Ethnic Differences in Symptom Presentation of Sexually Abused Girls
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To link to this Article DOI: 10.1300/J070v15n03_05
URL: http://dx.doi.org/10.1300/J070v15n03_05

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ETHNIC DIFFERENCES IN SYMPTOM PRESENTATION OF SEXUALLY ABUSED GIRLS

ABSTRACT. Although researchers have begun to examine the issue of ethnic and cultural factors in childhood sexual abuse (CSA), relatively little has been done to look at possible ethnic and cultural differences in psychological symptoms related to CSA. This study investigated the relationship between ethnicity and symptom presentation among Hispanic, African American, and Caucasian sexually abused girls. The study examined the relationship between ethnicity and depression, ethnicity and post-trauma intrusive symptoms, and ethnicity and post-trauma avoidance symptoms. Results indicated that African American girls had significantly...
higher levels of post-trauma avoidance symptoms than Hispanic girls, but not Caucasian girls. No significant differences were found between ethnic groups for depression or intrusive symptoms. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com> © 2006 by The Haworth Press, Inc. All rights reserved.]

**KEYWORDS.** Ethnicity, symptom presentation, child sexual abuse

Child sexual abuse (CSA) is a significant public health problem in the United States with approximately 88,000 substantiated cases reported in the year 2000 (Putnam, 2003). During the past two decades, a growing body of research has examined the prevalence of sexual abuse and its psychological impact on victims. However, little research has been devoted to understanding how ethnic and cultural differences affect the psychological reactions of child victims of sexual abuse. In early studies of ethnic factors, some investigators examined ethnic differences in both the prevalence rates and the psychological effects of CSA (Mennen, 1994, 1995; Morrow & Sorell, 1989; Russell, Schurman, & Trocki, 1988). Other researchers have investigated whether members of ethnic groups respond differently to their children’s disclosure of sexual abuse (Pierce & Pierce, 1984; Rao, DiClemente, & Ponton, 1992), and whether help-seeking behaviors vary according to factors such as ethnic group membership and socioeconomic status (Thompson & Smith, 1993). Although researchers have begun to examine the issue of ethnic and cultural factors in childhood sexual abuse, relatively little has been done to look at possible differences in psychological symptoms related to CSA.

The current study examined ethnic differences in psychological symptom presentation in Caucasian, Hispanic, and African American sexually abused girls of the age group of 5-17. Specifically, the study examined the relationship between ethnicity and depression, ethnicity and trauma-related intrusive symptoms, and ethnicity and trauma-related avoidance symptoms.

**PREVALENCE RATES OF CHILDHOOD SEXUAL ABUSE**

Studies on the prevalence rates of CSA have yielded widely varying results. In a meta-analysis, Bolen and Scannapieco (1999) found prevalence rates ranging from 2 to 45% for females and 2 to 16% for males. Research on the comparative prevalence of sexual abuse between ethnic
groups has yielded conflicting results. In a survey conducted by Kercher and McShane (1984), 21% of Hispanic females reported having been sexually abused compared with 10% of Caucasian and 10% of African Americans. Tzeng and Schwarzin (1990) reported that Hispanic children were four times as likely to be sexually abused as Caucasian children and three times as likely as African American children. In contrast, Lindholm and Willey (1986) compared the distribution of CSA cases in Los Angeles County with the ethnic groups’ representation in the county and reported that Caucasians and Hispanics were underrepresented, while African Americans were overrepresented. Similarly, Siegel, Sorenson, Golding, Burnam, and Stein (1987) found that Caucasian children were more than twice as likely as Hispanic children to have experienced sexual assault. The findings from other studies support the view that Caucasians and African American children are equally at risk for CSA (Priest, 1992; Wyatt, 1985).

**PSYCHOLOGICAL EFFECTS OF SEXUAL ABUSE**

Child and adolescent victims of sexual abuse are at risk for a variety of short-term and long-term psychological difficulties (Boney-McCoy & Finkelhor, 1995; Browne & Finkelhor, 1986; Kendall-Tacket, Williams, & Finkelhor, 1993). It has been estimated that 40%-60% of sexually abused children will develop significant affective, cognitive, and behavioral symptoms (Kendall-Tackett et al., 1993), including post-traumatic stress disorder, depressive disorders, anxiety disorders, nightmares, school and academic problems, low self-esteem, conduct disorders, aggressiveness, and sexualized behaviors (Fromuth & Burkhart, 1989; Kolko & Moser, 1988; Mayall & Gold, 1995; McLeer, Callaghan, Delmina, & Wallen, 1994; Mullen, Martin, Anderson, Romans, & Herbison, 1994; Swanston, Tebbutt, O’Toole, & Oates, 1997; Trickett, McBride-Chang, & Putnam, 1994; Widom & Arnes, 1994).

Although many symptoms generally occur early following child sexual abuse, there are also long-term consequences of CSA. When compared with adults reporting no childhood sexual abuse, adults who experienced CSA have exhibited higher rates of depression (Bagley & Ramsay, 1986; Peters, 1988; Stein, Golding, Siegel, Burnam, & Sorenson, 1988), suicidality (Briere & Runtz, 1986; Molnar, Berkman, & Buka, 2001; Plunkett et al., 2001), and an increased risk of revictimization (Gidycz, Cole, Latham, & Layman, 1993; Messman-Moore & Long, 2000, 2003; Wyatt, Guthrie, & Notgrass, 1992).
CULTURE AND ETHNICITY

Sexual abuse occurs within all types of families, cultures, and races. Few studies, however, have examined the effects of ethnicity and culture on the psychological reactions to sexual abuse. The existing studies that have examined the ethnic differences in symptom expression associated with sexual abuse have produced inconsistent findings. Mennen (1994, 1995) found no differences in levels of depression, anxiety, or self-perception in a comparison of Hispanic, Caucasian, and African American girls. Tzeng and Schwarzin (1990) also failed to find significant differences in emotional distress between sexually abused Caucasian and African American boys and girls. However, other studies reported significant differences between Hispanic, Caucasian, and African American sexual abuse victims. For example, Sanders-Phillips et al. (1995) found that Hispanic girls had significantly higher levels of depression than African American girls, and Shaw, Lewis, Loeb, Rosado, and Rodriguez (2001) reported that Hispanic girls had significantly more aggressive behavior, anxious and depressive symptoms, and internalizing and externalizing behaviors than African American girls. Additionally, Morrow and Sorell (1989) found that non-Caucasian victims of sexual abuse (African Americans and Hispanics grouped together) had lower self-esteem, greater depression, and a higher frequency of negative behaviors (running away, truancy, attempted suicide, self-injurious behavior, violating laws, social isolation, and substance abuse) than Caucasian victims. In a comparison of African American and Hispanic boys, Moisan, Sanders-Phillips, and Moisan (1997) found no differences in levels of depression, but African American boys had significantly higher levels of anger than Hispanic boys.

Cultural factors associated with ethnic groups have been recognized as important to the understanding of an individual’s mental health (Castillo, 1997; Gaw, 1993), and to the assessment and treatment of children’s problems (Tharp, 1991). A child’s cultural group is defined in part by ethnicity, and it influences the values the child adopts, the meaning given to life events, and the child’s coping styles (Fontes, 1993; Lefley, 1999). Thus, a child’s ethnicity may influence the way the experience of sexual abuse is processed, and the severity and kinds of symptoms that may develop. For example, a high value is placed on virginity for Hispanic girls and remaining virgins until marriage is stressed (Fontes, 1993). Consequently, sexually abused Hispanic girls may experience greater levels of shame, which may account for the higher levels of depression found in some studies (Sanders-Phillips et al., 1995;
Shaw et al., 2001). Research has also suggested that, in general, Hispanic adults and children are more likely to experience symptoms of depression in response to stress (Canino, Gould, Prupis, & Shaffer, 1986; Mirowsky & Ross, 1984). Although research in this area is sparse, the findings suggest a possible relationship between cultural factors and symptom expression.

Ethnic differences in symptom expression may also reflect differences in the circumstances of the abuse. There is extensive evidence in the research literature indicating that abuse characteristics account for much of the variation in children’s symptomatology. For example, use of force has been associated with greater hostility and greater fear of hostility in others (Browne & Finkelhor, 1986). Abuse by a biological family member and lack of maternal support have been related to higher levels of depression (Moisan, Sanders-Phillips, & Moisan, 1997). Also, vaginal penetration has been associated with lower self-esteem, higher levels of depression, and greater numbers of anti-social and self-injurious behaviors than abuse without vaginal penetration (Morrow & Sorell, 1989; Russell, 1999). In the 46 studies reviewed by Kendell-Tackett et al. (1993), penetration (oral, anal, or vaginal), higher frequency and longer duration of abuse, a close victim-perpetrator relationship, use of force, and lack of maternal support were all related to higher symptom levels.

The findings regarding ethnic differences in abuse characteristics have also been mixed. Mennen (1994) found no differences in age of onset of abuse between Caucasian, Hispanic, and African American girls, while other studies found that African American girls tend to be younger at age of onset of abuse than Caucasian or Hispanic girls (DeJong, Emmett, & Hervada, 1982; Rao, DiClemente, & Ponton, 1992). Lindholm and Willey (1986) reported that Caucasian and Hispanic girls were more likely to be fondled than African American girls, and Shaw et al. (2001) found that African American girls experienced greater frequencies of vaginal penetration than Hispanic or Caucasian girls. However, Mennen (1994) and Sanders-Phillips et al. (1995) found no differences between ethnic groups in types of abuse. Findings regarding the victim’s relationship to the perpetrator are also inconsistent. Tzeng and Schwarzin (1990) found that perpetrators for Caucasian children were most often parents or babysitters, while African American children were abused most frequently by their parents’ boyfriends or girlfriends. Pierce and Pierce (1984), however, found that African American children were more likely to be abused by uncles, while Huston, Parra, Prihoda, and Foulds (1995) reported that African American children were most
often abused by a stranger, and Hispanic children were more likely to be abused by an extended family member.

The present study aimed to expand the understanding of the impact of sexual abuse on children by comparing the psychological symptom presentations of sexually abused children from different ethnic backgrounds. Specifically, the study investigated whether ethnic differences in (1) depression, (2) trauma-related intrusive thoughts and feelings, and (3) trauma-related avoidance exist in a sample of sexually abused girls.

**METHODS**

**Participants**

Participants were a subset of 50 sexually abused girls, of ages 5-17, who participated in an intervention program for victims of crime. For the purposes of this study, sexual abuse is defined as genital touching, attempted penetration (oral, anal, or vaginal), or successful penetration (oral, anal, or vaginal) by an individual at least three years older than the participant. The sample was 24% Caucasian, 38% Hispanic, and 38% African American (Table 1).

The characteristics of the circumstances of abuse were assessed in three categories: (1) Type of victimization, (2) number of incidents, and (3) perpetrator-victim relationship. Type of victimization included genital touching, attempted penetration (oral, anal, or vaginal), and penetration (oral, anal, or vaginal). Number of incidents was dichotomized into single and multiple. The perpetrator’s relationship to the victim was categorized into older child, adult stranger, adult acquaintance, well-known adult, and adult parent or caregiver. Use of force was categorized as abuse without threat or injury, abuse with either threat or injury, or abuse with both threat and injury. Twenty-eight percent of the sample experienced genital touching only, 4% experienced attempted penetration, and 68% experienced penetration. Thirty-eight percent experienced single incidents, and 62% experienced multiple incidents (Table 2).

**Measures**

*Children’s Depression Inventory.* The Children’s Depression Inventory (CDI; Kovacs, 1983, 1992) is a 27-item self-report measure designed to assess cognitive, affective, and behavioral signs of depression in children, and it has frequently been used with sexually abused children.
A variety of symptoms of childhood depression such as suicidal ideation, disturbance in mood and sleep, anhedonia, and negative self-evaluation are assessed. Items consist of three statements, and individuals are asked to select a statement that best describes their feelings over the previous 2 weeks. Responses are scored on a 3-point scale from 0 to 2 and summed to create a total score ranging from 0 to 54 with higher scores reflecting increasing symptom severity. Internal consistency for the CDI has been found to range from .71 to .87 across studies (Kovacs, 1985). Test-retest reliability for periods of time ranging from 30 days to 9 weeks ranges from .72 to .84 (Kovacs, 1985). The reliability of the measure for our sample was .80 as measured by Cronbach’s Alpha.

Impact of Event Scale. The Impact of Event Scale (IES; Horowitz, Wilner, & Alvearez, 1979) is a 15-item self-report measure designed to
assess post-traumatic stress symptoms of avoidance (i.e., “I tried to remove it from memory”) and intrusive thoughts and feelings (i.e., “I thought about it when I did not want to”) following a traumatic event. Individuals are asked to rate how frequently the items were true for them during the previous week (Not at all, Rarely, Sometimes, and Often). Scores are totaled to create an overall score for intrusion and avoidance items. Split-half reliability for the IES has been found to be .86 for the total score, .82 for the avoidance scale and .78 for the intrusion scale (Horowitz et al., 1979). Test-retest reliability for a one week time period was found to be .87 for total score, .89 for the intrusion scale, and .79 for the avoidance scale (Horowitz et al., 1979). The IES was originally designed for adult assessment; however, it has been used with children of 5 years of age and older (Malmquist, 1986; Yule & Williams, 1990). Its use with child victims appears to be valid and appropriate. The reliability of the IES total score for our sample was .81 as measured by Cronbach’s Alpha. The reliability for the avoidance subscale in our sample was .76, and .85 for the intrusion subscale. In this study, the avoidance subscale was used to assess trauma-related avoidance symptoms, and the intrusion subscale was used to assess trauma-related intrusive symptoms.

**Piers-Harris Children’s Self-Concept Scale.** The Piers-Harris Children’s Self-Concept Scale (Piers, 1984) is an 80-item, self-report measure designed to assess child and adolescent self-esteem. This scale has been used in the investigations of self-esteem with various populations of school-aged children (Kugle, Clements, & Powell, 1983). Scoring of the 80 dichotomous items results in six cluster scores that may be used to identify relative strengths and vulnerabilities of individual children: Behavior, Intellectual and School Status, Physical Appearance and Attributes, Anxiety, Popularity, and Happiness and Satisfaction. The Piers-Harris scale has demonstrated good reliability ranging from .42 (over 8 months) to .96 (over 3 to 4 weeks) with a median of .73 (Piers, 1984). Internal consistency estimates for the total score range from .88 to .93 (Piers, 1984). The figures compare favorably with other measures used to assess personality traits in children and adolescents and indicate adequate temporal stability and good internal consistency. In this study, the Piers-Harris Total Scale Score was used as an index of self-esteem.

**Procedures**

The present study was conducted within the context of a larger treatment evaluation study for boys and girls who were victims of crime, with the sexual abuse most often perpetrated by an adult known to the child.
Families of sexually abused children were referred to a university-based treatment center by various community agencies. After obtaining informed consent from the participants’ parents, assessments were administered by trained undergraduate research assistants before beginning treatment. The participants’ parents were asked to complete a Demographics Information Questionnaire.

Statistical analyses included the use of regression analyses of the pretreatment data. Dummy variable coding was employed to determine the relationship between ethnicity and psychological symptoms. Post hoc analyses included t-tests of group differences (i.e., Hispanics vs. African Americans, Hispanics vs. Caucasians, and African Americans vs. Caucasians) on family income, child’s age, and self-esteem. Chi-square analyses were used to test for group differences on abuse severity, number of abusive incidents, relationship to perpetrator, and use of force.

RESULTS

Preliminary Analysis

Correlations among the dependent measures are presented in Table 3. IES-Intrusion was significantly positively correlated with the IES-Avoidance and the CDI. The correlation between IES-Avoidance and the CDI approached significance at \( p = .054 \).

Means and standard deviations for the dependent variables were computed and are presented in Table 4. Regression analyses were used to determine the relationship between ethnicity and the dependent variables. Dummy variable coding for ethnicity was employed in all analyses.

Ethnic findings for depression. The regression model estimated Hispanics versus African Americans, Hispanics versus Caucasians, and African Americans vs. Caucasians for the CDI total score. There were no significant differences between Hispanics and African Americans (\( t(47) = 1.38, p = .17 \)), Hispanics and Caucasians (\( t(47) = .23, p = .81 \)), or African Americans vs. Caucasians (\( t(47) = .95, p = .35 \)). The extent of variance accounted for by ethnicity in depression was 4.2%.

Ethnic findings for avoidance symptoms. African Americans had significantly greater avoidant coping symptoms than Hispanics (\( t(47) = 2.52, p = .02 \)). There was not a significant difference between African Americans and Caucasians (\( t(47) = 1.03, p = .30 \)), or Hispanics and Caucasians (\( t(47) = 1.20, p = .24 \)). The extent of variance accounted for by ethnicity in avoidance symptoms was 16%.
**Ethnic findings for intrusive symptoms.** There were no significant differences between Caucasians and African Americans ($t(47) = .86$, $p = .39$), Caucasians and Hispanics ($t(47) = .17$, $p = .86$), or African Americans and Hispanics ($t(47) = .80$, $p = .43$). The amount of variance accounted for by ethnicity for intrusive symptoms was 2%.

**Post hoc Analyses**

There are variables other than ethnicity involving the circumstances of the abuse that could account for differences in symptom presentation. In order to find out if the significant effect found in avoidance symptoms could be attributed to ethnicity, it was necessary to examine those variables. Seven variables were tested for group differences by ethnicity: (1) Child’s age, (2) self-esteem, (3) use of force, (4) relationship to perpetrator, (5) number of abusive incidents, (6) abuse severity, and (7) family income. Family income was used as an index of socioeconomic

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**TABLE 3. Correlations Among Dependent Measures**

<table>
<thead>
<tr>
<th></th>
<th>CDI Total</th>
<th>IES-Avoidance</th>
<th>IES-Intrusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDI Total</td>
<td>−</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IES-Avoidance</td>
<td>−.32</td>
<td>−</td>
<td></td>
</tr>
<tr>
<td>IES-Intrusion</td>
<td>−.34*</td>
<td>−.36*</td>
<td>−</td>
</tr>
</tbody>
</table>

*<sup>p < .05</sup>*

**TABLE 4. Dependent Variable Means and Standard Deviations**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CDI</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>9.37</td>
<td>5.41</td>
</tr>
<tr>
<td>African-American</td>
<td>14.05</td>
<td>9.89</td>
</tr>
<tr>
<td>Caucasian</td>
<td>12.55</td>
<td>10.59</td>
</tr>
<tr>
<td><strong>IES-Intrusion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>13.05</td>
<td>9.71</td>
</tr>
<tr>
<td>African-American</td>
<td>15.75</td>
<td>9.80</td>
</tr>
<tr>
<td>Caucasian</td>
<td>12.36</td>
<td>12.86</td>
</tr>
<tr>
<td><strong>IES-Avoidance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>16.16</td>
<td>8.78</td>
</tr>
<tr>
<td>African-American</td>
<td>22.60</td>
<td>6.33</td>
</tr>
<tr>
<td>Caucasian</td>
<td>19.64</td>
<td>7.71</td>
</tr>
</tbody>
</table>
status (SES). Self-esteem was measured with the Piers-Harris Children’s Self-Concept Scale (Piers, 1984). Data for the remaining five variables were collected during an interview with the children and parents at intake.

Pairwise comparisons were used to test for group differences for age, family income, and self-esteem. Chi-square analyses were used to test group differences for use of force, relationship to perpetrator, number of abusive incidents, and abuse severity. Hispanics and African Americans were significantly different on family income ($t(18) = 3.95, p < .01$). The three groups did not differ significantly on any other variables.

Since family income for Hispanics and African Americans was significantly different, this variable was entered into a regression equation predicting avoidance symptoms. Family income was not a significant predictor of avoidance symptoms ($F(2) = 1.23, p = .27$). Ethnicity was then entered into the equation and remained significant ($F(2) = 4.93, p = .03$).

**DISCUSSION**

**Current Findings**

The results of this study partially support a growing body of literature suggesting a relationship between ethnicity and psychological symptom levels in child victims of sexual abuse. The results showed that African American girls experienced higher levels of trauma-related avoidance symptoms than Hispanic girls. This result is consistent with previous research in which African American girls were more likely than Hispanic girls to use withdrawal or avoidance as a primary coping strategy following CSA (Sanders-Phillips et al., 1995).

There are factors concerning some African Americans’ experiences with agencies that are involved in child sexual abuse cases that may play a role in this phenomenon. The relationship of these variables to symptom expression in child sexual abuse victims has not been established, and they may not apply to the population of African Americans as a whole. It is possible, however, that they may influence symptom expression among some CSA victims.

A significant number of African Americans have experienced negative encounters with social service agencies and other government agencies. Recipients of social services frequently report being treated in a dehumanizing manner by social service workers, which may contribute to feelings of distrust toward agencies viewed as associated with the domi-
nant group (Abney & Priest, 1995). A reluctance to report sexual abuse to the proper authorities may be a consequence of these negative experiences (Abney & Priest, 1995). Children who are aware of this may be reluctant to discuss their victimization, preferring not to think about it (Abney & Priest, 1995), which may lead to higher levels of avoidant symptomatology.

**Previous Research**

In prior research, four studies investigating ethnic differences in symptom presentation of sexually abused children assessed depression using the CDI (Mennen, 1994, 1995; Moisan et al., 1995; Sanders-Phillips et al., 1997). Examining the mean depression scores of the current sample and the group means reported across the four studies reveals that the findings in the present study are inconsistent with previous research. The mean CDI score for Hispanics in the present study (M = 9.37) is within the normal range (7-11) as suggested by Kovacs (1992). The group means for Hispanics in the other studies ranged from 13.6 to 19.5 with a mean score of 16.1. All of these scores from prior research fall within the moderate range of depression. These data suggest that sexually abused Hispanic children in earlier studies tended to exhibit higher levels of depressive symptoms than the Hispanic children from our sample.

Mean depression scores in this study’s sample for Caucasians and African Americans were M = 12.55 and M = 14.05, respectively. The group means for African Americans in the four studies ranged from 7.5 to 16 with a mean of 13.3. Only two of the four studies included Caucasians (Mennen, 1994, 1995). The group means for these studies were 13.2 and 14.2 with an overall mean of 13.7. The findings for depression in this study are consistent with previous findings for Caucasians and African Americans. Depression scores for both groups for the present study and previous studies fall within the moderate range.

None of the four studies cited used the IES to assess PTSD (Post-traumatic Stress Disorder) symptoms; therefore, it was not possible to determine how our sample compares with samples from previous studies investigating ethnic factors in symptom presentation. Three studies that investigated PTSD symptoms using the IES for other types of trauma were examined. Malmquist (1986) assessed children who witnessed parental murder; Yule and Williams (1990) examined children who survived a ferry catastrophe; and Jones, Ribbe, Cunningham, Weddle, and Langley (2002) assessed the impact of experiencing a fire disaster on
children and their parents. Mean intrusion scores for these studies ranged from 17.1 to 27.6 with an overall mean of 21.3. The mean intrusion score from this study was 13.7. Mean avoidance scores for these studies ranged from 22.8 to 28.9 with an overall mean of 26.4. The mean avoidance score from this study was 19.5.

Although the mean scores for both intrusion and avoidance were lower in this study, it is difficult to interpret these data for two reasons. First, none of the comparison studies reported ethnic differences in symptom levels, and only one study reported the ethnic breakdown of their sample (Jones et al., 2002). Consequently, it was not possible to compare mean scores by ethnicity. The second problem involves the nature of the trauma. None of the children in these studies was assessed following sexual abuse. Since severity of abuse has been associated with higher symptom levels (Kendell-Tackett et al., 1993), the extent to which differences are a function of type and severity of trauma is not known. This limits the comparisons of the present sample to the general level of children who have experienced trauma-related PTSD symptoms of intrusion and avoidance.

There are additional factors that must be considered in this study. The similarity in symptom levels among the three ethnic groups may indicate that psychological reactions to sexual abuse have universal characteristics that transcend culture, suggesting that differences in symptoms may result from differences in the circumstances of the abuse. The core symptoms theory (Kendell-Tackett et al., 1993) holds that victims of CSA exhibit a conspicuous syndrome of symptoms that include sexualized behavior and post-traumatic stress symptoms. Although proponents of this perspective argue that these symptoms are more common in sexually abused children than in other clinical groups (Corwin, 1989; Wolfe et al., 1989), Kendall-Tackett et al. (1993) did not find support for this contention in their review. Unlike the core symptoms theory, the differential abuse characteristics perspective does not argue for a universal syndrome. Instead, it is grounded in research that has established a relationship between specific characteristics and symptom presentation. According to this view, if the abuse characteristics did not differ, neither should the children’s symptomatic response. In the present study, Hispanic and African American children did not differ on most of the abuse characteristics assessed. The only exception was family income, which was not significantly related to the outcome measure.
LIMITATIONS

There are several limitations to this study. First, the small sample size limits the power to detect group differences. A power analysis was conducted to determine the sample size needed to achieve a sufficient level of power. Previous studies examining ethnic differences in symptom presentation did not report effect sizes; therefore, the average effect sizes for those findings are not known. Consequently, the power analysis was calculated for a medium effect \( (d = .5) \) with a power of .80. The number of participants needed to detect an effect at this level is 128. Thus, differences may exist in the population that could be observed in a larger sample.

Second, it is likely that this was a biased sample of sexually abused children. The subjects in this study were all volunteers from identified cases of child sexual abuse that came to the attention of law enforcement or social service agencies. Social service agencies are more likely to be involved in cases concerning lower SES families than higher SES families (Fontes, 1995). This is reflected in this sample having a mean family income of less than $30,000. The absence of high SES families precludes us from obtaining a more complete and accurate picture of this phenomenon. In addition, it is estimated that the majority of sexual abuse cases are not reported, with some estimates as high as 80% (Tzeng & Schwarzin, 1990). These factors require us to consider the possibility of selection bias and call for caution when generalizing these findings beyond this sample.

Since there was no pre-abuse baseline for depression, avoidance, or intrusive symptoms, the extent to which psychological functioning in this sample reflected the effects of sexual abuse or premorbid conditions could not be assessed. The length of time since the abuse occurred may have also impacted the findings, as prior research has suggested that a relationship exists between the length of time since the last incident of abuse and symptom level (Rosenkranz, 2003). Family functioning has also been found to be related to outcome in CSA, with higher levels of family conflict associated with poorer outcome (Conte & Schuerman, 1987). Data concerning family conflict was not collected for this sample.

There are additional factors that limit the inferences that can be drawn regarding the role of ethnicity in this study. First, although the groups did not differ on most abuse characteristics assessed, there are additional characteristics that were not measured that may have contributed to the findings. For example, maternal support following abuse and
mothers’ psychological adjustment have been linked to increased levels of depression in CSA victims. Additionally, age at onset of abuse has also been associated with children’s post-abuse adjustment (Conte & Schuerman, 1987). These variables were not assessed in this study. Another factor concerns the manner in which abuse characteristics were assessed. The number of incidents was dichotomized into single or multiple incidents. Multiple incidents could include as few as two, or could be numerous incidents. It is possible that there was unmeasured variation in the multiple incidents category that may have revealed differences between groups.

Another important factor that was not examined in this study and that appears to be absent in the literature on ethnic factors in CSA is the level of acculturation of ethnic minorities. The extent to which families of CSA victims have adopted the values and belief systems of the majority culture is extremely important to assess in any investigation that seeks to attribute ethnic differences to cultural factors. This is particularly true for recently migrated families who may be at greater risk for family dysfunction and incidents of child abuse (Okamura, Heras, & Wong-Kerberg, 1995). Korbin (cited in Okamura et al., 1995, p. 70) reported that the loss or reduction of parents’ support systems resulting from migration is associated with an increase in child maltreatment. In the present study, this variable is particularly relevant to the Hispanic population as they continue to migrate to the United States from Mexico and other Spanish-speaking countries. It is important that researchers examine this variable when considering ethnic factors. If culture influences children’s response to sexual abuse as research suggests, it is important to know the level of acculturation of families from ethnic minority groups. Simply categorizing children into different ethnic groups may not provide sufficient information to evaluate cultural effects.

The final limitation of this study concerns the categorizing of ethnic groups and the terminology used to describe them; it represents a general weakness in the CSA literature. There is a lack of uniformity in the literature in describing victims’ ethnicity. For example, many studies use the term Latino to represent people from Spanish-speaking backgrounds, while others use the term Hispanic. The choice of term is often arbitrary. This study used the label Hispanic, but like Latino, this term does not enable the reader to determine the group to which a person belongs. It could be Spanish, Cuban, Mexican, Puerto Rican, or a group from one of several Central or South American countries. Fontes (1995) described this practice as ethnic lumping, and noted that it may result in the omission of important information in understanding the effects of
sexual abuse in those groups. Although these groups may share common factors, there may be important differences that could affect outcomes.

The terms Black and African American have also been used interchangeably, which can be similarly troublesome. There are many Blacks who have come to the United States from Caribbean countries. Although they are of the same race, they do not necessarily share cultural beliefs and values with black Americans (Black, 1996). They may differ from one another in experiences, customs, and language. Although not included in this study, the same issues are true for Asians, whose subgroups (e.g., Chinese, Japanese, Vietnamese) are often lumped together. Even among Caucasians, differences exist in language, values, and migration history. These issues could have serious consequences regarding the research conclusions being drawn. Thus, investigators need to be very specific in describing who is being studied.

Although these factors limit the inferences that can be drawn and, consequently, do not clarify some of the issues in question, this study has contributed to the literature pertaining to ethnicity and childhood sexual abuse. By providing additional evidence suggesting that there are ethnic differences in psychological symptom presentation of sexually abused children, this study has demonstrated that future researchers need to continue efforts to study how ethnicity influences the occurrence of and psychological responses to CSA. There is still a need for careful and systematic assessment of the cultural context in which abuse occurs to explicate the psychological and social processes involved in the appraisal of child abuse. Such research will provide information that will inform both treatment and abuse prevention efforts.

REFERENCES


toms and diagnoses in Hispanic and Black children in an outpatient mental health


Conte, J. R., & Schurman, J. R. (1987). Factors associated with an increased impact of
child sexual abuse. *Child Abuse and Neglect, 11*(2), 201-211.

effects. In G. E. Wyatt & G. J. Powell (Eds.), *Lasting effects of child sexual abuse*

129-134.


childhood sexual abuse in two samples of men. *Child Abuse and Neglect, 13*,
533-542.

Psychiatric Press.

rience in adulthood and prior victimization experiences: A prospective analysis.
*Psychology of Women Quarterly, 17*, 151-168.


childhood sexual abuse in a predominantly Mexican-American population. *Child
Abuse and Neglect, 19*, 165-176.

Psychological impact of fire disaster on children and their parents. *Behavior
Modification, 26*(2), 163-186.

on children: A review and synthesis of recent empirical studies. *Psychological

tion in an adult sample of Texas residents. *Child Abuse and Neglect, 8*, 495-501.


