children are less likely to have

mental or physical impairments, medical conditions, or behavioral problems than White and Black children. Studies indicate that Latinas experience CSA in both private (e.g., home) (Romero et al., 1999; Shaw et al., 2001) and public (e.g., school, hallways) locations (Romero et al., 1999), and are more likely to be sexually abused if they are living with a single biological parent (and with a partner) than Latinas living with married biological parents (Sanders-Phillips, Mosian, Wadlington, Morgan, & English, 1995, as cited in Kenny & McEachern, 2000). While duration of CSA experiences among Latina survivors vary from one day to several days (Glover et al., 2010; McGurk et al., 1993, as cited in Bacigalupe, 2001; Romero et al., 1999; Sciolla et al., 2011; Shaw et al., 2001), research shows that Hispanic women with a history of CSA are likely to experience re-victimization throughout their lifespan (Cuevas, Sabina, & Picard, 2010; Rinehart, Yeater, Musci, Letourneau, & Lenberg, 2014; Romero et al., 1999).

Literature on socioeconomic status (SES) risk factors for CSA victimization among Hispanic/Latinas also appears to vary when compared to overall CSA research (Cuevas et al., 2010; Graham et al., 2016; Sedlak et al., 2010). In general, research shows that children residing in low-SES families are more likely to experience CSA with rates ranging from 1.7 to 2.4 per 1,000 children compared to the 0.6 to 0.7 per 1,000 children not residing in low-SES families (Sedlak et al., 2010). Glover et al. (2010) found similar results in a study of sexually abused adult African-American and Latina females. The majority of the women in this study had no monthly income and were either unemployed or unable to work. In contrast, Cuevas et al. (2010), found that adult Latina survivors of CSA came from higher SES backgrounds. While contrary to the majority of CSA victimization literature, this finding may partly be explained by the study's sample characteristics. For example, the majority of victimized women in this study

had higher levels of education and employment and were U.S. citizens with higher levels of acculturation to the U.S. culture (Cuevas et al., 2010).

### **Characteristics of Perpetrators for Hispanic/Latino Children**

Research on perpetrator profile characteristics for Hispanic/Latino CSA cases indicate that perpetrators are predominantly Latinos/Latinas (Graham et al., 2016; U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2016) ranging from ages 14 to 77 (Shaw et al., 2001). While research suggests that females are also perpetrators (Graham et al., 2016), primary perpetrators are commonly males (Graham et al., 2016; Newcomb et al., 2009; Romero et al., 1999) well known to family members (Glover et al., 2010; Hinson et al., 2002; McGurk et al., 1993, as cited in Bacigalupe, 2001; Romero et al., 1999). These individuals often included fathers (biological or step), brothers, grandfathers, and uncles as well as caretakers (Graham et al., 2016; Romero et al., 1999; Shaw et al., 2001). In a study by Stroud (1999), Hispanic males and females were more likely to experience intrafamilial CSA ( $N=20$ ) than extrafamilial CSA ( $N=4$ ). In cases of intrafamilial CSA, survivors reported perceiving less support from their parents and more family dissatisfaction (e.g., reported divided loyalties) when compared to survivors of extrafamilial CSA (Stroud, 1999).

### **General Effects of Child Sexual Abuse**

Research indicates that CSA is associated with various psychological, physiological, and social consequences. Common psychological disorders linked to CSA include posttraumatic stress disorder (Evans, Steel, & DiLillo, 2013; Ozbaran et al., 2009; Paolucci et al., 2001; Ullman, Najdowski, & Filipas, 2009), depression (Banyard, Williams, & Siegel, 2001; Mullers & Dowling, 2008; Ozbaran et al., 2009; Paolucci et al., 2001), suicide (Maniglio, 2011; Rowan,

2001; Spokas, Wenzel, Stirman, Brown, & Beck, 2009), substance use (Rowan, 2001; Ullman et al., 2009), anxiety (Banyard et al., 2001; Ozbaran et al., 2009), and dissociation (Banyard et al., 2001). CSA has also been linked to various behavioral problems. For example, some studies have found that children who experience sexual abuse may also exhibit more sexualized behaviors (Paolucci et al., 2001; Putnam, 2003). Furthermore, there is evidence that CSA is correlated to symptoms that resemble attention deficit hyperactivity disorder such as attention difficulties and reduced academic performance (Mullers & Dowling, 2008; Ozbaran et al., 2009; Paolucci et al., 2001) as well as physical aggression (Ozbaran et al., 2009).

In addition to psychological consequences, CSA has also been linked to various health concerns. As found by Ozbaran et al. (2009), somatic symptoms have also been observed in individuals who experience CSA. In a literature review examining the health consequences of CSA, Wilson (2010) indicated that adults who experienced CSA were at increased risk for experiencing health concerns such as obesity, muscle and abdominal pain, and disorders of the immune system such as irritable bowel syndrome, asthma, and fibromyalgia (Reviewed in Wilson, 2010). Other medical conditions that appear to be related to CSA include diabetes, bladder problems, and migraines (Sachs-Ericsson, Medley, Kendall-Tackett, & Taylor, 2011).

In a study examining CSA and marital satisfaction amongst a community sample of men and women, Godbout, Sabourin, and Lussier (2009) found that a history of CSA may increase the risk of marital distress and adjustment. Furthermore, CSA may also be associated with insecure attachments styles which in turn may contribute to couple distress (Godbout et al., 2009). In a study examining family outcomes, de Jong and Bijleveld (2015) assessed 910 Dutch men and women who were sexually abused as children. Based on their findings, individuals who were sexually abused by an immediate family member were at higher risk for teen pregnancy as

well as early marriage and divorce (de Jong & Bijleveld, 2015). Furthermore, Dutch women who experienced CSA often did not get married or have children (de Jong & Bijleveld, 2015).

### **Consequences of Child Sexual Abuse on Latinas**

While CSA experiences may differ from person to person, the effects of CSA on Latinos are similar that of the general population. One of the most common symptoms reported among Latino survivors of CSA is dissociation (Cuevas et al., 2010; Lewis-Fernandez et al., 2010; Newcomb et al., 2009; Rivera-Velez, Gonzalez-Viruet, Martinez-Taboas, & Perez-Mojica, 2014; Schechter et al., 2000). According to Cuevas et al. (2010), both single victimization in childhood and multiple victimizations (i.e., childhood, adulthood, polyvictimization, revictimization) predicted later symptoms of dissociation in Latina women, suggesting that Latinas may be more susceptible to these symptoms after experiencing victimization (i.e., sexual, physical, stalking, threat) than Latinas with no victimization history. Similar results were found by Newcomb et al. (2009) who examined the impact of CSA among Latino and European-American high school students. While Euro-American students endorsed a higher number of dissociative symptoms than Latino students, both Latino and Euro-American students reported significantly higher dissociative symptoms than non-sexually abused students. Furthermore, gender differences revealed that females endorsed higher symptoms of dissociation than males.

Research suggests that symptoms of dissociation in Latinos appears to consistent with *ataque de nervios* (Cuevas et al., 2010; Lewis-Fernandez et al., 2010; Schechter et al., 2000). According to the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5), *ataque de nervios* (“attack of nerves”) is a culturally recognized syndrome in Latinos characterized by intense upset, dissociation (i.e., depersonalization, derealization), and feeling a sense of lacking control (American Psychiatric Association, 2013). In a study exploring cultural



idioms of distress in psychiatric outpatient, Spanish-speaking, immigrant Latinos, Lewis-Fernandez et al. (2010) found that *ataque de nervios*, currently being ill with nerves, and perceptual alterations (i.e., auditory, visual, and tactile experiences), were all highly reported in Latinos who indicated experiencing an interpersonal trauma such as CSA. In another study, Schechter et al. (2000) examined the relationship between dissociation, *ataque de nervios*, and childhood trauma among treatment-seeking Hispanic outpatients. Of the 70 participants in this study, 52 participants reported *ataque de nervios*. Furthermore, of those 52 participants, a total of 33 reported a history of childhood trauma (i.e., sexual abuse, physical abuse, substance-abusing caretaker). Taken altogether, the literature seems to indicate that a history of traumatic childhood experiences may be a precursor to the development of dissociation or *ataque de nervios* among adult Hispanics/Latinos, especially women.

Another common reported diagnosis among Latino/Hispanic CSA survivors is depression (Cuevas et al., 2010; Hinson et al., 2002; Newcomb et al., 2009; Ramirez & Milan, 2016; Sciolla et al., 2011). Ramirez and Milan (2016) examined whether a history of CSA among ethnically diverse (i.e., Latina, African-American, non-Hispanic White), low-income women moderated symptoms of depression, anxiety, and posttraumatic stress disorder. Upon the completion of self-report measures and body mass index (BMI) measurements, results indicated that women with a history of CSA and obesity were more likely to experience clinically significant depression than obese women who did not report a history of CSA. While a history of CSA did not predict obesity, their findings suggest that a history of CSA in addition to obesity increases the likelihood of women experiencing mental health symptoms. In another study, Sciolla et al. (2011) examined the role of CSA severity, CSA disclosure, and self-blame in response to CSA on current depressive symptoms in low-income African American and Latina women. According

to their findings, Latina women who experienced and disclosed their severe incidents of CSA reported higher levels of depression than African-American women. Furthermore, Hinson et al. (2002) found that depression was a predictor of both interpersonal sensitivity and perceived social support among Latina survivors of CSA. Symptoms of depression among these women negatively impacted their perceptions of social support, affecting both their ability to seek and receive support from others (i.e., people in their personal life, people in general, spouse or partner). Research further indicates that Latina women with a history of CSA are at increased risk for suicide. According to a study by Lara, Navarrete, Nieto, and Huynh-Nhu (2015), Mexican women who had a history of CSA and later became pregnant had an increased risk for suicidal behaviors in addition to symptoms of both prenatal depression and prenatal anxiety.

In addition to dissociative and depressive symptoms, research suggests that women with a history of CSA are also at risk of experiencing symptoms of posttraumatic stress disorder (PTSD) (Alcantara et al., 2013; Contractor et al., 2015; Marshall, Schell, & Miles, 2009; Pole, Best, Metzler, & Marmar, 2005; Ramirez & Milan, 2016; Rivera-Velez et al., 2014; Ulibarri, Ulloa, & Salazar, 2015). In a systematic review, Alcantara et al. (2013) found that Latinos are at higher risk of PTSD after a traumatic event than non-Latino Whites. Research indicates that Hispanics tend to experience what Marshall et al. (2009) explained as a different kind of PTSD, characterized by cognitive and sensory symptoms that may appear to be exaggerated when compared to PTSD symptoms in non-Hispanic Caucasians. Hispanics reported higher levels of avoidance and positive symptoms, some which included hypervigilance, flashbacks and emotional reactivity (Marshall et al., 2009). Similarly, Contractor et al. (2015) found that Hispanics reported greater severity of reexperiencing (e.g., intrusive thoughts, nightmares, reliving the trauma, reactivity to emotional and physiological cues), avoidance behaviors,

numbing (e.g., detachment, restricted affect, amnesia related to traumatic event), and arousal (e.g., difficulties in sleep and concentration, hypervigilance). These higher rates of PTSD in Hispanics compared to non-Hispanics may in part be due to post-trauma coping styles (i.e., self-blame, wishful thinking, fatalism) and little social support on behalf of family and friends (Pole et al., 2005).

Also, well-documented in the literature is the increased risk for substance and alcohol use among CSA Latina survivors (Ligiero et al., 2009; Smith, Smith, & Grekin, 2014; Ulibarri et al., 2015). According to the data gathered by Ulibarri et al. (2015), a self-reported history of CSA among Latina women was associated with current substance use behaviors but not alcohol abuse. On the other hand, sexual abuse experiences in adulthood was associated with both substance use and alcohol abuse behaviors. In their discussion, Ulibarri et al. (2015) suggest that differences may be accounted for by the recency and intensity of the trauma experienced. In another study assessing the relationship between CSA and psychological distress, Smith et al. (2014) found that heavy drinking was correlated with self-reported sexual abuse among ethnically diverse undergraduate university women (i.e., Caucasian, African American, Arab, Asian, Hispanic). More specifically, women with a history of CSA reported to utilize drinking as a source of coping (i.e., help cope with unpleasant feelings).

Early childhood abuse experiences also appear to be a high-risk factor for deficits in cognitive functioning. Rivera-Velez et al. (2014) conducted a study to compare the memory, attention and concentration, and executive functioning of Latina survivors of CSA and non-sexually abused Latina women. Upon the completion of a neuropsychological assessment battery, their findings indicated that Latina's with a history of CSA demonstrated deficits in long-and short-term visual and verbal memory as well as in executive functioning.

## **Religiosity and Spirituality Defined**

While the terms religiosity and spirituality are widely cited in the literature, few people agree with regards to their meanings (Banks & Lee, 2016). From a feminist perspective, religiosity is defined as “the degree to which individuals adhere to the prescribed beliefs and practices of an organized religion” (Mattis, 2002, pp. 310, as cited in Banks & Lee, 2016) whereas spirituality is described as a relationship with and connectedness to various dimensions (i.e., self, others, nature, spirits) as well as an individual experience (Abernethy, Houston, Mimms, & Boyd-Franklin, 2006, Mattis, 2002, Medina, 2014, as cited in Banks & Lee, 2016). According to Comas-Diaz (2006), spirituality is a key component to healing and involves a balance between the mind, body, and spirit. Sacred spaces created through personal reflections, interpersonal interactions (i.e., conversations, positive exchanges, connectedness, shared intentions) and prayer help promote this healing and wellness (Gloria & Castellanos, 2016).

## **General Effectiveness of Religious/Spiritual Coping and Child Sexual Abuse**

Various studies have explored the relationship between CSA and spirituality and/or religiosity. Findings from these studies indicate survivors’ utilization of both negative and positive religious coping after CSA experiences (Bogar & Hulse-Killacky, 2006; Collins et al., 2014; Fallot & Heckman, 2005; Skogrand, Allgood, DeFrain, DeFrain, & Jones, 2007). In a study by Skogrand et al. (2007), traumatic experiences strengthened personal spiritual and/or religious beliefs (e.g., use of prayer). In particular, spirituality provided participants the opportunity to feel a connection to a higher being which in turn aided in the process of acceptance and healing (Skogrand et al., 2007). In a qualitative study by Bogar and Hulse-Killacky (2006), women reported that utilizing spirituality and/or religiosity fostered a sense of resiliency. After CSA experiences, some women reported developing a connection with God

while others reported experiencing a spiritual transformation. Women in this study further reported that spirituality and or/religiosity facilitated feelings of acceptance and forgiveness of the perpetrator, increased inner-strength and assertiveness in relationships, and fostered a sense of protection and guidance.

While some women may find comfort and support in religion, others find religion unhelpful in coping with CSA, complicating the healing process (Collins et al., 2014; Ligiero et al., 2009). In a study by Collins et al. (2014) on the role of Catholic beliefs in CSA survivors, women participants indicated that a watchful God, patriarchal values in the Catholic Church, and self-identification as a Catholic played a vital role in both the suffering and healing from CSA experiences. In regard to the latter, women reported that religious views about sexual sin played a role in perceived guilt, shame, and feelings of unworthiness in spite of the nonconsensual dynamics of the abuse. These women reported that despite identifying as Catholic, their religious views and identity as Catholic women often remained unexplored in therapy. As such, these women expressed importance in religious and/or spiritual coping because of its role and impact on recovering from CSA experiences (Collins et al., 2014).

### **Effectiveness of Religious/Spiritual Coping in Latina Survivors of Child Sexual Abuse**

Research suggests that Latinas use religiosity and spirituality to help cope with daily life stressors (Bryant-Davis, 2014; Campesino & Schwartz, 2006; Comas-Diaz, 2006; Comas-Diaz, 2016; Dunn & O'Brien, 2009; Musgrave, Allen, & Allen, 2002). In a study assessing spirituality, Campesino and Schwartz (2006) administered the Latino Spiritual Perspective Scale (LSPS) to Hispanic nurses at a nursing conference in Puerto Rico. The LSPS is a four-subscale questionnaire that addresses individual relationships with the divine as well as how spirituality manifests in the individual's daily life. The questionnaire was administered to and completed by

95 Latinas who predominantly identified as Catholic (74%). Results indicated that these women attend church at least once a week (39%) and utilize daily prayer outside of church (64%). According to 58% of the women, church attendance was attributed to obtaining healing (e.g., spiritual, physical, or emotional) while 55% of the women described church attendance as a source to feel closer to divine beings (e.g., God, Jesus, the Virgin Mary). Research also suggests that Latinas utilize folk healing practices such as curanderismo, espiritismo, and Santeria and activities such as praying the rosary, altar making, and lighting candles (Castellanos & Gloria, 2008 as cited in Comas-Diaz, 2016; Comas-Diaz, 2006; Comas-Diaz, 2012, as cited in Comas-Diaz, 2016; Musgrave et al., 2002). These healing traditions have helped promote healing and wellness and have further facilitated spiritual development among Latinas (Comas-Diaz, 2016).

Specific religious and/or spiritual coping behaviors with Latina survivors of CSA, however, appears to be under-explored in the available research. As with general findings of religious and/or spiritual coping after CSA experiences, Latinas also report both negative and positive religious coping patterns after CSA experiences (Collins et al., 2014; Ligiero et al., 2009; Marques et al., 2016; Sabina et al., 2012). Latinas who report positive religious coping after experiencing trauma describe religion as a form of support and strength and use religion to explain why the trauma occurred (Marques et al., 2016). Research on cultural influences on formal and informal help-seeking behaviors suggests that positive religious coping (i.e., viewing religiosity as a supportive force) is also associated with informal help-seeking (i.e., talking with family members) among Latina survivors of sexual victimization (Sabina et al., 2012).

While religion can be a source of healing, it can also be harmful to an individual (Plante, 2011, as cited in Banks & Lee, 2016). In a review of the literature, Tailor, Piotrowski, Woodgate, and Letourneau (2014) found that CSA perpetrated by non-clergy individuals may result in

diminished religiosity among adult White, Latina, African, and Asian survivors. Of the eight studies reviewed, six studies reported increased negative perceptions and attitudes towards God (i.e., unloving, disapproving, distant, wrathful) and decreased religiosity (i.e., leaving faith community, joining another church) and overall spiritual well-being (Tailor et al., 2014). Furthermore, Latinas who reported negative religious coping after experiencing trauma believed that CSA was a punishment and expressed confusion as to the reason they were targeted (Marques et al., 2016). According to the findings of Sabina et al. (2012), negative religious coping among Latina survivors of sexual victimization (i.e., spiritual tension, struggling with spirituality) was further associated with more formal help-seeking behaviors than informal help-seeking behaviors.

Religious beliefs and values can also negatively impact how survivors cope with and heal from CSA experiences. Religious values such as *aguantarse* (enduring), *resignarse* (resigning oneself), and *sobreponerse* (overcoming adversity), for example, encourage Latina girls to tolerate, accept, and triumph over their abuse experiences (Comas-Diaz, 1995, as cited in Fontes & Plummer, 2010). Furthermore, religious expectations, such as obedience, remaining a virgin until marriage, and discouragement around premarital sexual relations may lead Latina survivors of CSA to experience intense feelings of shame around losing their virginity (Fontes & Plummer, 2010; Kenny & McEachern, 2007).

Spiritual abuse and patriarchy may also be used to justify CSA experiences by fathers or father-like figures (Bent-Goodley, 2011, as cited in Banks & Lee, 2016; Fontes & Plummer, 2010; Kennedy, 2000). Spiritual abuse, for example, occurs when a perpetrator and/or religious individual (i.e., clergy) misinterprets scripture to force a victim to remain in an abusive relationship (Bent-Goodley, 2011, as cited in Banks & Lee, 2016). During an interview, a devout

Catholic Latina reported that Catholic patriarchy in addition to Latino cultural values around machismo play a mutual role in justifying and enabling CSA experiences among Latina women (Collins et al., 2014). More specifically, she indicated that teachings in the Bible (i.e., Mary Magdalene washing the feet of Jesus, washing bodies, Mary weeping at the cross) encourage Latina women to be available to and care for men (Collins et al., 2014). Research suggests that CSA survivors are often pressured by their Christian faith to remain silent (i.e., “honor thy father and thy mother;” “It is God’s will”) and to forgive the perpetrator (i.e., prayer, confession) (Kennedy, 2000). Furthermore, while some churches may support and protect the victim, it is not uncommon for churches and spiritual people to also blame the victim for CSA, resulting in issues such as anger, trust, fear, stigma, power, and guilt (Kennedy, 2000).

### **Art Therapy**

According to the American Art Therapy Association, art therapy is a form of treatment in which children, adolescents, and adults can explore feelings, resolve emotional conflicts, foster self-awareness, and improve overall well-being through the use of art media (American Art Therapy Association, 2013a; American Art Therapy Association, 2013b). In its early development and current stage, art therapy is seen as a way to minimize stigma (Robb, 2012). As such, one of its primary goals is to restore a client’s functioning as well as his or her sense of overall well-being (American Art Therapy Association, 2013a; American Art Therapy Association, 2013b). Art therapy is grounded in numerous theories including psychodynamic, Jungian, object relations, and psychoanalytic (Elkins & Stovall, 2000, as cited in Malchiodi, 2003). American art therapy was founded by Margaret Naumburg in the 1940s (Malchiodi, 2003) and became an official clinical service for patients in the early 1990s when it became a part of Recreation Therapy and Pain and Palliative Services (Robb, 2012). With the increasing



availability of community-based treatment (Brunton, 2013; Hinshaw, 2007), art therapy was gradually applied to various settings (i.e., inpatient and outpatient clinics, medical and community centers, residential facilities) and clinical populations (American Art Therapy Association, 2013a; American Art Therapy Association, 2013b; Malchiodi, 2003; Robb, 2012). Currently practiced by approximately 30,000 individuals in the United States (Malchiodi, 2005), research indicates that art therapy is an effective form of treatment for individuals who have experienced trauma, medical illness, and a variety of mental health disorders (American Art Therapy Association, 2013a; American Art Therapy Association, 2013b).

### **General Effectiveness of Creative Arts Interventions for Child Sexual Abuse**

Art therapy has helped facilitate the healing process in individuals with traumatic experiences. Through creative art interventions such as drawing/painting (Backos & Pagon, 1999; Bogar & Hulse-Killacky, 2006; Pifalo, 2002; Stace, 2014; Sweig, 2000), writing (Meston et al., 2013; Sweig, 2000), collaging (Sweig, 2000), dancing (Mills & Daniluk, 2002), and playing a musical instrument and singing (Bogar & Hulse-Killacky, 2006), art therapy has helped individuals process, express, and make meaning of these traumatic experiences in a creative manner (American Art Therapy Association, 2013b; Bogar & Hulse-Killacky, 2006; Mills & Daniluk, 2002; Pifalo, 2002; Sweig, 2000). Research suggests various benefits of art therapy, some of which include a decrease in symptoms of PTSD (Becker, 2015; Chapman, Morabito, Ladakakos, Schreier, & Knudson, 2001; Meston et al., 2013; Pifalo, 2002), depression (Becker, 2015; Meston et al., 2013; Pifalo, 2002), anxiety and dissociation (Pifalo, 2002), and sexual dysfunction disorders (Meston et al., 2013). Furthermore, individuals who have participated in art therapy have reported increased resiliency (Bogar & Hulse-Killacky, 2006;

Sweig, 2000), emotional awareness (Mills & Daniluk, 2002), empowerment (Backos & Pagon, 1999), and self-esteem and hope (Sweig, 2000).

In conjunction with various treatment modalities (i.e., psychoeducation, mindfulness, cognitive behavior therapy, relaxation strategies), Stace (2014) incorporated doll making in art therapy with an adult female survivor of CSA and family violence. Over the course of 18 weeks, the client crafted six therapeutic dolls (i.e., self, grandmother, mother, self-esteem), each made out of different materials. Therapeutic doll making provided the client the opportunity to express her feelings (i.e., guilt, shame, powerlessness, grief, anger), process the impact of her traumatic childhood experiences, and increase her self-image as well as feelings self-acceptance, confidence, and empowerment (Stace, 2014).

In a study examining the use of expressive writing for adult women survivors of CSA, Meston et al. (2013) randomly assigned these women into either a sexual schema-focused expressive writing condition or trauma-focused expressive writing condition. Over the course of five, 30-minute writing sessions, women in the sexual-schema condition wrote about the impact of CSA on their beliefs (i.e., self, others, sexuality), evidence supporting or discrediting their beliefs, reasons for maintaining their sexuality beliefs and circumstances needed to change those beliefs, and future sexuality goals, progress, and resiliency. Conversely, women in the trauma-focused condition wrote about the impact of their trauma (i.e., safety, trust, self-image, intimacy), maladaptive beliefs as a result from their trauma, and future goals. Benefits of expressive writing among these women included recovery from sexual dysfunction disorders (hypoactive sexual desire disorder, female sexual arousal disorder, female orgasm disorder) and a decrease in symptoms of depression and PTSD.

Other forms of art such as tattoos and piercings have also been linked to abuse experiences (Stirn, Oddo, Peregrinova, Philipp, & Hinz, 2011; Wohlrab, Stahl, & Kappeler, 2007). Research suggests that these forms of body modification may serve as a way of expressing self-awareness, identity, autonomy, and control over one's body (Stirn et al., 2011). Additionally, a review of the literature suggests that tattoos and piercings play a crucial role in reclaiming the body and self-healing (Wohlrab et al., 2007). Tattoos and piercings among women survivors of abuse have been linked to various benefits such as helping survivors create new understandings and meanings of their bodies and helping survivors reclaim possession of their bodies through deliberate and permanent markings (Wohlrab et al., 2007). Furthermore, female survivors of CSA have reported that tattoos help them gain awareness of their body and overcome certain experiences (Stirn et al., 2011).

The effectiveness of art therapy and its interventions appears to stem from its specific characteristics that make it unique from solely talk therapy: (a) self-expression and self-exploration through more than one modality (e.g., painting, play, music), (b) active participation in the exploration and communication of thoughts and feelings, (c) imagination, and (d) mind-body connections (Malchiodi, 2005). Despite research of its effectiveness, however, there is much more research to be done in order to understand specifically how art therapy works as well as how it should be applied when working with clients (Malchiodi, 2005). Furthermore, there is much needed research in the application of art therapy with Latina survivors of CSA.

### **Effectiveness of Creative Arts Interventions with Latina Survivors of Child Sexual Abuse**

According to Maria Lopez de Leon (2016), executive director of the National Association of Latino Arts and Cultures (NALAC) "arts and culture in Latino communities are a manifestation of the values, creativity, visions and aspirations of the people who make those

communities their home” (p. 78). Some common expressions of art in the Latino culture include visual arts (i.e., murals), music (i.e., salsa, mariachi, corridos), theater (i.e., playwrights, poetry), and dance (i.e., ballet folklórico, flamenco, tango) (National Association of Latino Arts and Culture, 2006). These forms of art have facilitated emotional expression, interpersonal connection, and cultural exploration (National Association of Latino Arts and Culture, 2006; Shapiro & Alcantara, 2016). For example, plays have helped lift the silenced voices of Latinos, plays have served as a form of storytelling, and murals have facilitated the expression of culture, personal identity, history, politics, current events, and social change (National Association of Latino Arts and Culture, 2006).

Research suggests that creative arts is a culturally sensitive technique that has helped Latinos creatively explore and express thoughts and feelings in a meaningful manner (Bermudez & Bermudez, 2008; Linesch, Aceves, Quezada, Trochez, & Zuniga, 2012; Linesch, Ojeda, Fuster, Moreno, & Solis, 2014; Mendez & Cole, 2014). In a Latino family case study, Mendez and Cole (2014) explored the cultural beliefs and values of a single mother, her daughter, and her two sons through a drawing technique called the Tree of Life. During this family activity, it became clear that the daughter’s behavioral issues both at school and at home were attributed to acculturation differences. Although all members of the family strongly identified with Mexican values, the children also identified with American cultural values (e.g., independence). Utilizing this technique also provided Mendez and Cole (2014) information on the family’s strengths and resources, helped engage each member in the family in course of treatment, and guided the establishment of culturally-balanced solutions to the daughter’s behavioral issues.

In another study, Linesch et al. (2012) explored the impact of immigration and acculturation experiences on eight immigrant Latino families. Through the use of family

drawings, families were provided the opportunity to creatively express their suppressed experiences around immigration. Family drawings revealed common themes, some which included associated challenges and stressors, use of coping mechanisms (e.g., religion, faith, family), gender role expectations, formation of identity (e.g., bicultural, bilingual), and feelings of resiliency, ambivalence, and loss. Conversely, Linesch et al. (2014) conducted a study on the use of art therapy to explore immigration and acculturation experiences with Hispanic/Latino adolescents and women. Participants in the study were provided various art materials to help facilitate the expression of their experiences and reported various benefits of art therapy. In particular, participants indicated that art therapy fostered feelings of empowerment, pride, and safety, enhanced self-confidence and identity exploration, and facilitated *desahogo* (catharsis).

According to Shapiro and Alcantara (2016), Latina creativity and spirituality is often expressed through sacred art creations such as use of household saints, iconic spiritual images (i.e., La Virgen de Guadalupe), public arts and murals, and home and ancestral altars. With regards to the latter, altar-making may be particularly beneficial for those who associate with Catholicism (Bermudez & Bermudez, 2008). As proposed by Bermudez and Bermudez (2008), altar-making in family therapy is a spiritual resource that has been especially beneficial with the Hispanic/Latino community. Through this creative technique, the client utilizes a box, fabric, candles, pictures, prayers, and other objects to assemble an altar related to his or her presenting problem (Bermudez & Bermudez, 2008). Once assembled, the therapist and client explore the meaning of the altar as well as associated thoughts and feelings towards it (Bermudez & Bermudez, 2008). Although altar-making has a range of benefits, it has particularly helped individuals create new meanings for themselves, explore spirituality, experience feelings of

connectedness and closeness to individuals in their families, and cope with bereavement, grief, and traumatic experiences (Bermudez & Bermudez, 2008).

Despite the aforementioned literature, there appears to be limited research on the use of creative art interventions with adult Latina survivors of CSA (Becker, 2015; Ligiero et al., 2009; Meston et al., 2013; Sweig, 2000). In a study examining coping styles and CSA experiences, Ligiero et al. (2009) conducted nine, in-depth interviews with Latina survivors of CSA. The women in this study ranged from 19- to 43-years old, self-identified as either Catholic or Christian, and experienced CSA anywhere from 2 to 9 times to 10 or more times. While these women described many sources of coping (i.e., isolation, drugs/alcohol, professional help), a few Latinas reported finding comfort in art, reading, and writing. One participant who first experienced CSA at age 7 reported sharing a special relationship with books and described reading as a safe haven since childhood. Similarly, another participant who reported her first CSA experience at age 12, described art as an opportunity to transform her CSA experiences into something more positive. Furthermore, 3 other participants reported utilizing martial arts both as a preventative means against further abuse as well as an outlet for unpleasant feelings (i.e., anger).

In another study, Becker (2015) developed a manualized, integrated group treatment for five adult survivors of CSA. Adults in this study met diagnostic criteria for PTSD and were Caucasian, African-American, and Hispanic-American. Over the course of 9-weeks, CSA survivors participated in a weekly, 2-hour group therapy session which integrated art activities with psychoeducation, exposure (i.e., written), grounding skills (i.e., breathing, color and object naming), restructuring of cognitions, and narrative therapy. Survivors reflected their personal CSA experiences through multiple pieces of art. Artwork was created through the use of paper,

markers, pastels, crayons, and paint and was then discussed with other members of the group. Each session consisted of different themes, some which included Understanding Emotions and Safety. The results of this study demonstrated a decrease in PTSD and depressive symptoms, with a relatively stable reduction in symptoms at the one-month follow-up.

Similarly, Sweig (2000) utilized cognitive, affective, and expressive art techniques with Caucasian, Hispanic, African-American, and Asian survivors of CSA. Over the course of a 12-week psychoeducational group treatment, women participated in a range of art activities including journaling, drawing, writing, collaging, and sculpting using plasticine. Each art activity was aimed at helping these women express and process their painful experiences in addition to promoting self-differentiation, creativity, and resourcefulness. Per Sweig (2000), the art activities helped foster a sense of safety, empowerment, self-growth, and self-esteem among these women. While the last two studies have included small samples of Latinas/Hispanic women, there is evidence to suggest that art may be a beneficial intervention for increasing resiliency and decreasing symptoms commonly reported among Latina CSA survivors.

### **Values and Help-Seeking Behaviors**

Limited research in this area may be influenced by Latino cultural values such as familismo (family), interdependence, virginity, shame, and honor (Fierros & Smith, 2006; Fontes, 1993; Fontes, 2007). In a study by Fontes (1993), Latina self-disclosure of CSA was influenced by cultural beliefs (i.e., value of virginity, taboo around speaking of sexual abuse), religious beliefs (i.e., Christianity), imposed beliefs by perpetrator (i.e., acceptable act), threat of physical integrity, as well as oppression, discrimination, and poverty (Fontes, 1993). As cited by Fontes & Plummer (2010), Comas-Diaz (1995) noted that limited disclosure of CSA may be influenced by the Latino cultural value of respecto (respect), as well as religious values including

aguantarse (enduring), resignarse (resigning oneself), and sobreponerse (overcoming adversity). Furthermore, the belief that personal issues should be kept within the family may also play a role on help-seeking behaviors (Fierros & Smith, 2006).

Cultural influences on help-seeking behaviors may also explain why Latinas are more likely to utilize informal resources than professional services and resources (i.e., counseling, medication, support groups, medical providers, police reports, restraining orders) (Cuevas, Bell, & Sabina, 2014; Postmus, 2015; Sabina et al., 2012). In a study by Cuevas et al. (2014), 75.3% of the adult Latina survivors of CSA sought informal help (i.e., speaking with a parent, sibling, partner, family member, friend) compared to the 43.1% of Latinas who sought formal help (i.e., contacting police, social services, medical). Conversely, Latinas in the study by Postmus (2015) were more likely to utilize emotional support after CSA experiences and disclose their abuse incident to family and friends rather than professional resources. Research also suggests that lower levels of acculturation serve as a barrier to formal-help seeking among Latina women (Sabina et al., 2012). Latina women who are more acculturated may feel more comfortable in disclosing victimization experiences as well as seeking help such as through social services when compared to Latina women who are more immersed in Latino cultural values and beliefs (Sabina et al., 2012).



## **Chapter II. Method**

### **Design**

Previous research examining CSA experiences among adult Latina and/or Hispanic women has primarily focused on physical, psychological, and psychosocial consequences as well as prevalence, re-victimization, and poly-victimization rates. There is a gap in the literature, however, on culturally sensitive forms of coping—religiosity, spirituality, and use of creative arts—among this understudied population. The scarcity of literature on this topic is of concern given that a small body of research has demonstrated the benefits of both religiosity and/or spirituality and creative arts on the healing process of Latina CSA survivors. This void in the literature appears to be attributed to the limited use of qualitative research methods with Latinas as well as the sensitivity of the topic. Given the paucity of literature on culturally congruent coping styles, this study aims to examine the use and effectiveness of religiosity, spirituality, and creative arts as culturally sensitive forms of coping among adult Latina and/or Hispanic CSA survivors.

To facilitate this deeper understanding, a mixed methods study design was used, with a heavier focus on qualitative methods. Per Creswell (2007), qualitative research is an important process of research that “includes the voices of participants, the reflexivity of the researcher, and a complex description and interpretation of the problem, and it extends the literature or signals a call for action (p. 37)”. Given that mixed methods studies focus on questions regarding the method or procedures in a study (Creswell & Clark, 2007) and the content of the study (Tashakkori & Creswell, 2007), the following questions were posed: (a) how does information about demographics and quantitative surveys contextualize our understanding of the qualitative data with this particular sample; (b) what are the effects to how does acculturation levels relate to

survivors' reports of coping strategies; (c) what are the effects, if any, of the nature of CSA experiences on help seeking-behaviors among Latina survivors of CSA?; (d) how do the interviews with adult Latina survivors of CSA help to explain the use and the subjective experience of the effectiveness of religiosity, spirituality, and creative arts in coping with such experiences?; and (e) to what extent and in what ways do qualitative interviews with adult Latina survivors of CSA serve to contribute to a more comprehensive understanding of how this specific population copes with such experiences? No hypotheses were formulated for the study given that it is exploratory in nature.

## **Participants**

**Recruitment.** To determine the appropriate number of participants to be included in this study, the literature related to qualitative sample size was reviewed. In a content analysis of articles using grounded theory and interviews by Thomson (2011), sample size selection was impacted by the research question, the nature or sensitivity of the phenomena of study, and the principal investigators experience or knowledge. As such, grounded theory literature posits conducting approximately four to thirty interviews to identify emerging themes and patterns, gain a deeper understanding of perceived experiences, and capture meaningful results (Charmaz, 2006; Creswell, 2007; Thomson, 2011). In order to allow for adequate capture of the coping experiences among adult, Hispanic and/or Latina survivors of CSA, the principle investigator aimed for the recruitment of six to eight participants for this study.

Participants were recruited via flyers placed at community mental health clinics, counseling centers, medical centers, churches, and Universities throughout the state of California that primarily serve Latinos. Recruitment sites were identified through internet-based searches using Google as a search medium, key words child sexual abuse treatment centers near me,

therapy for child sexual abuse survivors near me, and Latina survivors of child sexual abuse near me. The principle investigator contacted selected sites within the state of California and requested to speak to clinical directors, licensed staff clinicians, or other executive staff and request permission to post recruitment flyers, either in person or by email (See Appendix B). Participants were also referred to the principle investigator by women who participated in this study.

A total of eight candidates contacted the principle investigator via email and/or by telephone. Potential candidates were provided with more information about the study and scheduled for a brief initial screening for inclusion and exclusion criteria (see Appendix C). This screening took approximately 10-minutes, after which candidates were informed of their eligibility in the study. In order to be included in this study, participants had to be women over the age of 18 who self-identified as either Latino or Hispanic, reported a history of CSA, and whose primary language was either English or Spanish. Moreover, participants must have either used creative arts, religiosity, and/or spirituality as a means of coping for their CSA experiences either currently or in the past. Participants were further required to provide written consent to complete three self-report measures as well as to be digitally recorded during the interview. Participants were excluded if they were under the influence of alcohol and/or any other substance at the time of participation.

While all eight candidates met the necessary inclusion criteria and agreed to participate, two candidates declined subsequent participation based on time and scheduling conflicts. As such, these candidates were not included in the study. The six remaining eligible participants were scheduled for a date, time, and location for the completion of three questionnaires and a face-to-face interview. All six participants completed the questionnaires and face-to-face

interview and received compensation in the form of a \$20 Visa gift card upon completing the study. The study protocol and materials received Institutional Review Board (IRB) approval from Pepperdine University, Graduate School of Education and Psychology.

## **Procedures**

**Consent.** Prior to any data collection, all participants were informed about: (a) the purpose of the study, (b) what the study involves, (c) the audio recording requirement to ensure accuracy in the transcription of their responses in addition to the potential need to re-contact participants to clarify interview responses, (d) potential risks and benefits of participation, (e) compensation, (f) limits of confidentiality, how confidentiality and anonymity of their participation will be preserved, and how the results of the study will be used, (g) the voluntary nature of their participation and their right to discontinue at any time, (h) the investigators contact information, and (i) participants rights. Consent forms were available in both English and Spanish (see Appendix D) and were written in clear and understandable language.

Given that this study involved the handling of sensitive information including experiences of CSA and levels of acculturation, the principle investigator dedicated additional time to individually address potential confidentiality concerns around these topics. Regarding the former, the principle investigator informed participants that though she is not mandated to report participants individual experiences of CSA to appropriate authorities, she is mandated to report information shared by participants about a child, dependent adult, or elder who is currently being abused or neglected or is at risk of abuse or neglect. However, no mandated reports on behalf of the principle investigator was required over the course of this study. Participants were also informed that while the principle investigator will be asking information on their country of

birth, participants will not be asked about their immigration status nor will this information be reported to any authorities.

To ensure their understanding as well as to determine individual comprehension of the consent form, all participants were asked open-ended questions about the study and/or asked to summarize their understanding of the study. The principle investigator also utilized the Assessing the Capacity to Consent Form (see Appendix E), which was attached to the participant's signed consent form. All participants were deemed to have capacity to consent in this study. All participants were required to provide written consent in order to complete the questionnaires and face-to-face interview. It was explained that by signing the consent, participants give the principal investigator permission to gather and use all data as outlined in the form with the understanding that all data will be deleted upon the completion of the study. All participants were provided with a personal copy of the informed consent form for their records and were further provided with the opportunity to ask additional questions.

**Data collection.** The principle investigator gathered all the necessary data at a confidential location of the participant's choosing and at the convenience of each participant. While the Pepperdine University Counseling Clinics (i.e., West Los Angeles, Irvine, Encino) was offered to participants' as an additional confidential location for data collection, participants preferred their vehicles ( $n=5$ ) and their home ( $n=1$ ). Given that language plays a crucial role in cultural identity and expression (Fierros & Smith, 2006), the self-report questionnaires and interview questions used for this study were available in both English and Spanish to accommodate the participant's preference. The Demographics Questionnaire, The Brief Questionnaire of Child Sexual Abuse, and the interview questions have been translated into Spanish and back-translated into English by bilingual professionals to ensure reliability and

validity among Latino populations (see below for further details). While translating and back translating help ensure the equivalence of the interview questions in the two languages, additional sources of empirical and theoretical evidence will be needed to determine the reliability and validity of the interview questions. Five participants completed the questionnaires and interview in English and one completed these in Spanish. The latter involved the same translation procedure previously addressed.

Participants completed three self-report questionnaires (see Measures section below), which took an average of 10-minutes to complete. Prior to their administration, the principal investigator briefly explained the self-report measures, their sensitivity in nature, and the importance of the participants comfort level. Participants were verbally reminded that they can choose to move on to another question, take a break, have the principal investigator read the question aloud and/or record their response, or stop the measures altogether.

Participants then completed a face-to-face interview with the principle investigator. It should be noted that while the principle investigator estimated interviews to last an average of 45- to 90-minutes, the average interview lasted 37-minutes. All interviews were digitally recorded. Interviews consisted of open-ended questions that primarily focused on the perceived efficacy of creative arts and religiosity and/or spirituality as sources of coping with CSA experiences in addition to the role of cultural values on personal and familial perceptions towards CSA, the impact of CSA on spiritual and/or religions participation and beliefs, and resiliency (see Appendix I). While interviews were semi-structured (i.e., questions read verbatim, same opening, child sexual abuse, and ending questions), it should be noted that the order of questioning was tailored to the experience of each participant, which is consistent with the emergent design of qualitative research (Creswell, 2007). For example, if a participant reported

having used spirituality and/or religiosity for coping with their CSA experience(s) but not creative arts, then the participant was asked questions under category Spirituality and Religiosity. Conversely, if a participant reported having used creative arts for coping with their CSA experience(s) but not spirituality and/or religiosity, then the participant was asked questions under category Creative Arts. If a participant reported having used both spirituality and/or religiosity in addition to creative arts for coping with their CSA experience(s), then the participant was asked all twelve interview questions. Follow-up questions were also asked based on participant responses, and clarification was used to address any confusion that arose as a result of oscillation between the English and Spanish language during the interview process (Fierros & Smith, 2006). All responses to interview questions were transcribed verbatim.

Given that the questionnaires and interview questions were personal in nature and intended to elicit information about past CSA experiences, the principle investigator observed participants closely for any signs of stress or emotional distress as evidenced by a participant stating that they are experiencing stress or emotional distress or by a participant exhibiting suggestive behaviors that the interview is too stressful such as uncontrolled crying/close to tears, anxiety (e.g., fidgeting with hands, nervousness, trembling/shaking, changes in breathing patterns), silence, confusion, anger/irritability, etc. (Draucker, Martsof, & Poole, 2009; Labott, Johnson, Fendrich, & Feeny, 2013). Participants were. Please refer to the Results section below for further details.

Over the course of the interviews, two participants were observed to experience minimal emotional distress as evidenced by tearfulness and requests for brief breaks. During these situations, the principle investigator used clinical judgment to validate the immediate emotional distress in an empathic and supportive manner as well as stopped the interview and incorporated

items to assess how they are feeling (Labott et al., 2013). Some questions included: What thoughts are you having right now? What are you feeling in the present moment? How would you like to proceed with regards to the interview? (Draucker et al., 2009; Labott et al., 2013). Participants were also provided with brief coping skills such as, paying attention to one's senses, brief mindfulness breathing, and acceptance/acknowledgement of emotions. In addition to the above, the principle investigator reminded participants of their willingness to participate in this study, including their right to move on to another question, take a break, or stop the study's procedures altogether without penalty. Both participants reported decreased emotional distress upon the incorporation of the above interventions and reported feeling able to proceed with the interview. All participants were debriefed after the interview, regardless of whether it was completed or terminated. Participants were provided with a list of community resources with phone numbers and websites should they want additional therapeutic support and/or mental health services (see Appendix J).

**Data storage.** Any identifiable information obtained in connection with this study will remain confidential. All participants were assigned a random number that corresponded to their name, questionnaires, and interview (i.e., audio recording, verbatim transcription). Confidentiality was further ensured by both storing consent forms separately from questionnaires and interview responses and not keeping a master list linking participants random number to identifying information (i.e., names on consent form). Audio recordings of the participants interviews were permanently deleted from the principle investigator's computer upon transcription. Hard copies (i.e., consent forms, questionnaires, transcriptions of interviews) were stored and kept in a locked safe in the principle investigators place of residence until electronically scanned and stored. All hard copies were destroyed using a paper shredder upon



being scanned and electronically stored. Data collected (i.e., informed consent form, questionnaires, audio recordings, verbatim transcription of interview) was electronically scanned and stored on a password and firewall protected computer in the principal investigators place of residence. All electronic data will be kept for a minimum of three years following the study's completion and will then be destroyed in its entirety.

## **Measures**

The measures utilized in this study have been translated into Spanish and back-translated into English by bilingual professionals to ensure the reliability and validity among Latino populations. It is important to note that translating and back-translating measures and questionnaires are critically important steps to take. However, these steps alone do not ensure or guarantee the reliability and validity of the measures. Translating and back-translating help ensure the equivalence of the measures in the two languages, but additional sources of empirical and theoretical evidence are needed to determine the reliability and validity of the measures.

**Demographics and CSA.** Demographics were assessed utilizing the Demographics Questionnaire (see Appendix F), which was composed of a series of questions about participants age, gender, ethnicity, country of origin, primary language, marital status, highest level of education, employment status, yearly household income, and religious and/or spiritual affiliation. The Brief Questionnaire of Child Sexual Abuse (CSA) (see Appendix G) was used to get a sense of the participant's childhood sexual abuse experience(s) through a series of questions about the initial and final age at which they experienced CSA, the frequency of their CSA experience(s), the relationship the survivor shared with the perpetrator, and the gender of the perpetrator. This questionnaire was influenced by selected questions from the Questionnaire on Child Sexual

Abuse by Halperin et al. (1996). Modifications of the original questionnaire included wording changes and translation of questions from English to Spanish.

The above two measures were developed by the principle investigator for this study to help address challenges in the limited availability of bilingual measures. Given that the primary focus of this study was to examine the use and effectiveness of culturally sensitive forms of coping (e.g., religiosity, spirituality, creative arts) rather than the nature of the abuse itself, the principle investigator developed a brief measure to assess for CSA history. Many of the existing measures used to assess for CSA history (i.e., Davidson Trauma Scale; Childhood Experience of Abuse and Care Questionnaire; Stressful Life Events Screening Questionnaire; Early Trauma Inventory; Child Trauma Interview) are too long in length and ask detailed questions about the abuse that were not relevant to purpose of this study.

**Acculturation.** Acculturation was assessed using the Brief Acculturation Rating Scale of Mexican-Americans-II (ARSMA-II), English and Spanish version (Cuellar, 2004) (See Appendix H). Derived from the original ARSMA-II (Cuellar, Arnold, & Maldonado, 1995), the Brief ARSMA-II is a 12-item, self-report measure commonly used with Latinos to assess acculturation status (Cuellar, 2004; Cuellar et al., 1995). It is composed of the Mexican Oriented Scale (MOS) and the Anglo Oriented Scale (AOS), each which contain 6-items regarding participation in either Mexican or Anglo behaviors (e.g., “I speak Spanish”) (Cuellar, 2004). Acculturation responses for the 12-items are rated using a 5-point Likert scale, with responses ranging from 1 (*Not at All/Nada*) to 5 (*Almost Always/Muchisimo, Casi Todo el Tiempo*) (Cuellar, 2004). It is important to note that given potential concerns around their country of birth and immigration status, participants were informed that this information is solely for the purpose of understanding their individual experiences and that it will not be reported to any authorities.

The Brief ARSMA-II appears to demonstrate adequate validity and reliability among Latino children, adolescents, and adults (Bauman, 2005; Cuellar, 2004; Sabina et al., 2012; Torres, Driscoll, & Voell, 2012; Wallace, Pomery, Latimer, Martinez, & Salovey, 2010). Internal consistency (Cronbach's alpha) for the AOS ranges from 0.73 to 0.87 and 0.88 to 0.91 for the MOS (Bauman, 2005; Cuellar, 2004; Torres et al., 2012). Sabina et al. (2012) found adequate internal consistency (Cronbach's alpha) for both the English and Spanish versions of the Brief ARSMA-II among adult Latinas with histories of interpersonal victimization. Internal consistency (Cronbach's alpha) for the MOS was 0.86 for the English version and 0.70 for the Spanish version and 0.68 for the AOS English and Spanish version (Sabina et al., 2012).

### Chapter III. Results

#### Data Analysis

**Quantitative data.** The final sample used for this study included six women who reported a history of CSA. The average age of the participants was 44.5 years old. Participants identified as Cuban, Cuban-American ( $n=2$ , 33%), Argentinian ( $n=1$ , 17%), Biracial, Mexican-Dutch ( $n=1$ , 17%), Mexican ( $n=1$ , 17%), and Unspecified Latina and/or Hispanic ( $n=1$ , 17%). The majority of the participants were born in the United States ( $n=4$ , 67%) and reported English as their primary language ( $n=4$ , 67%). Furthermore, the majority of participants were married ( $n=4$ , 67%), had completed either some college or obtained a college degree ( $n=4$ , 67%), and employed ( $n=3$ , 50%). Half of the participants identified as Catholic ( $n=3$ , 50%) while the other half identified as non-denominational ( $n=3$ , 50%). Table 1 presents full demographic characteristics.

Table 1.

#### *Participant Demographics*

Categorical variables	<i>n</i>	%
Age		
32	1	17%
38	1	17%
39	1	17%
42	1	17%
54	1	17%
62	1	17%
Mean Age:	44.5	
Ethnic Background		
Argentinian	1	17%
Biracial, Mexican and Dutch	1	17%
Cuban, Cuban-American	2	33%
Mexican	1	17%

(continued)

Categorical variables	<i>n</i>	%
Unspecified Latina and/or Hispanic	1	17%
Country of Birth		
Argentina	1	17%
Mexico	1	17%
United States	4	67%
Primary Language		
English	4	67%
Spanish	2	33%
Marital Status		
Single	2	33%
Married	4	67%
Highest Level of Education Completed		
Less than high school/GED	1	17%
Some college/college degree	4	67%
Advanced degree	1	17%
Employment Status		
Employed	3	50%
Unemployed	2	33%
Data missing	1	17%
Yearly Household Income		
\$200,00 - \$150,000	1	17%
\$150,000 - \$100,000	1	17%
\$100,000 - \$50,000	1	17%
< \$50,000	1	17%
Data missing	2	33%
Religion and/or Spiritual Affiliation		
Catholic	3	50%
Non-denominational	3	50%
Nature of CSA		
The perpetrator was nude	1	17%
The perpetrator had me undress	3	50%
Be fondled (caresses, rubs, kisses on the whole body and/or your genitals)	6	100%
Fondle the perpetrator (caresses, rubs, kisses on the whole body and/or your genitals)	2	33%

(continued)

Categorical variables	<i>n</i>	%
Look at pornographic pictures, drawings, films, videotapes, or magazines	2	33%
Be naked and to expose your genitals for picture taking or filming	1	17%
Submit to full sexual intercourse with penetration	1	17%
Submit to having the perpetrator's fingers or an object introduced in your body	2	33%

Participants reported that they had first experienced CSA between the ages of 4 and 11 and last experienced CSA between the ages of 5 and 15. The frequency of CSA as reported by participants ranged, including once ( $n=2$ , 33%), between 2 and 5 times ( $n=2$ , 33%), and over 10 times ( $n=2$ , 33%). All participants experienced being fondled by the perpetrator ( $n=6$ , 100%). It is important to note, however, that participants also reported other forms of CSA, including undressing for the perpetrator ( $n=3$ , 50%), fondling the perpetrator ( $n=2$ , 33%), looking at pornographic pictures, drawings, films, videotapes, or magazines ( $n=2$ , 33%), having the perpetrator's fingers or an object introduced in their body ( $n=2$ , 33%), being naked and exposing genitals for picture taking or filming ( $n=1$ , 17%), full sexual intercourse with penetration ( $n=1$ , 17%), and the perpetrator being nude ( $n=1$ , 17%). The majority of the participants had been abused by either a family member ( $n=4$ , 67%) or a family friend ( $n=3$ , 50%). All participants identified the perpetrator as male ( $n=6$ , 100%). Table 2 presents full childhood sexual abuse experiences.

Table 2.

*CSA Characteristics*

	<i>n</i>	%
Age of first CSA Experience		
4	1	17%
4 or 5	1	17%
5 or 6	1	17%
6	1	17%
8	1	17%
11	1	17%
Age of last CSA Experience		
5	1	17%
6	1	17%
8	2	33%
15	2	33%
Frequency of CSA experiences		
Once	2	33%
Between 2 and 5 times	2	33%
Over 10 times	2	33%
Relationship with Perpetrator		
Family Member	4	67%
Family Friend	3	50%
Other	1	17%
Gender of Perpetrator		
Male	6	100%

Of note, while the word, submitting, was used to describe the CSA experiences of the participants on the IRB approved measure, the Brief CSA questionnaire, it is important to note the potential impact of language when describing experiences of CSA survivors. Given that the word submitting may imply that the CSA survivor is accountable for their abuse experiences, this is one major critique of this measure. Future research should consider the integration of language that is consistent with a feminist framework, namely, language that focuses on empowering and supporting survivors of sexual assault and violence, rather than using language

that may potentially oppress and silence women or result in misleading interpretations of their experiences.

As indicated in the Brief Acculturation Rating Scale of Mexican-Americans-II (ARSMA-II), acculturation levels varied. Utilizing the linear perspective, the majority of the participants endorsed acculturation scores consistent with the dominant culture. Utilizing the orthogonal perspective, participants were classified as either assimilated or unclassified. Table 3 presents information on the full acculturation status of participants.

Table 3.

*Acculturation Data Brief ARSMA-II*

Participant	Linear Perspective		Orthogonal Perspective
	Acculturation Score	Acculturation Level	Typology
1	1.5	Level 4	Unclassified
2	1.34	Level 4	Low bicultural/marginalized
3	3.5	Level 5	
4	3	Level 5	Assimilated
5	-3.17	Level 1	Traditional
6	2.16	Level 4	Unclassified

**Qualitative data.** Semi-structured interviews were conducted for the second part of the data collection. Interviews were analyzed based on the qualitative principles of grounded theory (Charmaz, 2006; Charmaz, 2015; Creswell, 2007; Dourdouma & Morti, 2012). Grounded theory analysis is often utilized by qualitative researchers to explore and formulate a theory about a phenomenon of interest (Dourdouma & Morti, 2012). The primary goal of the researcher is to examine data thoroughly and sensitively to its many possible meanings and to construct or propose a theory of how these themes relate (Dourdouma & Morti, 2012). While there are two



forms of grounded theory—objectivist and constructivist—this study utilized a constructivist grounded theory approach (Charmaz, 2006; Mills, Bonner, & Francis, 2006).

Part of interpretative tradition, constructivist grounded theory places an emphasis on understanding how and why participants construct meanings and actions in various situations (Charmaz, 2006). From this stance, data is co-created from the interactions between the researcher and the participant, shared experiences, and other data sources (Charmaz, 2006; Mills et al., 2006). Thus, the researcher enriches the data by further exploring and interpreting implicit meanings and actions and exploring the role of context (i.e., time, place, culture, situation, values, beliefs, ideologies, assumptions, feelings) on these meanings and actions (Charmaz, 2006; Creswell, 2007; Mills et al., 2006).

According to Charmaz (2006), grounded theory coding consists of three phases, each which was utilized for this study. Initial coding was conducted by the principle investigator, a bilingual (Spanish and English) doctoral student who identifies as a Mexican-American, heterosexual female, first-generation American, and practicing Catholic. During initial coding, the principle investigator reread each individual transcription and utilized line-by-line coding to identify key terms, topics, phrases, actions, quotes, and meanings (Charmaz, 2006). Each line was given a short, simple, active and analytic code that facilitated the development of later theoretical categories in the second phase (Charmaz, 2006). These initial codes were annotated in the margin of each transcription. Within this phase, participant's data was reviewed attentively while remaining open to what the data suggests (Charmaz, 2006). This process was repeated which each individual transcription.

The focused coding phase involved the development of major theoretical categories based on the refinement and organization of salient and/or frequent codes identified during the

initial coding phase (Charmaz, 2006). To facilitate this process, the principle investigator utilized constant comparative methods which involved comparing codes within and between interviews (Charmaz, 2006; Dourdouma & Morti, 2012). This method of comparison allowed for further data exploration and enabled the development of a new theory (Coyne, 1997, Elliott, Slatick, & Urman, 2001, Rennie, 2006, Rennie, Phillips, & Quartaro, 1998, as cited in Dourdouma & Morti, 2012).

Within the final phase of this analytic process, theoretical coding was used to conceptualize the relationships between the theoretical categories developed during the focused coding phase. Theoretical codes capture essential meanings, “weave the fractured story back together,” (Glaser, 1978, as cited in Charmaz, 2006), and help move the analytic story in a theoretically driven direction, allowing the principal investigator to formulate an organized theory on observed phenomenon within the data (Charmaz, 2006; Dourdouma & Morti, 2012). Furthermore, theoretical codes add precision, clarity, and coherence to data analysis in grounded theory (Charmaz, 2006).

**Reliability and validity.** To strengthen the reliability of the analytic results, a second coder was used and trained in the same analytic style as the principal investigator. The second coder was a bilingual (Spanish and English) doctoral student who identified as a Mexican-American/Latina female, first generation-American. Triangulation, a qualitative research strategy, was also used to increase the validity of the findings (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014). Triangulation involved the use of more than one research method to study the subject of interest (Paul Vogt & Burke Johnson, 2011). As noted by Paul Vogt and Burke Johnson (2011), triangulation is similar to multimethod research which “combines two or more methods of design, measurement, or analysis and usually hopes for a

convergence of evidence, enabling a single strongly supported conclusion...[and] enabling the researcher to reduce biases likely to be associated with a single method” (p. 240). The purpose of triangulation is to confirm the data as well as to ensure that the data is complete (Begley, 1996, Shih, 1998, Casey & Murphy, 2009, as cited in Houghton, Casey, Shaw, & Murphy, 2013).

One form of triangulation in this study involved immersion in the data (i.e., participant’s interviews, transcriptions) (Dourdouma & Morti, 2012; Mills et al., 2006). Immersion was accomplished through challenging personally held preconceptions and assumptions about the participant’s experiences (Dourdouma & Morti, 2012). As noted by Charmaz (2015), coding interviews through the process of grounded theory can elicit assumptions and experiences within the researcher (Charmaz, 2015). Immersion in emerging data is important because it increases theoretical sensitivity, a multidimensional concept that includes the researcher’s insight in the research area, the researcher’s level of attunement to the participant’s words and actions, and the researcher’s ability to reconstruct meaning with the participant (Mills et al., 2006).

Given the importance of assessing and becoming self-aware of why and how one gathers data as well as the assumptions and perspectives guiding interview questions (Charmaz, 2006), the principle investigator reflected on her own attitudes, assumptions, and biases. First, the principle investigator is a bilingual (Spanish and English) doctoral student who identifies as a Mexican-American, heterosexual female, first-generation American, and practicing Catholic. Given that she is studying her own ethnic community and has had prior lived and clinical experiences with Latina and/or Hispanic survivors of CSA, the principle investigator recognizes the knowledge she has acquired both through these experiences and through being socialized to the Latino and/or Hispanic community. From the perspective of epistemology (Charmaz, 2006), the principle investigator also respects other ways of knowing, acknowledgement, and the value

of lived experience. The principle investigator is also aware that there is variety within the Latino and/or Hispanic community and further recognizes that not everyone has identical experiences because of intersectionality. Second, the principle investigator recognizes that she believed that creative arts, spirituality, and religiosity were going to be helpful based on her own personal experiences of coping with a range of stressors. Regarding spirituality and religiosity, the principle investigator also recognizes that there are mixed opinions and views about the Catholic church in light of sexual abuse allegations and cover-ups. Within all of this, the principle investigator, however, was not aware of how these coping strategies work. As such, the principle investigator's interest guided the studied topic and she is open to how this has impacted ways of coping among Latina and/or Hispanic survivors of CSA.

A second form of triangulation used for this study consisted of frequent participant checks during the interview (Charmaz, 2006). This included the principle investigator exploring statements or topics, requesting more details or a further explanation, inquiring about participant's thoughts and feelings, restating participant's points for accuracy, validating participant's perspectives, and expressing appreciation for the participant's participation (Charmaz, 2006). Interviewing in this manner enabled participants to be experts of their experiences and further facilitated the accuracy of the information obtained from participants (Charmaz, 2006). Although these strategies were implemented by the principle investigator, it is important to recognize that the questionnaires and interview questions were personal in nature and intended to elicit information about past CSA experiences. As previously discussed in the methods section, two participants were observed to experience minimal distress as evidenced by tearfulness and requests for brief breaks. Validation of the immediate emotional distress, assessment of how participants were feeling, and integration of brief coping skills (e.g.,

mindfulness breathing, paying attention to one's senses, acceptance/acknowledgment of feelings), however, reduced their distress and resulted in their decision to continue with the interview. While no additional distress was observed and none of the participants requested to skip items, take breaks, or stop the interview, the principle investigator recognizes that reflecting on past CSA experiences may be uncomfortable. As such, the principle investigator made conscious efforts to create a balance between asking significant questions related to their coping, as well as minimize forcing further responses from participants (Charmaz, 2006). Taken altogether, the nature of the interview questions and the principle investigator's interview strategies, may or may not have impacted participant responses and subsequently, the length of the interviews.

Investigator triangulation was also utilized. This involved separate analysis of data by two or more researchers (Carter et al., 2014). Upon the completion of data collection, the principal investigator and second coder conducted separate data analyses of participant's transcriptions. After the initial analysis, the principle investigator and second coder had a discussion to confirm analytic findings and yield reliability on common general themes. If a discrepancy existed between common themes, the principal investigator and second coder had a subsequent discussion to reach theme consensus. Although different language was occasionally used, subsequent discussion between the principle investigator and second coder revealed similar themes throughout interviews. For example, while the principle investigator and the second coder used different terms to describe emergent codes related to healing through art, further discussion between the coders indicated similar understanding and agreement of the data. As such, reliability in this way, was confirmed.

Additional methods of triangulation incorporated the use of an auditor to review and subsequently confirm the face validity of the themes identified by both the principal investigator and second coder. The auditor was the principal investigator's chairperson who self-identified as an African American sexual violence survivor and psychologist. This auditor reviewed the identified themes and approved their validity and subsequent developed theory. As additional triangulation, these emergent themes were subsequently compared with emergent themes reported in the current literature.

**Grounded theory account.** During the analytic process, two main overarching categories were identified that appeared to best represent the essence of the data collected. These categories, which are interrelated and presented in Table 4, contributed to the framework of a theory that appeared to depict a story of the data collected.

Table 4.

*Grounded Theory Account*

Paths of Healing	Dynamics of Healing
Connection Self-Connection Connection to Others	CSA as a Taboo Topic
Healing Through Religion and Spirituality God as Support Prayer Meaning Making of Abuse	Healing CSA is a Process Recognition and Acknowledgement Communicating and Processing Forgiveness
Healing Through Art Space Healthy Expression/Release and Processing	Resilience

The first overarching category describes paths of healing, and consists of three themes, including connection, healing through religion and spirituality, and healing through art. The second overarching category describes the dynamics of healing, and consists of three themes, including CSA as a taboo topic, healing CSA is a process, and resilience. It is important to note, that all coded data did not fit into the identified categories. For example, some codes appeared to only emerge from one participant while other codes did not appear to reflect the meaning of the identified category. As such, the principle investigator made the decision to focus on data that was prevalent across at least half of the participants narratives. Codes that were considered salient appeared frequently and emerged within the narratives of at least three participants. The first section deals with Paths of Healing including: Connection, Healing Through Religion and Spirituality, and Healing Through Art.

***Connection.*** Connection was a theme and healing strategy among participants, with self-connection and connection to others as subthemes within this category. Each of these subthemes is described in this section.

***Self-connection.*** Self-connection arose in the context of reflecting on experiences of CSA. Reflecting was identified by all participants as a relationship and connectedness strategy that facilitated healing in the context of awareness, empowerment, and forgiveness. One participant described that self-reflecting allowed her to connect with her experience of CSA, by recognizing that “the abuse was not my fault” and making the subsequent relationship that “abusers have generally been abused themselves.” She further indicated:

I also believe, that for anybody to have caused harm unto me, they must have been a victim themselves. And, so, it’s a cycle of abuse. And that’s really difficult. For someone to have abused me, they must have also been abused themselves. And if I allow myself to

be angry or haunted by the experience, or if I allow it to not allow me to develop positive relationships with men, then I am basically letting the abuser win

Two other participants reported that reflecting on their individual experiences of CSA as adults fostered a sense of connectedness to themselves, increased self-awareness on the impact of CSA, and empowerment to cope with its impact. Of these two participants, one noted that she began coping with her CSA in her early twenties, stating:

I didn't start coping until I realized that I needed to cope with it. Because, as a child, I got messages like, wow, you're a really strong kid, you have overcome so much, you can do anything kind of thing. So, as a child, I really didn't think there was anything else that I really needed to do on a conscious level of coping.

Similarly, another participant described reflecting, as the beginning of her healing process, stating:

I was able to put it into perspective as an adult because, it happened when I was so young. It wasn't something that I really thought about too much, throughout my teenage years, until my adult life. I was faced with the self-realization of what happened.

This participant elaborated that reflecting allowed her to process the impact of her CSA and empowered her to "owning my power and getting my power back at the same time."

Empowerment, as described by this participant, manifested as confronting and forgiving her perpetrator:

Previously, I felt powerless by the situation. But by confronting the person and forgiving them, really helped me move past it...that was healing for me because it put things to rest and in the past.



*Connection to others.* Connection to others, was also identified by participants as a culturally congruent strategy that promotes healing from CSA experiences. Participants spoke of the benefits of religious practices such as attending church, talking to religious personnel, praying the rosary, praising God, and reading scripture. For example, three of six participants, noted that attending church was a key component to the healing process, as it fostered the opportunity to connect with others. One participant described the church and traditional healing practices as an ongoing safe space that has fostered connectedness to and feeling supported by others:

As a child, going to church, praying, and talking to the priest about what had happened to me was like a safe haven for me...it helped me feel supported. I think that's why I am close to God, and I believe in God, and I have faith, it helps me cope with things...my husband knows what happened to me, and he has always been so supportive of me, and understands how my faith is a support and strength for me.

Another participant added that attending church is a safe and comforting place where she can experience relationship and connectedness to herself on an emotional level, to others through her faith community, and to God:

When I go to church, like an actual mass, and when I am surrounded by others of the same faith, that's when I feel the most catharsis. It's a huge release, a letting go, and a huge comfort. When I go to mass, more specifically, Sunday mass, and I am surrounded by people of the same faith, that's when I feel the deep sense of catharsis, and that's how I cope, because there is a release of emotion. Like, this happened to me, and going to mass helps me deal with what happened to me...I say Sunday mass specifically, because it was a routine thing that we did growing up... I associated that routine with safety, and

the one thing in my life that remained constant throughout my childhood since I was sexually abused, my sexual abuse was chaos...my relationship with God is completely open and ongoing.

These statements were echoed by another participant, who further noted that participating in traditional Catholic practices while attending church such as “rezando el Rosario (praying the rosary), alabanzas a Dios (praises to God), and sagrada escritura (sacred scripture)” have helped her maintain a strong and ongoing relationship and connection to others in her faith community and with God while coping with her CSA experiences.

For three of six participants, connection to others also occurred in the context of familial support following CSA experiences. Analysis of these participants responses suggested that participants felt supported by their family’s actions even though their families did not further discuss their experiences of CSA. For example, discontinuing contact with the perpetrator for two participants and not being blamed for the abuse for another, created a sense of “feeling supported by family.” Another participant described feeling supported as a result of her parents taking immediate action, namely that “my parents put me into counseling right away and were trying to figure out what was going on.” For another participant, family support was facilitated by taking her to church and not having stigma about her CSA:

I was definitely supported by my family, and I never felt unsupported. I feel like what they did was a great support, like by taking me to church, and figure out ways, to feel more comfortable. They found ways to make it a lot better...And the fact that my family does not have that stigma about me, the shame, is a big piece of support...And I think that given the situation that we were in, I think it was the best that they could have done, and something that was available to them, so, I felt completely supported and loved

*Healing through religion and spirituality.* Participants discussed how they used religion and spirituality as paths of healing. Within this theme, three subthemes were identified, including God as support, prayer, and meaning making of abuse. These subthemes appear to be more reflective of spiritual practices rather than religious practices. Religiosity is defined as “the degree to which individuals adhere to prescribed beliefs and practices of an organized religion” (Mattis, 2002, pp. 310 as cited in Banks & Lee, 2016) whereas spirituality is described as a relationship with and connectedness to various dimensions (i.e., self, others, nature, spirits) as well as an individual experience (Abernethy et al., 2006, Mattis, 2002, Medina, 2014, as cited in Banks & Lee, 2016).

*God as support.* Among the narratives, five of six participants spoke of God as support. While the majority of the participants described God as a source of strength and support following experiences of CSA, it is equally important to note that some participants also described religion and religious values (e.g., aguantarse, resignarse, sobreponerse, virginity) as a negative experience and barriers to healing. This was particularly prominent in three participants who described feeling distanced from the church and/or Catholicism following their experiences of CSA. For example, one participant who experienced CSA within a church setting described feeling unsupported, which distanced her from church:

I remember feeling that the church environment felt really judgmental and not very open. And maybe that is part of the reason why I didn't find supportive. It was a point in which I felt betrayed at an early point in my life. I think that pushed me away from church. But I think it moved me closer to my connection with God and focusing on healing.

Two other participants agreed with this statement, with one participant further adding that her CSA experiences shifted her views on the Catholic church and Catholicism as “hypocrisy.”

Although these three participants described negative experiences with the church and/or Catholicism and subsequent distancing, all agreed that their CSA experiences allowed them to both perceive God as a source of strength and support in light of adversity and enhance their sense of spirituality. One participant stated:

I think it [CSA] brought me closer to God...I am more spiritual these days because of all the trials I have gone through. I feel that if I didn't have God in my life, I don't think I would be able to survive all of it. I really feel God's presence.

Another participant agreed with this statement and further added, "and, while at times the church has not fully supported me, there is this dichotomy that God has always been there for me."

*Prayer.* Four of six participants also noted the importance of prayer, as a past and current healing practice. In addition to relationship and connectedness, participants spoke of prayer as facilitative of strength, peace, and forgiveness. One participant indicated:

Prayer calms me...[it] has helped me feel centered...something that has really brought me a lot of peace...its easily accessible for me because you can do it anywhere, and I do.

This participant further explained:

Prayer has really helped me forgive my perpetrator in the sense of letting things go...prayer has been a way for me to move forward...a way to letting it go and freeing my mind.

Two other participants echoed the importance of prayer and added the significance of scripture as further facilitating forgiveness. One participant further noted the benefits of scripture by stating:

I always ask God to help me carry on with these experiences. I tell him to help me with this...I ask God to both help me forget and forgive. I have honestly forgiven them. I don't

think they knew what they were doing. It's like it says in the scripture, in the word of the Lord, it says, forgive them Father, for they do not know what they do.

A further participant similarly explained the importance of prayer, scripture, and forgiveness, "we have to forgive, because that hate will eat you up...forgive and pray that you get the strength to forgive."

Two participants also spoke of how prayer served as a source of connection and relationship, despite not identifying as religious or practicing religiosity. One participant noted that one can have "a direct connection to God while not necessarily going to church and being part of that environment." Another participant agreed and added:

Ever since I was little, I have had a relationship with God. I have always been in constant prayer. I always felt that I could pick up the phone directly and speak to God...didn't feel that I needed to go to church to have a relationship with God.

*Meaning making of abuse.* Lastly, three of six participants spoke of religion and spirituality as facilitative of meaning making of their CSA experiences. For example, one participant stated, "I actually think that I was really lucky, because, there's a lot of other people that did not have the same experience that I did." Another participant acknowledged that while her CSA experiences affected her, she added, "I am so grateful that my experience was not as severe as other child sexual abuse attacks...Thank God that I was spared from all of that. My experience was nothing compared to what other people go through." Another participant echoed the above statements and elaborated the term blessed to fit the context of protection of her physical health and her relationships with her partner and added "I am so blessed, thanks be to God. God has protected me against any kind of disease as a result, and I have been given a very good husband."

*Healing through art.* Another theme in the data of three of six participants was the various benefits of coping through art among CSA survivors. Within this category, two subthemes were identified, including space and healthy expression/release and processing.

*Space.* Throughout the interviews, participants spoke of how the availability of a safe space, as created by art, played a role in their healing process. Participants spoke of space as both “a place where I can escape,” and as “sacred.” Regarding the latter, one participant explained the empowerment she experiences in the context of writing, stating “it is really powerful to have that as a sacred space.” Similarly, another participant described dancing as divine space that is facilitative of self-connection and intimacy, stating “I don’t dance with anybody, because it’s like this sacred space and very private...my dancing is a private connection with myself, and its intimate.”

*Healthy expression/release and processing.* Art spaces also facilitated healthy expression or release and processing. All participants, for example, described art as a form of expressing and processing internal experiences, such as thoughts and feelings. One participant highlighted how silent communication in the context of writing has allowed her to express her feelings and construct meaning and understanding of her thoughts, stating:

Writing, more specifically, poetry, has been a healthy outlet for emotional expression, especially when I was a child. It was like a way to express myself on paper, without talking out loud, and a way to process my thoughts.

Another participant echoed this, and further noted the repetition of writing has allowed her to process and release her anger and associated feelings towards her experiences of CSA and her perpetrator:

Being able to write about it or being able to write a letter to my accuser, to where some of the emotion has been relieved, and then burn it, and then write it again, and then burn it, and then write it again, and then burn it. That process has allowed me to process my feelings and has provided me the space to release the anger and whatever emotions are there, in a healthy way.

A participant further spoke of how body movement in the context music and dance have allowed her to release thoughts as well as anger and pain associated with her experiences of CSA:

The beats of trance and house music are very uplifting and are a parallel process with my pulse and heartbeat. I have let out a lot of anger and pain in a healthy way, through dance...When I dance, I am speaking a lot with the use of my body through the dance moves, which can be delicate, quick, flowy, or harsh. Regardless of what it is, it's a form of catharsis, to release a lot of the thoughts and feelings within me.

Similarly, another participant suggested the benefits of painting, drawing, and the use of play-doh, including, liberation from stress and anxiety as well as peace:

These have also been an escape. It's something that I can control, and something that helps me free myself. It's like an escape of reality and helps set my mind free. Painting is calming. I don't know if it's because I have control and I could do whatever I want with the brush and the colors, or I just because, I feel I can express myself. Painting is associated with a calming sensation. It's a place where I can just relax. Though I don't really think about what happened to me much anymore, painting and drawing really helped me when I was younger. So, did play-doh. I don't know what about it specifically, whether if it was the feel of it, being soft and squishy or something that you could work out. But, it helped me with the stress I was feeling as a kid and with what had happened.

Drawing, painting, and play-doh, helped calm me when I was feeling anxious, and helped me create something.

The next section deals with the second major theme of Dynamics of Healing with sub-topics including CSA as a taboo, Healing CSA is a process, and Resilience.

*CSA as a taboo topic.* One emergent theme among all participants was CSA as a taboo topic. Analysis of participant responses revealed that this was mostly attributed to various cultural norms, beliefs, values, and expectations. While all participants initially disclosed their CSA experiences to immediate family members, including mothers, parents, siblings, and grandparents, all participants agreed feeling that their CSA was not further discussed among their families following disclosure. Of note, participants self-disclosure of CSA experiences ranged from immediately to later in life.

One participant noted that, cultural norms may have played a role, stating, “it wasn’t a custom for our parents to counsel us, or to talk to us and say, look sexual abuse is not okay. My mom never talked to me about safety as a young woman.” Another participant agreed and stated, “it’s an uncomfortable topic, and so, obviously people do not like to deal with it.” Another participant echoed this, and added the significance of cultural values such as enduring and resigning oneself, noting:

There was also this unsaid expectation, that I should deal with it on my own, that I was going to be just fine and to move on. Because my family saw me as a strong and smart girl, the assumption was that I was going to be okay... And so, those messages, made me wonder, why did I even share that? Why did I even share it if we are not going to talk about it or deal with it?



This same participant also spoke of her family's silence, as influenced by the value of virginity, both from a religious and cultural stance:

In my Catholic religion, and in the Mexican culture, there is this expectation to be a virgin up until you get married. The nature of my sexual abuse would not classify me as a virgin before being married. That thought really created distress for me and shame. I thought that I was soiled and dirty...I guess because they didn't really deal with it, I didn't either at that time.

Participants also spoke to the cultural belief that CSA should remain within the family and shame. For example, two participants noted that while their CSA experiences were kept within their family, they felt supported. One of these participants described her understanding of keeping CSA within the family as a way to "be respectful of my privacy," and "so that I wouldn't have stigma or be treated differently." In contrast, another participant reported that she would have felt more supported if her family would have acknowledged and validated her CSA experiences. For this participant, while she recognized that, "there is this mentality that, what happens in the family, stays within the family, because it's shameful and it's bad," she further spoke of overcoming adversity, stating "despite that it was not talked about, I think that I have developed a degree of resilience, as a result of it not being openly discussed, essentially enduring it on my own."

***Healing CSA is a process.*** Another emergent theme that arose among all interviews when discussing advice for survivors was that healing from CSA is a process that entails various actions. Within this category, three subthemes were identified, including recognition and acknowledgement, communicating and processing, and forgiveness.

*Recognition and acknowledgement.* Participants spoke of recognition and acknowledgement, stating that it is important to “recognize what has happened to you, how it has impacted you, and how it needs to be coped with.” Another participant, agreed and further spoke of recognition and acknowledgement and recognition as a way to protect against further revictimization, stating:

Face the fact that this one person did this to you, otherwise it will create a pattern of victimization in your life, and it will create a space that, if it was done by a man, then you don’t trust men, or it was done by a woman, then you don’t trust women, or you think that all men are bad, because this one bad man did something bad to you. And this invites others who come into your life and abuse you in different ways.

Another participant further noted that it is important to recognize and acknowledge that “child sexual abuse is not okay and that no child should ever have to go through that.” She further noted the importance of “recognizing that abusers have generally been abused themselves.”

*Communicating and processing.* Participants also emphasized the significance of communicating and processing experiences of CSA. For example, participants highlighted the usefulness of communicating lived experiences of CSA and suggest that survivors should “not stay quiet,” “talk to someone about it and not keep it a secret” as well as “be available to support others that have experienced sexual abuse.” In addition to talking about it, another participant suggested, “don’t relive it over and over again and don’t dwell on it” but rather to process it and “just let it go.” Similarly, another participant highlighted the importance of being vulnerable and processing painful feelings as a step of healing:

It’s extremely important to face the emotions that are there. Take yourself to that space if it’s possible. Definitely, process it and let it go, process it and let go. And even when you

think you already processed it, know that there will still be little pieces of it there. There's always a little bit of pain that is there. Just look at the pain and let it out as much as you can.

*Forgiveness.* Lastly, participants spoke about forgiveness as an additional facilitating factor to healing. One participant noted that “forgiveness helped me move past it.” Another participant acknowledged this, and further described forgiveness as a mechanism of moving forward, stating “It’s like, you can stay still and stagnant, and feel bitter about the things that have happened to you in the past, or, you can forgive in the sense of letting things go, and move forward.” Two additional participants further suggested strategies for forgiveness, including “praying for the strength to forgive and let go of the past” as well as “asking God to give them the gift of not resenting the perpetrator and forgiving them, because resentment really affects you and can leave you feeling bitter.”

*Resilience.* The last emergent theme that arose among participants is resilience. As noted by participants spoke of themselves in a reflective manner that integrated both their CSA experiences and their perceptions of how family members and friends portray them, which communicated both a strong and ongoing sense of self. Although participants used multiple words to describe themselves, including “nurturing,” “stubborn,” “kind and loving,” “independent,” “accomplished,” “valued,” “outspoken,” and “beautiful,” the most salient among all participants was resilient. For example, one participant described herself as “strong” while another participant described herself as a “Latina survivor” and further understood her CSA from a stance of “things happen for a reason.” Another participant acknowledged this, and added:

I believe that God only gives us as much as we can bare, and I believe, that is a part of who I am today...and I say that with gratitude, because I am very happy and proud of the woman that I am today.

For another participant, resilience manifested in the context of both a desire to overcome adversity and in her support systems, stating “I didn’t want my experience of child sexual abuse to ruin my life, so I just strived to be a better human being, and I always had faith and a close family.” Faith was also important for another participant’s sense of resiliency, stating that she has asked “God and the Holy Virgin Mary, that I can live a life that is closer to God and protected from further harm.”

## **Chapter IV. Discussion**

### **Relationship of Emerging Theory to Existing Theories of CSA Coping**

Findings from the present study suggest that religiosity, spirituality, creative arts, community support, and connection to one's self and others, serve as culturally congruent and sensitive forms of coping among adult Latina and/or Hispanic CSA survivors. Many ecological models have been utilized to describe and understand CSA within a cultural context (Bronfenbrenner, 1977, as cited in Sabri, Hong, Campbell, & Cho, 2013; Campbell, Dworkin, & Cabral, 2009; Fontes, 1993). As such, findings of this study will draw from these ecological approaches, with a primary emphasis, however, on the ecological model proposed by Fontes (1993). Drawing on the cultural context of Latino families, Fontes (1993) noted that individuals are rooted in multiple and highly interconnected and interactive levels. The individual level, for example, comprises experiences and characteristics unique to the person such as experiences of abuse and personal health conditions. The family level incorporates the family history of the victim and/or the perpetrator, social interactions among family members, as well as familial beliefs, practices, and norms. Additionally, the ethnic culture level describes the individual's and/or family's culture from their ethnic community, which is influenced by geographic location, social class, religion, language, level of acculturation, and treatment in the dominant culture. Lastly, the wider society level encompasses social institutions, such as the legal system, and social forces, including poverty and experiences of discrimination.

In the context of a culture in which CSA is taboo, recovery from CSA is a process that, for many religiously oriented Latinas and/or Hispanics, includes religious coping, spiritual practice, community support, connection to one's self and others, and use of the expressive arts. Similar to the findings by Ligiero et al. (2009), results of this study suggest that healing from

CSA is a multidimensional process influenced by all levels within the ecological model and will therefore be similarly organized and discussed from this approach (Ligiero et al., 2009). Given that these levels are highly interactive and interconnected, it is challenging to separate and sort the different influences of coping, which stresses the importance of discussing the coping process observed among these participants in greater detail (Ligiero et al., 2009).

In this study's emerging theory, the themes of Healing Through Religion and Spirituality, Healing Through Art, and Connection can be understood primarily at the individual level, however, are also interactive with the family level as well as the ethnic culture level. The themes CSA as Taboo and Healing Through Religion and Spirituality can be primarily understood both at the ethnic culture and wider society levels. Lastly, the themes Healing CSA is a Process and Resilience can be understood as interaction among all the levels. These emerging theory levels will be further discussed below. While no hypotheses were formulated given that this mixed-methods study was exploratory in nature, questions regarding the methods, procedures, and content of the study were posed, and will also be discussed in the context of the emerging theory levels.

**Individual level.** This study posed the following questions: (a) How does information about demographics and quantitative surveys contextualize our understanding of the qualitative data with this particular data sample; (b) How does acculturation levels relate to survivors' reports of coping strategies; and (c) What are the effects, if any, of the nature of CSA experiences on help-seeking behaviors among Latina survivors of CSA? While these questions can be best understood primarily through the individual level of the ecological model, it is important to keep in mind that both family and culture levels interact with this level.

As previously noted, the individual level consists of personal characteristics and experiences (Fontes, 1993) in addition to sociodemographic variables and coping strategies (Campbell et al., 2009). The individual level consists of personal characteristics and experiences (Fontes, 1993) as well as sociodemographic variables (Campbell et al., 2009). Women in this study were Latina and/or Hispanic who further self-identified as either Cuban, Cuban-American, Argentinian, Biracial (Mexican-Dutch), and Mexican. These women also identified as either Catholic or non-denominational. Their religious and/or spiritual affiliation appeared to play a critical role in their coping of CSA, which will be further discussed below. Analysis of the data suggests that SES was not a risk factor for CSA among these participants, which is contrary to the literature (Glover et al., 2010; Graham et al., 2016; Sedlak et al., 2010). This study appeared to be more similar to the findings of Cuevas et al. (2010), as most of these participants had higher levels of education and employment and were further born in the United States with higher levels of acculturation to dominant culture. Despite this, a couple participants were unemployed and reported a lower-income. Furthermore, data was missing from a couple of participants relevant to SES which may have further informed whether or not SES served as a risk factor for these participants.

Information regarding participant's CSA experiences appears to be congruent with the available research on Latina and/or Hispanic survivors of CSA. While there is no conclusive age of CSA onset among Hispanics/Latinos, studies suggest a range between younger than 7-years old to 16-years old (Hinson et al., 2002; McGurk et al., 1993, as cited in Bacigalupe, 2001; Romero et al., 1999; Stroud, 1999). Although consistent with age onset estimations (e.g., between age 4 and 11), this study further suggests that CSA experiences may cease between the ages of 5 and 15. Participants further reported a range in the frequency of their CSA experiences

(e.g., once to over 10 times), which supports current research that Latina and/or Hispanic women with a history of CSA are likely to experience re-victimization throughout their lifespan (Cuevas et al., 2010; Rinehart et al., 2014; Romero et al., 1999). Also consistent with the literature is that participants identified their perpetrator as a male (Graham et al., 2016; Newcomb et al., 2009; Romero et al., 1999) who was either a family member or family friend (Glover et al., 2010; Graham et al., 2016; Hinson et al., 2002; McGurk et al., 1993, as cited in Bacigalupe, 2001; Romero et al., 1999; Shaw et al., 2001). The nature and severity of CSA among these participants also ranged. While all participants reported experiencing fondling, participants also reported variations in their CSA experiences. For example, three participants described experiencing one form of CSA, one participant reported experiencing two forms of CSA, and two participants described experiencing between five and six forms of CSA. Of these participants, only one necessitated more formal help-seeking, which may partly be attributed to the severity of her abuse, in addition to her level of acculturation, which will be further discussed below.

Acculturation is a process between cultural and psychological change as a result of the interaction between two or more cultural groups and individual members (Berry, 2005). As indicated by the Brief ARSMA-II, participant's acculturation levels varied based on whether participants were categorized in the linear perspective or the orthogonal perspective. The linear perspective is unidimensional and places individuals on a linear continuum in which they are either completely immersed in their cultural heritage on one extreme to being completely assimilated to the dominant/mainstream culture on the other end (Bauman, 2005). A common critique of the linear model is that it does not recognize variability, in that people can display high or low affinity to both cultures at hand (Bauman, 2005). When utilizing a linear perspective,



the majority of the participants endorsed an acculturation level congruent to the dominant culture. However, there was one participant who endorsed an acculturation level consistent with her culture of origin.

The orthogonal perspective is a bi-dimensional approach, that generates typologies and posits that individuals' cultural identities, both minority and majority, are independent from each other (Cabassa, 2003, Ryder, Alden, & Paulhus, 2000, as cited in Bauman, 2005). This model recognizes that an individual's adoption of the mainstream culture is independent of the individual's maintenance of their cultural heritage and that acculturation is a process with many outcomes (Bauman, 2005). When utilizing an orthogonal perspective, participants varied in typologies, including assimilated, unclassified, low bicultural/marginalized, and traditional. Two participants fell within the assimilated typology, which refers to individuals who do not maintain their heritage culture and become absorbed into the mainstream culture (Berry, 2005). Two other participants fell within the unclassified typology, which refers to individual who do not fall into any of the other typologies (Bauman, 2005). One participant fell within the low bicultural/marginalized typology, which classifies individuals who have minimal interest in maintaining their cultural heritage and little interest in having relationships with others (Berry, 2005). Lastly, one participant fell within the traditional typology, which refers to a rejection of the cultural influences from the mainstream culture and maintaining one's native culture (Berry, 2005).

Analysis of this data confirms that the way in which groups and individuals undergo the acculturation process also varies (Berry, 2005). Acculturation strategies, for example, refers to the differences in which large groups and individuals acculturate (Berry, 2005). In addition to cultural and individual variation is variation within families, that is among members of the

family, the rate of acculturation, and goals of acculturation, all which can lead to increase stress, conflict, and difficulty adapting (Berry, 2005). This appears to be consistent with the participants in this study. For example, while acculturation levels from a linear perspective suggest that that majority of these participants were more oriented to the dominant culture, this may partly be explained by language preferences and exposure to language. As found by Bauman (2005), individuals who complete the Brief ARSMA-II in English endorse higher levels of U.S. acculturation. All participants except for one completed both the measures and interview in English. Similarly, with the exception of one participant, all other participants reported primary exposure to the English language across the domains of education, employment, social interactions, and media. Similarly, from an orthogonal perspective, participants may be more acculturated in some ways more than others (Bauman, 2005; Torres et al., 2012; Wallace et al., 2010). For example, while the Brief ARSMA-II examines language preferences, social networks, and media preferences (Bauman, 2005; Torres et al., 2012; Wallace et al., 2010), it does not examine more unique aspects of culture and acculturation, including attitudes, values, and beliefs on sexuality, CSA, and help-seeking behaviors.

Consistent with the literature, despite variations in levels of acculturation, all participants sought emotional support and disclosed their CSA experiences to family members rather than professional resources (Cuevas, Bell, & Sabina, 2014; Ligiero et al., 2009; Postmus, 2015). As found by Sabina et al. (2012), lower levels of acculturation may serve as a barrier to formal help-seeking and higher levels of acculturation may be associated with comfort in disclosing victimization experiences and seeking help. Given that participants in this study were more oriented to the dominant culture, it may be possible that they felt more comfortable with disclosing their abuse to family members. After all, literature suggests that *familism* is a critical

component in developing strength and support against psychological problems (Torres et al., 2012). However, subsequent help-seeking behaviors following the disclosure may have been influenced by family unit. Research suggests that an individual's family serves as a gateway to formal help-seeking (Santiago-Rivera, Arrendondo, & Gallardo-Cooper, 2002, as cited in Torres et al., 2012). This was consistent with the findings of this study, which found that only three participants reported receiving additional professional support following self-disclosure. For example, one participant received counseling, while another participant received support through church clergy. Furthermore, one additional participant sought professional support through classes in her early adulthood. Additional help-seeking following participants disclosure may have been further influenced by different levels of acculturation among family members (Berry, 2005), the belief that personal issues should be kept within the family (Fierros & Smith, 2006), in addition to cultural values (e.g., respecto) and beliefs (e.g., values of virginity, taboo around speaking about CSA) as well as religious values (e.g., aguantarse, resignarse, and sobreponerse) (Comas-Diaz, 1995, as cited in Fontes & Plummer, 2010; Fontes, 1993). The role of these cultural values in coping will be discussed in greater detail in the section titled, Ethnic Culture and Wider Society Levels. Overall, analysis of the data thus far suggests that participants coping styles appears to be congruent with both personal sources and support in their environment, both which will be further discussed below.

**Individual level & family level interaction.** This study also posed the question, how do the interviews with adult Latina survivors of CSA help to explain the use and the subjective experience of the effectiveness of religiosity, spirituality, and create arts in coping with such experiences. On the basis of this emerging theory, this question can best be understood through the interaction between the individual level and the family level of the ecological model. Within

the individual level of the ecological model, Campbell et al. (2009) note that survivors may rely on approach coping strategies and/or avoidance strategies throughout the recovery process. These coping responses may change over time depending on the availability of both personal resources and/or support in their environment (Campbell et al., 2009). Based on the gathered data, Latina and/or Hispanic CSA survivors primarily utilized approach coping strategies, and relied on both personal resources (e.g., religion, spirituality, art, self-connection) and support in their environment (e.g., family, community) to cope with their CSA experiences. These sources of coping appeared to be congruent with a form of cultural resiliency among Latinos, known as *sobreponerse*, which means, overcoming adversity (Cervantes & Castro, 1985, as cited in Comas-Diaz, 2006; Comas-Diaz, 1995, as cited in Fontes & Plummer, 2010). Commonly described as an active coping style, the value *sobreponerse* (overcoming adversity) refers to one's ability to work through daily life problems (Cervantes & Castro, 1985, as cited in Comas-Diaz, 2006) and encourages Latina's to triumph over their abuse experiences (Comas-Diaz, 1995, as cited in Fontes & Plummer, 2010). Results from this study confirm that participants utilized multiple individual level factors to overcome adversity and triumph over their CSA experiences.

The themes Healing Through Religion and Spirituality, Healing Through Art, and Connection (subtheme self-connection) primarily relate to the individual level of the ecological lens, as the coping strategies described by participants within these themes reflected personal sources of coping (Campbell et al., 2009). Art, for example, appeared to be a healthy, individual expression of internal experiences associated with CSA. Analysis of the participant's data suggested that the process of writing, dancing, painting, drawing, and the use of play-doh, created a safe space for survivors to transform and make meaning of their experiences. These

mediums of art allowed survivors to both process and express thoughts and feelings (e.g., anger, pain, stress, anxiety), which facilitated healing by experiencing connection to oneself, empowerment, and inner-peace. These findings are also concordant with the available literature regarding Latina survivors of CSA, which suggests that art allows for the opportunity to transform CSA experiences into something more positive (Ligiero et al., 2009) and increases a sense of resiliency (Becker, 2015; Sweig, 2000).

In addition to art, some participants described their individual experiences with religion and spirituality as critical in their healing process. As previously discussed, religiosity refers to prescribed beliefs and practices within an organized religion (Mattis, 2002, as cited in Banks & Lee, 2016) whereas spirituality refers to a relationship with and connectedness to various dimensions and an individual experience (Abernethy et al., 2006, Mattis, 2002, Medina, 2014, as cited in Banks & Lee, 2016). Within this study, attending church and participating in traditional practices (e.g., praying the rosary, reading scripture, speaking with religious personnel) were described as beneficial religious practices, whereas prayer and sharing a relationship and connectedness with God and with one's self, were described as supportive spiritual practices. These positive religious and spiritual practices appeared to play a critical role in the healing and wellness process of these participants (Comas-Diaz, 2006; Gloria & Castellanos, 2016). Positive spiritual coping was also seen among participants who described negative experiences with religion (e.g., feeling judged and unsupported by the church and/or Catholicism) and religious values (e.g., *aguantarse*, *resignarse*, *sobreponerse*, virginity). For example, while these participants reported distancing from the church and/or Catholicism after their CSA experiences, all participants described their relationship with God as a source of support and strength and associated their sense of spirituality as a positive form of coping. Spiritual and religious coping

strategies such as prayer and scripture, also fostered a sense of strength, peace, and connectedness to and relationship with God, and further facilitated forgiveness of their perpetrators. The concept of forgiveness will be further discussed below. These findings appear to consistent with the literature, which suggests that positive religious and spiritual coping promote healing and wellness among Latinas (Campesino & Schwartz, 2006; Comas-Diaz, 2016; Ligiero et al., 2009; Marques et al., 2016). Similar to the findings of Sabina et al. (2012), positive religious coping among Latina CSA survivors was also indicative of informal help-seeking behaviors, such as talking with family members. Family as a source of coping will be discussed in detail below. Overall, analysis of the data suggests that positive spirituality, religiosity, and creative arts provided support and connectedness for participants.

**Family level.** In addition to aforementioned personal resources, participants in this study also sought and relied on support in their environment to cope with their CSA experiences. As previously mentioned, while coping strategies is conceptualized by Campbell et al. (2009) as part of the individual level of the ecological model, it is important to recognize that the individual is also embedded within a family and therefore merits the integration of the family level of the ecological model to better understanding coping among Latina survivors of CSA (Ligiero et al., 2009). As noted by Comas-Diaz (2006), Latinos define themselves within the context of relationships and collectiveness, which differs from mainstream individualistic values. The value of familismo (familism), for example, extends beyond the immediate family and includes extended kinship and nonbiological individuals (Comas-Diaz, 2006). Interconnectedness, which is a central belief in Latino healing, occurs within the context of familismo (familism) and is associated with proximity, cohesiveness, and connectedness (Comas-Diaz, 2006).

Consistent with this literature, community support and connection appears to be a culturally congruent path to healing among Latina and/or Hispanic survivors of CSA. For example, some participants in this study described experiencing healing in the context of connection with members of both their family and faith community. Similar to the findings of Ligiero et al. (2009), some participants described sharing their CSA experiences with family members as helpful to the healing process. While participants in this study noted that their CSA experiences were not further discussed following disclosure, some participants reported feeling supported by and connected to their family. For these participants, positive familial support and connectedness, occurred in the context of the family discontinuing contact with the perpetrator, not blaming the participant for experiences of CSA, seeking additional support following CSA disclosure, and not having stigma toward the participants as a result of CSA. Other participants spoke of a similar process regarding their faith community. For example, attending church and participating in practices such as praying the rosary, scripture, and praises all fostered feelings of safety, support, strength, and connectedness to members of their community. Social support as a source of strength and healing also appears to be consistent with the findings of Bryant-Davis, Ullman, Tsong, and Gobin (2011). More specifically, African American sexual assault survivors with greater access to and utilization of social support were less likely to present with mental health symptoms consistent with depression and posttraumatic stress disorder (Bryant-Davis et al., 2011). Social support may help diminish feelings of shame, increase feelings of self-worth and value as a survivor of sexual assault, and may further foster feelings of safety (Bryant-Davis et al., 2011).

**Ethnic culture and wider society levels.** The themes CSA as a Taboo Topic and Healing Through Religion and Spirituality reflect both the ethnic culture and wider society level

of the ecological model. While the theme Healing Through Religion and Spirituality was previously discussed as the individual level of the ecological model, religion and spirituality are also related to cultural and social factors. Given that responses to CSA vary following disclosure, participants also spoke about the impact of culture and social factors on their coping of CSA. Consistent with the findings of Ligiero et al. (2009), participants reported that sexuality, especially CSA, was a topic not openly talked about due to various cultural norms, beliefs, values, and expectations. For example, participants explained receiving messages regarding the need of their CSA experiences to be kept within the family. This appears to be consistent with literature that Latino families often emphasize that personal and emotional issues should be kept within the family rather than disclosed to strangers (Fierros & Smith, 2006). In addition to the notion of shame, Hispanic families often avoid further disclosure of familial information that may conceptualize the family in a negative light, including betrayal of the family unit and disrespecting the family's privacy (Fierros & Smith, 2006).

While participants in this study mostly described religion and spirituality as a form of strength and support, participants also spoke of how certain religious values and beliefs may negatively impact the process of healing from CSA. For example, one participant reported that family messages in addition to religious values such *aguantarse* (enduring) and *resignarse* (resigning oneself), communicated the expectation and need to cope with CSA experiences on one's own. This is consistent with Comas-Diaz (1995), who notes that these religious values encourage Latina girls to passively resign and accept their fate, withdraw their power, and triumph over their abuse experiences, rather than changing the conditions of CSA (as cited in Fontes & Plummer, 2010; Ligiero et al., 2009). Additionally, religious and cultural expectations around virginity appeared to cause both distress and shame in another participant. As



documented within the literature, virginity prior to marriage is a strongly held Latino value and expectation (Kenny & McEachern, 2007; Ligiero et al., 2009; Fontes & Plummer, 2010), and deviation from this may communicate messages of being dirty or worthless (Ligiero et al. 2009). Findings from this study parallel available research which suggests that religious expectations such as remaining a virgin until marriage and discouragement around premarital sexual relations may lead Latina survivors of CSA to experience feelings of shame around losing their virginity (Fontes & Plummer, 2010; Kenny & McEachern, 2007). Lastly, while some participants described the church as supportive, others did not and attributed this to church's inability to provide them with support following their CSA experiences. For example, participants described feeling judged, which pushed them away from either from the Church and/or Catholicism. While details regarding their perceived judgment was not obtained, research suggests social responses from religious churches and religious and/or spiritual leaders may lead survivors to feel unsupported in addition to self-blame, anger, fear, stigma, and guilt (Bryant-Davis et al., 2011; Kennedy, 2000; Russell, 2018). The impact of negative religious coping and negative social responses also appears to be a prominent theme in African American survivors of sexual assault. For example, while African American survivors in the study by Bryant-Davis et al., (2011) reported increased levels of depression and posttraumatic stress disorder symptoms with religious coping strategies, this may be explained by the use of negative religious coping (e.g., belief that God is punishing them, prayer as avoidance) and mainstream traditional responses to sexuality and gendered violence (e.g., religious leaders not speaking against gendered violence). Despite these challenges, analysis of the current study's data suggests that participants appeared to heal from their CSA experiences at the ethnic culture and wider society levels by drawing on

additional coping resources mentioned within the individual and family levels of the ecological model.

**All levels of the ecological model.** This study posed a final question, which is, to what extent and in what ways do qualitative interviews with adult Latina survivors of CSA serve to contribute to a more comprehensive understanding of how this specific population copes with such experiences. This question can be best understood through all levels of the ecological model and is related to the themes, Healing is a Process and Resilience. Upon reflecting on their individual experiences of CSA, participants noted that healing from CSA is a dynamic process. A closer examination of the data suggests that healing from CSA is neither a linear nor circular process. Rather, it is a highly interactive and multidimensional process that occurs at the individual level, the family level, the ethnic culture level, and the wider society level.

At the individual, family, ethnic culture, and wider society levels, participants spoke about the importance of recognition and acknowledgement. More specifically, participants emphasized the need to recognize and acknowledge CSA, its impact on overall health and well-being, patterns of re-victimization and the cycle of abuse, and the need to cope with such experiences. At the family, ethnic culture, and wider society levels, participants further emphasized the importance of communicating and processing experiences of CSA. Whether if it is with informal resources (e.g., family, friends) or professional resources (e.g., mental health providers, law enforcement), participants note that healing occurs in the context of speaking and processing one's experience in addition to receiving positive social responses and support from those receiving their experience. At the individual, family, and ethnic culture levels, participants reported that healing further occurs in the context of forgiveness. While forgiveness varies from person to person and across various levels of the ecological approach, participants described

prayer as a source that enabled healing through strength and forgiveness of their perpetrators. Analysis of the data suggests that forgiveness may be more important than secular models of trauma recovery. While research suggests that CSA survivors may feel pressure by their religious and/or spiritual beliefs to forgive the perpetrator (Kennedy, 2000), it appears as though participants pursued forgiveness in the context of regaining strength, freeing one's self from any feelings towards one's perpetrator and CSA experiences (e.g., anger), and acceptance of their experiences. Forgiveness in this manner appeared to enhance one's sense of self, which appears to be consistent with CSA literature. In a study examining forgiveness and life satisfaction among Seventh-day Adventist CSA survivors, Morton, Tanzini, and Lee (2019) found that forgiveness of one's self and others (e.g., perpetrator) as well as feeling forgiven by God, were all associated with increased life satisfaction and may be indicative of acceptance. Also consistent with the literature is that participants described forgiveness as a process. Forgiveness of a perpetrator is framed as a progressive healing step and benefit for the survivor (Russell, 2018). This process allows the survivor to move from anger and pain to peace and happiness (Russell, 2018). Given that forgiveness is a process and not an obligation, it is important that forgiveness occurs at the timing of the survivor (Russell, 2018).

At all levels of the ecological model, participants further spoke of resilience as a marker of healing from CSA. Participants in this study reported that reflecting on their experiences of CSA facilitated connectedness to themselves and to their individual CSA experiences. This sense of connectedness enhanced their self-awareness about their CSA experiences and its impact, their sense of empowerment to take active coping steps to heal from CSA, and their ability to make meaning of their CSA experiences. Consistent with the literature, these participants were able to make meaning and purpose of their life despite the adversity they had experienced

(Comas-Diaz, 2006). Additionally, similar to the findings of Ligiero et al. (2009), participants in this study were able to view themselves in a positive light despite their experiences of CSA. Participants in this study, for example, viewed themselves as resilient, which is further indicative of the Latino value *sobreponerse* (overcoming adversity).

The aforementioned healing process and path parallels current efforts of the ecological approach to address CSA prevention (Kenny & Wurtele, 2012; Lemaigre, Taylor, & Gittoes, 2017). For example, Lemaigre et al. (2017) note that many children and adolescents face barriers when disclosing their experiences of CSA including, limited support, perceived negative consequences, and feelings such as shame, guilt, and self-blame. As such, Lemaigre et al. (2017) posit prevention strategies such as reducing such feelings when children disclose experiences of CSA, encouraging individuals across systems to identify signs of suspected CSA, asking minors explicitly about the possibility of CSA experiences, and responding in a supportive manner when minors disclose instances of CSA. Sawrikar and Katz (2017) notes that an additional barrier among ethnic minority communities who experience CSA is protecting the family name (e.g., stigma), which may result in responses from caregivers that are non-supportive, however, protective. As such, it is recommended that professionals working with these communities: recognize the importance of family reputation; respond in a manner that is supportive and protective when children disclose instances of CSA; and educate non-offending caregivers on the importance of believing CSA disclosures. In addition to these strategies, Kenny and Wurtele (2012) recommends making additional systems changes across systems. For example, changes in policy, law, legislation, organizational practices, and social norms, fostering coalitions and networks, providing psychoeducation about CSA (e.g., providers, children, parents, professionals, general public), and strengthening individual knowledge and skills (Kenny &

Wurtele, 2012). In conclusion, implementation of these strategies as described through the ecological approach, may promote better outcomes of healing for Latina and/or Hispanic survivors of CSA.

### **Limitations and Contributions**

This study was limited by its non-probability, purposive sampling methods. Consequently, the sample in this study may not be fully representative of the Latina and/or Hispanic population across the United States and results may therefore not generalize to other Latina's and/or Hispanics with different demographic characteristics or CSA experiences. Furthermore, given that this study was specific to Latinas and/or Hispanic women who found creative arts and spirituality and/or religiosity helpful or attractive, these results may not generalize to all Latina and/or Hispanic women CSA survivors. Additionally, given that all participants identified as Christian Protestant and/or Catholic, findings from this study does not generalize to Latina's and/or Hispanic women of other religions or those who are atheists. Similarly, because this study focused on CSA experiences among Latina and/or Hispanic women, results may also not be applicable to CSA experiences among Latino and/or Hispanic men. Since this study did not have a control group of Latina and/or Hispanic women without CSA experiences, the study does not result in the ability to determine causal relationships.

Another limitation of this study was the method for data collection. While the principal investigator spoke with clinical directors, executive staff, and licensed clinicians at various institutes regarding the purpose of the study and permission to post recruitment flyers, cultural dynamics that affected the recruitment process included distrust of institutions, research, and psychology. When attempting to recruit participants from sites currently serving these communities, the principal investigator often encountered barriers to accessing these participants,

including concerns related to liability, confidentiality, and protecting participants from harm.

These barriers may have been attributed to: (a) different stages in which potential participants are in their coping process, and (b) limited awareness that participation in interview studies related to CSA experiences poses no more than minimal risk for psychological harm (Hoover & Morrow, 2015; Labott et al., 2013; Rojas & Kinder, 2007; Savell, Kinder, & Young, 2006). Consequently, the principal investigator searched for participants at sites built on culturally congruent forms of healing (e.g., churches, creative arts establishments) and by networking with other women of color who could refer participants to the principal investigator.

Another limitation of this study was the use of the Brief ARSMA-II as a measure of acculturation. This acculturation measure was selected due to its various strengths. For example, none of the items within this measure refer particularly to the Mexican culture (Sabina et al., 2012). Furthermore, the Brief ARSMA-II has also been used with Latino populations of various cultural backgrounds (e.g., Mexican, Mexican-American, Puerto Rican, Cuban, South and Central American backgrounds) and attempts to gather information regarding traditional aspects of the Latino culture (e.g., preferences associated with language, cultural identity, media, social networks) (Sabina et al., 2012; Torres et al., 2012; Wallace et al., 2010). Despite this, it is important to note that there are other measures that may better assess acculturation given the various cultural backgrounds represented in this study (e.g., Mexican, biracial Dutch and Mexican, Argentinian, Cuban, and Cuban-American). For example, the Bidimensional Acculturation Scale (BAS) by Marin and Gamba (1996) assesses similar domains as the Brief ARSMA-II in addition to, minority typologies within a given ethnic group (as cited in Wallace et al., 2010).

Additionally, while interviews were estimated to range between 45- to 90-minutes, the average interview lasted 37-minutes. While special precautions were taken to foster a space of safety and reduce potential distress, the sensitivity of the topic and cultural barriers may have contributed to participants providing brief responses. There may have also been a risk for underreporting of CSA experiences possibly due to stigma associated with disclosure as well as the possibility of presenting oneself as socially desirable. Lastly, given that most of the data was retrospective self-report, memory of events that happened in early childhood may have become distorted over the course of time.

This study aimed to contribute to the literature despite these limitations, because of limited studies that have focused on CSA experiences and culturally congruent coping styles among adult Latina and/or Hispanic women. Its strengths included the use of bilingual demographics surveys and interviews, both which allowed participants to describe their CSA experiences more fully and comfortably in their language of preference. While the majority of participants were English speaking, one participant was a monolingual Spanish speaker. For this monolingual participant, completing the questionnaires and interview in Spanish allowed her to express and process her experiences in both her native language and emotional language (Caldwell-Harris, 2014). As noted by Fierros and Smith (2006), language plays a crucial role in cultural identity and expression. In a literature review examining emotional valence in native and foreign languages, Caldwell-Harris (2014) notes that language learned in early childhood carries strong emotional meaning, especially in the context of one's family environment where one is exposed to a range of emotions and forms of emotional expression. While Spanish is both the principal investigator's first language and primary language spoken within various contexts (e.g., family, church/prayer, bilingual friends, bilingual families within a therapeutic setting), the

principal investigator recognizes that her Spanish is not as proficient as her English linguistic abilities due her immersion into an English dominant culture. Despite this, the principal investigator has developed emotional language in Spanish as influenced by her family of origin, her daily use of the Spanish language, and her exposure to and recognition of vocalized emotional states across interpersonal interactions (Caldwell-Harris, 2014; Chronaki, Wigelsworth, Pell, & Kotz, 2018), all which enabled her to experience connectedness with the various emotional states and CSA coping strategies described by the participant. For example, in addition to feeling the participant's *tristeza* (sadness), the principle investigator also felt the participant's resilience as she spoke of how *rezando el rosario* (praying the rosary) *alabanzas a Dios* (praises to God), and *sagrada escrituras* (sacred scripture) helped her cope with her CSA experiences and forgive her perpetrator. Consistent with the theme Healthy Expression/Release and Processing, it appears as though the emotional language in which one processes their CSA experiences may also play a role in the healing process.

Another strength of this study was its qualitative design. Because this study utilized a qualitative research process, the focus was on learning about the participants' meanings towards their CSA experiences and coping strategies rather than meanings attributed by both the researcher and previous findings within the literature (Creswell, 2007). Furthermore, this study employed rigorous data collection and data analysis (e.g., member checking, triangulation, auditors) which contributed to the validation and reliability of the findings (Creswell, 2007). Given that the principal investigator was a key instrument in grounded theory, the principal investigator also utilized validation strategies (e.g., peer review or debriefing, member checking, triangulation, audits) and reliability strategies (e.g., field notes, journal writing, transcribing and



coding) to help increase awareness of personal values, prejudices, past experiences, and potential influences on the study (Creswell, 2007).

### **Implications for Research and Practice**

**Research.** It is hoped that the results of this study will reinforce the need for future research, both qualitative and quantitative, to better serve Latina and/or Hispanic CSA survivors. More specifically, it is hoped that this study will stimulate further interest and research in the topic of culturally congruent forms of coping among Latina survivors of CSA. In future studies, it is recommended that additional time be provided in the beginning for more rapport building in order to allow for greater comfort and disclosure on such topics. Future studies should continue to focus on integrating sound interview strategies as suggested by Charmaz (2006), including awareness of assumptions and perspectives that shape interview questions and asking open-ended questions that allow participants to both reflect on their own experiences and to provide rich details. Additionally, future research regarding this topic should continue to consider a mixed-methods approach to allow for richer interpretations from data acquired through interviews and questionnaires (Powell, Mihalas, Onwuegbuzie, Suldo, & Daley, 2008) as well as focus on using larger samples as to test the generalization of this emerging theory to other Latina and/or Hispanic survivors of CSA.

**Practice.** The use of grounded theory also allowed the principal investigator to create a framework for those in the field of mental health to better understand the experiences of Latina and/or Hispanic survivors of CSA. This is both clinically relevant and important when working with this specific population, as the conceptualization and treatment planning needs to be based on cultural understandings of survivor's experiences. The results of this study, therefore, are aimed at helping clinicians working with Latina and/or Hispanic CSA survivors by addressing

cultural challenges to help-seeking as well as cultural strengths that can be integrated into treatment.

Results of this study indicate that Latina and/or Hispanic survivors of CSA are more likely to disclose their CSA experiences first to a family member rather than a professional resource (e.g., mental health providers, law enforcement, social services, medical providers). Given that families receiving the disclosure may respond in various ways, it is recommended that mental health providers provide positive social reactions and support when disclosures are provided by survivors. Additionally, it is highly recommended for health care providers to become familiar with CSA disclosure literature and recognize that disclosures are influenced by various levels of the ecological model, especially individual and developmental variables (Alaggia, Collin-Vezina, & Lateef, 2019). While the principal investigator did not inquire about the language participants used at the time of their CSA disclosure (e.g., English vs. Spanish, words/phrases to describe the experience), research suggests that disclosure of CSA is also influenced by the developmental life stage in which CSA occurs (Alaggia et al., 2019; Collin-Vezina, de la Sablonniere-Griffin, Palmer, & Milne, 2015). For example, children who experience CSA during early childhood tend to delay or withhold disclosure as influenced by both knowledge and language (Alaggia et al., 2019; Collin-Vezina et al., 2015). Given that sexuality and CSA are taboo topics not commonly discussed in Latino and/or Hispanic families, this may impact one's knowledge and understanding of what CSA is and how to obtain help if it happens (Alaggia et al., 2019; Collin-Vezina et al., 2015). Immature development at the time of CSA may further make it challenging for children to both understand what happened to them and to tell what happened to them (Collin-Vezina et al., 2015). Consequently, children may not possess neither the knowledge or language skills to articulate and disclose their experiences

(Collin-Vezina et al., 2015). Memory is another variable associated with CSA disclosures. For example, recounting past experiences of CSA in adulthood is susceptible to memory deficits, including difficulty recalling CSA experiences, repressing or forgetting CSA memories, or distorting or revising CSA experiences, all which may impact the accuracy of one's self-disclosure and further serve as a barrier to self-disclosure (Alaggia et al., 2019; Collin-Vezina et al., 2015). Taken altogether, providing psychoeducation on topics of sexuality and sexual abuse in a developmentally age appropriate manner may help children and adolescents disclosure their experiences of CSA (Alaggia et al., 2019; Collin-Vezina et al., 2015). Furthermore, providing psychoeducation to mental health providers regarding CSA disclosure may also help providers create a supportive and therapeutic environment to facilitate such disclosures (Alaggia et al., 2019).

While results of this study suggest that religious coping, spiritual practice, community support, connection to one's self and others, and use of expressive arts are culturally congruent strategies of coping among Latina survivors of CSA, it is recommended that clinicians further explore with survivors of CSA the influence of individual, family, ethnic culture, and wider society variables on their healing process. For example, age is an individual variable that may play an additional role in the healing process of Latina CSA survivors. Given that the average age of participants in this study was 44-years old, analysis of the data suggests that there may be a shift over the lifespan in how one makes sense and meaning of their CSA experiences. Within this study, participants appeared to move from a place of *coping* with CSA to *healing* from CSA. For example, there was a progressive shift from discussing *what* was helpful (pathways of healing) to *how* it was helpful (dynamics of healing). The term, *healing*, therefore, appeared to best reflect the levels of resiliency communicated by participants throughout their interviews. In

addition to describing themselves as resilient (e.g., “survivor,” “proud of the woman I am today,”), participants also displayed resiliency as they spoke of acceptance in the context of recognizing, acknowledging, communicating, and processing one’s CSA experiences as well as forgiving one’s perpetrator.

Similarly, religion is a wider society variable that may also play a role in the healing process. Within this study, while some participants described religion and the church as a source of support, other participants described these as a form of distress as a result of feeling judged and unsupported by religious churches and/or religious leaders (Bryant-Davis et al., 2011; Kennedy, 2000; Russell, 2018). Of note, no participants in this study described experiences of CSA as perpetrated by religious leaders (e.g., priest). This is important to highlight given that, (a) the current sociopolitical climate regarding CSA allegations and cover-ups as perpetrated by religious members (Denney, Kerley, & Gross, 2018; Tishelman & Fontes, 2017), and (b) Latinos and/or Hispanics often report high levels of religiosity and association with the Catholic church (Campesino & Schwartz, 2006), which is one of the churches that has received a lot of attention for clergy CSA. In a study examining CSA in Protestant Christian congregations within the United States, Denney et al. (2018) found that Florida, Texas, California, Illinois, Tennessee, and Alabama, respectively, endorse the most cases of CSA. Findings from this study revealed that CSA offenses consisted of physical contact, including but not limited to sexual assault, rape, and groping. Furthermore, most cases of CSA occurred at the church (e.g., office, basement) and were mainly perpetrated by White male Pastors or youth ministers in their forties.

In a qualitative study with professional child forensic interviewers and Child Advocacy Center (CAC) directors within the United States, Tishelman and Fontes (2017) explored the impact of various religions on CSA, including, but not limited to Amish, Baptist, Catholicism,

Evangelical, Jehovah's Witness, Hasidic, Lutheran, Methodist, Mormon, Muslim, and Pentecostal. Findings of this study suggest that there are both negative and positive aspects of religion on CSA. With regard to the former, CSA perpetrators of religion maltreatment included both members within religious communities (e.g., religious and spiritual leaders, youth ministers, camp counselors, staff) and family members. In both cases, religion was often used as a mechanism to manipulate, corrupt, exploit, shame, quiet, and isolate CSA survivors. For example, some religious leaders' institutions, and communities impeded youth and their families from official CSA disclosures and/or cooperating with formal systems (e.g., child protections, criminal justice) either by being told that they will handle CSA allegations via "in-house" or encouraging families to utilize prayer and forgiveness rather than formal interventions. Despite this, findings of this study also suggest positive benefits of religion, including its role in improving resiliency among CSA survivors. For example, religious leaders and institutions also provided both protection and guidance to families following CSA disclosures, including: providing shelter and rescue for youth, contacting authorities (e.g., child protection systems), accompanying families to interviews or team meetings with the CAC, using religious beliefs as a way to promote CSA disclosure, and providing families with religious explanations of CSA as a mechanism to promote healing and decrease shame and hopelessness. Taken altogether, findings from these studies suggest the importance of CSA prevention, intervention, and response across religious affiliations and child protection systems, including: providing psychoeducation to religious affiliations regarding CSA and working with child protection systems; training child protection systems staff on religious beliefs and practices as a way to increase religious cultural competence; and establishing connections between systems as a way to enhance CSA prevention

and support for youth and families impacted by CSA (Denney et al. 2018; Tishelman & Fontes, 2017).

Lastly, it is recommended that clinicians working with Latina survivors of CSA recognize that forgiveness may have more valence on the healing process rather than models of trauma recovery. With that in mind, it is critical that clinicians explore with CSA survivors their attitudes, values, and beliefs towards forgiveness and the possible influence of forgiveness on their healing process. Practicing from this framework appears to be consistent with the ecological approach of CSA prevention, which may ultimately enhance the wellbeing of Latina and/or Hispanic survivors of CSA.

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## APPENDIX A

## Summary Table of Selected Literature

Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
Alaggia, Collin- Vezina, & Leteef (2019)	Review of the research	To examine facilitators and barriers related to CSA disclosure with children, youth, and adults	Used Kiteley and Stogdon's literature review method to examine 33 studies from the year 2000 to 2016	Disclosures are an interactive process. Disclosures appear to reflect a social-ecological model as well as considers family, context, and culture. One's age and gender influence the when and how of disclosures. Barriers to disclosure unfortunately outweigh facilitating factors
Alcantara, Casement, & Lewis- Fernandez (2013)	Literature Review and Meta-Analyses	To explore the difference between conditional risk of PTSD (i.e., prevalence, onset, persistence, or severity of PTSD after experiencing a trauma) between Latinas and non- Latinos (White, Black, combined) and across Latinos in studies who have adjusted to trauma.	28 articles. Articles had to: (a) focus on adults, (b) report outcomes for PTSD or PTSD symptoms, (c) account for trauma exposure, and (d) include a between-group analytical design (e.g., Latinos vs. non-Latino Whites, non-Latino Blacks) or a within-Latino group analytical design (e.g., Spanish-speaking vs. English- speaking Latinos). Participants in the studies were primarily females.	Higher rates of PTSD onset and severity among Latinos than non- Latino Whites.

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
American Art Therapy Association (2013a)	N/A	To describe the background and practice of art therapy, how to become an art therapist, and how to locate a professional art therapist	N/A	N/A
American Art Therapy Association (2013b)	N/A	To describe art therapy, who benefits from art therapy, and steps on how to become an art therapist	N/A	N/A
American Psychiatric Association , (2013)	Book	Diagnostic tool of mental health disorders	N/A	N/A
Bacigalupe, (2001)	Literature Review	To explore the problem of CSA among Latinos in the USA. Explored myths about Latinos in the US and CSA	Use of clinical vignettes were used to describe assessment and subsequent culturally appropriate interventions	Assessment and intervention when working with this population should focus on an ecological framework (i.e., looking at layers and intersectionalities); implement culturally sensitive ways to approach survivors and their families; work with the survivor's fear and help establish a trusting relationship; be mindful of language barriers

(continued)

Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
				to seeking services; understand the supportive environment of the family
Backos & Pagon (1999)	Article outlining an art therapy support group	To outline components of a 10-week, art therapy support group for adolescent female survivors of sexual assault	<p>Sample Characteristics: Parents and adolescent survivors of sexual assault. Adolescents ranged from ages 13 to 17. A total of three families participated, which included one African-American family and two Caucasian families. Two families included married parents (i.e., mother, father) and the other family had one parent.</p> <p>Modality: Art therapy support group</p>	Adolescent survivors reported feeling empowered after participating in art therapy. Art therapy appeared to facilitate healing and help participants to explore themes such as anger, hopes for the future, and their thoughts and feelings towards sexual abuse.
Banks & Lee (2016)	Chapter; literature review on Christianity and religious practices in the United States	To examine the role of spirituality and religion for the attainment of psychological wellness in African American women as well as to provide an overview of how to prevent the use	N/A	N/A

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
		of religion as a form of oppression		
Banyard et al. (2001)	Third wave of Longitudinal Study	To examine the difference between women with a history of CSA vs. women with no history of CSA as well as the impact of multiple traumas (i.e., CSA, adult sexual assault, other traumas) on subsequent adult mental health outcomes.	<p>Convenience Sample: 174 of 238 women were interviewed. Of the 174, 21 women refused to participate (11 victims, 10 non- victims), 43 did not show-up to interviews, 87 had histories of CSA, and 87 did not have history of CSA</p> <p>Procedure: Interviews with questions focusing on current and past mental health symptoms, relationships, history regarding victimization experiences, and experiences with trauma.</p> <p>Measures: Child sexual abuse was documented based on hospital records from the 1970s; participants were asked questions regarding unwanted sexual experiences and the</p>	Those women who reported a history of CSA also endorsed a higher number of trauma exposure and higher levels of mental health issues such as anxiety, depression, anger, dissociation, dysfunctional sexual behavior, avoidance, and impaired self- reference. Furthermore, endorsing trauma in childhood and adulthood also mediated experienced psychological distress in adulthood.

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>age at which the assault occurred. Additional trauma exposure was assessed through the interview questions which contained questions on various forms of trauma including general traumatic stress (i.e., serious accidents), experiences of child physical abuse, witnessing harm or violence, experiences of child neglect, and adult domestic violence. 7 questions for the additional trauma exposure were adapted from the National Women's Study (Resnick et al., 1996)</p> <p>Child physical abuse or assault was measured through a modified Conflict Tactics Scale (Straus et al., 1996)</p> <p>Witnessing harm or violence as a child was measured by endorsing a yes to one of two questions regarding family experiences (i.e., seeing or hearing a caregiver</p>	

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>use a weapon, hit, or throw objects at each other; the number of times seeing a family member hit, beat or intentionally injure someone else) or if they reported witnessing injury or a violent killing prior to age 18</p> <p>Neglect in childhood was measured by endorsing a yes to one out of five questions regarding their parents (i.e., being left alone at home intentionally; unable to show or tell the child that they are loved; unable to provide food; unable to provide medical care; unable to provide care due to being under the influence of a substance)</p> <p>Domestic violence/physical assault in adulthood was measured by endorsing a yes to several questions on the general trauma index and version of the Conflict Tactics</p>	

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>Scale (Straus et al., 1996)</p> <p>Total childhood trauma was measured through the sum of scores of six variables that indicated physical abuse, witnessing violence/abuse, neglect, experiencing a serious accident, a close friend or family member being murdered, and other trauma</p> <p>Total adult trauma was measured by endorsing a serious accident, serious injury, saw someone killed or violently injured, had a close friend or family member being murdered, or experiencing an extraordinary stressful event</p> <p>Adult sexual assault was measured through modified questions by Russell (1984) which include questions regarding the number of unwanted sexual behaviors (i.e., fondling, penetration)</p>	

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			Mental health symptoms were measured using the Trauma Symptom Inventory (Briere, 1995)	
Barth et al. (2013)	Systematic review of literature and meta-analysis	To describe prevalence rates of CSA worldwide (i.e., geographical region, type of abuse, country development, and research methods)	Random Effects Meta-Analysis: 55-studies published between 2002 and 2009 from 24 countries that indicated CSA in children under the age of 18	Sexual abuse prevalence ranges from 8% to 31% for girls and 3% to 17% for boys  nine of 100 girls and three of 100 boys are victims of forced sexual intercourse
Bauman (2005)	Study/Factor Analysis	To examine the reliability and the validity of the acculturation measure, ARSMA-II (English and Spanish version)	Sample Characteristics: 292 Mexican-American middle school children from a mid-sized culturally diverse southwestern city and 116 Mexican-American students, grades three through five in a culturally homogenous rural elementary school.  Procedure: English and Spanish Brief ARSMA-II questionnaire was administered to students in a classroom setting. Questions were read aloud by either the	Factor analysis supported evidence of its reliability and validity for both groups of children. Internal consistency (Cronbach's alpha) was adequate for both groups of children and validity was demonstrated by an associated between acculturation status and sample group

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>researcher (English), a graduate student (bilingual/bicultural), or a classroom teacher (Spanish)</p> <p>Measure: The Brief ARSMA-II; 12-item scale composed of the Anglo Oriented Scale (AOS) and the Mexican Oriented Scale (MOS). This questionnaire was available in both English and Spanish.</p>	
Becker (2015)	Pilot Study	To develop a manualized group treatment that integrated creative arts, exposure, grounding, and narrative therapy for adult survivors of CSA with symptoms of PTSD	<p>Sample Characteristics: five adult male and female survivors of CSA who ranged from ages 39 to 58. Participants were Caucasian (<math>n=two</math>), African-American (<math>n=two</math>), and Hispanics (<math>n=one</math>).</p> <p>Abuse Characteristics: All participants had poly-trauma, including childhood sexual, emotional and physical abuse.</p> <p>Measures: The Trauma Symptom Inventory (TSI; Briere, 1995;</p>	After nine weeks of integrative interventions, participants reported decreased symptoms of PTSD and depression. This reduction appears to be stable in some participants at the one-month follow-up.

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>Psychological Assessment Resources, 2005) was used to measure acute and chronic posttraumatic symptoms in adults who range from 18 to 88. The PTSD Checklist-Civilian Version (PCL-C; Weathers, Huska, &amp; Keane, 1991; Weathers et al., 2013) was used to measure symptoms of PTSD as indicated in the DSM-IV-TR. The Beck Depression Inventory-II (BDI-II; Beck, Steer, &amp; Brown, 1996) was used to measure symptoms of depression.</p> <p>Procedures: Participants completed the TSI, PCL-C, and BDI-II. Participants then participated in a weekly, two-hour group session over the course of nine weeks. The group was conducted using Becker's (2010) treatment manual "Beyond: Integrated</p>	

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>Treatment for PTSD in Adult Survivors of Child Abuse,” which is based on the work of Karp and Butler (1996). Treatment included art related tasks and further integrated psychoeducation, exposure, grounding skills, cognitive restructuring, reflection of personal experiences, discussion of art work, and weekly themes (i.e., emotions, boundaries, safety, moving forward). During the last week of group, symptoms were re-assessed using the aforementioned measures. Each participant participated in an hour-long individual session to discuss their treatment goals and changes in their symptoms. Participants were mailed follow-up assessments after one month.</p>	

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
Bermudez & Bermudez (2008)	Literature Review	Explore the use of altar making in family therapy for Latino/Hispanic families as a creative source for healing	N/A	Altar making appears to have various benefits such as: self- exploration; coping with loss, bereavement, and grief; keeping loved ones alive; unifying families; helping families learn to work together; strengthen families that are blended
Berry (2005)	Paper	To explore the process of acculturation, namely the processes of conflict and negation in intercultural contact	N/A	Acculturation is a process, colored by large group and individual differences associated as to how people partake in the process of acculturation (e.g., integration, assimilation, separation, marginalization)
Bogar & Hulse- Killacky (2006)	Qualitative Study/ Phenomenologi cal approach	To examine resiliency and its process in women survivors of CSA	Sample Characteristics: 10 women who were 30 years old or older and had endorsed CSA by someone known to them. Women in this study indicated that they had stable relationships, felt content with	Cognitive and Behavioral Strategies: Women in this study indicated that depersonalizing, setting limits, maintaining busy, writing, praying, and creative arts were all helpful

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>themselves and life circumstances, and lived in a southern region of the U.S. Ethnic backgrounds included: African American (<math>n=two</math>) and Caucasians (<math>n=eight</math>)</p> <p>Procedure: Semi-structured, purposeful, and focused interviews. Interviews ranged from 1.5 to 3 hours and were audio-recorded and transcribed</p>	<p>cognitive and behavioral strategies that helped them cope with CSA.</p> <p>Refocusing: Women indicated that education, family involvement, and religion/spirituality were also helpful methods for refocusing attention away from CSA experiences and move forward in life.</p>
Bowman et al. (2009)	Secondary Analysis (Two larger previous studies where data was combined)	To explore (a) What is the occurrence of CM, (b) What forms of CM occur together, and (c) What demographic correlates of CM?	<p>Non-Probability Sample: 62, Mexican-American, Hispanic, or Latina self-identified women, ages 18-45 who read and spoke English, attended work or school on a regular basis, and had no health or functional interference with daily living</p> <p>Abuse Averages: 49 participants reported at least one form of childhood maltreatment including emotional abuse (<math>n=24</math>);</p>	<p>The severity of maltreatment increased with the number of maltreatment forms. 22.6% of women reported extreme severity for sexual abuse compared to other forms of maltreatment</p> <p>69.4% (<math>n=34</math>) participants reported multiple forms of childhood maltreatment</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>physical abuse (<math>n=29</math>); sexual abuse (<math>n=29</math>); emotional neglect (<math>n=27</math>); and physical neglect (<math>n=23</math>).</p> <p>Measures: The Childhood Trauma Questionnaire (CTQ; Bernstein &amp; Fink, 1998) was used to measure trauma experiences. A demographics form was also used.</p> <p>Procedure: Participants completed a questionnaire packet (i.e., cover letter, informed consent form, demographics form, CTQ, mailing information, return envelopes) and received a \$10 gift card for volunteering.</p>	Victims of CSA were twice as likely to be employed and high school graduates compared to women w/o this history
Brunton (2013)	Encyclopedia/Story Page	To provide information on mental health, including types of mental illness, rates of mental illness, beliefs surrounding mental illness, laws, history of asylums, mental health hospitals,	N/A	N/A

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
		psychiatric hospitals, the closing of hospitals, current community care, and contemporary issues associated with mental health		
Bryant-Davis (2014)	Book	Book is composed of multiple essays related to the role of spirituality and religion in culturally diverse American women. Essays focus on how faith can help empower marginalized women	N/A	N/A
Bryant-Davis & Comas-Diaz (2016)	Book	To discuss psychologies of womanists (African American women) and mujeristas (Latinas). It explores culture and gender identity as contributions to their sense of meaning, identity, and as a form of strength. This book is composed of the work of many womanists and mujerista psychologists and scholars and focuses on	N/A	N/A

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
		spirituality, creativity, healing and more.		
Bryant- Davis et al. (2011)	Cross-Sectional Research Study	To investigate the relationship between social support and religiosity as coping strategies among African American women who have experienced sexual assault	<p>Participants: Convenience sample. 413 African American female sexual assault survivors. Ranged between age 18 and 71. Endorsed experiences of unwanted sexual assault since age 14.</p> <p>Measures: The Sexual Experiences Survey (SES; Koss, Gidycz, &amp; Wisniewski, 1987), the Social Activities Questionnaire of the RAND Health Insurance Experiment (Donald &amp; Ware, 1984), Brief COPE Scale (Carver, 1997), The Center for Epidemiologic Studies Depression Scale (CES-D, Radloff, 1977), The Posttraumatic Stress Diagnostic Scale (PDS; Foa, 1995).</p> <p>Procedure: Completed survey measures and provided with \$20 compensation for</p>	<p>Greater social support decreased the likelihood of endorsing symptoms of depression and PTSD.</p> <p>Greater religious coping increased the likelihood of depression and PTSD.</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			completing measures.	
Caldwell- Harris (2014)	Literature review	To discuss theories regarding language-emotion	Literature Review	Language one and Language two emotionality effects are important for both monolingual and bilingual individuals
Campbell et al. (2009)	Literature Review	To examine the impact of adult sexual assault on mental health through the Bronfenbrenner ecological theory of human development. Examined various levels (e.g., individual, microsystem, meso and exosystem, macrosystem, and chronosystem) as well as characteristics of assault.	Review of the literature on the levels of the Bronfenbrenner ecological theory of human development and self-blame	Negative mental health outcomes stems from various factors including the nature of the assault, self- disclosures and help-seeking, and sociocultural norms  Victimization experiences and social responses are cumulative and affect the mental health of women survivors.  Self-blame is a meta-construct, mental health outcome that stems from all levels of the ecological model.
Campesnin o &	Quantitative Study	To explore Latino cultural values that influence	Convenience sample and procedures: The	Many of the Latina women reported a strong

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
Schwartz (2006)		spirituality and describe the validation of the Latino Spiritual Perspective Scale (LSPS)	LSPS was completed by 95 Hispanic female nurses at a two-day nursing conference in Puerto Rico. Predominately identified as Catholic and bilingual.  Measure: The LSPS, a self-report measure that assesses participant's relationship with the divine and how the spiritual perspective presents itself in participant's daily lives.	spiritual component in their lives, especially with regards to coping. Church attendance and personal prayer outside of church appears to be an important factor in spirituality among Latinas. Women in this study also indicated a strong connectedness to the Virgin Mary or Our Lady of Guadalupe. Personalismo and Familismo are both cultural values that influence spiritual perspectives.
Carter et al. (2014)	Article	To explain triangulation, types of triangulation, and its use in qualitative research	N/A	N/A
Chapman et al. (2001)	Outcome Study	To describe the outcomes of the Chapman Art Therapy Treatment Intervention (CATTI) which was designed to	Randomized Cohort Design: 85 pediatric patients with the following breakdown: art therapy intervention( $n=31$ ), standard hospital	While children did not demonstrate a statistically significant reduction of PTSD symptoms, they did

(continued)

Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
		reduce symptoms of PTSD in pediatric patients who have endorsed a trauma history (i.e., automobile, other)	<p>care (<math>n=27</math>), no symptoms of PTSD (<math>n=27</math>). Children in this study were primarily males (70.6%), however, females were also included (29.4%). The average age of the child was 10 years old and ethnicity breakdown was as follows: white (35.3%), Black (29.4%), Asian (23.5%) and Hispanic (11.8%).</p> <p>Assessment Measures and Procedures: The Children's Post Traumatic Stress Disorder Index (PTSD-I; Pynoos, 1997) was used to assess post-traumatic stress reactions in children and adolescents after experiencing a range of traumatic events. Baseline measures included the University of California at Los Angeles Post Traumatic Stress Disorder Index (PTSD-I) Child or Adolescent Version (Rodriguez,</p>	demonstrate a reduction in acute stress symptoms.

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			Steinberg, & Pynoos, 1997), University of California at Los Angeles Post Traumatic Stress Disorder Index (PTSD-I) Parent Version (Rodriguez, Steinberg, & Pynoos, 1997), the Post Traumatic Stress Disorder Diagnostic Scale (Foa, 1995), Family Environment Scale (Moos & Moos, 1994), and Nursing Checklist (modified version of PTSD-RI Parent Version). All of the above measures with the exception of the Nursing Checklist was administered at one-week, one-month, and six-month intervals. The Chapman Art Therapy Treatment Intervention (CATTI)	
Charmaz (2006)	Book	Guide on how to carry out grounded theory for qualitative research	N/A	N/A
Charmaz (2015)	Article	To address criticisms associated with	N/A	It is important to increase the number and depth

(continued)

Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
		qualitative research as well as to teach grounded theory tools when interviewing with participants, coding the data, and writing memos		of qualitative research methods courses in doctoral education.
Child Abuse and Neglect Reporting Act (1987)	California Legislative Information, government website	To outline penal codes related to child abuse and neglect reporting act	N/A	N/A
Chronaki et al. (2018)	Research study	To examine the development of vocal emotion recognition in native English speaks and foreign language speakers (Spanish, Chinese, Arabic)	Participants: Native English speakers ( $n=80$ ) completed a task related to emotion recognition (e.g., anger, happiness, sadness, and fear) in both English and their foreign language including Spanish, Chinese and Arabic. Results were then compared to three age groups (ages eight to 10; ages 11 to 13; and adults). Participants also completed measures associated with problematic behaviors and emotional problems.	Children who were native English speakers accurately recognized emotions from their native language in adolescence. This recognition appeared to improve during adolescence.

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
Collin- Vezina et al. (2015)	Qualitative Study (Grounded Theory)	To explore barriers to CSA disclosure using an ecological system lens	Sample: 67 male and female CSA survivors. Participants had recently participated in counseling services.	Barrier to CSA disclosure included personal barriers (e.g., victim-blaming as a form of protection, immature development when CSA occurred); relation to others (e.g., familial violence and dysfunction,  power dynamics); and social world (e.g., labeling, CSA as taboo topic, service availability, culture)
Collins et al. (2014)	Qualitative Study (Interviews)	To explore healing experiences from CSA within the context of Catholicism	Purposive Sample: eight women that were raised in the Catholic faith who experienced CSA and have participated in a minimum of two- years of psychotherapy. The ages of the women ranged from early 30's to mid-60's. Women varied in sexual orientation, marital status, and ethnicity (i.e., Latina, European	The Catholic faith may compound (i.e., removing self from the church, guilt, patriarchy) and relieve suffering many women experience during the healing process of CSA

(continued)

Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>American, French Canadian).</p> <p>Procedures: Participants completed semi-structured interviews, which ranged from one to two hours. Participants were asked about their experiences of being raised as Catholic, their current experience with Catholicism, the role of Catholicism in their CSA experiences, recommendations for clinicians treating CSA women survivors who identify as Catholic, and whether there is anything else they would like to share that they believe is important.</p>	
Comas-Diaz (2006)	Clinical Vignette	To illustrate how to incorporate ethnic psychology (i.e., cuentos, dichos, spirituality) when working with Latino and facilitating their process of healing	N/A	N/A

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
Comas-Diaz (2016)	Chapter, as cited in Bryant-Davis & Comas-Diaz (2016)	To define mujerista psychology, to discuss the emergence of mujerista psychospirtuality, to describe the mujerista psychospirtual theory and practice, to discuss mujerista identity development, to discuss healing from this approach, and to discuss mujerista spiritual activism	N/A	N/A
Contractor et al. (2015)	Confirmatory Factor Analysis with invariance testing; exploratory questions	To study race (Caucasian vs. Non-Caucasian) and ethnicity (Hispanic vs. non-Hispanic) as moderators of PTSD symptoms (DSM-IV)	Non-Random Sample: 6,248 participants from the National Child Traumatic Stress Network's Data Set (the largest national data set of clinic-referred children and adolescents exposed to potentially traumatic events).  Predominantly Caucasian ( $n=3,618$ ) but also included African American (Hispanic/non-Hispanic, $n=1,698$ ) and Hispanic ( $n=2,395$ ).	Race and ethnicity has a small effect size when quantified as a risk factor for PTSD  Hispanics indicated greater total of PTSD symptom severity  Caucasians endorsed more physical maltreatment, emotional abuse, DV, or accidents compared with non-Caucasians

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>Abuse Averages: loss/separation/death of loved one (<math>n=5,340</math>); domestic violence (<math>n=4,949</math>), emotional maltreatment (<math>n=3,451</math>) and physical maltreatment (<math>n=2,877</math>)</p> <p>Sexual Abuse: Hispanics endorsed sexual maltreatment (23.3%) and Sexual assault (16.2%). Non-Hispanics endorsed sexual maltreatment (28.9%) and sexual assault (20.3%)</p> <p>Measures: The Trauma History Profile (THP) which is part of the Trauma History Portion of the University of California Los Angeles (UCLA) PTSD Reaction Index (PTSD-RI; Steinberg, Brymer, Decker, &amp; Pynoos, 2004) was used to assess potentially traumatic events. Descriptions of these events were</p>	<p>Non-Hispanics endorsed more sexual maltreatment, sexual assault, physical maltreatment, emotional abuse, neglect, natural disaster, loss, and school violence compared to Hispanics</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			adapted using from the National Child Abuse and Neglect Data System Glossary (U.S. Department of Health and Human Services Administration for Children and Family, 2002). The PTSD-RI (Steinberg et al., 2004) was used to assess child and adolescent PTSD symptoms consistent with the DSM-IV	
Creswell (2007)	Book	To discuss qualitative methods (i.e., narrative research, phenomenology, grounded theory, ethnography, case studies) and describe their procedures	N/A	N/A
Creswell & Clark (2007)	Book	To provide information on mixed method research.	N/A	N/A
Cuellar (2004)	Acculturation Measure	Copy of the Brief ARSMA-II retrieved from PsycTESTS	N/A	N/A
Cuellar et al. (1995)	Factor Analysis	To analyze the internal reliability, test-retest reliability, and	Method: Analysis was conducted utilizing the SYSTAT and	The Anglo Orientation Subscale (AOS) and Mexican

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
		concurrent validity for the ARSMA-II scales and subscales, English and Spanish version	<p>TESTAT statistical packages</p> <p>Sample: University students that represented 5 generation levels of Mexicans, Mexican-Americans, and White non-Hispanics living in South Texas (<math>N=3791</math> 43% males, 48% females, 10% missing gender data). G1= born in Mexico with varying degrees of exposure to the U.S.; G2, G3, G4, and G5=born in U.S. whose generation status was assessed on the extent that their parents and/or grandparents were born in the U.S. 11% Anglo, 58% Mexican Americans, 23% Mexicans, and 8%</p>	Orientation Subscale (MOS) revealed good internal reliabilities (Cronbach's Alpha =0.86 AOS, 0.88 MOS). The revised scale yielded a high Pearson correlation coefficient ( $r=0.89$ ) and overall strong construct validity.
Cuevas et al. (2014)	Analysis/linear regression	To explore the role of help-seeking on psychological distress among survivors of interpersonal violence	Method: Data from the Sexual Assault Among Latinas Study (SALAS) which consisted of 2,000 Latinas. This study implemented a random digit dial method and asked participants about	Formal help-seeking: Associated with reduced psychological distress (i.e., depression, anger, dissociation, and anxiety). Common

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			lifetime victimization experiences, help-seeking behaviors related to these experiences, and their level of psychological distress. Utilizing a linear regression, this current study evaluated 242 women who experienced victimization in adulthood. More specifically, the researchers of this student looked into cultural variables, formal help-seeking practices, and informal help-seeking behaviors.	behaviors under this category consisted of reporting their experiences to law enforcement (i.e., police) and was often associated with decreased levels of distress.
Cuevas et al. (2010)	Cross-Sectional Research Study	To evaluate the forms of victimization in childhood and adulthood (e.g., physical assaults, sexual assaults, stalking, threats and witnessed violence) AND psychological symptomology (e.g., depression, anxiety, anger, and dissociation) among Latina women	Random Digit Dial Methodology: National sample of 2,000 Latina women living in the United States (SALAS study).  Averages: 47.76 years old; high school education or above (62%); U.S. citizens (61%-either U.S. born or naturalized); married (56%).	Total Victimization: 43.5% ( $n=870$ ) of the women experienced at least one victimization incident in their lifetime  Victimization Rates: physical assault (22.2%); sexual assault (17.2%); stalking (18.3%); threat (21.1%);

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>Procedures: Interviews were conducted over the phone using the computer-assisted telephone interviewing (CATI) in either English or Spanish by trained professionals. Participants were asked various questions included social issues, demographic information, acculturation, lifetime experiences of victimization, help seeking behaviors, religiosity, ideology related to gender roles, psychological symptoms, and posttraumatic symptoms. Once the survey was completed, participants were asked about their distress levels and were further offered support opportunities (i.e., hotline, callback to follow-up on distress levels and to provide information on additional support</p>	<p>witnessed (20.1%)</p> <p>One or more victimization: Women were more likely to experience some form of polyvictimization and/or revictimization throughout their lives vs. 36% of women who experience one form of victimization in childhood or adulthood alone. Sexual Victimization child single type (8.7%); Adult single type (3.5%); Child polyvictimization (14.8%; higher than other victimization types); adult polyvictimization (11.6%); Single revictimization (6.4%); Poly/Revictimization (54.9%; higher than other types)</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>like social service agencies).</p> <p>Measures: Demographic information was gathered for each participant. The Lifetime Trauma and Victimization History Instrument (LTVH; Widom et al., 2005) was used to assess lifetime trauma and victimization experiences. Given that the study focused on interpersonal victimization, questions were limited to include experiences such as stalking, physical assault, assault with a weapon, childhood physical assault, general threats, threats involving the use of a weapon, sexual assault (completed and attempted), sexual fondling, and witnessing victimization. The Trauma Symptom Inventory (TSI; Briere, 1995) was used to evaluate</p>	<p>Symptomology: Multiple victimization or varying victimization significantly predicted clinical levels of psychological distress over any specific form or single incident of victimization [depression T=49.18; anger T=48.27; anxiety T=50.64; dissociation T=50.65]</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			posttraumatic and trauma symptoms in adults.	
de Jong & Bijleveld (2015)	Correlational Research Study	To assess outcomes of sexual abuse and subsequent adverse family outcomes	<p>Overview: 910 Dutch men and women who endorsed CSA approximately 33 years ago, as evidenced by court files between 1980-1985.</p> <p>Procedures: Criminal court files were extracted from 14 jurisdictions in the Netherlands. These court files ranged from 1980-1985 and included jurisdictions from large cities and rural areas. Selected cases to be included in this study met the following criteria: victims were under the age of 18; victims had experienced hands-on sexual abuse; and the perpetrator was found guilty by a judge that the sexual abuse had occurred.</p>	<p>Pregnancies and Divorce: Abuse perpetrated by an immediate family member mediated teen pregnancies and divorce.</p> <p>Marriage Rates: Abuse that occurred at a younger age mediated decreased marriage rates.</p>
Denney et al. (2018)	Study	To examine CSA in Protestant Christian congregations	Analysis of digital news articles on CSA involving Protestant Christian churches via	Florida, Texas, California, Illinois, Tennessee, and Alabama,

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
		within the United States	websites. 326 individual cases used for this study between 1982 and 2014	respectively, endorse the most cases of CSA. CSA offenses consisted of physical contact, including but not limited to sexual assault, rape, and groping. Most cases of CSA occurred at the church (e.g., office, basement) and were mainly perpetrated by White male Pastors or youth ministers in their forties
Dourdouma & Morti (2012)	Article	To describe guidelines in grounded theory method (i.e., open and group coding)	N/A	N/A
Draucker et al. (2009)	Qualitative Study	To develop a framework focused on describing, explaining, and predicting dating violence beginning in adolescence	First Protocol: Telephone screening was used to identify those at risk for adverse emotional distress.  Second Protocol: In-depth research interviews	Outlines procedures for managing distress associated with research that may be related to sensitive topics
Dunn & O'Brien (2009)	Exploratory Study	The role of gender, perceived stress, social support, and positive and negative religious	Overview: 179 Spanish speaking adults from El Salvador and Guatemala.	Stress: Greater levels of perceived stress predicted psychological

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
		coping in the prediction of psychological health and meaning in life among Latinos	<p>Participants: Primarily males (65.9%) from El Salvador (58.7%) or Guatemala (41.3%) with an average age of 29.73. Most participants reported income less than \$20,000 annually (41.4%) and approximately 38% of the participants had a middle school education or less. Participants identified as Catholic (43%), Evangelic (24.6%), Lutheran (1.7%) and no religion (15.1%). Half of the participated demonstrated strong religious practices (i.e., attending religious services).</p> <p>Procedure: Central American immigrants in English as Second Language (ESL) classes as part of an adult education program were recruited for this study. Participants in this study were read a script in Spanish to explain the study and</p>	<p>health and life meaning</p> <p>Negative Religious Coping: Negative religious coping was predictive of searching for life meaning</p> <p>Social Support: Feeling like one has social support was associated with finding life meaningful and belief in satisfactory self-purpose.</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>informed consent. Participants completed a series of questionnaires.</p> <p>Measures: The Perceived Stress Scale (Cohen, Kamarack, &amp; Mermelstein, 1983) was used to assess perceived stress over the past month. The Multidimensional Scale of Perceived Social Support (Zimet et al., 1988) was used to assess participant's amount of perceived social support. The RCOPE (Pargament et al., 2000) was used to assess participant's religious coping (i.e., positive religious coping, negative religious coping). The Brief Symptom Inventory (BSI 18; Derogatis, 1993) was used to assess participant's overall psychological functioning. The Meaning in Life Questionnaire (MLQ; Steger et al., 2006) was used to</p>	

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>assess participant's search for and the presence of their meaning in life. Lastly, a demographics questionnaire was used to gather background information on the participant's backgrounds.</p>	
Evans et al. (2013)	Quantitative Study (self-report measures)	To examine the relationship between perceived social support, the severity of childhood maltreatment (i.e., sexual, physical, emotional, neglect), and adult trauma symptoms.	<p>Convenience Sample: 372 newlyweds recruited from marriage license records. Participants ages ranged from 19 to 50 and had been married 11–15 months.</p> <p>Participants: European American (94.1%), Hispanic/Latino (1.5%), African American (0.7%) Asian American (0.7%), and Native American (0.7%). Household income ranged \$40,000 or less (44.5%); \$41,000–80,000 (47.5%); and \$81,000 (8.2%)</p> <p>Measures: The Childhood Trauma Questionnaire</p>	<p>Overall: Social support may protect against long-terms trauma symptoms in individuals who have endorsed childhood maltreatment</p> <p>Females: The most severe the maltreatment (i.e., sexual abuse, emotional abuse, emotional neglect, physical neglect) predicted more severe trauma related symptoms.</p> <p>Males and Social Support from Family &amp; Friends: Perceived social support from family &amp; friends predicted</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>(CTQ; Bernstein &amp; Fink, 1998) was used to assess for childhood abuse experiences (i.e., sexual abuse, physical abuse, emotional abuse, physical neglect, emotional neglect). The Perceived Social Support Index (PSS; Procidano &amp; Heller, 1983) was used to assess the level of social support received from family and friends that participants feel can be accessed. The Trauma Symptom Inventory (TSI; Briere, 1995) was used to assess for psychosocial, behavioral, and emotional trauma related symptoms.</p> <p>Procedures: Participants in this study privately completed the above questionnaires at their own pace and then received compensation for task completion.</p>	<p>decreased trauma symptoms.</p> <p>Females and Social Support from Friends: Perceived social support from friends predicted decreased trauma symptoms.</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
Fallot & Heckman (2005)	Quantitative Study	To examine the types of religious/spiritual coping utilized by female survivors of trauma with co- occurring conditions (i.e., mental health, substance use disorders)	<p>Participants: 666 participants from two Women, Co- occurring Disorders and Violence Study (WCDVS) sites. Women in this study ranged from 36-years old to 42- years old and were often referred from substance abuse settings. The ethnic/racial breakdown primarily included African American women and White women.</p> <p>Procedures: Participants completed in-person structured interviews (i.e., religious coping, WCDVS). Interviews were conducted by research staff that were trained in interview protocols.</p> <p>Measures: Religious coping (i.e., positive religious coping, negative religious coping) was assessed using scales from the Fetzer Measure of Religiousness and</p>	<p>Spirituality/Religi- osity as a source of coping: Majority of the women appeared to rely more on positive religious coping rather than negative religious coping. This suggests that religiosity/spiritua- lity may serve as a way for coping with stress and other conflicts.</p> <p>Frequent Child Abuse and</p> <p>Religious Coping: Relationship between frequent childhood abuse and negative religious coping patterns (i.e., form of abandonment, punishment).</p> <p>CSA and Religious Coping: Women who endorsed CSA had higher levels of negative religious coping than women who experiences sexual abuse in adulthood.</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			Spirituality. Demographics and personal history variables was used to assess participants backgrounds. The Brief Symptom Inventory (BSI) was used to overall mental health symptoms. <i>The</i> Addiction Severity Index (ASI) was used to assess alcohol and drug use. The Life Stressor Checklist-Revised (LSC-R) was used to assess trauma history/exposure to stressful events.	Negative Religious Coping and Mental Health: Negative religious coping was associated with severity of post-traumatic symptoms and other mental health symptoms.
Fierros & Smith (2006)	Clinical Case Examples	To explore PTSD in Latinos and explore clinical issues that should be considered when working with this population	N/A	When working with Latinos, consider cultural factors such as familism, spirituality (interconnectedness with life), attitudes and beliefs towards mental health, the Spanish language, trust, cultural idioms of distress, somatization, and machismo (males role as protector and provider).

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
Finkelhor et al. (2014)	Quantitative Study (Phone Surveys)	To estimate the incidence rates of sexual abuse and sexual assault by age 17 in the United States	<p>Nationwide Sampling (Random Digit Dialing): Total of 2,293, 15-17- year-old participants. 415 participants from 2003; 913 from 2008; and 965 from 2011. 781 15-year old's; 804 16-year old's; 708 17-year old's.</p> <p>Procedures: A total of three telephone surveys. The researchers first conducted a brief interview with adult caregivers to gather demographic information on the family. Based on this information, one child was randomly selected (selected on the basis on who had the most recent birthday). Main phone interviews were conducted with children ranging from ages 10 to 17. Participants were promised complete confidentiality and were further given</p>	<p>Lifetime Prevalence Rates</p> <ul style="list-style-type: none"> <li>Girls: 26.6%</li> <li>Boys: 5.1%</li> </ul> <p>Perpetrators:</p> <ul style="list-style-type: none"> <li>Adult: 11.2% for females and 1.9% for males</li> </ul> <p>Risk Rates:</p> <ul style="list-style-type: none"> <li>Overall, higher rates in late teen years</li> <li>Females: Increases as age increases; 15 (16.8%) to 17 (26.6%)- year old's</li> <li>Males: Increases as age increase; 15 (4.3%) to 17 (5.1%)- year old's</li> </ul>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>\$20 for participating.</p> <p>Measures: Demographics information was obtained through the initial interview with the giver. Victimization information was obtained from the children. The Juvenile Victimization Questionnaire, was used to gather information on childhood victimization. Three versions of this questionnaire were used; all versions asked four questions pertaining to sexual assault. Endorsing a “yes” to these questions was followed-up with additional questions to gather information regarding the perpetrator, injury, and penetration.</p>	
Fischer & McDonald (1998)	Research Study	To provide clarification on the difference between intrafamilial CSA	Method/Procedures: Obtained 1,037 cases of CSA from police files in two cities in west Canada.	Intrafamilial: individuals who experienced earlier experiences of CSA, longer

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
		and extrafamilial CSA	<p>Researchers who were trained research assistants codes and transcribed police files.</p> <p>Participants: 44% of cases were intrafamilial; 56% of cases were extrafamilial. 23% of cases were boys; 77% of cases were girls. Average onset of CSA for boys was 6.7 years old vs. 9.2 years old for girls.</p>	<p>duration of CSA, and higher level of intrusion experienced increased levels of physical and emotional consequences. Perpetrators of intrafamilial abuse are less likely to use physical/verbal force or enticement, however, are more likely to use directives such as don't tell. Cases of intrafamilial CSA demonstrated more convictions and longer fail sentences.</p> <p>Intrafamilial vs. Extrafamilial Perpetrators: Both used physical and verbal force with older CSA survivors. Extrafamilial offenders often choose older CSA survivors.</p> <p>Boys vs. Girls: In this study, boys are younger than</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
				girls regarding onset of CSA.
Flores et al. (2005)	Exploratory Analysis	To examine levels of functioning, resources, and relationships in school-aged maltreated and non-maltreated Latino children	<p>Participants: 133 Latino children from an urban setting in New York (i.e., summer camp). Children were on average eight-years old. Primarily boys (69.2%), however, girls also participated (30.8%). Children were fluent in English.</p> <p>Procedure: Participants in this study were enrolled in a week-long summer day camp (seven hours/day; 35 hours/ week) for maltreated and non-maltreated, low-income, disadvantaged children. The camp was designed to provide these children opportunities to interact socially with peers in a supportive environment. The group was comprised of three counselors. Counselors were assigned six to eight</p>	<p>Maltreated Children: Latino children who were maltreated demonstrated lower levels of resilient functioning (i.e., social competence, lacking in behavioral symptomology).</p> <p>Resiliency: Resiliency was associated with ego-resiliency, ego control, personal resources, and positive relationships with adult figures that are not immediate family members</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>children (matched on the basis of age and gender). Children were also asked to participate in the Peabody Picture Vocabulary Test (PPVT-R). Measures: The Maltreatment Classification System (MCS; developed at Mt. Hope Family Center, Barnett et al., 1993) was used to code MCDHHS records. Counselors also evaluated each of the children's functioning utilizing a series of measures, including: the Behavior ratings (Wright, 1983) to rate the children's prosocial behavior, aggression, and withdrawal; the Pupil Evaluation Inventory (PEI; Pekarik et al., 1976) to assess social behavior; the Teacher Report Form of the Child Behavior Checklist (TRF; Achenbach, 1991b) to assess behavioral symptoms; the California Child Q-</p>	

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			Set (CCQ; J.H. Block & Block, 1969) to assess children's personality, cognitive characteristics, and social characteristics; and the Student-Teacher Relationship (STRS; Pianta & Steinberg, 1992) to assess the quality of the teacher-student relationship as assessed by the teacher. The Peer Nominations (Coie & Dodge, 1983) was used to have the children select one peer from their group who fits the following behavioral categories: cooperative, leader, shy, disruptive, fighter, liked most, and liked least. The PPVT-R was used to assess children's receptive vocabulary.	
Fontes (1993)	Exploratory study	To explore factors related to CSA disclosure	Participants: Seven psychotherapists who previously provided services to Puerto Rican survivors of CSA and five Puerto	Results: Systematic factors that generally impact disclosure include discrimination, issues related to

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			Rican women who are CSA survivors  Method: Above participants were interviewed	migration, poverty, and limited language abilities to access bilingual services, whereas cultural factors impacting disclosure include beliefs associated  with childrearing, the cultural value of virginity, and taboos around discussing sex.
Fontes (2007)	Quotes and case materials from the author's personal research and clinical work	To explore difficulties associated with shame in Latino children survivors of CSA and their families	N/A	Shame and associated cultural values: Shame around CSA is associated with attributions for the abuse (i.e., blaming the survivor for the abuse; making the child believe that it was their desire to engage in sexual acts), fatalism (i.e., believe that one has little control of their future; attributing life course to God's will or a test from God), virginity (i.e., women are expected to remain virgins up until marriage),

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
				<p>machismo (i.e., men are responsible for protecting wives/children and may negatively reflect on the man if the child was abused), fears of homosexuality for</p> <p>male survivors of CSA, and social discrimination</p>
Fontes & Plummer (2010)	Article	To explore the impact of culture of disclosure of CSA experiences	N/A	<p>Cultural variables that appear to impact CSA disclosure include shame, taboos (i.e., sex is not spoken about), sexual scripts (i.e., many cultures view sexual interactions as something that occurs between males and females), virginity, women's status (i.e., in some cultures, males may be valued over females), obligatory violence, and honor, respect and</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
				patriarchy (i.e., sense of responsibility and entitlement to family and fathers or father like figures)
Gloria & Castellanos (2016)	Chapter, as cited in Bryant-Davis & Comas-Diaz (2016)	To increase knowledge and awareness on Latinas (i.e., identities, realities), to discuss cultural and spiritual models as a means to facilitate Latina self-awareness, and to discuss factors attributing to a power Latina (i.e., ancestral wisdom)	N/A	N/A
Glover et al. (2010)	Research study	To assess adult posttraumatic stress symptoms as a risk in CSA survivors in relation to the severity of CSA experiences, disclosure of these experiences, and other post-trauma factors	Convenience Sample: 132 LA county residents who identified as African American (N=63) and Latina (N=31) women. Ranged from ages 18 to 50 and all endorsed a history of CSA. These women were recruited through community-based organizations, hospitals, and clinics. Majority of women were poor	CSA Incidence Rates: 11% reported that the first incident lasted <one week, 33% reported lasted about one week, and 57% reported it ranged from two weeks to many years. Mean age of first incident was 9.58 and generally occurred during elementary school (57%).

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			(68% reported little or no income) and unemployed (60%)  Measures/Procedure s: in-person interview regarding CSA and disclosure.	Disclosure Rate: 44% failed to disclose the first incident  Severe CSA (severity): More severe forms of CSA predicted posttraumatic stress symptoms and avoidance/numbing  Moderate CSA (severity): This predicted  reexperiencing symptoms
Godbout et al. (2009)	Quantitative Study	To compare the usefulness of single indicator strategies and multiple indicator strategies examining the role of CSA in marital satisfaction	Community Sample: 1,092 French Canadian women ( $N=574$ ) and men ( $N=516$ ) in a cohabiting ( $N=698$ ) or marital relationship ( $N=394$ ). Mean age was 30.4 for women and 31.6 for men. Participants were recruited through either an initial randomized pool via random-digit dialing or through media sources.	Results: CSA may be a risk factor that may potentially contribute to couple difficulties/marital distress. Traumatic events such as these may be associated with dysfunctional, anxious, and/or avoidant attachment styles, which can be associated with increased psychological

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			Measures: Self-report measures sent via mail (questionnaire packet). Sigle indicator strategy looked at the presence or absence of CSA. Multiple indicator strategies looked into level of force, the survivor's relationship with the perpetrator, the number of abusive experiences, and the nature of these experiences.	distress and couple distress.
Graham et al. (2016)	Secondary Data Analysis	To examine the experiences of the U.S. child welfare systems (CWS) Latino/Latina children and their families reported for CSA	Sample: Utilized secondary data analysis using data from the 2012 National Child Abuse and Neglect Data System Child File. Sample included children that were reported the CWS ( $n=2,401,304$ ) and subsample of children that were involved in CSA reports ( $n=179,199$ )  Participant Characteristics: Children ranged from ages zero to 17 years old who	Latino/Latina Children: Children reported for CSA allegations was higher than White and Black Children. These cases were often reported by education personnel and were less likely to be reported by social services personnel, or a parent, relative, friend, or neighbor when compared with Black and White children. Some factors that may

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>endorsed CSA on their record.</p> <ul style="list-style-type: none"> <li>Latino/Latina subsample: males (30.87%), females (69.13%), average age was 9.05-years old</li> <li>White subsample: male (32.11%), female (67.89%), average age was 9.08-years old</li> <li>Black subsample: male (31.91%), female (68.09%), average age was 9.19-years old</li> </ul> <p>Measures: The NCANDS data was used to assess the child's gender, race/ethnicity, and the age at which the report was made to CWS. The CWS provided further information on child and caregiver risk factors</p>	contribute to differences in reporting and substantiation include access to and use of social and health services, access to public education, and cultural perceptions of CSA.
Halperin et al. (1996)	Questionnaire	Questionnaire used to examine CSA experiences	N/A	N/A
Hillberg et al. (2011)	Systematic review	To examine the relationship between CSA and	Reviewed seven published articles of adults with a history	CSA appears to be a risk factor to later

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
	methods of meta-analyses	adult psychopathology	of CSA prior to the age of 18 and those who did not have a history of CSA	psychopathology; however, it's important to be mindful of additional factors that can contribute to mental health difficulties such as individual differences and family environment. Adult survivors indicated that they did not perceive themselves as psychologically harmed as a result of CSA
Hinshaw (2007)	Book	To explore the development of stigma (i.e., social, historical, evolution) and to provide strategies to overcome stigma associated with mental health.	N/A	N/A
Hinson et al. (2002)	Initial intake interview  Quantitative (Measures available in English and Spanish)	To examine the effects of CSA on Latina survivors perceived levels of social support	Participant Characteristics: N=54 Latina participants, ages 18 to 52. Predominantly Spanish speaking (50%), less than grade nine education, of low	Survivors of CSA endorsed depression as a result of minimal perceived social support. That is, depression affected survivor's perception of

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>SES (65% had household income less than \$15,000 per year). Predominantly Mexican American and Mexican, and some immigrants from Central American countries; 39% U.S. natives, 46% resided in U.S. more than five years, and 15% resided in U.S. less than five years.</p> <p>Participants were recruited from inner-city public hospital in Southern CA that provides services to victims of child abuse, sexual assault, and domestic violence. Participants were seeking mental health services &amp; presented with a history of sexual abuse.</p> <p>Measures: All measures were available in English and Spanish. The Symptom Checklist 90 Revised (SCL90-R) was used to assess for global distress and</p>	<p>social support. Other factors that correlated with minimal perceived social support included anxiety and hostility.</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>symptoms (i.e., depression, anxiety, hostility, interpersonal sensitivity). A background demographics form was used to gather participants background information. The History of Unwanted Sexual Contact (Koverola et al., 1996) was used to assess history of sexual abuse. The Social Relationships Questionnaire (Abbey, Abramis, &amp; Caplan, 1985) was used to assess perceived social support.</p> <p>Procedure: Participants receiving services at the clinic completed the initial intake interview and measures. For the purpose of this study, data from intakes over the course of 12-month was included.</p>	
Hoover & Morrow (2015)	Qualitative research study	To learn about ethical issues related with qualitative	Participants and Procedures: Follow-up with eight women survivors of	While participants reported experiencing fluctuations in

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
		research with female sexual assault survivors	sexual assault who had previously participated in qualitative research regarding sexual assault disclosure. Researchers used triangulation from interviews, follow-up interviews, interviews from original study, and participant checks.	their emotional reactions throughout the interview (e.g., shaky, sad), reactions were short-term, with no participant reporting any negative long-term consequences. The majority of the women reported positive experiences associated with their participation in such interviews, including personal meaning (e.g., feeling invested in the study and its purpose/meaning), trust in the researcher (e.g., feeling that researcher had a nonjudgmental viewpoint), connection to other participants (e.g., feeling connected to and supported by other participants due to a shared experience), and psychological benefits (e.g.,

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
				feeling better about themselves for sharing their past experiences.
Houghton et al. (2013)	Multiple case study review	To provide examples of qualitative research strategies through multiple case studies	Data consisted of 58 semi-structured interviews and observations at five sites and documentary sources	When conducting qualitative research, it is important that researchers ensure rigor using the following strategies: prolonged observation, triangulation, peer debriefing, peer checking, audit trail, reflexivity, and thick descriptions
Kazdin (2000)	Encyclopedia of Psychology	Encyclopedia of Psychology	N/A	N/A

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
Kennedy (2000)	Article	To explore the views of and difficulties faced by adult Christian men and women who have endorsed a history of sexual abuse	N/A	Some beliefs that can impact survivors include: spiritual concepts (i.e., what constitutes good, evil, bad, sin), belief that God has a will, belief that there is a spiritual purpose for CSA (i.e., sources of God's grace), beliefs instilled by perpetrator (i.e., fear of God, blaming the child), and silencing the survivor (i.e., sayings like honor thy father and thy mother; it's God's will), forgiving the perpetrator).
Kenny & McEachern (2000)	Literature Review	To summarize and analyze CSA literature on African American, Hispanic, and Asian populations with an emphasis on factors such as culture, race, and ethnicity.	N/A	There continues to be limited empirically sound CSA research on minorities. Additional research is needed with multicultural populations (i.e., describing ethnic groups, evaluating the background, country of origin, and acculturation

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
				levels of survivors,  role of language on disclosure)
Kenny & McEachern (2007)	Quantitative and Qualitative Study	To examine the family environments, cultural values, and family relationships of Hispanic women who endorsed CSA histories	<p>Participants: 18 females who ranged from 20 to 49 years old. Self-reported ethnicity included Cuban (50%), Puerto Rican (17%), Central American such as Panama and El Salvador (17%), and bi-ethnic such as a blend of Hispanic backgrounds (16%). Participants came from various income backgrounds (&lt;\$24,000=28%; \$25,000-\$66,000=40%; &gt;\$66,000=32%)</p> <p>Abuse Characteristics: Survivors were the oldest child in their families (50%);</p>	<p>Sexuality: Participants reported that parents did not discuss issues related to sexuality with them and that they learned about sexuality primarily through friends, school, books, or very brief discussions with parents. Even in families where sexuality was discussed, these families emphasized the importance of maintaining one's virginity until marriage.</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>born in the U.S. (47%); born in country of origin (remaining). Abuse consisted of fondling by perpetrator (78%), exposure of perpetrator (27%), attempted intercourse (14%), masturbation of survivor by perpetrator (7%), showing explicit pornography/sexually explicit material (14%), oral sex by perpetrator to survivor (7%), and other abuse such as witnessing sexual intercourse or masturbation and exposure (27%). Abuse ranged from single event (56%) to more than once for approximately two years. Participants reported more than one perpetrator (12%) and that perpetrator was a member of the family (33%), stranger (28%), brother (17%), uncle (11%), neighbor (11%), family friends</p>	

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>(11%) grandfathers (6%) cousins (6%), and others (11%)</p> <p>Method/Procedures: This study was a part of a larger investigation. Participants participated in an individual semi-structured interview. Interviewers had extensive experience in working with victims of maltreatment, knowledge regarding sexual abuse, and personal knowledge and exposure to Hispanic culture. Interview consisted of open-ended questions to gather information on demographics and history of sexual abuse (i.e., age at which the abuse began). Interviews lasted approximately 45-minutes. Interviews were conducted in English by the two authors (doctoral level professionals).</p>	

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>For participants who disclosed discomfort or distress during the interview, they were provided with the number of the counseling center on campus and local counseling agencies.</p> <p>Measures: Semi-structured interview regarding the participants background, family of origin, income level, ethnicity, family roles, and memories of CSA. Interview questions were developed from CSA studies with an emphasis on family environment. The FES Form R (Moos &amp; Moos, 1994) was used to assess participants perceptions of their families of origin function (i.e., cohesiveness, expressiveness, conflict, independence).</p>	
Kenny & Wurtele (2012)	Article	To present approaches on how to prevent CSA using the	N/A	CSA prevention requires intervention at all levels. Greater

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
		ecological approach and the Spectrum of Prevention (Parks, Davis, & Cohen, 2010)		research is needed to address prevention work, including policy, legislation, organizational practices.
Labott et al. (2013)	Qualitative Study (interviews)	To examine the frequency and severity of their emotional reactions in response to interviews involving several distressing topics (e.g., sexual and physical violence, intimate partner violence, traumatic injuries, bereavement)	<p>Participants: 395 adult community residents in Chicago, who were recruited through random digit dial between February through May 2011.</p> <p>Procedure: Individually interviewed by the Survey Research Laboratory at the University of Illinois at Chicago using computer-assisted telephone interviewing. Participants were paid \$30 for completing an initial interview and additional \$15 for a second interview.</p> <p>Measures: Participants were screened to exclude at risk for emotional harm. The PTSD Symptom Scale Interview, and the Beck Depression Interview.</p>	While participants endorsed increased negative moods and levels of stress from pre- to post-interview, these reactions subsided within a two-day span, with most participants reporting full reaction recovery from the interview almost immediately and further rating the impact of the interview as a positive experience. There were no adverse events associated with the study (e.g., participants did not stop participating for emotional reasons, researchers did not need to call 911 for safety concerns). Moreover, the

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			Participants were asked about their story.	vast majority of the participants did not express interest in the offered referrals or support options after the interview.
Lara et al. (2015)	Secondary analysis of data from a Convenience Sample	To explore the relationship between individual and co-occurring CSA, physical and verbal abuse, prenatal depressive (PDS) and anxiety symptoms (PAS) and history of suicidal behavior	<p>Participant Characteristics: <math>n=357</math> pregnant Mexican women. Mean age was 27.05 <math>\pm</math> 5.98 years; education 11.39 <math>\pm</math> 3.11 years; monthly income of \$5457.96 <math>\pm</math> \$4490.50 pesos. CSA victims (<math>n=117</math>); CPA victims (<math>n=196</math>), CVA victims (<math>n=87</math>).</p> <p>Convenience Sample: 357 pregnant women from Mexico City seeking attention at three facilities (e.g., hospital, clinic, community healthcare center). Screened for PDS using the Childhood Experience of Care and Abuse Questionnaire (CECA-Q), the Beck Depression Inventory (BDI-II),</p>	<p>CSA: Women who experienced CSA were 2.60 times more likely to develop prenatal depressive symptoms (PDS), 2.58 more times more likely to develop prenatal anxiety symptoms (PAS) and 3.71 times more likely to have history of suicidal behavior (HSB)</p> <p>CPA: Increased risk of PAS and HSB</p> <p>CVA: Increased PDS</p> <p>Multiple Abuses: Women who experienced two and three types of abused had an increased risk of PAS</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>the anxiety subscale of the Hopkins Symptoms Checklist (SCL-90) and the specific questions on verbal abuse and history of suicidal behavior.</p> <p>CSA Victims: 117 women (32.8%) reported CSA history. Perpetrator was someone she knew (92.3%), lived in same household (42.7%), abused her on more than one occasion (62.4%), touched her private parts (74.4%), or made her engage in sexual intercourse (25.6%)</p> <p>Method: Interviews were conducted by trained psychologists in various waiting rooms of the selected institutions.</p> <p>Measures: A sociodemographic data questionnaire to gather information on the participants background. The Childhood Experience of Care</p>	

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>and Abuse Questionnaire (CECA-Q) was used to gather information regarding CSA experiences. The Beck Depression Inventory, Second Edition (BDI-II) was used to measure depressive symptoms. The Structured Clinical Interview (SCID) was used to gather information on the history of depression. The anxiety scale of the Hopkins Symptoms Checklist (SCL-90) was used to measure anxiety symptoms.</p> <p>Questions from the Medina-Mora et al., and Gonzalez-Forteza et al., were used to gather information regarding suicidal behavior. The Social Support Apgar (SSA) scale was used to measure perceptions of social support and their satisfaction with these sources. The Abbreviated Version of Dyadic</p>	

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			Adjustment Scale (A-DAS) was used to measure the quality of the partner relationship.	
Lemaigre et al. (2017)	Systematic literature review	To examine disclosures associated with child and adolescent CSA experiences	Procedures: Through database record search, a total of 2,668 records were retrieved. Following subsequent screening. A total of 13 studies were reviewed and assessed. Studies employed qualitative, qualitative cross-sectional, and mixed methods approaches.	There are multiple barriers with regard to disclosing, including limited support, perceived negative consequences, feelings of blame, guilt, and shame. Prompting for a disclosure or asking about possible experiences of CSA facilitates the likelihood of disclosure. There is continued need for prevention programs, especially in school-based settings.
Lewis-Fernandez et al. (2010)	Mixed Methods: Quantitative and Qualitative Study  Cross-Sectional Design	To examine the relationship in Latino outpatients among interpersonal trauma, PTSD, major depressive disorder, dissociative capacity and four cultural idioms of	Participant Characteristics: <i>N</i> =230 adult outpatient Spanish-dominant (127 females; 103 males); married ( <i>n</i> =91); less than high school education ( <i>n</i> =78); low household	Trauma: At least 88% of participants reported at least one lifetime traumatic event; predominantly physical punishment or injury

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
		<p>distress associated with the popular overall category of nervios. Examined three aspects of traumatic experience (a) any interpersonal trauma [dichotomous], (b) persistence of interpersonal trauma [dichotomous; childhood vs. adulthood and adult), and (c) severity of trauma</p>	<p>income less than \$20,000 (<math>n=84</math>); Latin America/Caribbean immigrants birth nation (<math>n=219</math>);</p> <p>Questionnaires: Demographics; The Brief Physical and Sexual Abuse Questionnaire (BPSAQ), the Dissociative Experiences Scale (DES) a nervios questionnaire and a questionnaire regarding altered perceptions. All measures were translated in forward-translation, back-translation, and bilingual committee consensus.</p>	<p>Harsh discipline (50%; <math>n=114</math>); physical injury resulting from punishment (40%, <math>n=91</math>); witness to physical violence between caregivers (37%, <math>n=85</math>); physical assault after age 16 (40%, <math>n=23</math>)</p> <p>Time of Trauma: During childhood (45%) vs. childhood and adulthood (40%) vs. only adulthood (3%)</p> <p>Cultural Idioms of Distress: Perceptual disturbances (68%; <math>n=157</math>); ill with nerves (62%; <math>n=142</math>); being nervous since childhood (53%; <math>n=123</math>); ataque de nervios (44%; <math>n=101</math>). Cultural idioms of distress are highly correlated in Spanish-speaking Latino psychiatric outpatients reporting interpersonal</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
				<p>trauma. Ataque de nervios, currently being ill with nerves and altered perceptions are associated with each other and with generalized dissociative capacity.</p> <p>Clinical Diagnoses: Major Depressive Disorder (80%; <math>n=185</math>); PTSD (25%; <math>n=57</math>)</p>
Lewis et al. (2016)	Quantitative Study (Data collected from longitudinal study)	To explore internalizing and externalizing problems in individuals with a history of CSA compared to individuals with a history of maltreatment but not CSA	<p>Participants: 977 children from the Longitudinal Studies of Child Abuse and Neglect at ages four, six, eight, 10, 12, 14, and 16.</p> <p>CSA Group Participants: Female (<math>n=134</math>); White (<math>n=71</math>), African American (<math>n=67</math>), Other (<math>n=57</math>). Polyvictimization (<math>n=185</math>); pre-age four maltreatment (<math>n=183</math>)</p> <p>CPS, No CSA Group Participants: Female (<math>n=260</math>); White (<math>n=146</math>),</p>	<p>CSA Boys and Girls: Greater internalizing and externalizing problems over the course of time compared to children who did not have a history of CSA.</p> <p>CSA Boys: More likely to report higher levels of behaviors than girls.</p> <p>CSA Girls: Internalizing behaviors increased with age when compared to boys</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>African American (<math>n=306</math>), Other (<math>n=121</math>). Polyvictimization (<math>n=325</math>); pre-age four maltreatment (<math>n=498</math>)</p> <p>No CPS Group Participants: Female (<math>n=162</math>); White (<math>n=53</math>), African American (<math>n=230</math>), Other (<math>n=35</math>).</p>	
Ligiero et al. (2009)	Qualitative Study (Grounded Theory)	To explore how Latina survivors of CSA cope with their experiences and the role of personal and cultural factors on their coping strategies	<p>Participant Characteristics: nine Latinas who ranged from 19 years old to 43 years old. Onset of CSA ranged from five years old to 24 years old and lasted anywhere from one day to more than 10 years. Most participants identified as Catholic.</p> <p>Measures/Instrument: All were instruments, flyers, letters, and forms for were available in both English and Spanish. A demographics questionnaire was used to gather background</p>	<p>Individual and Family Levels: Women in this study saw their ability to strong as playing a crucial role in helping them cope with the abuse. Other factors that were helpful included keeping the abuse to themselves.</p> <p>Cultural and Societal Levels: Many effects of CSA appeared to be attributed internalization of proscribed sexuality (i.e., stigma associated with CSA) and gender roles (i.e.,</p>

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			<p>information on participants. The Interview Protocol was used and consisted of open-ended, semi-structured, and in-depth interviews. The interview was based on a protocol that was initially piloted with two Latinas and was then revised based on the participants feedback.</p> <p>Procedure: Interviews were conducted at a local community mental health clinic for Latinos for the purpose of facilitating scheduling an appointment and access to mental health services. The interview was conducted by the primary researcher, who identifies as a bilingual Latina with five years of experience in conducting assessments and counseling interviews. Interviews lasted from 60-90 minutes</p>	<p>machismo, marianismo). Many women in this study indicated that prescribed gender roles and expectations motivated them to create a new road for themselves. Many women also tried not to think about the abuse.</p> <p>Overall: Culture plays a role in coping of Latina survivors of CSA with regards to alleviating negative emotions and protection against future perpetration</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			and were available in both English and Spanish. Participants were debriefed and provided with a list of resources upon completion of the interview.	
Linesch et al. (2012)	Qualitative Study	To help families explore experiences around acculturation through verbal interventions and family drawings	<p>Participants: Eight Latin American immigrant families (six from Mexico and two from El Salvador) in Southern California.</p> <p>Procedures: Spanish-speaking art therapists helped collect data from participant focus groups (duration of two hours over the course of three Saturdays), bilingual questionnaires (i.e., role of language on acculturation; completed at home and returned at final meeting), and art interviews (i.e., immigration experiences, acculturation experiences, the impact of immigration on gender identity) from the 8 families</p>	<p>Fathers: Fathers of these families reported unexpressed anxieties and stressors</p> <p>Mothers: Mother's reported concerns holding the family together while preserving traditional values</p> <p>Adolescents: Appeared to demonstrate strength in language (i.e., bilingual) and acculturation.</p> <p>Benefits of Art Therapy (Family Drawing): Can help families explore challenges around acculturation. Helped families</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			included in this study.	recognize the suppression of their experiences and provided them a creative way to express feelings.
Linesch et al. (2014)	Case Studies	To explore the value of art therapy in helping Hispanic/Latino adolescents and women process immigration and acculturation	<p>Participants: A total of eight Latino/Hispanics participated in this study. Of the eight, three were adolescents and five were adult women.</p> <p>Procedures: Participants in this study participated in an art therapy group that was facilitated by Spanish speaking art therapists. Groups (i.e., women, adolescents) met for Two consecutive Saturday's for the purpose of encouraging expression regarding immigration and acculturation stories. Data was gathered through group observation and through interviews with two participants in both the women's group and adolescents</p>	<p>Women: Art therapy appears to provide women a sense of empowerment, experience a voice, and relieve psychological distress. Furthermore, they were able to express their inner strength and gain a sense of personal and social identity.</p> <p>Adolescent: Art therapy helped increase their self-confidence and provided them the opportunity to process and reflect on their own acculturation.</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			group. Interviews were transcribed and then analyzed for themes.	
Lopez de Leon (2016)	Book (Case Studies and Essays)	To describe art and culture as important aspects of Latino values, creativity, and aspirations	N/A	N/A
Malchiodi (2003)	Book	How to integrate art interventions with children, adolescents, adults, and families	N/A	N/A
Malchiodi (2005)	Book	In-depth descriptions of how to integrate expressive therapy interventions (i.e., art, music, dance, play) with clients (i.e., children, adults, groups)	N/A	N/A
Maniglio (2011)	Literature Review/Meta-Analysis	To explore the role of CSA in suicide and self-injury	<p>Four reviews that examined suicidal and self-injury after CSA</p> <ul style="list-style-type: none"> <li>• Meta analyses from 1996-2008</li> <li>• Reviewed 177 studies</li> </ul>	<p>CSA is a statistically significant risk factor for suicide and self-injury. Other factors that may play a role include biological (i.e., genes, low levels of serotonin) and psychosocial variables (i.e., other forms of maltreatment)</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
Marques et al. (2016)	Cross-Sectional Qualitative Analysis	To examine similarities and differences in beliefs associated with PTSD symptoms in cognitive processing therapy (CPT) among non-Latino, Latino-Spanish-speaking, and Latino English-speaking clients in community mental health clinics	<p>Participant Characteristics: A total of 29 clients with an average age of 27-years old. Sample included males (<math>n=9</math>) and females (<math>n=20</math>), Latinos (<math>n=18</math>), White (<math>n=9</math>), Black (<math>n=1</math>) and multiracial (<math>n=1</math>). Subethnicity of Latinos included South or Central American (<math>n=10</math>), Puerto Rican (<math>n=5</math>), Cuban (<math>n=2</math>), and other (<math>n=1</math>). Approximately 18 participants received treatment in Spanish. Regarding religion, the breakdown is as follows: Catholic (<math>n=15</math>), other Christian (<math>n=3</math>), Evangelical (<math>n=2</math>), Protestant (<math>n=2</math>), and other (<math>n=5</math>)</p> <p>Procedures/Measure s: This study is part of a larger study that examined the use of CPT for PTSD in a diverse community, mental health center outside of Boston, MA. Participants in</p>	<p>Stuck Points in Impact Statement: Participants often reported feeling stuck with regards to safety, trust, power and control, self-esteem, intimacy, and blame. Important Themes: Importance was placed on family (i.e., family obligations, protection of family, family structure), religion (i.e., trauma as punishment, religion as coping resource), and context (i.e., poverty, exposure to violence) when looking at beliefs and emotions associated with trauma experiences.</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			this study completed a demographics questionnaire and an impact statement in which participants were to write one page on the impact of their sexual assault on their beliefs (i.e., self, others, world) while also considering CPT themes (i.e., safety, trust, power/control, esteem, and intimacy). Statements were reviewed to identify conflicting beliefs/negative beliefs and were then recorded on a log.	
Marshall et al. (2009)	Longitudinal Study	Examine the degree to which Hispanic and non-Hispanic Caucasians reported similar PTSD symptoms	Longitudinal Study: Sample was recruited between February 2004 and August 2006 from four trauma centers in Los Angeles County (LA County, UCS Medical Center, UCLA Medical Center, King-Drew Medical Center, and CA Hospital Medical Center)	Posttraumatic Distress: Hispanics report higher levels compared to Caucasians.  PTSD Symptoms: Hispanics tend to report high levels of symptoms that could be regarded as exaggerated or intensified cognitive and sensory

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>Participant Characteristics:  <i>N</i>=677 Adult trauma survivors. Hispanic (<i>n</i>=330). Non-Hispanic Caucasian (<i>n</i>=135); African American (<i>n</i>=171). Mean age was 33.3 years; predominantly male (77.6%) one married (29%) or living as married (20.0%); education was high school or equivalent (49%); income average \$12,961.</p> <p>Trauma Types:            Sudden physical injury who required hospitalization for acute medical care (motor vehicle accident 61%; assault 43%;</p> <p>Face-to-Face Structured Interviews and Measures:            Completed an interview version of the PTSD Symptom Checklist (Civilian version) at three time points including within days of trauma exposure and at six-</p>	<p>perceptions (e.g., hypervigilance, flashbacks)            Hispanics reported experiencing higher levels of intrusive thoughts, avoidance, and hypervigilance vs. non-Hispanic Caucasians.            Hispanics reported higher levels of positive symptoms (e.g., an excess of hypervigilance, intrusive thoughts, flashbacks, emotional reactivity) vs. non-Hispanic Caucasians</p> <p>PTSD symptom severity:            Hispanics report greater severity when compared to Caucasians</p> <p>Diagnostic Criteria:            Hispanics are more likely than non-Hispanic Caucasians to meet diagnostic</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			and 12-months' post-trauma	criteria for PTSD even though they are not more likely to experience all PTSD symptoms
Mayall & Gold (1995)	Quantitative Study	To examine the effects of CSA by as defined by child definitions (i.e., varying in degree of contact) vs. adult definitions (i.e., varying in degree of contact and force) on re-victimization	<p>Participants: 654 undergraduate college females who were enrolled in psychology courses. Average age was 18.95, with a range from 17 to 36 years. Participants included Caucasians (74%), African Americans (15.1%), Hispanics (4.7%), and Asian American (5.2%). Majority of participants were single (96.9%).</p> <p>Measures: Quantitative measures. Demographic questionnaire, modified version of the Childhood Sexual Experiences (CSE), adaptation of the Unwanted Adult Sexual Experiences (UASE), the Heterosexual Behavior Scale (HBI), the Parental Support Scale (PSS), Coping</p>	CSA and Revictimization: Those who present with a history of CSA are at increased risk for sexual assault in adulthood vs. those who do not have a history

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			Strategies, and Attributional Style Questionnaire (ASQ)	
Mendez & Cole (2014)	Case Study	To review Latino culture and acculturation and explore “The Tree of Life” activity (i.e., used to help each member in the family understand their background, beliefs, values, supports, and strengths) in a family therapy setting	Family: Single-mother (35-years old) and daughter (13-years old). Daughter is referred to counseling due to disruptive behavior (i.e., not listening to directives) at school.  Method: Case Study	Tree of Life Activity Benefits: Helps the family express their cultural values, beliefs, and values in a way that is constructive to both the therapist and the family. For the therapist, the therapist gains a better understanding of the family’s cultural perception of what may be contributing to the dysfunction which in turn increases the family’s engagement in the therapeutic process. Furthermore, it helps the therapist consider the family’s strengths and resources and incorporate these into therapy. This activity can help families better understand differences and

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
				similarities in values and how this may contribute to conflicts experienced within the family unit.
Meston et al. (2013)	Qualitative Study	To assess the impact of a 30-minute expressive writing intervention (i.e., trauma focused versus sexual schema focused) on symptoms of depression and PTSD, sexual functioning, satisfaction, and distress among adult female survivors of CSA	<p>Participant Characteristics: 91 women with a history of CSA. Women were abused by a family member (59%) and had at least one full penetration experience (92%). Participants were primarily White (64%), however, also included Hispanic/Latina (23.1%), African-American/Black (6.6%), Asian-American (4.4%), and other (7.7%). Most participants were married or in a committed relationship (71%), and completed some college (78%)</p> <p>Procedure: Participants in this study completed five, two-hour assessment sessions</p>	<p>Trauma focused and sexual schema focused groups: Women in both the trauma focused and sexual schema focused writing groups reported improvements in symptoms of depression and PTSD as well as sexual dysfunction.</p> <p>Sexual schema: Women in this category were more likely to recover from sexual dysfunction when compared to the trauma focused women.</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>(i.e., pretreatment, posttreatment, two-weeks follow-up, one-month follow-up, and six-month follow-up). Participants met with the same assessor each time. The pretreatment included orientation to study procedures, informed consent, clinical interviews, and a series of questionnaires (i.e., sexual dysfunction, depression, PTSD). After pretreatment, participants met with the study therapist and were individually instructed to write for 30-minutes based on the conditions (i.e., sexual schema focused condition, trauma focused condition). Check-ins were done before and after each writing sessions and safety plans were created as needed. Posttreatment included the same assessments in addition to questions regarding</p>	

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>their perceptions of treatment.</p> <p>Measures: Sexual functioning was measured through a structured clinical interview that was consistent with criteria for Female Sexual Dysfunction in the DSM-IV-TR. The PTSD Scale (CAPS-1) was used to</p> <p>assess about trauma experiences and symptoms of PTSD. The Structured Clinical Interview for the DSM-IV-TR was used to assess for current depression and participants history of major depressive episodes. The Beck Depression Inventory-II (BDI-II) was used to assess for symptoms of depression. A demographics questionnaire was used to gather background information on the participants.</p>	
Mills et al. (2006)	Review of the literature	To review the literature on grounded theory	N/A	N/A

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
		research methodology		
Mills & Daniluk (2002)	Qualitative Study (phenomenolog ical research)	To explore the impact of dance therapy on women survivors of CSA through individual in-depth interviews	<p>Participant Characteristics: Five female survivors of CSA who ranged from 25 to 48 years old. Participants were Caucasian of Euro-American descent. Participants were single (<math>n=1</math>), divorced (<math>n=1</math>) or cohabiting or in a marital relationship (<math>n=3</math>) and had either some post- secondary education (<math>n=3</math>) or graduate degrees (<math>n=2</math>)</p> <p>Procedure: Participants in this study participated in in-depth, unstructured narrative interviews in order to discuss their experiences in either individual or group dance therapy and the meaning of these experiences. Interviews lasted approximately one- and-a half hours.</p>	<p>Common Themes: Some themes included reconnecting with their bodies through dance; permission to play through the use of dance; spontaneity; struggling with the CSA experience through dance; emotional and intimate connection with others during dance; experiencing freedom of choice in dance.</p> <p>Benefits: Dance served to explore the abuse and experience pleasure despite that it can be emotionally painful and psychologically challenging. Dance facilitated access to their inner worlds, physical expression, and release of painful emotions.</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
Morton et al. (2019)	Study	To examine how forgiveness (self, others) are related to life satisfaction among survivors of CSA at two different age periods in addition to feeling forgiven by God.	<p>Participants/Study Design: Examined data from 5,506 participants in a second wave Biopsychosocial Religion and Health Study in 2010-2011. Data was assessed for life satisfaction, three forms of forgiveness, and exposure to CSA between two periods. Demographics as follows: age ranged from 35 to 75 or more, included males (<math>n=1,987</math>) and females (<math>n=3,519</math>), White ethnicity (<math>n=3,987</math>) and Black (<math>n=1,519</math>), and range of education (e.g., high school to doctoral degree)</p> <p>Measures: Satisfaction with Life (Diener et al., 1985), Forgiveness (Idler, 2003), and Child Sexual Abuse (Cusack, Frueh, &amp; Brady, 2004).</p>	<p>CSA negatively associated with life satisfaction regardless of what age it occurs. Forgiveness (self/others) is positively associated with life satisfaction; forgiveness of self is associated with stronger life satisfaction than that of others, which indicates acceptance.</p> <p>Forgiveness by God has no direct association with life satisfaction. Self-blame, on the other hand is associated with long-term maladjustment (e.g., poor self-esteem, PTSD). Believing that God is forgiving helps survivors feel more forgiveness of self and that other others, which improves life satisfaction.</p>
Mullers & Dowling (2008)	Article	To provide an overview on the mental health	N/A	CSA has a multitude of long-

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
		effects of CSA on children, adolescents, and adults		term effects into adulthood.
Musgrave et al. (2002)	Commentary	To define spirituality, religiosity, and explore its roots among women of color as well as to explore data that supports the relationship between spirituality and health among women of color and to provide examples of how spirituality may enhance interventions related to health and prevention among this population	N/A	Research suggests that spirituality and religiosity are beneficial sources of coping for women of color who are facing difficulties with regards to health and overall well-being.
National Association of Latino Arts & Culture (2006)	Educational Resource Guide	To explain the importance of arts in the Latino culture. Guide provides information on murals, music, and dance and theater arts as forms of expression (i.e., values, beliefs, traditions, history, customs)	N/A	N/A

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
Newcomb et al. (2009)	Quantitative Study	To investigate the psycho-emotional impact of CSA in a community sample of high school adolescents using the Trauma Symptom Inventory (TSI). Those abused ( $N=38.1\%$ ) were compared to those who were non-abused ( $N=62\%$ ) in order to determine effects.	<p>Participant Characteristics: <math>N=223</math> Latino (<math>n=142</math>) and European American (<math>n=54</math>) 16 to 19-year-old high school students from east Los Angeles, CA who were victims of CSA or as non-abused. Participants represented 29.3% of the target group (760 junior and senior students aged 16 to 19). Predominantly female (<math>n=65</math>), grade 11 (<math>n=54.6</math>);</p> <p>Measures: Self-Report instruments including the Childhood Maltreatment Interview Schedule-Short Form (CMIS-SF) and Trauma Symptom Inventory (TSI)</p>	<p>Reporting CSA: Females are more likely to report CSA (45%) than males (24%)</p> <p>CSA Experience: Latinos (44%) were more likely to experience CSA compared to European Americans (27%)</p> <p>Symptomology: Abuse vs. Non-Abuse: Sexually abused adolescents reported significantly greater psychological distress (regardless of gender or ethnic group) than non-abused peers. Females experienced significantly higher psychological distress compared to males.</p> <p>Ethnicity: Latino students were more likely to score higher on the Atypical</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
				<p>Response scale than European American students.</p> <p>Gender: Females scored higher on Atypical Response and Response level, more significant symptoms of Anger/Irritability, Anxious Arousal, Defensive Avoidance, Depression, Dissociation, Impaired Self Reference and encountered more Intrusive Experiences than males</p>
Ozbaran et al. (2009)	Longitudinal Study	To examine the psychiatric and psychosocial impact of CSA among Turkish children and Adolescents	Participants Overall: 20 Turkish children and adolescents from the Department of Child & Adolescent Psychiatry of the Medical Faculty of Ege University participated in this study; these participants were followed for two-years.	Diagnoses: 55% of the participants endorsed psychiatric diagnosis, with 35% endorsing PTSD. Other common psychological issues included anxiety, depression, aggression, attention difficulties, social

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>Participants: Nine girls and 11 boys ranging from five-years old to 16-years old. Ages of first exposure ranged from four-years old to 16-years old, with nine children falling with the zero to six years old range, seven children falling within the seven to 12 years old range, and four children falling within the 13-17 years old range. All participants were of Islamic religion, came from middle SES, and did not endorse barriers to seeking treatment after CSA</p> <p>CSA Characteristics: 12 participants indicated that CSA occurred once; eight participants indicated CSA occurred more than once with duration ranging between two and 12 months</p> <p>Diagnoses: 11 participants endorsed PTSD,</p>	<p>withdrawal, and somatization.</p> <p>Improvement: Children who endorse psychological issues appear to improve over time. While these problems decrease, they did not completely disappear after the two-years.</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>depression, and GAD; nine participants reported no diagnoses or behavioral issues.</p> <p>Procedures: Evaluations conducted by child and adolescent psychiatrists when a child or adolescent was admitted to the outpatient clinic as emergency forensic cases. Evaluations consisted of gathering information on the nature of the sexual abuse and sociodemographic characteristics of the participant and his/her family. Psychiatric examinations of each participant were conducted via the DSM-IV diagnostic criteria. The Child Behavior Checklist</p> <p>(CBCL; Achenback &amp; Edelbrock, 1991) was used to assess children's psychological and social adjustment; this questionnaire was completed by</p>	

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>the participants mothers at the first clinical evaluation. The Stanford Binet, the Wechsler Intelligence Scale for Children-Revised or Weschler Adult Intelligence Scale Revised were used to assess the mental capacity of each participant and was conducted by a clinical psychologist. Participants in this study were followed-up at an outpatient clinic by other specialists. Two years after intake and follow-up, participants and parents completed evaluation forms and participated in an interview. A second evaluation included completing an evaluation form with questions regarding sociodemographic characteristics of participants and their</p> <p>families, completed a psychiatric evaluation using the</p>	

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			DSM-IV, complete a psychiatric interview with the child/adolescent, and assess the child's psychological and social adjustment through the CBCL.	
Paolucci et al. (2001)	Meta-Analysis	To clarify outcomes of CSA, including PTSD, depression, suicide, promiscuity, victim-perpetrator cycles, and poor academic performance	37-studies from 1981-1995 that were related to experiences of CSA.	CSA plays a role in negative short and long-term effects such as PTSD, depression, suicide, sexual promiscuity, sexual perpetration, and academic achievement.
Paul Vogt & Burke Johnson (2011)	Reference Guide	Provides definitions, synonyms, and examples of terms and concepts in statistics and methodology	N/A	N/A
Perez & Hirschman (2009)	Article	To explore the racial and ethnic composition of individuals living within the United States	N/A	N/A
Pifalo (2002)	Pilot Study/ Exploratory Study	To support the use of a 10-week, art therapy group treatment for children survivors of CSA	Participant Characteristics: 13 females ranging from ages eight to 17. All children were divided into the following age	Art therapy interventions including drawing, painting, clay work, and construction

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>groups: eight to 10; 11 to 13; 14 to 17, which met once a week for 10-weeks.</p> <p>Procedures/Measure s: Participants in this study participated in a pilot program, art therapy group treatment, which lasted 10 weeks. Participants met once a week for one and a half hours. Group members were tested in a pretest-posttest format using the Briere Trauma Symptom Checklist for Children (TSCC; Briere, 1995) in order to assess levels of dysfunction before and after participating in this art therapy group. This group targeted to reduce symptomology associated with sexually abused children and adolescents, including anxiety, depression, posttraumatic stress, anger, dissociation, and sexual</p>	<p>paper crafts appeared to reduce psychological symptoms (i.e., anxiety, PTSD, overt dissociation) in survivors of CSA</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>preoccupation and distress. Common themes over the course of the 10 weeks included</p> <p>introduction and cohesion, identification and connection, empowerment, and termination.</p>	
Pole et al. (2005)	Secondary Analysis of Data; Cross- Sectional Study	<p>To reanalyze data from a study of ethnicity and posttraumatic stress among urban police officer to address (a) what variables distinguish Hispanics from their non-Hispanic Black and non-Hispanic Caucasian counterparts, (b) of these variables, which are associated with more severe PTSD symptoms, and (c) of the remaining variables, which explain the relationship between Hispanic ethnicity and PTSD symptom severity</p>	<p>Participant Characteristics: Hispanic police officers (<math>n=189</math>) vs. non-Hispanic Caucasian (<math>n=317</math>) and Black (<math>n=162</math>). (Total <math>N=668</math>). Female (<math>n=140</math>; 21%) heterosexual (<math>n=641</math>; 96%); college education; married; household annual income between \$50,000 and \$90,000; average age was 37.2; 12.7 years of police service.</p> <p>Convenience Sample: Initial 668 sample was recruited in Pole et al., (2001) study from three urban police departments.</p> <p>Procedures/Measure s: Participants in</p>	<p>Hispanics: Reported more severe symptoms than non-Hispanic Caucasian and non-Hispanic Black. Hispanic officers reported more severe avoidance/numbing, hyperarousal and non-Hispanic Caucasian. Hispanic officers had high scores on social desirability.</p> <p>Coping: More likely to engage in wishful thinking coping (e.g., belief in miracles, faith, luck, wishing, daydreaming, fantasizing) and use self-blame coping than Caucasians and</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>this study completed various self-report measures, including ethnocultural status, the Social Desirability Scale (SDS) to measure social desirability and approval of others, the Critical Incident History Questionnaire (Weiss et al., 2004) to assess the frequency and severity of police related incidents over the course of the officer's career, the Peritraumatic Dissociative Experiences Questionnaire (PDEQ; Marmar, Weiss, &amp; Metzler, 1997) to measure dissociative symptoms during a traumatic event, the Ways of Coping Questionnaire to describe coping strategies used after index trauma (modified from the Ways of Coping Checklist by Folkman &amp; Lazarus, 1985), the Work Environment Inventory Perceived Racism Subscale</p>	<p>Blacks. Also reported less social support than Caucasian officers.</p> <p>Symptoms: Reported more current somatic symptoms than Caucasian and Black officers.</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>(WEI) to measure routine police related occupational stressors, the Sources of Support Scale to measure social support, the Symptom Checklist 90 Revised (SCL-90-R; Derogatis &amp; Savitz, 2000), and the Mississippi Scale Civilian Version (MS-CV) to measure cumulative PTSD related symptoms adapted from the Mississippi Scale for Combat-Related Posttraumatic Stress Disorder (Keanne, Caddell, &amp; Talor, 1988).</p>	
Postmus (2015)	Exploratory Study	To explore prevalence rates of victimization among Caucasian, African American, and Latina females as well as if and to whom they have disclosed their experiences to, and who these females sought for	<p>Recruitment: Recruited from a state prison, domestic violence or sexual assault organizations, and four communities in a Midwestern state</p> <p>Sample: 387 Females, which included Caucasian women (<math>n=233</math>), African American</p>	<p>All Women: Experienced at least one type of abuse, with more than half of the sample experiencing up to three to four types of abuse. All women disclosed their experiences primarily to family or friends</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
		support and services	<p>women (<math>n=105</math>), and Latinas (<math>n=49</math>). Caucasian women reported higher levels of education followed by African American and Latina women. Majority of the women received welfare: Caucasians (70%), African Americans (77%), and Latinas (57%)</p> <p>Measures: Participants in this study completed an interview, which was developed from existing and modified standardized measures and included topics such as childhood maltreatment, intimate partner violence, sexual victimization experiences, and experiences associated with disclosing such encounters and supportive services. Two summary questions from the Childhood Maltreatment Interview Schedule (Briere, 1992) was</p>	<p>than formal or professional support sources</p> <p>Caucasian Females: Used more traditional therapeutic resources compared to African American females.</p> <p>More likely to experiences physical IPV compared to African Americans and Latinas. Disclosed CSA (68%) and physical IPV (85%)</p> <p>African American Females: Used more tangible support. Disclosed CSA (62%) and physical IPV (72%)</p> <p>Latinas: Disclosed childhood physical abuse (62%) and rape (77%)</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>used to assess for childhood physical and sexual abuse experiences. The Abusive Behavior Inventory (ABI) by Shepard and Campbell (1992) was used to measure instances of physical and psychological abuse as perpetrated by an intimate partner. The Sexual Experiences Survey (SES; Koss &amp; Oros, 1982) was used to assess for sexual assault experiences in adulthood. Questions regarding disclosure of these victimization experiences were adapted from a study by McNutt et al., 2001). Support was measured using questions from the National Comorbidity Survey (1992), which correlated with the DSM-II-R diagnosis,</p>	
Powell et al. (2008)	Article	To illustrate the benefits of mixed-methods research within the field of school psychology.	Authors describe the mixed methods approach, describe it in the context of school psychology research, illustrates	Only a small portion of research uses this approach, which is mostly likely attributed to

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			this approach through mixed methods analysis of empirical research in four leading school psychology journals between 2001 and 2005.	graduate level school psychology programs. Conducting mixed methods research leads to greater understanding of the phenomena being studied at hand.
Putnam (2003)	Literature Review	To provide information on the prevalence, associated risk factors, outcomes, treatment, and prevention strategies for child sexual abuse (CSA)	Method: Articles with empirical data on CSA. Articles were retrieved from Medline and PSYCInfo and were published after 1989	Prevalence: In the year 2,000, approximately 10% (88,000) cases substantiated CSA. Further breakdown indicates that 16.8% are women and 7.9% for men.  Risk Factors: Gender, age, disability status, and dysfunctional parenting  Symptoms: Depression and substance abuse in adults; sexualized behavior in children  Effective Treatment: CBT

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
				for the child and non-offending parent  Prevention: Providing psychoeducation to children in efforts to increase awareness of CSA as well as home visitations to decrease the above risk factors
Ramirez & Milan (2016)	Cross-Sectional Study	To examine whether a history of self-reported CSA moderates the relationship between obesity and depression, anxiety, and PTSD	Participants Characteristics: 186 women (58% Latina; 22% African American; 20% White) from a low-income city. Average age was 41.58 and had a high school degree (67%). Recruited from city schools, community centers, Young Women's Christian Association, local media outlets, and word of mouth.  Cross-Sectional Study: Women were participating in a larger National Institutes of Health-funded study.	Obese women with a history of CSA reported substantially higher levels of depressive, anxiety, and PTSD symptoms

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			Measures: Completed the Patient Health Questionnaire, and questions regarding CSA history privately in their preferred language.	
Ramirez (2004)	U.S. Census Report	To provide a census report on the Hispanic population living in the United States as of the year 2000	N/A	N/A
Rinehart et al. (2014)	Quantitative Research Study	Utilized path analysis to explore the potential relationship between ethnicity, attitudes regarding sexuality, total lifetime sexual partners, experiences of child sexual abuse (CSA) sexual behavior, and the severity of adult sexual assault (ASA) in adult women	Participant Characteristics: 785 women from a southwestern university and a midwestern university enrolled in psychology pools. 49.8% of participants were freshman whose mean age was 19.8. Approximately 65% of the participants were European American women and 35% were Hispanic. Approximately 149 women identified as African American, Asian, Native American, or other.	CSA and ASA: There is a significant relationship between CSA and more severe experiences of ASA. These findings were attributed to having more lifetime sexual partners.  Ethnicity: According to these results, European American women reported more severe victimization experiences when compared to Hispanic women.

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>Path Analysis: Utilized path analysis to hypothesize that CSA was more associated with more severe ASA; that CSA is associated with more positive attitudes regarding casual sex; that CSA is associated with more total number of sexual partners; that more positive attitudes towards casual sex is associated with more severe CSA; that more total number of sexual partners is associated with more severe ASA; and that European American women are more likely to report more severe ASA than Hispanic women</p> <p>Measures: Completed 4 paper-and-pencil measures included a demographics questionnaire, the sociosexuality scale (SS), the childhood sexual experiences</p>	<p>These findings were attributed to the fact that there were more positive attitudes towards casual sex in addition to having more lifetime sexual partners</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			questionnaire (CSWQ) and the sexual experiences survey (SES)	
Rivera-Velez et al. (2014)	Quantitative Study	To compare the memory, attention/concentration, and executive functioning of women with CSA histories with women with CSA histories.	<p>Participant Characteristics: 24 women (12 women with CSA history; 12 women w/o CSA history) who averaged in age 29.22 and 17.83 years of education. Recruited from the Sexual Abuse Program of the Community Mental Health Clinic at Carlos Albizu University or at the Rape Crisis Center (women were receiving mental health treatment). Participants were selected with the collaboration of the therapists providing psychological services in this mental health service center.</p> <ul style="list-style-type: none"> <li>• CSA participant characteristics: Married (33%); employed (33%); housewives (50%).</li> <li>• No CSA participant characteristics:</li> </ul>	Memory Functions: CSA victims had lower performance than non-CSA victims on long and short term visual and verbal memory and had more limited performance of executive functioning tasks

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>Women were recruited from the community and invited to participate through advertisements placed in public places and invitations were made by the principal investigator. Predominantly married (50%) and employed (75%)</p> <p>Measures: Completed a neuropsychological test battery (WAIS-III; RAVLT) and PTSD and dissociation measures</p>	
Robb (2012)	Article/Review of the Literature	To describe the history of art therapy research at the National Institutes of Health (NIH) Clinical Research Center, how art therapy research funding decreased as a result of government funding reallocations, the establishment of	N/A	N/A

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
		art therapy as a form of clinical practice to address issues pertaining to palliative care, and to provide feedback for potential future research		
Rojas & Kinder (2007)	Quantitative Study	To examine the effects of CSA on personality measures and psychological functioning measures	<p>Participants: 250 undergraduate, psychology students (<math>n=125</math> males, <math>n=125</math> females) between the ages of 18 and 36. Participants identified as Caucasian 55.4%; African-American 16.9%; Hispanic 11.6%; Asian 8.3%; and Other 0.4%</p> <p>Measures: Participants completed the Child Sexual Experience Questionnaire (CESQ; Bartoi &amp; Kinder, 1998), State-Trait Personality Inventory (STPI; Spielberger, 1998); Reasons for not Using Condoms Scale (RNUC; Civic, 2000); Genital Self-Image Scale (GSIS;</p>	Participation in childhood sexual abuse studies do not place survivors at greater than minimal risk for psychological harm (i.e., increases in anxiety, depression, anger).

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>Berman, Berman, Miles, Pollets, &amp; Powell, 2003).</p> <p>Procedure: Participants completed questionnaires in a group setting and were provided with a debriefing sheet.</p>	
Romero et al. (1999)	Qualitative Research Study	To examine the prevalence and circumstances (e.g., characteristics of the victim, assault, perpetrator, disclosure, and long-term effects) of CSA in a community sample of Latina women, 18 to 50 years old.	<p>Participant Characteristics: 1.172 women in target age range gave consent to participate and recruited for interview. 905 women interviewed (African American <math>n=305</math>; Latinas of Mexican origin, <math>n=300</math>; White, <math>n=300</math>). Average age was 32 years old; raised in Mexico (53%); U.S. citizens (35%); raised in U.S. (38%); less than high school education (45%); homemakers (41%); married (58%); at least one child (58%)</p> <p>Stratified Probability</p>	<p>Prevalence: Of 300 Latinas, 100 (33%) reported incidents of sexual abuse prior to age 18 regardless of acculturation or citizenship status. More than one third experienced re-victimization with more than 80% of initial incidents occurring prior to age</p> <p>Characteristics of Abuse: <i>Victim characteristics:</i> incident occurred predominantly between ages 12 and 17 (46%) with mean age of 11. Incidents occurred predominately in</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>Sampling: Used to recruit samples of African American, Latina, and White women, 18 to 50 years old, in Los Angeles County from a larger study of women's sexual decision making (between 1992 and 1993)</p> <p>Procedures: Face-to-face English or Spanish Wyatt Sex History Questionnaire (WSHQ, 478-item structured interview) conducted by a trained Latina interviewer.</p>	<p>private locations (e.g., home of victim, perpetrator, known individual), by young male perpetrators, known to the victim (59%)</p> <p>Duration: One day (63%) to more than one day to several years (36%)</p> <p>Perpetrator Characteristics: Male (96%); within family (48%) including uncles, cousins, brothers, grandfathers, and fathers; extrafamilial abuse by known person, dates, boyfriends, strangers, male authoritarian, mother's boyfriend. Perpetrators were predominantly 20 years old or younger (51%)</p> <p>Disclosure: No disclosure (60%).</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
				<p>Those who scored low on acculturation failed to disclose their abuse (68%)</p> <p>Reason for nondisclosure: fear of negative consequences like not being believed, blamed, getting into trouble or injured (35%);</p> <p>No one to tell, did not know what to say, or didn't want to think about it (31%); protect others from trouble, upset feelings, family turmoil (6%); not want anyone to know due to feelings of shame, embarrassment or dirty (25%); forgot or could not remember why didn't disclose (8%)</p> <p>Long-term effects: Negative emotions (anger, betrayal, embarrassment, shame, hurt,</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
				sadness), difficulty with cognitive functioning and forming close relationships
Rowan (2001)	Literature Review	To examine the relationship between adolescent substance abuse and adolescent suicide	N/A	Mental Health Conditions: Mental health disorders such as mood disorders, disruptive behavior disorders, and substance abuse appear to be a significant risk factor for both attempted and completed suicide.  Other Risk Factors: Family history of suicide, social factors such as interpersonal conflicts, somatic illnesses, poor parental support, legal problems, and disciplinary problems, and the presence of lethal firearms
Russell (2018)	Literature Review	To examine the available research on spiritual development in children as it	N/A	Meaning making can occur through positive religious and spiritual coping strategies.

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
		relates to child abuse		Survivors need to be made aware that the abuse is not their fault and that not a condemnation by God, but by the illegal and wrongdoing of another human.
Sabina et al. (2012)	Quantitative Study	To examine the impact of legal status, acculturation, gender roles, and religious coping on formal and informal help-seeking behaviors on Latina women who are survivors interpersonal victimization	<p>National Sample (Random Digit Dialing): Data is taken from the Sexual Assault Among Latinas (SALAS) Study, which included 2,000 Latina women living in the U.S.</p> <p>Survivor Characteristics: Of these women, 714 women were survivors of victimization. Average age was 44.47 years old, had a high school education or less (52%), were U.S. citizens (born or naturalized; 70%), married (49%), cohabitating (9%), divorced (13.4%) and widowed (7.3%).</p> <p>Measures: Participants in this</p>	<p>Victimization: Women reported at least 1 lifetime victimization based on physical assault, sexual assault, stalking, and threatened violence (37.6%), at least one victimization in childhood (25.6%), and at least one victimization in adulthood (26.6%). More than one victimization incident (52.6%).</p> <p>Types of Victimization: Weapon assault (22.2%), sexual assault (17.2%), stalking (18.3%), threatened (21.1%).</p> <p>Help-Seeking Profile: Did not</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>study completed a series of measures which included a demographics questionnaire to gather information on the participants background, the Lifetime Trauma and Victimization History (LTVH; Widom et al., 2005) to measure interpersonal victimization (i.e., stalking, assault, threats, witnessed violence), the Help-Seeking Questionnaire (HSQ; Block 2000; Gelles &amp; Straus, 1988), to measure formal and informal help-seeking behaviors, the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS; Pargament et al., 2000) to measure religiousness and spirituality, the Brief Acculturation Rating Scale of Mexican-Americans II (Brief ARSMA-II; Bauman, 2005) to measure minority and majority cultural identity,</p>	<p>seek help (23.3%), informal help (43.8%), formal resources (7.8%), and formal and informal resources (25%).</p> <p>Overall: Approximately one third of the women reported seeking formal help whereas 70% of the women sought informal help</p> <p>Formal Help Seeking: Associated with Anglo orientation and negative religious coping. Also associated with the number of victimizations.</p> <p>Informal Help Seeking: Associated with masculine gender roles, Anglo acculturation, and positive religious coping. It was also associated with SES and the number of victimizations.</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>and the Short Bem Sex Role Inventory (BSRI-Short Form; Beere, 1990) to measure sex-type personality characteristics. All of these measures were translated into Spanish.</p> <p>Procedures: Random digit dial was used for telephone interviews. Upon eligibility and obtaining informed consent, participants participated in the survey (i.e., social issues, demographics information, acculturation, experiences of victimization over their lifetime, help-seeking behaviors, religiosity, gender role, psychological symptoms). Upon completion of survey, participants were offered a support hotline and/or a callback for follow-up. Interviews were conducted using a Computer Assisted Telephone</p>	

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			Interview (CATI) system. Interviews lasted approximately 28 minutes.	
Sabri et al. (2013)	Systematic review of the literature	To examine children and adolescent exposure to violence, using an ecological systems framework	Procedures: Researchers utilized empirical and theoretical studies and reports from scholarly journals ( $n=140$ ), books ( $n=9$ ), conferences/workshops ( $n=5$ ), and web resources ( $n=23$ )	All studies appeared to vary in terms of terminology and definitions used as to define victimization. Studies also varied in terms of how they measure victimization (e.g., severity of experience, onset age, relationship with perpetrator). Furthermore, studies also varied with regard to how age groups are classified (e.g., varying definitions on when adolescence occurs).

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
Sachs- Ericsson et al. (2011)	Cross-Sectional Study	To examine the impact of CSA on health (i.e., medical problems) and self-efficacy (i.e., self-mastery, self-control, perceived abilities) among older adults.	Representative Sample: 1,396 older adults (age 50 and over) from Florida. Majority of the participants were female (57.7%). Ethnic groups included non-Hispanic Whites (23.6%), Cubans (26.8%), non-Cuban Hispanics (13.1%), and African Americans (36.5%) Abuse Statistics: 2.6% experienced physical abuse; 2.4% experienced CSA; 4.0% experienced emotional abuse. Majority of sexual abuse was attributed to molestation (i.e., rape, molested) Procedures & Measures: Data was used from the Physical Health and Disability study (two-wave study by Gayman, Turner, & Cui, 2008; Turner, Lloyd, & Taylor, 2006) and was conducted in South Florida, using a multiethnic sample representative of the	CSA was related to medical health problems (i.e., diabetes, bladder problems, headaches) and disability among older adults in addition to lower levels of self- efficacy/self- concept

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>general population within that area. Participants in this study completed an Interview which was conducted by bilingual interviewers at the homes of the participants. Participants were paid \$25 for participating. Participants also completed a series of measures, including: a demographics questionnaire to gather information on participants backgrounds; a physical disability screening question as assessed the definition of disability by the World Health Association (1976); specific health problems as measured by a series of yes/no questions regarding health problems within the last 12 months; health problem count as measures by overall health problems; childhood abuse as measured by the</p>	

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			number of victimization experiences prior to age 15 (i.e., rape, molestation, physical abuse); sexual abuse as measured by a series of questions regarding sexual abuse; physical abuse as measured by physical abuse questions; emotional abuse as measured by emotional abuse questions; abuse scale as measured by a series of questions regarding the number of specific types of abuse experiences; and self-efficacy as measures by a series of questions from the Pearlin Mastery Scale (Pearlin & schooler, 1978)	
Savell et al. (2006)	Quantitative study	To examine the effects of highly sensitive questionnaires regarding experiences of CSA on participant psychological distress	Participants: 207 undergraduate students in Florida. Primarily females who ranged between the ages of 18 and 25 and also experienced CSA. Participants identified as Caucasian (61%), Black (18%),	Studies that are sensitive in nature do not appear to significantly increase the risk of psychological harm to participants

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>Hispanic (10.7%), Asian (3.4%), and Other (7.3%).</p> <p>Measures/Procedures: Completed questionnaire packets, including demographics, the State-Trait Personality Inventory (STPI; Spielberger, Ritterband, Sydeman, Reheiser, &amp; Unger, 1995), and sexually explicit questionnaires like the Early Sexual Experience Scale (ESES; Bartoi &amp; Kinder, 1998), the Selke Orgasm Scale (SOS; Selke &amp; Kinder, 2003); the Genital Self-Image Scale (Berman, Berman, Miles, Pollets, &amp; Powell, 2003), and the Condon Nonuse in Relationships Scale (Civic, 2000).</p>	
Sawrikar & Katz (2017)	Systematic review of the literature	To examine CSA research as it relates to ethnic minority communities in Australia	Procedures: Articles were obtained from relevant databases, with keywords child sexual abuse and ethnic minorities. Searches were limited to the years 2000 through 2016.	There are multiple barriers to disclosure of CSA experiences among ethnic minority communities, including protecting the

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			A total of 135 records were used. 42 primarily used qualitative methods, 65 primarily used quantitative methods, eight used mixed methods, and 28 used secondary analyses.	family name and non-supportive and protective responses from non-offending mothers. Recommendations for those in practice include providing support when disclosures occur, providing psychoeducation to non-offending mother's regarding the importance of believing the disclosure, and exploring acculturation in the context of disclosures.
Schechter et al. (2000)	Pilot Study	To assess psychiatric diagnoses, history of ataque, and childhood trauma in treatment-seeking Hispanic outpatients.	Participant Characteristics: inner-city Hispanic individuals (male, $n=19$ ; female, $n=57$ ) seeking treatment at an academic medical center ( $N=70$ ) from where data on childhood trauma was available based on a larger study of ataque de nervios. Mean age was 39. A total of 52	Ataque + Psychiatric Diagnoses: Those who had an anxiety or affective disorder in addition to ataque de nervios reported a history of physical abuse, sexual abuse, and/or a substance-abusing caretaker

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>participants had ataque de nervios</p> <p>Recruitment: Recruited over the course of three years through referrals from Hispanic community medical and mental health professionals and mental</p> <p>Measures/Procedures: Participants completed the Spanish or English Brief Physical and Sexual Abuse Questionnaire (BPSAQ), a semi-structured interview.</p>	
Sciolla et al. (2011)	Retrospective Study	To examine the relationship between abuse severity, abuse disclosure, and self-blame in response to the first CSA incident and current depressive symptoms in socioeconomically vulnerable adult African-American and Latina women.	<p>Participant Characteristics: 94 low-income African American (<math>n=63</math>) and Latina (<math>n=31</math>) females with histories of CSA. Average age was 35.1 years old, limited economic resources (little to no income 68%; unemployed 60%; one below monthly eligibility standard for poverty (95%).</p> <p>Convenience Sample: A</p>	<p>Reported Stressors: Many of the women reported longstanding stressors including financial, childhood adversities, chronic burden, mothers of at least one child, etc.</p> <p>First Incident of CSA: Lasted less than one week (11%),</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>community-resident of 132 African American and Latina women, 18 to 50 years old with histories of CSA were recruited through community-based organizations, hospitals, and clinics throughout Los Angeles County.</p> <p>Interview: Face-to-face interview (approximately 2.5 hours) regarding CSA history and questions regarding CSA disclosure and appraisal.</p> <p>Measures: Revised questions from the Wyatt Sexual History Questionnaire. Childhood adversities were assessed using the questionnaire of childhood adversities. Chronic burden was assessed using the Chronic Burden Scale. CSA disclosure was assessed by asking participants whether they have disclosed</p>	<p>approximately one week (33%), from two weeks to many years (57%). Perpetrator was typically a family member. Average age was 9.58 and likely to have occurred during elementary school years (57%).</p> <p>CSA and Depression: CSA was associated with higher depression scores, especially among</p> <p>Latinas who disclosed their abuse</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			these experiences or not (yes/no format). Attribution of responsibility regarding CSA experiences was assessed using four-items of the Coffey et al., (1996) self-blame measure. Depressive symptoms were measured through the Center for Epidemiological Studies-Depression Scale (CES-D).	
Sedlak et al. (2010)	Report to Congress	To report findings from the Fourth National Incidence Study of Child Abuse and Neglect (NIS-4). Provides information regarding the incidence rates of child abuse and neglect, characteristics of children who are abused and neglected, family characteristics of abused and neglected children, characteristics of perpetrators, how to identify children who are potentially being	Objective: To provide updated information on the incidence rates of child abuse and neglect in the United States as well as to measure changes in these rates as compared to earlier studies  Design and Methods: This report is based on a main study and supplementary studies. <ul style="list-style-type: none"> <li>Main Study: Nationally representative design of 122 counties, with 126 CPS agencies serving</li> </ul>	Declines in physical and sexual abuse: Data shows a general decrease in child abuse and neglect incidence rates. Decline in sexual and physical abuse are consistent with both CPS data gather by the National Child Abuse and Neglect Data System in 2007 and survivors self-report  Increase in emotional neglect: While data may be reflective of an

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		abused and neglected, and CPS investigations regarding abuses and neglected children	<p>these counties. These agencies provided demographic data on children who were reported and accepted for investigation between either September 4, 2005-December 3, 2005 or February 4, 2006-May 3, 2006. Additional information regarding the nature of their maltreatment was also gathered. Utilizing a sentinel survey methodology, 10,791 professionals in 1,094 sentinel agencies participated. These participants submitted forms on children they worked with who endorsed childhood maltreatment.</p> <ul style="list-style-type: none"> <li>Supplementary Studies: Utilized two surveys of</li> </ul>	<p>increase, the increase may also be attributed to CPS's increased attention on domestic violence and problems related to drugs and alcohol</p> <p>Factors associated with the incidence of childhood maltreatment: parents' labor force, household SES, the size of the family, and the family structure and living arrangements.</p> <p>Race and incidence of childhood maltreatment: Black children have higher incident rates.</p> <p>Low recognition and investigation rates in school-children: May be attributed to school policy around staff making direct reports of childhood</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			CPS agencies to identify policies and procedures and practices around referrals for uninvestigated cases [the CPS Structure and Practices Mail Survey; the CPS Screening Policies Study] and a survey that provided information on sentinel backgrounds, definitions of child abuse and neglect, and reporting standings to CPS or submitting childhood maltreatment data to NIS [the Sentinel Definitions Survey]	maltreatment to CPS
Shapiro & Alcantara (2016)	Chapter in book [as cited in Bryant-Davis & Comas-Diaz, (2016)]	To explore the role of creativity and arts for Latinas as a reflection and expression of spirituality that challenges experiences of oppression and	N/A	N/A

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
		promotes liberation. The chapter is rooted in mujerista theology (feminist liberation theology) and examines example of Latina creativity (i.e., story-telling, recipes, altars, celebrations)		
Shaw et al. (2001)	Quantitative Study	To explore the impact of CSA on Hispanic and African-American girls	<p>Participants: 159 sexually abuse African-American girls and Hispanic girls and their mothers/CG's. African American (<math>n=82</math>) and Hispanics (<math>n=77</math>). The average age of the children was 9.9-years old. African-American girls ranged from ages six to 17 years old with a mean age of 9.8 years old while Hispanic girls ranged from six to 18 years old with a mean age of 10.1 years old</p> <p>Procedures &amp; Measures: Upon obtaining consent, each child and caregiver participated in a</p>	<p>Hispanic Girls: Endorsed a higher number of CSA episodes and waited a longer period to disclose their experience Perpetrators of these survivors included older individuals who were likely to be fathers or stepfathers. Mothers and CG's of these survivors perceived them as endorsing more aggressive behavior, anxiety and depression, somatic symptoms, and internalizing and externalizing behaviors when compared to African-American</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>semi-structured interview which focused on the child's CSA experiences as documented by the medical examination and investigation procedures of Florida DCFS. Caregivers were administered the SATC Demographics Data Form to obtain background information, the Achenbach's Child Behavior Checklist (CBCL; Achenbach, 1991) to obtain information regarding behavioral problems, and the Family Assessment Measure (FAMP-P) to obtain information regarding perceptions of overall family functioning. Measures completed by the caregiver were available in Spanish. Children who were at least eight years old completed the FAM-C and the</p>	<p>girls. These girls also perceived their families as more dysfunctional.</p> <p>African-American Girls: More likely to have experienced vaginal penetration.</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			Trauma Symptom Checklist for Children (TSCC: Briere, 1996) to measure emotional, behavioral, and cognitive impact of trauma. The clinician completed the Parental Reaction to Incest Disclosure Scale (PRIDS; Everson et al., 1989) to assess parental reaction and support following the disclosure of sexual victimization.	
Sinanan (2011)	Survival Analysis	To identify risk factors associated with reoccurrence of CSA in the U.S. (i.e., child factors, familial factors, CPS/Family Preservation Services)	<p>Participants Characteristics: Over 3,000 cases over a three-year period. Children's ages ranged from 0 to 17 and were primarily Caucasian females (also included African American and Hispanic children) with no disability.</p> <p>Victimization Characteristics: Majority of the children had been prior victims of CSA and had a CG who was a perpetrator.</p>	<p>Reoccurrence Rate: 18% of sample had a subsequent CSA experience</p> <p>Mandated Reporters: Increased likelihood of CSA reports made by mandated reporter if child has a disability, reported a history of CSA, has a CG that's a perpetrator, has financial difficulties, and is receiving services from CPS</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			Familial Characteristics: Majority of the children came from non-substance abusing homes, no history of domestic violence, no involvement with CPS of Family Preservation Services	Decreased CSA Reoccurrence: Associated with being Hispanic, endorsing a disability, having a CG that's a perpetrator, financial difficulties, and receiving family preservation services
Skogrand et al. (2007)	Qualitative & Exploratory Study	To explore how adults have coped with/recovered (transcending) from their childhood traumas through the use of detailed, personal stories	Participants: 90 individuals who endorsed trauma during childhood. Sample was obtained through 500 newspapers in all 50 states. Most the participants were females ( $n=72$ ), however, males were also included ( $n=18$ ). Ethnicity breakdown is as follows: White ( $n=79$ ), other including African American, Asian American, Native American and Latino ( $n=11$ ). Participants had an average yearly income of \$43,000 and most had at least a high school degree. Ages of participants ranged	Awareness: This consisted of recognizing and labeling the abuse they experienced. Most participants wrote about their awareness that their childhood was traumatic. This awareness generally came in adulthood.  Resilience: This consists of gathering the mental courage and strength to not succumb what was happening. Participants indicated taking responsibility to get out of the traumatic situation.

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>from 22 years old to 83 years old.</p> <p>Methods Overview: Larger study gathered data through the use of open-ended qualitative questions (with some quantitative components) from 90 participants. Questions focused on describing their survival and transcendence experiences of childhood trauma. Instruments included demographics questionnaire to obtain information on the participants backgrounds, a questionnaire which focused on factors that contributing to surviving and transcending the trauma</p>	<p>Acceptance: Accepting the self, the perpetrator, and the abuse experienced. Important phase in recovery.</p> <p>Forgiveness: Includes forgiveness of self and the perpetrator. Critical step in healing, as it facilitates joy, peace, and completeness.</p> <p>Care and Compassion: Developing qualities that can help survivors help others like family members or others.</p> <p>Spirituality: Generally, spiritual/religious beliefs strengthened after the trauma. Also, served as a source of helping them overcome the experience.</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
Smith et al. (2014)	Quantitative Study	To examine whether (a) distress mediated the relationship between CSA and both heavy drinking and alcohol consequences, (b) coping motives for drinking moderated the paths between distress and both heavy drinking and alcohol consequences, and (c) these relationships remained significant after controlling for other forms of abuse/trauma.	<p>Participants Characteristics: 395 freshman undergraduate women in the Midwest. Age ranged from 17 to 23 years old and ethnically diverse (White/Caucasian/ 47.2%; Black/African American, 21.2% Arab/Chaldean 9.2%; Asian 12.8%, and Hispanic/Latino 5.1%).</p> <p>Trauma Characteristics: Before the age of 18- CSA (22.5%); Emotional abuse (64.1%); Physical abuse (53.7%); at least one traumatic event (72.7%).</p> <p>Procedures/Measure s: Completed online survey measures of childhood trauma (Early Trauma Inventory Self Report Short Form; Bremner, Vermetten, &amp; Mazure, 2000), alcohol use/consequences (The Brief Young Adult Alcohol</p>	Sexual abuse predicted experienced levels of distress which in turn predicted alcohol consequences for individuals who used alcohol for coping.

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			Consequences Questionnaire; Kahler, Strong, & read, 2005), psychological distress (the K6; Kessler et al., 2002), and drinking motives (Drinking Motives Questionnaire Revised; Cooper, 1994). Surveys took approximately 15- 20 minutes to complete. Participants were provided with a \$20 gift certificate for Amazon.	
Spokas et al. (2009)	Quantitative Study	To examine the relationship between CSA and suicidal behavior among individuals who have attempted suicide  To: (a) compare suicidal behaviors among individuals with a history of CSA to individuals with no history of CSA, and (b) to examine risk factors [i.e., mental health disorders, substance abuse/dependence,	Convenience Sample: Individuals were recruited from psychiatric or medical ED's after a suicide attempt.  Participants: 166 participants who ranged from 18 to 66-years old. Majority of participants were women (57.8%). Participants ranged in ethnicity: Black (62.2%); White (28.9%); Other (8.9%). Majority of participants were single (64.5%),	Men with history of CSA: Men who reported a CSA history endorsed higher levels of hopelessness and suicidal ideation when compared to men who did not have a history of CSA. They were also more likely to have attempted suicide on multiple occasion and meet criteria for PTSD and borderline personality disorder.

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
		feelings of hopelessness] that may mediate suicidal ideation and attempts	<p>however, others were divorced or separated (17.4%), married (10.5%), or widowed (7.6% were)</p> <p>Abuse Characteristics: 59 participants endorsed history of CSA, 108 denied history of CSA, and 13 individuals did not respond.</p> <p>Procedures/Measure s: Participants completed a self-report measure to assess whether participants have endorsed CSA. Clinicians administered the Scale for Suicide Ideation (SSI; Beck, Kovacs, &amp; Weissman, 1979) to assess the intensity of current attitudes, behaviors, and plans to commit suicide; the Number and Dates of Suicide Attempts to assess the number of previous suicide attempts, the Structured Clinical Interview for DSM-IV Axis (SCID-IV;</p>	<p>Women with history of CSA: Though more likely to report history of CSA, less likely to experience hopelessness, SI, attempt suicide on multiple occasions, and be diagnosed with PTSD and BPD when compared to men.</p> <p>Hopelessness: Among men and women CSA survivors, hopelessness appeared to mediate suicidal ideation.</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			First, Spitzer, Gibbon, & Williams, 1995) to assess Axis one disorders (i.e., MDD, dysthymia, PTSD, alcohol/drug use disorders), and the Structured Clinical Interview for DSM-IV-Axis II (SCID-II; First, Spitzer, Gibbon, & Williams, 1997) to assess for BPD.	
Stace (2014)	Case Study	To describe the therapeutic benefits of doll making for a woman diagnosed with PTSD as a result of complex trauma, namely CSA and exposure to family violence	<p>Participant: A woman named Jess in her mid-30's who self-referred herself to art therapy in order to address issues pertaining to her childhood trauma. She has a diagnosis of PTSD and depression and endorsed a history of complex trauma (i.e., CSA, family violence)</p> <p>Procedures: Jess participated in one-hour weekly session over the course of eight weeks prior to creating six dolls. Sessions incorporated art therapy (i.e., oil pastels, clay, collage, sand tray),</p>	Through doll making, Jess had the opportunity to work through issues related to her psyche relating to her experiences of CSA and family violence. The benefits of doll making for Jess of included: safely explore, express, and manage intense feelings associated with these experiences; feel happier and better; increase her sense of self-acceptance; feel confident and empowered; achieve a positive identity and sense of self; and feel

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			psychoeducation, CBT, mindfulness, controlled breathing, relaxation strategies, and journal writing. After these eight weeks, Jess participated in making six therapeutic dolls over the course of 18 weeks. Jess made six dolls out of different materials; the dolls consisted of her grandmother, herself-one, her mother, her self-esteem, herself-two, and herself-three.	more integrated.
Stirn et al. (2011)	Quantitative Study	To explore reasons for body modification (i.e., tattooing, piercing)	Sample Characteristics: 432 participants (50.3% males; 49.7% females) with body piercings and/or tattoos. Participants ranged from 18 years old to 63 years old. Relationship Status: unmarried (73%), married (21%), and divorced (6%). Education levels: completed secondary school (81%), still in school (3%), university students (5%), and pursuing education (6%).	Overall: Motivations to engaged in body modification included a desire to express self-consciousness, establish a sense of identity, and demonstrate autonomy and control of their body History of Sexual Abuse: 9% of the total sample experienced sexual abuse (primarily females). These participants

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>Experiences of Participants: happy childhood (79%), traumatic experience (54%), painful events (59%), victims of violence (37%), victim of CSA (7.4%), victim of sexual assault as adult (1.4%)</p> <p>Procedures/Measure s: Participants in this study completed a questionnaire that was published in a June 2002, German magazine for tattooing and body modification practices. This questionnaire was developed on a previous pilot study conducted in 2002 at a tattoo convention (Stirn, 2004). Questionnaire included questions about sociodemographic and biographic variables, the number and location of body modifications, reasons for body modifications,</p>	<p>reported a great motivation to gain an increased awareness of their body. As such, body modification was used to overcome their experiences compared to people who didn't experience sexual abuse.</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			sexuality, body attitudes, physical and sexual abuse experiences, and experiences associated with body modification.	
Stroud (1999)	Systematic Study	To explore the perceived level of family support by adult survivors of CSA. It was hypothesized that survivors of intrafamilial CSA would report more family dissatisfaction and perceive less family support as compared to survivors of extrafamilial CSA	Participants: A total of 66 participants were recruited for this study. Participants were undergraduates who were recruited from a major southwestern university. Participants were offered extra credit toward an introductory psychology class. Breakdown of participants is as follows: Participants who were sexually abused as children by biological family ( $n=25$ ; five males and 20 females; age range 15-52; 10 participants were Caucasians 13 participants were Hispanic, and two participants identified as Other); Participants were sexually abused as children by social family such as in-	Intrafamilial CSA: Intrafamilial survivors reported more family dissatisfaction and perceived less paternal, parent, and brother support. Gender: Male survivors reported less paternal support, parent support, sister support, and less family protectiveness after they disclosed their experiences as compared to female survivors

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>laws, step relatives, or family friends (<math>n=18</math>; five males and 13 females; age range 17-30; six participants were Caucasian, seven participants were Hispanic, and five participants identified as Other); and Participants were sexually abused as children by non-family members (<math>n=23</math>; five males and 18 females; age range 17-39; 12 participants were Caucasian, four participants were Hispanic, and seven participants identified as Other).</p> <p>Measures: A Demographics questionnaire and CSA survey were administered to obtain basic information regarding participants backgrounds and questions with regards to CSA experiences (i.e., type, onset, relationship to adult involved), the</p>	

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>Family Support Questionnaire (FSQ) to measure perceived immediate family support on behalf of adult CSA survivors; and Index of Family Relations (Hudson, 1981) to measure family satisfaction.</p> <p>Procedures: Upon obtaining consent, participants were provided with the questionnaires. Participants completed these and were then debriefed and provided with additional referrals to mental health facilities.</p>	
Sweig (2000)	Article describing a 12-week psychoeducational group for survivors of CSA	To explain the format of and cognitive, affective, and expressive arts interventions utilized within each session	N/A	<p>The focus of sessions include: “I” statements; drawing what they like the best and the least about their body; writing questions they have about sex; psychoeducation on optimal family and interpersonal functioning; describing a scene in nature that is similar to anger;</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
				creating a collage; writing a letter to the perpetrator; assessing progress made; connecting with the wounded child-self; integrating the metaphor “putting my abuse in the fabric of my life;” exploration of intimacy; process, review, and saying good-bye
Tailor et al. (2014)	Literature Review	To investigate the intersection between CSA as perpetrated by non-clergy and religiosity in adults	Studies: eight studies were reviewed, including qualitative case reports ( $n=2$ ), survey research ( $n=1$ ), correlational research ( $n=3$ ), and descriptive and qualitative evaluation ( $n=2$ )  Sample: Adults who ranged from ages 18 to 75. Studies that provided ethnic background information indicated that participants represented Latina, African, Asian and other populations.  Measures: All studies relied on self-report history	Of the eight studies, six studies reported diminished religiosity in adults who had endorsed histories of CSA (i.e., anger towards God, perception that God is more distant, disapproving). Two of the eight studies found mixed religious effects (i.e., conflicting images of God as a forgiving and harsh)

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			based on self-report measures and interview data for sexual abuse experiences and examined the effects of CSA on religiosity through self-report questionnaires and/or interviews.	
Tashakkori & Creswell, (2007)	Editorial	To provide an overview of mixed methods research and the nature of mixed research questions	N/A	N/A
Thomson (2011)	Content Analysis	To address sample size in studies that utilize grounded theory and interviews	100 articles that implemented grounded theory and interviews	Saturation (which occurs between 10 to 30 interviews) can be impacted by the research question, the sensitivity of the topic being explored, and the abilities of the researcher. If using grounded theory and interviews, it is recommended that the research utilize 30 interviews in efforts to assist with the study's design and its execution

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
Tishelman & Fontes (2017)	Qualitative Study	To explore the impact of various religions on CSA with professional child forensic interviewers and Child Advocacy Center (CAC) directors within the United States	Qualitative interviews with 39 CAC forensic interviewers and CAC directors; 37 female, two male. Participants reported conducting over 42,000 CSA interviews.	Findings of this study suggest that there are both negative and positive aspects of religion on CSA
Torres et al. (2012)		To explore the role of acculturation stress on perceived discrimination and psychological distress among Latinos in addition to the role of acculturation between perceived discrimination and acculturation stress	Participants: Participants in this study included 669, self-identified Latino adults from a midwestern city. Participants range from ages 18-80, with the mean age of 39. A total of 53.2% of the participants were born in a country outside of the United States. Participants in this study identified as Mexican, Mexican American or Chicano; however, Latinos of Puerto Rico, Cuba, and South/Central America also participated. Participants had lived, on average 24.46 years in the United States. Income ranged from <\$20k ( <i>n</i> =257), \$20k-\$50k ( <i>n</i> =245),	Acculturation stress mediated perceived discrimination and psychological distress. Perceived discrimination is related to psychological functioning and that stress plays a critical role in mental health functioning. Perceived discrimination is related to acculturation stress. Furthermore, perceived discrimination and acculturation stress was moderated by Anglo behavioral orientation but not Latino behavioral orientation.

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>\$50k-\$75 (<math>n=85</math>), &gt;\$75k (<math>n=47</math>). Participants generally had 11 years or fewer of education (<math>n=238</math>) however, participants also had a high school diploma (<math>n=174</math>), attended at least one year of college (<math>n=157</math>), and a bachelor's degree or higher (<math>n=92</math>)</p> <p>Procedures: Participants were recruited from culturally based events and community-based outpatient medical clinics in a midwestern city. Participants in this study completed a series of questionnaires, which were available in both English and Spanish (i.e., demographics, experiences of perceived discrimination, acculturation, acculturation stress, psychological stress). Participants were provided with</p>	

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>a \$10 gift card as compensation.</p> <p>Measures: Participants completed the following questionnaires: The Perceived Racism Scale for Latinos (PRSL; Collado-Proctor, 1999) to measure perception of the frequency in which they have been targets for ethnic/racial discrimination; the Brief Acculturation Rating Scale for Mexican Americans-II (BARSMA-II; Bauman, 2005) to measure participants acculturation; the Multidimensional Acculturative Stress Inventory (MASI; Rodriguez et al., 2002) to measure participants acculturation stress; the Brief Symptom Inventory 18 (BSI-18; Derogatis, 2000) to assess participants psychological distress.</p>	

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
U.S. Department of Health & Human Services, Administat ion for Children and Families, Administat ion on Children, Youth and Families, Children's Bureau (2016)	Annual Report	To provide data from the 50 states, District of Columbia, and Commonwealth of Puerto Rico on estimates of child maltreatment.	N/A	N/A
Ulibarri et al. (2015)	Correlational Study	To examine self-reported sexually abusive experiences in childhood and adulthood as correlated to current drug use, alcohol abuse, and depression and PTSD	Participant Characteristics: 204 Latinas ages 18 to 34 years old. Consisted of Mexican ( $n=61$ ), Mexican American ( $n=69$ ), Central American ( $n=4$ ), Caribbean ( $n=3$ ), and Other ( $n=4$ ). Preferred language was Spanish ( $n=108$ ) but also English ( $n=96$ ). Generation status consisted of First-born in Mexico/Latin America ( $n=115$ ), Second-born in United States with either parent born in another country	Relationship between sexual abuse, depression, PTSD, alcohol abuse, and drug use  CSA: Associated with depression, PTSD, and substance use  Sexual Abuse in Adulthood: Associated with depression, alcohol abuse behaviors, and substance use

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>(<i>n</i>=69), third-born in United States with all grandparents born in another country (<i>n</i>=10), fourth generation and beyond (<i>n</i>=10). Predominantly education of 11<sup>th</sup> grade or lower (<i>n</i>=85) as well as high school degree or GED (<i>n</i>=70). Income predominantly more than \$1,500 (<i>n</i>=71), married (<i>n</i>=87), history of sexual abuse (<i>n</i>=100); CSA (<i>n</i>=133); Adult sexual abuse (<i>n</i>=144).</p> <p>Procedure/Measures : Recruited from WIC sites in San Diego county that served low-income, predominantly Latina women. Materials were available in English and in Spanish.</p>	
Ullman et al. (2009)	Quantitative Data (Analysis of data from a longitudinal study)	To explore the effects of sexual assault among a community sample of adult female survivors	Participants: Total of 555 women throughout the Chicago metropolitan area (i.e., colleges, community	CSA was related to higher incidences of PTSD symptoms. Symptoms of numbing was also related to future

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			<p>locations, mental health centers, rape crisis centers). Majority of the women were assaulted at approximately age 19. Majority of the women had some college education, were employed, single, mothers, and an income of less than \$10,000. Ethnicity ranged, with majority of participants being Black (<math>n=252</math>), White (<math>n=213</math>), or Hispanic/Latina (<math>n=35</math>). Majority of the women identified as heterosexual (<math>n=417</math>).</p> <p>CSA Characteristics: 300 women endorsed CSA experiences; 248 women endorsed an unwanted sexual experience.</p> <p>Procedures and Measures: Participants in this study completed a survey at Time one and Time two. Time one surveys</p>	<p>re-victimization. Symptoms such as re-experiencing, avoidance, and arousal was associated with problematic drinking and re-victimization.</p>

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
			included a demographics questionnaire to gather information on participants backgrounds, the Sexual Experiences Survey (SES; Kiss & Gidycz, 1985) to assess adult sexual assault (ASA) experiences; the Posttraumatic Stress Diagnostic Scale (PDS; Foa, 1995) to assess PTSD symptoms; the Michigan Alcoholism Screening Test (MAST; Selzer, 1971) to assesses problematic alcohol use; and questions regarding illicit drug use. Time two survey asked questions about new sexual victimization experiences since Time one survey.	
United States Census Bureau (2014)	Census and Facts	To provide a census on the Hispanic population as of 2013 and to describe additional facts about this population (i.e., language, income, poverty, health insurance,	N/A	N/A

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
		education, employment, voting)		
Wallace et al. (2010)	Systematic literature review	To review acculturation literature with the primary goal of assessing the process of acculturation within the Hispanic population, particularly in the context of health knowledge, attitudes, and changes in behavior	Procedures: Researchers conducted in depth review of the literature beginning from January 1979 to December 2006. Key words included Hispanic, Latino, Mexican Americans, and Central and South Americans, in addition to phrases such as acculturation, nutrition, physical activity, fruits and vegetables, etc. From all the articles, researchers utilized a total of 26, as these included acculturation scales within their studies.	Multidimensional acculturation scales allow for one to assess various domains, including nationality, awareness of culture, preferences with regard to language and media, and one's overall health status. Review of the literature further indicates that lifestyle attitudes and belief can further impact how Hispanics utilize health care, engage in treatment, and subsequent prevention.
Wilson (2010)	Literature Review	To report on consequences of CSA (i.e., mental health and physical health) from a holistic perspective (i.e., emotional, systemic disorders, health conditions, pain	N/A	Adult survivors of CSA are more likely to experience depression, eating disorders, and addiction, as well as health related disorders such as obesity, autoimmune

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
		conditions, and behavioral issues) to help professionals, work effectively with this population		disorders including IBS, asthma, and fibromyalgia. CSA survivors may also have increased vulnerability to stress.
Wohlrab et al. (2007)	Literature Review	To review motivational categories for body modification (i.e., tattoos, piercings) and	N/A	A review of the literature suggests that people partake in body modification based on the following categories: beauty, art, and fashion; a ways of self-identity; an expression of values and experiences; a way to demonstrate pain endurance and overcoming personal limits; as a form of belonging to a group; as a form of protest against parents and/or society; cultural and spiritual meanings; addictive in nature due to release of endorphins; for direct sexual

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Author(s)/ Year	Research Approach/ Design	Purpose/Objective	Method [Participants, Procedures, Measures]	Main Findings
				stimulation; and no particular reason.

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## APPENDIX B

### Recruitment Flyer





## APPENDIX C

### Initial Screening

Phone Screening Questions / Preguntas Sobre la Detección Telefónica

1. **English:** I'd like to begin by asking, how old are you?  
**Spanish:** *Me gustaría comenzar con la pregunta ¿cuántos años tiene?*
2. **English:** Have you ever experienced child sexual abuse?  
**Spanish:** *¿Alguna vez has vivido la experiencia de abuso sexual infantil?*
3. **English:** How do you identify ethnically?  
**Spanish:** *¿Cómo te identificas étnicamente?*
4. **English:** Have you ever used or do you currently use religion and/or spirituality to help you cope with your child sexual abuse experience(s)?  
**Spanish:** *¿Alguna vez utilizó o utiliza la religión y/o la espiritualidad para ayudarle a lidiar con su(s) experiencia(s) de abuso sexual infantil?*
5. **English:** Have you ever used or do you currently use creative arts to help you cope with your child sexual abuse experience(s)?  
**Spanish:** *¿Alguna vez utilizó o utiliza las artes creativas para ayudarle a lidiar con su(s) experiencia(s) de abuso sexual infantil?*
6. **English:** Are you currently under the influence of alcohol or any other substance?  
**Spanish:** *¿Está bajo la influencia del alcohol o de cualquier otra sustancia?*

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*To be completed by the principal examiner*

Does the candidate meet entrance criteria?                      YES                      NO

**English:**

**If NO:** I want to thank you for the time you took to complete this initial screening and your interest in this study. However, to participate in this study, you must (Indicate the reason why the candidate is ineligible to participate). Again, I thank you for your time and interest in this study.

**Spanish:**

**Si NO:** *Quiero agradecerle por el tiempo que tomó para completar este examen inicial y su interés en este estudio. Sin embargo, para participar en este estudio, se requiere que usted (Indica la razón por la cual el candidato no es elegible para participar). Nuevamente, les agradezco su tiempo y interés en este estudio.*

**English:**

**If YES:** I want to thank you for taking the time to complete this initial screening and your interest in this study. Based on the answers you have provided to these questions, you are eligible to participate.

Prior to moving forward, I would like to remind you that if you agree to participate, you will be given three questionnaires and will be further asked a series of questions about what specific art, spiritual, or religious strategies you have used to help you cope with your childhood sexual abuse experiences and whether these strategies were helpful or not. This interview will take about 45 to 90 minutes to complete and will be audio recorded so that I can make an accurate transcript of what you said.

Given that your privacy is very important to me, I will not record your name on any of the study materials, except for on the consent form, which will be provided to you in person.

Also, some interview questions may be sensitive in nature. As such, you may skip questions you would prefer not to answer and withdraw from the study at any given time.

You will also receive a \$20.00 gift card for participating in the study.

Do you have any other questions for me? (Answer any questions).

Given all of this information, would you like to move forward and schedule a date and time for an interview?

**Spanish:**

*Si: Quiero agradecerle por tomarse el tiempo para completar este examen inicial y su interés en este estudio. Basado en las respuestas que usted ha proporcionado a estas preguntas, usted es elegible para participar.*

*Antes de seguir adelante, quisiera recordarle que si usted está de acuerdo en participar, se le dará tres cuestionarios y se le hará una serie de preguntas acerca de qué estrategias específicas de arte, espiritualidad, o religiosas ha usado para ayudarle a lidiar con sus experiencias de abuso sexual infantil y si estas estrategias fueron útiles o no. Esta entrevista tomará cerca de 45 a 90 minutos para terminar y será grabada en audio de modo que yo pueda hacer una transcripción exacta de lo que usted dijo.*

*Dado que su privacidad es muy importante para mí, no registraré su nombre en ninguno de los materiales de estudio, excepto en el formulario de consentimiento, que se le proporcionará en persona.*

*Además algunas preguntas de la entrevista pueden ser de naturaleza sensible. Como tal, puede omitir preguntas que prefiera no contestar y retirarse del estudio en un momento dado.*

*También recibirá una tarjeta de regalo de \$ 20.00 por participar en el estudio.*

*¿Tiene alguna otra pregunta para mí? (Responda cualquier pregunta).*

*Dada toda esta información, ¿le gustaría avanzar y programar una fecha y hora para una entrevista?*



## APPENDIX D

## Informed Consent

**PEPPERDINE UNIVERSITY****Graduate School of Education and Psychology (GSEP)****INFORMED CONSENT FOR PARTICIPATION IN RESEARCH ACTIVITIES****The Role of Religiosity, Spirituality, and Creative Arts in the Recovery Process of Latina Survivors of Child Sexual Abuse**

You are invited to participate in a research study conducted by Bridget M. Vazquez, M.S. and Thema Bryant-Davis, Ph.D. at Pepperdine University, because you identify as an adult Latina and/or Hispanic survivor of childhood sexual abuse. In addition, you have indicated that you have integrated the use of spirituality and/or religiosity and/or creative arts as forms of coping with your childhood sexual abuse experience(s). Your participation is voluntary. You should read the information below, and ask questions about anything that you do not understand, before deciding whether to participate. Please take as much time as you need to read the consent form. You may also decide to discuss participation with your family or friends. If you decide to participate, you will be asked to sign this form. You will also be given a copy of this form for your records.

**PURPOSE OF THE STUDY**

The purpose of this research study is to better understand the use and effectiveness of spirituality and/or religiosity and/or creative arts as culturally sensitive forms of coping among adult Latina and/or Hispanic survivors of childhood sexual abuse. While these forms of coping have been studied within the field of psychology, very little research has examined their efficacy with this population. This study will attempt to add to the body of literature in this area by providing a voice to Latina and/or Hispanic survivors of childhood sexual abuse who utilize these coping strategies.

**STUDY PROCEDURES**

If you volunteer to participate in this study, you will be asked to complete a series of questionnaires and a face-to-face interview. The study will be conducted in person at **either** one of the Pepperdine University Counseling Clinics (i.e., West Los Angeles, Irvine, Encino) or at another confidential location of the participant's choosing and at the convenience of each participant.

**Questionnaires**

You will be asked to complete three questionnaires lasting approximately **10-minutes**. The questionnaires include a demographics form, a brief CSA experiences form, and an acculturation measure. You may choose to move on to another question, take a break, have the principal investigator read the question aloud and/or record your responses, or stop the questionnaires altogether.

**Interview**

The interview will include questions about your experiences using creative arts, spirituality, and/or religiosity to cope with your CSA experience(s) and will last approximately **45 to 90**

**minutes.** Some interview questions may be sensitive in nature. As such, you may choose to move on to another question, take a break, or stop the interview altogether. As part of this interview, **an audio recording will be made of you during your participation in this study to assist with the accuracy of your responses.** The audio will be transcribed verbatim by the principal investigator and/or the research team (i.e., dissertation chair member, coder, auditor, transcriber) and will then be coded by both the principal investigator and a second coder for data analysis. The audio recording will be permanently deleted once it is transcribed. These results will be reviewed by an auditor (i.e., dissertation chair member). The transcription will not include any information that could identify you.

You may request to stop the audio recording at any time or to erase any portion of your recording. The digital recordings and transcriptions will only be shared with the research team (i.e., dissertation chair member, coder, auditor, transcriber) and will be kept well-secured on a password protected computer to be maintained by the principal investigator. The audio recordings and transcriptions will be used only for the purposes of this research study and will be deleted upon its completion.

### **POTENTIAL RISKS AND DISCOMFORTS**

Participation in the study poses no more than minimal risk. However, it is possible that for some, reflecting on past childhood sexual abuse experiences may bring up feelings of sadness and may be uncomfortable.

In the case, you experience discomfort or stress during the questionnaires and/or interview, you will be encouraged to take breaks, discuss the discomfort with the interviewer, and/or will be provided with referrals for centers where culturally appropriate support or mental health services may be available.

- Pepperdine University Counseling Center  
West Los Angeles Campus: 310-568-5752  
Irvine Campus: 949-223-2570  
Encino Campus: 818-501-1678
- The YWCA Greater Los Angeles  
213-365-2991  
<http://www.ywcagla.org/what-we-do/programs/sexual-assault/>
- The Rape, Abuse & Incest National Network (RAINN)  
1-800-656-HOPE (4673)  
<https://www.rainn.org> [English] | [rainn.org/es](https://www.rainn.org/es) [Spanish]
- National Suicide Prevention Line (24hrs/7days)  
1-800-273-TALK (8255)  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

### **POTENTIAL BENEFITS TO PARTICIPANTS AND/OR SOCIETY**

While the study may not provide direct benefits to all participants, it is hopeful that the data collected will contribute to the field of psychology and the body of literature regarding the use of religiosity, spirituality, and/or creative arts as coping strategies for Latina survivors of childhood sexual abuse. As a result, participants may indirectly benefit from the increased knowledge base and the data surrounding the efficacy of these strategies.

### **PAYMENT/COMPENSATION FOR PARTICIPATION**

All participants will be compensated with a \$20 Visa gift card. Discontinuation of the study will not affect eligibility for this compensation provided the informed consent has been signed and the participant has begun the interview process.

### **CONFIDENTIALITY**

As previously mentioned, I will be asking you about your childhood sexual abuse experiences, for which I am not a mandated reporter; however, should you share information about a child who is currently being abused and/or at risk of abuse, I am mandated to report this. As such, I will keep your records for this study confidential as far as permitted by law. However, if I am required to do so by law, I may be required to disclose information collected about you. Examples of the types of issues that would require me to break confidentiality are if you tell me instances of child abuse, dependent adult abuse, and elder abuse as well as danger to yourself or others. Pepperdine's University's Human Subjects Protection Program (HSPP) may also access the data collected. The HSPP occasionally reviews and monitors research studies to protect the rights and welfare of research subjects.

The data collected (i.e., informed consent form, questionnaires, audio recordings, verbatim transcription of interview) will be electronically scanned and stored on a password protected computer in the principal investigators place of residence. Hard copies (i.e., consent forms, questionnaires, transcriptions of interview) will be destroyed through shredding after being scanned and stored electronically. All electronic data will be stored for a minimum of three years after the study has been completed and will then be destroyed in its entirety.

Any identifiable information obtained in connection with this study will remain confidential. All participants will be assigned a random number that will correspond to their name, questionnaires, and interview (i.e., audio recording, verbatim transcription). The audio recordings from the interview will be transcribed verbatim by the principal investigator and/or research team. The transcription will be coded by both the principal investigator and a second coder for data analysis and will then be reviewed by an auditor (i.e., dissertation chair member). Questionnaires, audio recordings, and verbatim transcriptions will only be shared with the research team (i.e., dissertation chair member, coder, auditor, transcriber) and will only be used for the purpose of this study.

### **PARTICIPATION AND WITHDRAWAL**

Your participation is voluntary. Your refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may withdraw your consent at any time and discontinue your participation without penalty. You are not waiving any legal claims, rights, or remedies because of your participation in this research study.

**ALTERNATIVES TO FULL PARTICIPATION**

The alternative to participation in the study is not participating or completing only items which you feel comfortable.

**EMERGENCY CARE AND COMPENSATION FOR INJURY**

If you are injured as a direct result of research procedures, you will receive medical treatment; however, you or your insurance will be responsible for the cost. Pepperdine University does not provide any monetary compensation for injury.

**INVESTIGATOR'S CONTACT INFORMATION**

I understand that the investigator is willing to answer any inquiries I may have concerning the research herein described. I understand that I may contact the investigator of this study, Bridget M. Vazquez at email or the chairperson for this study, Thema Bryant-Davis, PhD, at phone or email if I have any other questions or concerns about this research.

**RIGHTS OF RESEARCH PARTICIPANT — IRB CONTACT INFORMATION**

If you have questions, concerns or complaints about your rights as a research participant or research in general please contact Dr. Judy Ho, Chairperson of the Graduate & Professional Schools Institutional Review Board at Pepperdine University 6100 Center Drive Suite 500 Los Angeles, CA 90045, 310-568-5753 or [gpsirb@pepperdine.edu](mailto:gpsirb@pepperdine.edu).

**SIGNATURE OF RESEARCH PARTICIPANT**

I have read the information provided above. I have been given a chance to ask questions. My questions have been answered to my satisfaction and I agree to participate in this study. I have been given a copy of this form.

---

Name of Participant (please print)

---

Participant's Signature

---

Date

**SIGNATURE OF INVESTIGATOR**

I have explained the research to the participants and answered all of his/her questions. In my judgment the participants are knowingly, willingly and intelligently agreeing to participate in this study. They have the legal capacity to give informed consent to participate in this research study and all of the various components. They also have been informed participation is voluntarily and that they may discontinue their participation in the study at any time, for any reason.

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Name of Person Obtaining Consent

---

Signature of Person Obtaining Consent

---

Date

## PEPPERDINE UNIVERSITY

### Graduate School of Education and Psychology (GSEP)

#### CONSENTIMIENTO INFORMADO PARA LA PARTICIPACIÓN EN ACTIVIDADES DE INVESTIGACIÓN

#### **El Papel de la Religiosidad, la Espiritualidad, y las Artes Creativas en el Proceso de Recuperación de las Sobrevivientes Latinas de Abuso Sexual Infantil**

Usted está invitada a participar en este estudio de investigación realizada por Bridget M. Vazquez, M.S. y Thema Bryant-Davis, Ph.D. en la Universidad de Pepperdine, porque usted se identifica como una adulta latina y/o hispana que sobrevivió abuso sexual infantil. Adicionalmente, has indicado que has integrado el uso de la religiosidad, la espiritualidad, y/o las artes creativas como formas para lidiar con tu(s) experiencia(s) de abuso sexual infantil. Su participación es voluntaria. Debe leer la siguiente información y hacer preguntas sobre cualquier cosa que no entienda, antes de decidir si participar. Tómese el tiempo que necesite para leer el formulario de consentimiento. También puede decidir discutir la participación con su familia o amigos. Si decide participar, se le pedirá que firme este formulario. También se le dará una copia de este formulario para sus registros.

#### **PROPÓSITO DEL ESTUDIO**

El propósito de este estudio de investigación es entender mejor el uso y la efectividad de la espiritualidad y/o la religiosidad y/o las artes creativas como formas culturalmente sensibles para lidiar con experiencias de abuso sexual infantil entre mujeres que se identifican como latina y/o hispana. Aunque estas formas de afrontamiento han sido estudiadas dentro del campo de la psicología, muy pocas investigaciones han examinado su eficacia con esta población. Este estudio intentará agregar al cuerpo de literatura en esta área proporcionando una voz a las latinas y/o hispanas que son sobrevivientes de abuso sexual infantil y que utilizan estas estrategias de afrontamiento.

#### **PROCEDIMIENTOS DE ESTUDIO**

Si se ofrece voluntariamente para participar en este estudio, se le pedirá que complete una serie de cuestionarios y una entrevista cara a cara. El estudio se llevará a cabo en persona en una de las Clínicas de Consejería de la Universidad de Pepperdine (es decir, West Los Angeles, Irvine, Encino) o en otro lugar confidencial de elección del participante y según y en la conveniencia de cada participante.

#### **Cuestionarios**

Se le pedirá que complete tres cuestionarios de aproximadamente **10 minutos de duración**. Los cuestionarios incluyen una forma demográfica, una breve forma de experiencias de abuso sexual infantil, y una medida de aculturación. Puede optar por pasar a otra pregunta, tomar un descanso, hacer que el investigador principal lea la pregunta en voz alta y/o anote sus respuestas, o detenga los cuestionarios por completo.

## Entrevista

La entrevista incluirá preguntas sobre sus experiencias usando artes creativas, espiritualidad y/o religiosidad para hacer frente a su(s) experiencia(s) de abuso sexual infantil y durará aproximadamente de **45 a 90 minutos**. Algunas preguntas de la entrevista pueden ser de naturaleza sensible. Como tal, puede optar por pasar a otra pregunta, tomar un descanso, o detener la entrevista por completo. Como parte de esta entrevista, **se hará una grabación de audio de usted durante su participación en este estudio para ayudar con la exactitud de sus respuestas**. El audio será transcrito textualmente por el investigador principal y/o el equipo de investigación (es decir, la supervisora de este estudio, el codificador, el auditor, el transcriptor) y luego será codificado por el investigador principal y un segundo codificador para el análisis de datos. La grabación de audio se borrará permanentemente una vez transcrito. Estos resultados serán revisados por un auditor (es decir, la supervisora de este estudio). La transcripción no incluirá ninguna información que pueda identificarla.

Puede solicitar detener la grabación de audio en cualquier momento o borrar cualquier parte de su grabación. Las grabaciones digitales y las transcripciones sólo serán compartidas con el equipo de investigación (es decir, la supervisora de este estudio, el codificador, el auditor, el transcriptor) y se mantendrán bien protegidos en una computadora protegida con contraseña que la investigadora principal mantendrá. Las grabaciones y transcripciones de audio se utilizarán únicamente para los propósitos de este estudio de investigación y serán eliminadas una vez completadas.

## **RIESGOS POTENCIALES Y INCOMPATIBLES**

La participación en el estudio no supone más que un riesgo mínimo. Sin embargo, es posible que, para algunos, reflexionar sobre las experiencias de abuso sexual infantil pueda traer consigo sentimientos de tristeza y puede ser incómodo.

En el caso de que experimente incomodidad o estrés durante los cuestionarios y/o la entrevista, se le animará a tomar pausas, discutir el malestar con el entrevistador y/o se le proporcionarán referencias para los centros donde el apoyo culturalmente apropiado o servicios de salud mental pueden estar disponibles.

- Pepperdine University Counseling Center  
West Los Angeles Campus: 310-568-5752  
Irvine Campus: 949-223-2570  
Encino Campus: 818-501-1678
- The YWCA Greater Los Angeles  
213-365-2991  
<http://www.ywcagla.org/what-we-do/programs/sexual-assault/>
- The Rape, Abuse & Incest National Network  
1-800-656-HOPE (4673)  
<https://www.rainn.org> [English] | [rainn.org/es](https://www.rainn.org/es) [Spanish]
- National Suicide Prevention Line (24hrs/7days)



1-800-273-TALK (8255)

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

### **BENEFICIOS POTENCIALES A LOS PARTICIPANTES Y O A LA SOCIEDAD**

Aunque el estudio no puede proporcionar beneficios directos a todos los participantes, es de esperar que los datos recopilados contribuirán al campo de la psicología y el cuerpo de literatura sobre el uso de la espiritualidad y/o la religiosidad y/o las artes creativas como estrategias de afrontamiento para Latinas e Hispanas sobrevivientes de abuso sexual infantil. Como resultado, los participantes pueden beneficiarse indirectamente de la mayor base de conocimientos y los datos que rodean la eficacia de estas estrategias.

### **PAGO/COMPENSACIÓN POR PARTICIPACIÓN**

Todos los participantes serán compensados con una tarjeta de regalo Visa de \$ 20.00. La interrupción del estudio no afectará la elegibilidad para esta compensación siempre y cuando el consentimiento informado haya sido firmado y el participante haya comenzado el proceso de la entrevista.

### **CONFIDENCIALIDAD**

Como se mencionó anteriormente, le preguntaré acerca de su(s) experiencia(s) de abuso sexual infantil, por lo que no tengo la obligación de reportar; sin embargo, si usted comparte información sobre un niño/a que actualmente está siendo abusado/a y/o en riesgo de abuso, tengo el mandato de informar sobre esto. Como tal, mantendré confidenciales sus registros para este estudio en la medida en que lo permita la ley. Sin embargo, si la ley me obliga a hacerlo, es posible que se me exija divulgar información recopilada sobre usted. Ejemplos de los tipos de problemas que me obligan a romper la confidencialidad son si me dices casos de abuso infantil, abuso de adulto dependiente y abuso de ancianos, así como el peligro para usted o para otros. El Programa de Protección de Sujetos Humanos de la Universidad de Pepperdine (HSPP, por sus siglas en inglés) también puede tener acceso a los datos recopilados. El HSPP ocasionalmente revisa y monitorea estudios de investigación para proteger los derechos y el bienestar de los sujetos de la investigación.

Los datos recopilados (por ejemplo, el formulario de consentimiento informado, cuestionarios, grabaciones de audio, transcripción textual de la entrevista) serán escaneados electrónicamente y almacenados en una computadora protegida con contraseña en el lugar de residencia principal de la investigadora. Las copias impresas (es decir, formularios de consentimiento, cuestionarios, transcripciones de la entrevista) serán destruidas por trituración después de ser escaneadas y almacenadas electrónicamente. Todos los datos electrónicos serán almacenados durante un mínimo de tres años después de que el estudio se haya completado y luego serán destruidos en su totalidad.

Cualquier información identificable obtenida en relación con este estudio permanecerá confidencial. A todos los participantes se les asignará un número aleatorio que corresponderá a su nombre, cuestionarios, y entrevista (es decir, grabación de audio, transcripción textual de la entrevista). Las grabaciones de audio de la entrevista serán transcritas textualmente por la investigadora principal y/o el equipo de investigación. La transcripción será codificada por la investigadora principal y un segundo codificador para el análisis de datos y luego será revisada

por un auditor (es decir, la supervisora de este estudio). Los cuestionarios, las grabaciones de audio y las transcripciones verbales solo se compartirán con el equipo de investigación (es decir, la supervisora de este estudio, el codificador, el auditor, el transcriptor) y solo se utilizarán para los propósitos de este estudio.

### **PARTICIPACIÓN Y RETIRO**

Su participación es voluntaria. Su negativa a participar no implicará ninguna penalidad o pérdida de beneficios a los cuales usted tiene derecho. Usted puede retirar su consentimiento en cualquier momento y suspender su participación sin penalización. Usted no está renunciando a ninguna reclamación legal, derechos o recursos debido a su participación en este estudio de investigación.

### **ALTERNATIVAS A LA PARTICIPACIÓN COMPLETA**

La alternativa a la participación en el estudio es no participar o completar sólo los elementos que usted se sienta cómodo.

### **CUIDADO DE EMERGENCIA Y COMPENSACIÓN POR LESIONES**

Si se lesiona como resultado directo de los procedimientos de investigación, recibirá tratamiento médico; Sin embargo, usted o su seguro será responsable del costo. La Universidad de Pepperdine no proporciona ninguna compensación monetaria por lesión.

### **INFORMACIÓN DE CONTACTO DE LA INVESTIGADORA**

Entiendo que la investigadora está dispuesta a contestar cualquier pregunta que pueda tener sobre la investigación aquí descrita. Entiendo que puedo contactar a la investigadora de este estudio, Bridget M. Vázquez en email o con la supervisora de este estudio, la Doctora Thema Bryant-Davis, al phone o email si tengo otras preguntas o inquietudes sobre esta investigación.

### **DERECHOS DE INVESTIGACIÓN PARTICIPANTE – IRB INFORMACIÓN DE CONTACTO**

Si tiene preguntas, inquietudes o quejas sobre sus derechos como participante de investigación o investigación en general, comuníquese con la Doctora Judy Ho, Presidenta de la Junta de Revisión Institucional de las Escuelas Graduadas y Profesionales de la Universidad de Pepperdine 6100 Center Drive Suite 500 Los Angeles, CA 90045, 310-568-5753 o [gpsirb@pepperdine.edu](mailto:gpsirb@pepperdine.edu).

### **FIRMA DEL PARTICIPANTE DE INVESTIGACIÓN**

He leído la información proporcionada arriba. Se me ha dado la oportunidad de hacer preguntas. Mis preguntas han sido contestadas a mi satisfacción y estoy de acuerdo en participar en este estudio. Me han dado una copia de este formulario.

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Nombre del Participante (por favor de imprimir)

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Firma del Participante

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Fecha

**FIRMA DE LA INVESTIGADORA**

He explicado la investigación a los participantes y he respondido a todas sus preguntas. A mi juicio, los participantes están aceptando consciente, voluntaria e inteligentemente participar en este estudio. Tienen la capacidad legal de dar su consentimiento informado para participar en este estudio de investigación y todos los diversos componentes. También han sido informados de que la participación es voluntaria y que pueden interrumpir su participación en el estudio en cualquier momento, por cualquier razón

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Nombre de la Persona que Obtiene el Consentimiento

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Firma de la Persona que Obtiene el Consentimiento

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Fecha

## APPENDIX E

## Assessing Capacity to Consent

**PEPPERDINE UNIVERSITY**  
**ASSESSING THE CAPACITY TO CONSENT FORM**

The following is a guideline that may be modified to fit your participants, though the basic concepts should remain. Remember that consent is an on-going process and it is important to gauge throughout the study if the participant understands what you are asking them to do.

<b>Step 1: Determine if the participant has a surrogate or not.</b> A surrogate is usually the individual with the legal responsibility for making choices on the participant's behalf, usually a spouse or family member, though in some cases it may be a partner or friend. Sometimes the individual may not have the legal distinction and you will need to question whether the person acting as a surrogate has the ability to provide consent.	
Please mark one of the following and follow the directions:	<b>YES</b>
<b>A. The participant already has a surrogate.</b> If the box is marked "yes" skip to Step 4.	
<b>B. The participant DOES NOT have a surrogate.</b> If this box is marked "yes" go to the next step.	
<b>Step 2: Assess capacity to consent.</b> Review the consent form with the participant and ask open ended questions about your study to determine comprehension. For example, "Can you tell me what will happen if you agree to take part in this study?", "Do you have to be in this study?", "Will this study help you?" etc. As you review the consent information, determine if the participant meets the criteria below:	
Please mark any of the following that apply:	<b>YES</b>
<b>A. The participant has the ability to communicate a yes or no decision.</b> This standard is applicable to all risk/benefit levels.	
<b>B. The participant has the ability to understand relevant information;</b> the person can tell you what the research procedures involve and what the consent information includes. This standard applies to all risk/benefit levels.	
<b>C. The participant has the ability to appreciate the situation and its likely consequences.</b> This standard applies to all research involving more than minimal risk.	

<p><b>D. The participant has the ability to manipulate information rationally.</b> This standard focuses on process, not outcome. For example, are decisions consistent with the religious, moral, and other beliefs of the person? This standard is critical for the most unfavorable risk/benefit levels.</p>	
<p><b>Step 3: Scoring the assessment.</b> For all studies, you should answer “yes” to <b>A</b> and <b>B</b> in order for the participant to consent. If your study is above minimal risk (the level for potential harm is above what the participant would normally experience), you should also answer “yes” to <b>C</b> and <b>D</b>.</p>	
<p><b>Step 4: Documenting the assessment.</b> Use the following form to document your assessment based on the score in Step 3. If you marked A in Step 1, mark d in the form below:</p> <p>I examined _____ (name) on _____ (date) for the purpose of determining whether he/she is capable of understanding the purpose, nature, risks, benefits, and alternatives (including nonparticipation) of the research, making a decision about participation, and understanding that the decision about participation in the research will involve no penalty or loss of benefits to which the patient is otherwise entitled for the research project: _____ (project title).</p> <p>On the basis of this examination I have arrived at the conclusion that:</p> <ul style="list-style-type: none"> <li>a. This participant has this capacity at this time ( )</li> <li>b. There is a doubt about this participant’s capacity at this time and further evaluation is necessary ( )</li> <li>c. This participant clearly lacks this capacity at this time and will need surrogate consent ( )</li> <li>d. This participant already has a designated surrogate ( )</li> </ul> <hr/> <p>Signature of the evaluator:</p>	
<p><b>Step 5: Include this form with the participant’s signed consent form (or signed surrogate form and participant’s assent form, where appropriate).</b></p>	

## APPENDIX F

## Demographics Questionnaire

### Script Before Beginning Questionnaires

**English:** Thank you again for your interest in participating this study. Prior to starting our interview today, I am going to ask you to fill out a series of brief questionnaires. (*Principle investigator explains questionnaires*). Given that some of these questions may be upsetting in nature since they ask about past child sexual abuse experiences, your comfortability is important to me. As such, I would like to remind you that you can choose to move on to another question, take a break, have me read the question aloud and/or record your response, or stop the measures altogether.

**Spanish:** *Gracias de nuevo por su interés en participar en este estudio. Antes de comenzar nuestra entrevista de hoy, voy a pedirle que complete una serie de cuestionarios breves. (La investigadora principal explica los cuestionarios). Dado que algunas de estas preguntas pueden ser molestas por naturaleza, ya que preguntan sobre experiencias pasadas de abuso sexual infantil, su comodidad es importante para mí. Como tal, me gustaría recordarle que puede elegir pasar a otra pregunta, tomar un descanso, hacer que lea la pregunta en voz alta y/o registrar su respuesta, o detener los cuestionarios por completo.*



**Demographics Questionnaire / Cuestionario Demográfica**

**Directions:** The following questions are designed to gather basic background information about each participant. Please indicate your response to each question in the space provided.

**Instrucciones:** Las siguientes preguntas están diseñadas para reunir información básica sobre cada participante. Por favor, indique su respuesta a cada pregunta en el espacio proporcionado.

1. Age / Edad: \_\_\_\_\_
2. Gender / Género: \_\_\_\_\_
3. Ethnic Background / Origen étnico: \_\_\_\_\_
4. Country of Birth (city/region, country) / País de nacimiento (ciudad / región, país):  
\_\_\_\_\_
5. Primary Language / Lenguaje primario: \_\_\_\_\_
6. Marital Status / Estado civil: \_\_\_\_\_
7. Highest Level of Education Completed / Mayor Nivel de Educación Completado:  
\_\_\_\_\_
8. Employment Status / Estado de Empleo: \_\_\_\_\_
9. Yearly Household Income / Ingreso Anual del Hogar: \_\_\_\_\_
10. Religious and/or Spiritual Affiliation / Afiliación Religiosa y/o Espiritual:  
\_\_\_\_\_

## APPENDIX G

## Brief Questionnaire of CSA

### Brief Questionnaire of Child Sexual Abuse / Breve Cuestionario de Abuso Sexual Infantil

**Directions:** This questionnaire is to get a brief sense of your childhood sexual abuse experience(s). Please read the following statements and record your responses in the spaces provided.

**Instrucciones:** Este cuestionario es para obtener un breve sentido de su experiencia(s) de abuso sexual infantil. Por favor, lea las siguientes declaraciones y anote sus respuestas en los espacios proporcionados.

1. How old were you the first time you experienced child sexual abuse? (Please write your response in the space provided below).

*¿Cuántos años tenías la primera vez cuando sufriste de abuso sexual infantil? (Escriba por favor su respuesta en el espacio proporcionado abajo).*

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2. How old were you the last time you experienced child sexual abuse? (Please write your response in the space provided below).

*¿Cuántos años tenías la última vez cuando sufriste de abuso sexual infantil? (Escriba por favor su respuesta en el espacio proporcionado abajo).*

---

3. Please circle approximately how many times you experienced child sexual abuse.

*Por favor marque con un círculo aproximadamente cuántas veces sufriste con el abuso sexual infantil.*

- a. Once / Una vez
- b. Between 2 and 5 times / Entre 2 y 5 veces
- c. Between 6 and 10 times / Entre 6 y 10 veces
- d. Over 10 times / Más de 10 veces
- e. I can't remember / No puedo recordar

4. What relationship did you share with the perpetrator? (Please circle all that apply)

*¿Qué relación compartías con el perpetrador? (Marque con un círculo todas las que correspondan)*

- a. Family Member / Miembro de la familia
- b. Family Friend / Amigo de la familia
- c. Stranger / Desconocido
- d. Other (Please specify without giving the person's name) / Otro (especifique sin dar el nombre de la persona): \_\_\_\_\_

5. Please circle the gender of the perpetrator / *Marque con un círculo el género del perpetrador*
- a. Male / *Macho*
  - b. Female / *Hembra*
  - c. Both / *Ambos*

## APPENDIX H

## Brief ARSMA-II

### Brief Acculturation Rating Scale for Mexican Americans—II (ARSMA-II)

**Directions:** This questionnaire is designed to measure levels of acculturation. Please read each of the following statements and record your response by marking an “X” in the box that best reflects your opinion.

**Instrucciones:** Este cuestionario está diseñado para medir los niveles de aculturación. Por favor, lea cada una de las siguientes declaraciones y registre su respuesta marcando una “X” en el recuadro que mejor refleje su opinión.

	Not at All/ <i>Nada</i>	Very Little/ <i>Un Poquito o a Veces</i>	Moderately/ <i>Moderado</i>	Very Often/ <i>Mucho o Muy Frecuente</i>	Almost Always/ <i>Muchismo, Casi Todo el Tiempo</i>
1. I speak Spanish. <i>Yo hablo Español.</i>					
2. I speak English. <i>Yo hablo Inglés.</i>					
3. I enjoy speaking Spanish. <i>Me gusta hablar Español.</i>					
4. I associate with Anglos. <i>Me asocio con Anglos.</i>					
5. I enjoy English language movies. <i>Me gusta ver películas en Inglés.</i>					
6. I enjoy Spanish language TV. <i>Me gusta ver programas en la television que sean en Español.</i>					
7. I enjoy Spanish language movies. <i>Me gusta ver películas en Español.</i>					
8. I enjoy reading books in Spanish. <i>Me gusta leer en Español.</i>					
9. I write letters in English. <i>Escribo (como cartas) en Inglés.</i>					
10. My thinking is done					

in the English language. <i>Mis pensamientos ocurren en el idioma Inglés.</i>					
11. My thinking is done in the Spanish language. <i>Mis pensamientos ocurren en el idioma Español.</i>					
12. My friends are of Anglo origin <i>Mis amigos recientes son Anglo Americano</i>					

## APPENDIX I

## Interview Questions



### Script Before Interview Questionnaires

**English:** Thank you for completing the questionnaires. Next, we are going to move into the interview to talk about how you have coped with your childhood sexual abuse experiences. We will start with a question that can help me better get to know you followed by some questions about spiritual, religious, and/or creative art strategies that you have used to help you cope with these experiences as well as their usefulness. After these questions, I will also ask you a couple of questions regarding the nature of your childhood sexual abuse experiences as well as the role of your cultural values on the perception of childhood sexual abuse. We will conclude our interview any advice you would like to offer other survivors of child sexual abuse. After you share your response to the questions, I may ask you some additional questions to make sure that I accurately understand all the details of what you are saying. As with the questionnaires, given that some of these questions may be upsetting in nature since they ask about past child sexual abuse experiences, your comfortability is important to me. As such, I would like to remind you that you can choose to move on to another question, take a break, or stop the interview altogether. Do you have any questions, comments, or concerns before we start?

**Spanish:** *Gracias por completar los cuestionarios. En seguida, vamos a pasar a la entrevista para hablar sobre cómo usted ha lidiado con sus experiencias de abuso sexual infantil. Comenzaremos con una pregunta que pueda ayudarme a conocerla mejor. En seguida, le haré algunas preguntas sobre estrategias espirituales, religiosas, y/o artes creativas que haya utilizado para lidiar con estas experiencias, así como su utilidad. Después de estas preguntas, le haré un par de preguntas sobre la naturaleza de sus experiencias de abuso sexual infantil. También le haré un par de preguntas sobre el papel de sus valores culturales en la percepción del abuso sexual infantil. Concluiremos nuestra entrevista con cualquier consejo que le gustaría ofrecer a otras sobrevivientes de abuso sexual infantil. Después de compartir su respuesta a las preguntas, es posible que le haga algunas preguntas adicionales para asegurarme de que entiendo con precisión todos los detalles de lo que usted dice. Al igual que con los cuestionarios, dado que algunas de estas preguntas pueden ser molestas por naturaleza, ya que preguntan sobre las experiencias pasadas de abuso sexual infantil, su comodidad es importante para mí. Como tal, me gustaría recordarle que puede elegir pasar a otra pregunta, tomar un descanso o detener la entrevista por completo. ¿Tiene alguna pregunta, comentario o inquietud antes de comenzar?*

## Interview Questions / Preguntas de Entrevista

### Opening Question

1. **English:** I'd like to start with the question, how would a friend or family member describe you?  
**Spanish:** *Me gustaría comenzar con la pregunta ¿Cómo te describiría un amigo o miembro de tu familia?*

### Spirituality and Religiosity

1. **English:** Tell me about the spiritual and/or religious strategies you have used to help you cope with your child sexual abuse experience(s) either currently or in the past.  
**Spanish:** *Cuentame de las estrategias espirituales y/o religiosas que has utilizado para ayudarte a lidiar con tu(s) experiencia(s) de abuso sexual infantil, ya sea en el presente o en el pasado.*
2. **English:** What strategies would you say have been the most helpful? What did it help you with? How has it been helpful?  
**Spanish:** *¿Qué estrategias, dirías, han sido las más útiles? ¿Con qué te ayudó? ¿Cómo le ha sido útil?*
3. **English:** Have any of these strategies been unhelpful? Which ones? How so?  
**Spanish:** *¿Alguna de estas estrategias ha sido inútiles? ¿Cuáles? ¿Cómo?*
4. **English:** What changes, if any, have occurred in your spiritual and/or religious beliefs since your child sexual abuse experiences(s). For example, has religion and/or spirituality been a source of support and strength? Or has religion and/or spirituality been a source of distress?  
**Spanish:** *¿Qué cambios, si los hubo, han ocurrido en tu(s) creencias espirituales y/o religiosas desde su(s) experiencia(s) de abuso sexual infantil? Por ejemplo, ¿ha sido la religión y/o la espiritualidad una fuente de apoyo y fortaleza? ¿O ha sido la religión y/o la espiritualidad una fuente de angustia?*
5. **English:** What changes, if any, have occurred in your spiritual and/or religious participation since your child sexual abuse experience(s). For example, has your child sexual abuse experience(s) brought you closer to religion and/or spirituality or has your child sexual abuse experience(s) distanced you from religion and/or spirituality.  
**Spanish:** *¿Qué cambios, si los hubo, han ocurrido en tu participación espiritual y/o religiosa desde su(s) experiencia(s) de abuso sexual infantil? Por ejemplo, ¿su(s) experiencia(s) de abuso sexual infantil le ha acercado más a la religión y/o a la espiritualidad o su experiencia(s) de abuso sexual infantil le distanció de la religión y/o la espiritualidad?*
6. **English:** What are your and/or your family members' religious and/or spiritual views concerning towards child sexual abuse? For example, shame and virginity, enduring, resigning oneself, and overcoming adversity.

**Spanish:** *¿Que opiniones religiosas y/o espirituales tiene usted y/o miembros de su familia hacia el abuso sexual infantil? Por ejemplo vergüenza y virginidad (la pureza), aguantarse, resignarse, o sobreponerse.*

### **Creative Arts**

1. **English:** Tell me about the creative arts you have used currently or in the past to help you cope with the child sexual abuse you experienced.

**Spanish:** *Cuentame de las artes creativas que has utilizado para ayudarte a lidiar con tu(s) experiencia(s) de abuso sexual infantil, ya sea en el presente o en el pasado.*

2. **English:** Of the creative arts, you have used to cope with your child sexual abuse experience(s), which have you found to be the most helpful? What did it help you with? How has it been helpful?

**Spanish:** *¿De las artes creativas que usted ha utilizado para lidiar con su(s) experiencia(s) de abuso sexual infantil, cuáles han sido las más útiles? ¿Con qué te ayudó? ¿Cómo le ha sido útil?*

3. **English:** Have any of these strategies been unhelpful? Which ones? How so?

**Spanish:** *¿Alguna de estas estrategias ha sido inútil? ¿Cuáles? ¿Cómo?*

**English (Script):** Thank you for sharing your coping experiences.

**Spanish (Script):** *Gracias por compartir sus experiencias de afrontamiento.*

### **Child Sexual Abuse**

**English (Script):** I appreciate your willingness to participate in this study about child sexual abuse. Before we conclude this interview, I want to get a sense of what your childhood sexual abuse experience(s) consisted of. I do not want you to go into detail. I will read you a common list of ways that perpetrators abuse children. Please simply say yes or no if the experience applies to you. Before we transition to those questions, however, I want to ask you, have you ever talked to anyone about this experience before? If you have, what are things that you find helpful to do while or after talking about it to help you to cope? Are any of those things that you can do today?"

**If not previously discussed:** Sometimes talking about sexual violence from the past can raise difficult emotions or memories. If that happens to you while you are sharing with me or after you leave, can you think of some things that would help you feel better or safer? I encourage you to try those things as we are talking or after you leave. Other things that people have found helpful are: taking a deep breath; looking around the room and noticing the details in the room to remind yourself that you are in the present; requesting a break, or after you leave, talking to a trusted friend or going for a walk.

**Spanish (Script):** *Agradezco su disposición a participar en este estudio sobre abuso sexual infantil. Antes de concluir esta entrevista, quiero tener una idea de en qué consistieron sus experiencias de abuso sexual infantil. No quiero que entre en detalles. Le leeré una lista común de formas en que los perpetradores abusan de los niños. Por favor, simplemente diga sí o no si la experiencia se aplica a usted. Sin embargo, antes de pasar a esas preguntas, quiero preguntarle si alguna vez habló con alguien sobre esta experiencia. Si es así, ¿qué cosas le*

*parecen útiles hacer mientras o después de hablar de estas experiencias para ayudarla a lidiar? ¿Hay alguna de esas cosas que puedes hacer hoy?*

**Si no se discutió previamente:** *A veces, hablar de violencia sexual del pasado puede provocar emociones o recuerdos difíciles. Si eso le sucede, sea mientras compartiendo esta información conmigo o después de que se vaya, puede pensar en algunas cosas que le ayudaría a sentirse mejor o ¿más segura? Si es así, le animo a probar esas cosas mientras estamos hablando o después de que se vaya. Otras cosas que las personas han encontrado útiles son: tomar una respiración profunda; mirar alrededor de la habitación y darse cuenta de los detalles en la habitación para recordarse que está en el presente; solicitando un descanso; o después de irse, hablando con un amigo/a de confianza, o salir a caminar.*

**1. English:**

Thank you for sharing your coping experiences. Before we conclude the interview, I want to get a sense of what your childhood sexual abuse experience(s) consisted of. I do not want you to go into detail. I will read you a common list of ways that perpetrators abuse children. Please simply say yes or no if the experience applies to you.

**Spanish:** *Gracias por compartir tus experiencias de afrontamiento. Antes de concluir la entrevista, quiero tener una idea de lo que consistía en tu(s) experiencia(s) de abuso sexual infantil. No quiero que entres en detalles. Le leeré una lista común de maneras en que los perpetradores abusan de los niños. Simplemente diga sí o no si la experiencia aplica a usted.*

- a. The perpetrator was nude / *El perpetrador estaba desnudo*
- b. The perpetrator had me undress / *El perpetrador hizo que me desnudara*
- c. Watched the perpetrator masturbate / *Miras al perpetrador masturbarse*
- d. Be fondled (caresses, rubs, kisses on the whole body and/or your genitals) / *Ser acariciada (caricias, frotada, besos en todo el cuerpo y/o en los genitales)*
- e. Fondle the perpetrator (caresses, rubs, kisses on the whole body and/or the perpetrator's genitals) / *Acariciar al perpetrador (caricias, frotamiento, besos en todo el cuerpo y/o en los genitales del perpetrador)*
- f. Look at pornographic pictures, drawings, films, videotapes, or magazines / *Mirar fotos pornográficas, dibujos, películas, videos o revistas*
- g. Be naked and to expose your genitals for picture taking or filming / *Estar desnuda y exponer sus genitales para tomar fotografías o filmar*
- h. Submit to full sexual intercourse with penetration / *Rendirse a relaciones sexuales completas con penetración*
- i. Submit to having the perpetrator's fingers or an object introduced in your body / *Rendirse a tener los dedos del perpetrador o un objeto introducido en su cuerpo*

**2. English:** What impact, if any, have your cultural values had on how you and members of your family perceive child sexual abuse. For example, shame, respect, and familismo.

**Spanish:** *¿Qué impacto, si alguno, ha tenido los valores culturales en como usted y los miembros de su familia perciben el abuso sexual infantil? Por ejemplo la vergüenza, el respeto y el familismo.*

**Ending Question**

**English (Script):** I would like to thank you for your willingness to share this information with me. Before concluding our time together, I have one last question.

**Spanish (Script):** *Me gustaría agradecerle por su complacencia para compartir esta información conmigo. Antes de concluir nuestro tiempo juntos, tengo una última pregunta.*

1. **English:** After having this (these) experience(s), what advice would you give to other Latina survivors of child sexual abuse?

**Spanish:** *Después de tener esta(s) experiencia(s), ¿qué consejo le darías a otras Latinas que son sobrevivientes del abuso sexual infantil?*

## APPENDIX J

## Community Resources

## **Resources / Recursos**

### **El Nido Family Center Mission Hills**

*Address:* 10200 Sepulveda Boulevard, Suite 350, Mission Hills, CA 91345

*Phone:* 818.830.3646

*Services:* Case Management, Child Abuse Issues and Child Abuse Counseling, Child Sexual Assault Counseling, and Family Counseling [English and Spanish]

*Website:* <http://elnidofamilycenters.org>

### **Sexual Assault Crisis Agency (SACA)**

*Address:* 1703 Termino Avenue, Suite 103, Long Beach, CA 90804

*Phone:* (562) 494-5046 | 24-Hour Hotline (562) 597-2002

*Services:* Individual and Group Counseling [English and Spanish]

*Hours:* Monday-Friday 9:00 a.m. to 5:00 p.m.

### **Survivors of Incest Anonymous**

*Long Beach Location:* Trinity Lutheran Church, 759 Linden Avenue, Long Beach, CA | Phone: (562) 596-7907 | Email: [amcmurri@yahoo.com](mailto:amcmurri@yahoo.com) or [siasocalintergroup@hotmail.com](mailto:siasocalintergroup@hotmail.com) | Saturday, 9:00 a.m. to 10:00 a.m.

*Los Angeles Locations:* Epiphany Space, 1763 N. Glower Street, Los Angeles, CA 90028 | Email: [Hollywood1stStepSIA@gmail.com](mailto:Hollywood1stStepSIA@gmail.com) | Tuesday, 7:00 p.m. to 8:30 p.m. | 425 S. Broadway, Los Angeles, CA 90013 | Email: [monquenta@shareselfhelp.org](mailto:monquenta@shareselfhelp.org) | Monday, 5:30 p.m. to 6:30 p.m.

*Pasadena Location:* All Saints Church, 132 N. Euclid, Pasadena, CA | Phone: (626) 305-9133 | Monday, 7:30 p.m. to 9:00 p.m.

*Website:* <http://www.siaawso.org>

### **The YWCA Greater Los Angeles**

*Address:* 1020 S. Olive Street, 7<sup>th</sup> Floor, Los Angeles, CA 90015

*Phone:* (213) 365-2991

*Services:* Crisis Intervention, Prevention Education, Community Education (i.e., workshops, community events), Individual and Group Counseling, Healing Art Services, and Self-Defense, [English and Spanish]

*Service Locations:* Compton, South Los Angeles, and South Bay/Long Beach

*Program Director:* Sheetal Chib | [sheetal.chib@ywcagla.org](mailto:sheetal.chib@ywcagla.org)

*Website:* <http://www.ywcagla.org/what-we-do/programs/sexual-assault/>

### **The Rape, Abuse & Incest National Network (RAINN)**

*Phone:* 800-656-HOPE (4673)

*Website:* <https://www.rainn.org> [English] | [313ain.org/es](https://www.rainn.org/es) [Spanish]

### **California Department of Health Care Services: County Mental Health Plan Contact List**

*About:* List of county phone numbers to find local mental health services in California

*Website:* <http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>

### **National Alliance on Mental Illness (NAMI) California**

*Address:* 1851 Heritage Way, Suite 150, Sacramento, CA 95815

*Phone:* [\(916\) 567-0163](tel:9165670163)

**Email:** [nami.california@namica.org](mailto:nami.california@namica.org)

**Website:** <https://namica.org>



## APPENDIX K

## GPS IRB Approval Notice



Pepperdine University  
24255 Pacific Coast Highway  
Malibu, CA 90263  
TEL: 310-506-4000

## NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: April 16, 2018

Protocol Investigator Name: Bridget Vazquez

Protocol #: 17-07-582

Project Title: The Role of Religiosity, Spirituality, and Creative Arts in the Recovery Process of Latina Survivors of Child Sexual Abuse

School: Graduate School of Education and Psychology

Dear Bridget Vazquez:

Thank you for submitting your application for expedited review to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. As the nature of the research met the requirements for expedited review under provision Title 45 CFR 46.110 of the federal Protection of Human Subjects Act, the IRB conducted a formal, but expedited, review of your application materials.

Based upon review, your IRB application has been approved. The IRB approval begins today April 16, 2018, and expires on April 15, 2019.

Your final consent form has been stamped by the IRB to indicate the expiration date of study approval. You can only use copies of the consent that have been stamped with the IRB expiration date to obtain consent from your participants.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit an amendment to the IRB. Please be aware that changes to your protocol may prevent the research from qualifying for expedited review and will require a submission of a new IRB application or other materials to the IRB. If contact with subjects will extend beyond April 15, 2019, a continuing review must be submitted at least one month prior to the expiration date of study approval to avoid a lapse in approval.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite the best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the IRB as soon as possible. We will ask for a complete written explanation of the event and your written response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the IRB and documenting the adverse event can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* at [community.pepperdine.edu/irb](http://community.pepperdine.edu/irb).

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this scholarly pursuit.



Pepperdine University  
24255 Pacific Coast Highway  
Malibu, CA 90263  
TEL: 310-506-4000

## NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: September 12, 2018

Protocol Investigator Name: Bridget Vazquez

Protocol #: 17-07-582

Project Title: The Role of Religiosity, Spirituality, and Creative Arts in the Recovery Process of Latina Survivors of Child Sexual Abuse

School: Graduate School of Education and Psychology

Dear Vazquez:

Thank you for submitting your amended expedited application to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. As the nature of the research met the requirements for expedited review under provision Title 45 CFR 46.110 of the federal Protection of Human Subjects Act, the IRB conducted a formal, but expedited, review of your application materials.

Based upon review, your IRB application has been approved. The IRB approval begins today September 12, 2018, and expires on April 15, 2019.

Your final consent form has been stamped by the IRB to indicate the expiration date of study approval. You can only use copies of the consent that have been stamped with the IRB expiration date to obtain consent from your participants.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit an amendment to the IRB. Please be aware that changes to your protocol may prevent the research from qualifying for expedited review and will require a submission of a new IRB application or other materials to the IRB. If contact with subjects will extend beyond April 15, 2019, a continuing review must be submitted at least one month prior to the expiration date of study approval to avoid a lapse in approval.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite the best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the IRB as soon as possible. We will ask for a complete written explanation of the event and your written response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the IRB and documenting the adverse event can be found in the **Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual** at [community.pepperdine.edu/irb](http://community.pepperdine.edu/irb).

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this scholarly pursuit.