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AN EXPLORATORY INVESTIGATION OF SEXUALLY ABUSED HISPANIC CHILDREN

A Dissertation

Presented for the

Doctor of Philosophy

Degree

The University of Tennessee, Knoxville

Tara D. Burnett-Doering

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DEDICATION

This dissertation is dedicated to the children it is written about. It is hoped that the study of their lives will help, even in some small way, the children of tomorrow. For in this way, even in their time of need, they themselves are the helpers, the creators of new knowledge and change.

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ABSTRACT

There is a paucity of research concerning Hispanic children, and in relation to sexually abused Hispanic children we know virtually nothing. The literature suggests that even with studies of White non-Hispanic children, there are no absolutes, as studies utilizing sound methodological designs are not abundant, and there are few replications. This investigation represents a beginning in the exploration of the effects of sexual abuse upon 4 - 9 year old Hispanic children. A sample of twenty sexually abused Hispanic children (10 male/10 female) classified as Mexican American in heritage, were compared to a matched sample of 20 sexually abused White non-Hispanic children. These subjects were matched on gender, age, economic status, relationship of primary perpetrator, and type of abuse. This study further utilized matched clinical control groups of 20 non-abused Hispanic and 20 non-abused White non-Hispanic children being seen for reasons other than abuse. Data in this study were collected utilizing the Child Behavior Checklist (CBCL), the Child Behavior Checklist Teacher Report Form (TRF), the Children's Behavior Survey, and the Therapist Checklist.

Results revealed differences in sexually related behaviors between the groups. Abused White non-Hispanic subjects manifested significantly higher sexually related problem behaviors in the school setting than the Hispanic sexually abused group, but the Hispanic sexually abused group was not significantly different from the Hispanic non-abused group on this variable. In the repeated measures ANOVAS, Hispanic children manifested lower sexually related problem behaviors in the school setting, and White non-Hispanic children manifested lower sexually related problem behaviors in the home setting. In the discriminant function analyses, Hispanic subjects were higher on internalized behavior problems. Non-abused subjects demonstrated higher overall levels of

behavioral disturbance than the abused subjects with higher CBCL-EXT and CBCL SUM-T scores. Additionally, the CBCL-EXT, TRF-EXT, and the combined CBCL and TRF discriminant function analyses all predicted group membership between abused and non-abused subjects on these variables, with non-abused subjects manifesting higher scores and abused subjects manifesting lower scores. There were few differences in the subject groups across the variable of gender of subject. Overall, there was no one main dependent variable which clearly distinguished the Hispanic sexually abused subjects from all other subject groups in this investigation. However, the results of this investigation indicated, in relation to their behavior in the home setting, that proportionately more Hispanic sexually abused subjects reached clinical levels of disturbance than proportions of sexually abused White non-Hispanic subjects. Methodological considerations and implications for future research were discussed.

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CHAPTER I

INTRODUCTION

> . . . authors have declared that adults' sexual congress with children is helpful and fulfilling and provides a 'natural' approach for a child to learn about sexual pleasures (Yates, 1978; Guyon, 1941). These are the 'justifiers', who use cadential slogans such as 'sex by age 8 or else it's too late'. (Adams-Tucker, 1982, p. 1252)

> Research on child sexual abuse is so badly needed that it is hard to think of any kind of study that would not be welcome. (Finkelhor, 1984a, p. 227)

This investigation's primary purpose and focus was to examine the unexplored area of Hispanic child sexual abuse, and more specifically to do an exploratory and descriptive investigation into the short term psychological correlates of sexual abuse upon this population. Thus, what this study was attempting to begin to create was a psychological profile of an Hispanic sexually abused child. At the present time, clinicians in the field must base their treatment plans and methods upon the paucity of information known about sexual abuse in the literature. Research in this area is still in its infancy. Alarmingly, this paucity of information does not include facts/data concerning the Hispanic child, and instead is primarily comprised of investigations with White non-Hispanic children. Therefore, the question this study began to explore is whether Hispanic sexually abused children referred for evaluation and treatment manifest different problem behaviors than White non-Hispanic sexually abused children referred for evaluation and treatment. It is not known whether or not the psychological profiles of Hispanic and White non-Hispanic sexually abused children are different. It was thought that if the profiles of this

investigation prove to be different, that this could have serious implications for the meaningful and effective treatment of sexually abused Hispanic children. Obviously, there exists no absolute profile, and the literature reflects this, as researchers continue to struggle to understand the impact of sexual abuse upon children. However, the differences and/or similarities noted in this study will hopefully provide clinicians with a place to start, and with beginning questions to be examined in future studies.

In order to begin this exploratory investigation into the world of the Hispanic sexually abused child, this study began by examining the newly researched area of child sexual abuse and by presenting the status of the current child sexual abuse literature. Where possible, the discussion relates what little is known about the Hispanic population as it pertains to sexual abuse.

Prevalence

Child sexual abuse was once thought to be a rare occurrence, but has more recently become recognized as occurring frequently (Finkelhor, 1984(a); Haugaard & Reppucci, 1988; Russell, 1984). Because of this, until recently, it has received virtually no attention from researchers, in spite of the potentially harmful effects that it can cause. Consequently, there is much to learn about the psychological impact of child sexual abuse. In support of this, according to Browne and Finkelhor, (1986a),

> the clinical literature suggests that sexual abuse during childhood can play a role in the development of serious subsequent problems, ranging from anorexia nervosa to prostitution. However, empirical confirmation of these effects often has been lacking. (p. 143)

Also, where there exists the empirical evidence of the actual psychological effects concerning sexual abuse during childhood, it is very often conflictual. Because of this, controversy about the nature and degree of psychological

impact of the child sexual abuse experience exists among both clinicians and researchers.

Overall, it is agreed that child sexual abuse is widespread (United States Department of Health, Education, and Welfare (DHEW), 1978; Sarafino, 1979), although it is also agreed that its prevalence is more than likely greatly underestimated. Additionally, according to Haugaard and Reppucci (1988), even prevalence studies are fraught with problems when one attempts to compare the results across investigations. What they indicate is that

> we have been quite limited in this endeavor because (a) this line of research has just recently emerged, (b) few studies have been done to replicate previous work, and (c) the basic pattern has been for each researcher to investigate a different segment of the population using a different method of investigation. Not only do these limitations make comparison of studies difficult, but the comparisons may be misleading. (p. 31)

Haugaard and Reppucci do indicate, however, that the recent interest in the treatment and research of the sexual abuse of children is due to the research on prevalence. To illustrate the rapid growth in public awareness, Levitt, Owen, and Truchsess (l991) indicate that in Minnesota, the reported sexual abuse cases rose 133% from 1982-1984, and another 18.6% from 1984 to 1987.

At this point it is thought that approximately one out of four girls is sexually abused during childhood, and one in ten boys (Finkelhor, 1984b). Overall, it is said that females comprise 85% of the victims (Wolfe, 1987). Additionally, the incidence of victims of sexual abuse is constant across age groups from 6 to 16. Half of the females who are sexually abused are younger than 11 years old according to the data collected from 26 countries by the National Incidence Study (NCCAN, l98l). These data were gathered by professionals on both reported and unreported cases of child sexual abuse. In relation to this, Haugaard and Reppucci's (1988) review notes that most

researchers report that boy victims are younger than girl victims, whereas Tilelli, Turek, and Jaffee (1980) report no significant age differences. Thus there is controversy even here. Haugaard and Reppucci (1988) comment on this situation by indicating that comparisons among studies on the age variable can be misleading due to the differences in the upper limits of the ages in the study. Finkelhor (1984b) additionally concluded, in a summary of estimates of research focusing upon the incidence of childhood sexual victimization, that anywhere from 9 to 54% of all adult American females and 3 to 9% of all adult American males have been victims of child sexual abuse. Russell (1983) and Wyatt and Peters (1986) have reported that 38-62% of all women have experienced either noncontact or contact sexual abuse by the time they are 18 years of age. Also, Nielson (1983) estimated that 46,000 to 92,000 boys are sexually abused by adults each year. Haugaard and Reppucci (1988) explain such a breadth of differences in relative incidence by indicating that percentage rates often become more similar when the definitions of sexual abuse are compared and modified to include, or not, such things as whether or not the experience involved contact, and whether the sexual experience was wanted by the child.

Overall, the research done has found that the perpetrators of sexual abuse against females are, for the most part, males (Haugaard & Reppucci, 1980; Russell, 1984), and the results are inconclusive at this point concerning the proportions of boys involved with female perpetrators (Haugaard & Reppucci, 1988). It is important to note additionally, that Vander Mey (1988), in her review of the male sexual abuse literature, indicates that

> at this time estimates of prevalence and incidence must be used with caution. Barriers to accepting males as victims, the silence surrounding the victimization of males, and the possibility that at least the incestuous

> abuse of males may go undiscovered in the absence of sister victims preclude confidence in these estimates. (p. 62)

She also notes that the overall prevalence rates for children may be inaccurate because of varying legal and social definitions of sexual behavior, and thus the cited rates may not be highly reliable.

The prevalence research done with the Hispanic population reflects the general confusion. Finkelhor and Baron (1986), and Peters, Wyatt and Finkelhor (1986) indicate that there are isolated and inconsistent findings concerning rates of sexual abuse among the Hispanic population. Sample sizes are small in comparison to those for studies of White non-Hispanic subjects, and comparison samples are not matched on important demographic and familial variables. One unmatched comparison study done by Kercher and McShane (1984), employed a mail survey of Texas drivers license holders, and found that the victimization rates of Hispanic, White and Black women were respectively: 21.7%, 9.8%, and 10.4%. The studies by Gil (1970) and Pelton (1978), in relation to prevalence and ethnicity, documented an overrepresentation of ethnic minority group members in reported cases of child abuse.

Much literature reports the underutilization of mental health services by the Hispanic population (Bachrach, 1975; Karno & Edgerton, 1969; Padilla, Ruiz, & Alvarez, 1975). Lindholm and Willey (1986) extend this discussion. They indicate that the designs of the few studies involved with ethnicity and child abuse have not yielded valid and reliable results concerning the similarities and differences between the various ethnic groups in terms of factors related to child abuse. If this is taken one step further, child abuse is also not further broken down in these studies to segregate the effects or facts

related to sexual abuse from other types of abuse. Lindholm and Willey conducted the only prevalence study to date to attempt to address these difficulties by examining, among other variables, minority group status in relation to types of abuse. Because of this, this investigation will be discussed in more detail.

The data were drawn from cases reported to the Los Angeles County Sheriff's Department (from November 1975 - November 1982). They found, when they compared the ethnic group distribution of reported cases with that of the population in the county, that for abuse in general (sexual abuse was not differentiated here), White non-Hispanics and Hispanics were underrepresented in reported cases of child abuse by about 9.2% and 1.3% respectively. They cautiously concluded from these results that Hispanic children are more likely to be abused than White non-Hispanics in that location.

Also, among both groups, males were more likely to abuse children than females. Hispanic mothers (32.6%) and fathers (33.6%) were reported for abuse in equal proportions, whereas the statistics on White non-Hispanic fathers and mothers were reported to be 35.4% and 29.8%, respectively. Additionally, there were more Hispanic abusive female to male single parents (3:1) than White non-Hispanic female to male single parents (2:1). Overall, for general abuse there were more Hispanic than White non-Hispanic females abused (60.6% vs. 55.1%), than Hispanic and White non-Hispanic males (39.4% vs. 44.9%).

When sexual abuse was isolated as a variable and examined, they found that fewer White non-Hispanic females had participated in sexual intercourse (3.6%) than Hispanic females (6.5%). Oral copulation (higher rates with White non-Hispanic children) and sodomy (higher rates with Hispanic population)

were both rare. White non-Hispanic children (7.3%) more frequently received a "combination" of abusive techniques than did Hispanic (5.5%) children. They concluded that ethnicity is an important and significant variable to consider in understanding child abuse, and that "cultural differences need more systematic research attention in studies of child abuse" (p. 111). Finkelhor and Baron (1986) support this contention by emphasizing that ethnic differences should be the focus of much more investigation.

Psychological Effects

The controversy over the degree of psychological impact of child sexual abuse upon children can be illustrated by the work by Adams-Tucker (1982) and Nakashima and Zakus (1977), who argue that nearly all sexually abused children exhibit emotional disturbance on an equivalent or greater level than those of other children receiving psychiatric treatment. On the other hand, other clinicians and researchers have suggested that children who are sexually exploited are not damaged emotionally, whether as children or later as adults (Kinsey, Pomeroy, Martin, & Gebhard, 1953; Yates, 1978). Early research by Gagnon (1965) and Landis (1956) indicated that less than five percent of the adults studied who had been abused sexually as children believe that the experience had any serious negative impact upon them. In agreement with this, Yorukaglu and Kemph (1969) write that emotional symptoms subside relatively quickly. Yet retrospectively, and in conflict to this, Finkelhor's (1979) study of an adult female population found that 66% of the adult women in his study, who had been abused as children, reported being severely emotionally distressed (at the time of and following the abuse) by the incident or incidences. DeFrancis' (1969) study of molestation victims also found similar results, with 66% reported as emotionally disturbed by the sexual abuse. These data were

further broken down into the following categories: 52% were mildly disturbed/l4% seriously disturbed. Only 24% were assessed as emotionally stable following the abuse. DeFrancis did not utilize standardized measures in this study. Additionally, this study is thought to have little generalizability due to the fact the sample was drawn from court cases known to the police or to the Prevention of Cruelty to Children services, and was selected primarily from multiple-problem and low-income families who were on public assistance (Browne & Finkelhor, 1986a; 1986b). Overall, it is recognized that one cannot assess the effects of sexual abuse without acknowledging the influence of the child's prior history and the nature and circumstances of the sexual abuse (Finkelhor, 1987; Lewis & Sarrel, 1969; MacVicar, 1979). Additionally it should be emphasized that although researchers speak of the effects of sexual abuse, that in the absence of "before abuse" data, these reports are of "correlates" of abuse, not consequences of abuse.

It is important to mention, as Gomes-Schwartz, Horowitz, and Sauzier (1985) have done in their research, that in spite of the controversy surrounding the impact of child sexual abuse, one should not lose sight of the very real clinical needs of these children. Though some studies indicate tremendous emotional damage, and others indicate relatively little, the majority of studies do indicate that most children are harmed psychologically by the experience. The early clinical reports published concerning the resulting initial effects of emotional distress of children following sexual abuse indicate numerous symptoms to be present (Adams-Tucker, 1982; Bender & Blau, 1937; Finkelhor, 1979; Yorukaglu & Kemph, 1969). Gomes-Schwartz, Horowitz, and Sauzier (1985) divide these reactions into three categories:

> manifestly inappropriate behaviors that identify the child as both disturbed and disturbing to others--for example, sexual promiscuity

> or delinquent activity; somatic expressions of psychological conflict; and internalized emotional distress that may not necessarily be expressed through overt behavioral problems--for example, feelings of guilt or responsibility for the sexual activity. (p. 504)

In relation to internalized emotional distress, the most common initial effect is that of fear (Berliner & Stevens, 1982; James, 1977; Knittle & Tuana, 1980; Levitt, Owen, & Truchsess, 1991; Zefran, Riley, Anderson, Curtis, Jackson, Kelly, McGury, & Suriano, 1982), although it is unclear in what proportion it is manifested. For example, Anderson, Bach, and Griffith (cited in Browne & Finkelhor, 1986a; 1986b) have indicated that 40% of their subjects reported fear as a reaction, whereas DeFrancis (1969) reports 83%. Guilt and shame are also mentioned as frequent reactions to sexual abuse (Berliner & Stevens, 1982; Boatman, Borkan, & Schetky, 1981; Cohen, 1983; Finkelhor, 1979; Knittle & Tuana, l980; Levitt, Owen, & Trochsess, 1991; Lewis & Sarrel, 1969; MacVicar, 1979; Zefran, et al., 1982), but once again precise levels are unclear. To illustrate, Anderson, Bach, and Griffith (cited in Browne & Finkelhor, 1986a; 1986b) found 25% of the victims studied experienced guilt reactions, as well as depression, and DeFrances (1969) reported that 64% expressed guilt concerning disclosure, and also feelings of inferiority or lowered self esteem.

Somatic expressions, or physical consequences indicative of disturbance, have been discussed by both clinical reports and empirical investigations (Anderson, et. al., cited in Browne & Finkelhor, 1986a; 1986b; Geiser, 1981; Levitt, Owen, and Truchess, 1991; Lewis & Sarrel, 1969; MacVicar, 1979; Mian Wehrspann, Klajner-Diamond, Lebaron, & Winder, 1986; Peters, 1976; Rimsza, Berg, & Locke, 1988). To illustrate, Anderson, et. al. (cited in Browne & Finkelhor, 1986a; 1986b) discovered that l5% experienced changes in eating patterns. To further illustrate, Levitt, Owen, and Truchess mentioned 28% of their sample were perceived as having physical

consequences. Additionally, although without the use of a comparison group, Peters (1976) studied intrafamilial sexual abuse and reported 31% to have difficulty sleeping and 20% to have changes in eating patterns. DeFrancis (1969) found 11% of the child victims in his investigation experienced pregnancy due to abuse, although contrary to this finding Meiselman (1978) found only 1 in 47 incest cases where a victim became pregnant.

The third category of inappropriate behaviors, such as sexual promiscuity and/or delinquent activity (externalized behaviors), has been researched by DeFrancis (1969). He found that 55% of the children demonstrated such behaviors as quarreling with siblings or classmates, disruptive behavior in the family, and defiance. Behavior disorders were also mentioned in several other investigations as manifested by sexually abused children (Adams-Tucker, 1982; Caffaro-Rouget, Lang, & Van Santen, 1989; Einbender & Friedrich, 1989; Finkelhor, 1979; Kelley, 1989; Levitt, Owen, & Truchsess, 1991; Lewis & Sarrel, 1969; MacVicar, 1979; & Mian, et al., 1986). Other researchers found moderate percentages of their subjects to have run away or left home prior to age l8 following the sexual abuse (Herman, 1981; McGuire & Wagner, 1978; Meiselman, 1978; Peters, 1976). Anderson, et. al. (cited in Browne & Finkelhor, 1986a; 1986b), Brooks (1982), Einbender and Friedrich (1989), Lewis and Sarrel (1969), MacVicar (1979), Peters (1976), and Sgroi (1982) found varying percentages of school problems, some of which included quitting school. Other researchers have found sexualization, or increased sexual behavior, as an outcome of sexual abuse (Cohen & Mannarino, 1988; Einbender & Friedrich, 1989; Friedrich, 1988; Friedrich & Reams, 1987; Friedrich, Urquiza, & Beilke, 1986; Gomes-Schwartz, Horowitz, & Cardarelli, 1990; Hewitt & Friedrich, 1991; Kreiger, Rosenfeld, Gordon, and Bennett, 1980; Levitt, Owen & Truchsess,

1991; Lewis & Sarrel, 1969; MacVicar, 1979; and Thompson, Moral, & Sack, 1988; White, Halpin, Strom, & Santilli, 1986).

In summation of the results or findings of the overall initial effects of child sexual abuse upon the victims, Gomes-Schwartz, Horwitz, and Sauzier (1985) have indicated "these reports...do not satisfactorily resolve the debate over emotional harm..." (p. 504), and Browne and Finkelhor (1986b) further note that although the empirical literature

> does suggest the presence--in some portion of the victim population--of many of the initial effects reported in the clinical literature, especially reactions of fear, anxiety, depression, anger and hostility, and inappropriate sexual behavior... (p. 69)

that

> it is not clear that these findings reflect the experience of all child victims of sexual abuse or are even representative of those children currently being seen in clinical settings. At this point, the empirical literature on the initial effects of child sexual abuse would have to be considered sketchy. (p. 69)

The reason that these authors reach this conclusion is that there are many methodological difficulties with the research in this area. For example, Friedrich, Urquiza, and Beilke (1986) write that the empirical literature on child sexual abuse is marred by methodological problems. In fact, there are several difficulties with the few existing studies on the psychological effects of child sexual abuse.

One major problem is that of definition. Child sexual abuse has been defined in different ways by the various researchers, and so comparison between studies remains difficult (Browne & Finkelhor, 1986a; 1986b; Haugaard & Reppucci, 1988; Peters, Wyatt, & Finkelhor, 1986). Additionally, few clinical or empirical studies include boys in their samples (Friedrich, Beilke, & Urquiza, 1988; Vander Mey, 1988), and so their inclusion in investigations is

extremely important. Another methodological weakness addressed in the literature is the lack of use of standardized measures, and Freidrich, Urquiza, and Beilke (1986) point to the problems of sampling, wherein many studies rarely assessed the child victim shortly after the abuse, nor narrowed down the age of the perpetrator. Browne and Finkelhor (1986a; 1986b) and Gomes-Schwartz, Horowitz, and Sauzier (1985) also mention the problem that inadequate comparison or control groups make generalized conclusions difficult to reach. Ethnicity has been an issue which has not been addressed within these investigations, but this is not identified as a problem with these studies.

Circumstances Surrounding the Abuse

Confusion also exists about the effect of the sexual abuse on the child by the type of abuse or by circumstances surrounding the abuse. According to Browne and Finkelhor (1986b),

> only a few studies on the effects of sexual abuse have had enough cases and been sophisticated enough methodologically to look at these questions empirically...the studies addressing these issues have reached little consensus in their findings. (p. 72)

Concerning these effects, findings from several studies suggest that the more closely related the perpetrator is to the victim, the greater will be the psychological trauma to the child (Groth, 1978; MacFarland, 1987; Mrazek & Mrazek, 1981; Ruch & Chandler, 1982). On the other hand, Finkelhor (1979), Russell (1984), and Tsai, Feldman-Summers and Edgar's (1979) research yielded contradictory findings. However, when whether the experience involves fathers or father figures is addressed, then Finkelhor (1979) and Russell's (1984) results indicate that abuse by the father or father figure is more traumatic. Other research that supports these findings has been done by Adams-Tucker

(1982), Lukianowicz (1972), and McLeer, Beblinger, Atkins, Foa, and Ralphe (1988). Also, some research has indicated that psychological trauma will be stronger if the abuse has a lengthy duration (Groth, l978; Mrazek & Mrazek, 1981). Some studies done with adults molested as children have supported this finding (Gagnon, 1965; Tsai et al., 1979). In contrast to this, Adams-Tucker (1982) found duration of abuse to not be a factor in the level of disturbance shown by children in her investigation. Langmade's (1983) retrospective study with college students supports the results of Adams-Tucker, as do the findings on adult recollections of childhood done by Finkelhor (1979). Some research suggests that if the child is older, and can understand what happened, the impact will be greater (Adams-Tucker, 1982; Brant & Herzog, 1979; Funk, 1980; MacFarlane, 1978; Mrazek & Mrazek, 1981; Murphy, Kilpatrick, Amick-McMullan, Vernonen, Paduhovich, Best, Villeponteaus, & Saunders, 1988; Tsai, Feldman-Summers, & Edgar, 1979). Brant and Herzog (1979) and Funk (1980) have indicated that very young children have difficulty comprehending the sexual experience and so may show less lasting emotional trauma. However, the works by Meiselman (1978) and Courtois (1979) contradict this finding in that they found that younger children are more vulnerable to psychological distress.

Research has also indicated that the trauma will be greater if force is used (Finkelhor, 1979; Groth, 1978). Browne and Finkelhor (1986a; 1986b) found some contrary research findings, but they believe overall that the published research generally appears to indicate strong evidence that force is a significant factor (Bagley & Ramsey, 1986; Finkelhor, 1979; Gagnon, 1965; MacVicar, 1979; Peters, 1976; Russell, 1986). Another factor shown to influence psychological trauma has been if penetration is involved (Groth, 1978;

Landis, 1956; Russell, 1984; 1986; Tsai, Feldman-Summers, & Edgar, 1979), although Browne and Finkelhor (1986b) conclude that "there is some disagreement about whether intercourse and penetration are demonstrably more serious than simple manual contact" (pp. 73-74). Finally, although there has been little research in this area, the response of the child's caretaker has also been shown to assume significance (Adams-Tucker, 1982; MacFarlane, 1978) in that negative parental reactions aggravate trauma in sexually abused children.

From this discussion one can see that there is no contributing factor that all of these studies agree upon as consistently contributing to psychological trauma following sexual abuse, nor is there any information concerning ethnicity (specifically, Hispanic) and its relationship to these factors. One must realize at the same time that the research in this area is still in its infancy. Because of this, the discussion will now turn to two of the major recent investigations which attempt to utilize more standardized measures and controls in an effort to address some of the problems and confusion in the literature.

Major Investigations

A major project examining the characteristics of sexually abused children which utilized standardized measures and comparison groups grew out of the Family Crisis Program (FCP) at the Tufts New England Medical Center in Boston (Gomes-Schwartz, Horowitz, and Cardarelli, 1990; Gomes-Schwartz, Horowitz, & Sauzier, 1985; Tufts New England Medical Center, Division of Child Psychiatry, 1984). The sample was 112 preschool, school-age, and adolescent sexually abused children who had been victimized or revealed their victimization in the past six months, and who were involved in a treatment program. The subjects were primarily lower socioeconomic status (SES), and

White (75%) with no further ethnic breakdown in the analysis. Most subjects were from non-intact families (61%). They utilized the following standardized self-report measures: The Louisville Behavior Checklist, the Piers-Harris Self-Concept Scale, the Purdue Self-Concept Scale, and the Gottschalk Glosser Content Analysis Scales. Comparisons were drawn between their sample and both general and psychiatric populations described elsewhere in the literature.

Their results indicated that sexually abused preschool children tended to exhibit greater behavioral problems than their normal peers, but less than the population of psychologically disturbed children. Only 17% exhibited severe psychological symptomology, but the researchers noted that the youngest victims may exhibit more serious problems later on. The difficulties in this group included some significant psychopathology and deficits in development, social skills, and reactions to stress. Twenty percent of the preschool sample showed significant deficits in intellectual, physical, and social development. Twenty three percent showed symptoms of immaturity. Twenty seven percent demonstrated high levels of sexualized behaviors.

School-aged children showed similar findings, although they manifested more significant pathology than did the sexually abused preschool children. In fact, 40% of the school-aged group were seriously disturbed, in one or more areas of functioning. These symptom patterns reflected angry, destructive behavior, or more internalized anxieties. Almost 50% of these children manifested problems on measures of aggression, including impulsivity, belligerent self-centered behavior, and antisocial behavior. Forty-five percent exhibited strong generalized fear and 36% demonstrated high levels of sexualized behaviors.

The results were similar for the adolescent sample which generally showed less pathology than a clinical population. No comparison could be made with the general population in this group due to the scale employed.

In general, in this investigation, higher distress levels were related to violence associated with the abuse, and/or coercion to comply with the offender through overt aggression. Additionally, higher distress levels were associated with abuse by a substitute father. Poverty heightened the overall severity of the symptoms, as well as previous loss of a parent or maternal anger toward the victimized child and punishment for revealing the abuse. No effects upon the distress levels of the subjects were found for duration of the abuse, type of abuse, age at onset, and disclosure of the abuse. Those not disclosing prior to coming in for services were the least anxious.

The Tufts project utilized no subject matching and so variance caused by the interactions of different variables made analysis difficult. The authors suggested that the relationships between variables are often too complex to be accurately assessed by current methods. They also suggested the possibility that both parents and children were prone to "faking good," or presenting the family in a favorable light.

Another major study examining the behavior problems of 85 sexually abused 3-12 year old girls, utilizing a standardized measure, was done by Friedrich, Urquiza, and Beilke (1986). They asked parents to complete the Child Behavior Checklist (CBCL). They found that although some subjects were elevated on both scales, 35% of the males and 45% of the females were elevated only on the internalizing scale (including fearful, inhibited, depressed and overcontrolled behaviors) and 31% of the males and 44% of the females

were elevated only on the externalizing scale (including aggressive, antisocial, and undercontrolled behaviors).

Younger children (up to age five) demonstrated more internalizing behavior, whereas older children (ages 6-12) were more likely to have elevated scores on the externalizing scale. Only 2% of a normal sample would be expected to score in the range regarded as elevated. Gomes-Schwartz, Horowitz and Sauzier (1985) found a similar pattern with more school-age than preschool children engaged in acting-out behaviors.

In sum, there is much variability in the type and magnitude of the negative consequences manifested by abused children. Browne and Finkelhor (1986a) indicate, however, that "as evidence now accumulates, it conveys a clear suggestion that sexual abuse is a serious mental health problem, consistently associated with very disturbing subsequent problems in a significant portion of its victims" (p. 163). It is important to emphasize that one of the things that is missing from these investigations is a comparison of the children's behavior across multiple informants. This would provide a more broad based perspective on the behaviors of these children. In support of this idea, it has been emphasized in the literature (Levitt, Owen, & Truchsess, 1991) that behavior between the home and school setting is often different, and thus a different psychological/behavioral profile on the children might be expected from the teachers than that of the parents. In support of this hypothesis of variation in behavior between settings, Achenbach and Edelbrock (1986) indicate that "no single type of informant is likely to provide the same data as other informants" (p. 103). Cohen and Mannarino (1988) and Hewitt and Friedrich's (1991) research also supports the importance of obtaining data from

multiple informants in studies of sexually abused children. To carry this point further, Achenbach and McConaughy (1987) have indicated that

> human behavior and emotions are effected by a great many factors, including those intrinsic to the person and those impinging from the environment. Because many of these factors are highly variable, their combined effects on the individual are apt to differ from situation to situation and from time to time. All approaches to assessment must therefore take account of variability in children's functioning, as well as in the different sources of information about that functioning. (p. 17)

It is also important to emphasize that from the review of the literature, little "conscious attention has been paid to matters of sex and race" (Finkelhor, 1986, p. 209). Finkelhor goes on to emphasize that less is known about Hispanics than other ethnic minority groups, and that "studies of sexual abuse in Hispanic communities are badly needed" (p. 209), a sentiment echoed by other researchers (Finkelhor & Baron, 1986; Lindholm & Willey, 1986).

The lack of research on the Hispanic sexually abused child may be due to several reasons. First, studies of ethnic sexual abuse have relied primarily upon incidence and prevalence data (e.g. Barrera, 1978; Karno & Edgerton, 1969; Keefe, 1979; Padilla, Ruiz, & Alvarez, 1975). This has led to a misperception among researchers that Hispanic and White non-Hispanic ethnic groups are equally at risk for development of psychological impairment. However, Roberts (1982) found the Hispanic subgroup they investigated to be at equal, or somewhat greater risk for psychological impairment than the White non-Hispanics in their study.

Another reason for this apparent lack of research on the Hispanic population is the underutilization of services by the Hispanic population (Griffith, 1983). It must be noted, however, that this tends to contradict the underlying assumption that a person having an emotional problem will be motivated to

seek treatment (Bell, Nguyen, Warheit, & Buhl, 1978). It appears that within the Hispanic population this may not be so. The reasoning behind this statement is that Hispanic populations generally have been found to have a greater reliance upon the extended family during emotional difficulties, than White non-Hispanics (Griffith, 1983; Jaco, 1960; Ramirez & Arce, 1981). In fact, Mindel (1980), compared ethnic patterns and found Hispanics to migrate to areas in which kinship was present and to have significantly more family (including extended family) in their households and community than White non-Hispanic families. An earlier study done by Padilla, Carlos, and Keefe (1976) also supports these findings. However, it is important to emphasize that Keefe, Padilla, and Carlos (1979) have suggested, in their cross-cultural investigation of Hispanic and White non-Hispanic families in Southern California, that when this support is absent, or malfunctions, then the resulting situation is much more distressing than for White non-Hispanic families in need of emotional support in similar situations. In order to further understand this reaction to familial distress, Zepeda, Espinosa, and Golub (1987) remark that respeto "may be useful as an organizing construct for understanding parent-child conflict..." (p. 15). Basically, respeto is a value which encompasses the idea that Hispanic parents have achieved a certain position, or role, along with acquiring knowledge. As such, their ascribed status, and they themselves, should be respected by their children (Zepeda, Espinosa, & Golub, 1987). This is an important socialization goal of Hispanic parents. As the value is taught, if the child manifests this misbehavior "externally", then he/she would be "demonstrating 'falta de respeto' which is culturally unacceptable" (p.14).

Purpose of the Study and Hypotheses

The purpose of this study was to explore and provide new knowledge to the area of literature concerned with childhood sexual abuse. In addition, this study begins to develop a psychological profile of an Hispanic sexually abused child which will be useful to the practitioner in the field.

To do this, this investigation makes preliminary steps in shedding light upon the short-term psychological/behavioral correlates of sexual abuse upon Hispanic children. Past researchers have directed their attention to both the initial and long term correlates of sexual abuse on the child. The long term research tends to focus on adults who are a part of some sort of clinical group or treatment, who have reported being abused as children (Briere & Runtz, 1987; Fritz, Stoll, & Wagner, 1981; Silbert & Pines, 1981; Tsai & Wagner, 1978; Tsai, Feldman-Summers, & Edgar, 1979). Another characteristic of long term research is that it has been retrospective with specific populations and attempted to determine the prevalence and/or effects of the sexual abuse (Briere & Runtz, 1988; Finkelhor, 1979; Fromuth, 1986; Harter, Alexander, & Neimeyer, 1988; Murphy, et al., 1988; Runtz & Briere, 1986; Sedney & Brooks, 1984). However, the present study restricted its sample to the behaviors of children occurring within two years of the termination of the abuse. The data examined are archival in nature. The primary question that was addressed by this study is whether Hispanic sexually abused children, referred for evaluation and treatment, manifest different problem behaviors than White non-Hispanic sexually abused children also referred for evaluation and treatment. More specifically, the Hispanic child might be more likely to be significantly impaired psychologically/behaviorally because of the child's primary reliance upon the extended family for informal emotional support. It was further hypothesized that

the psychological/behavioral impairment would be more strongly "internalized" for the Hispanic child, than for White non-Hispanic children.

The secondary hypothesis concerned the premise that behavior between the home setting and school is often different. It was hypothesized that the children would manifest a different psychological/behavioral profile at school based upon the checklist filled out by their teachers than at home, based upon the profile filled out by the parents of these children. Where commonalities exist between the two settings, then one can begin to address the generalizability of the findings (Einbender and Friedrich, 1989). How the child's profiles at school will look, differ, or be similar was unknown. The implications of these findings is that this information will help to provide a broader framework upon which to begin to describe the Hispanic sexually abused child population.

It is important to note that this was not a comparison study per se. It's purpose was to begin to profile a population of children--sexually abused Hispanic children--and to identify them as a distinct population who may have distinct needs (and relative strengths and weaknesses) based upon certain cultural values and variations for which specific treatment modalities or methods may be required. In relation to these Hispanic cultural values, it is important to emphasize that the Hispanic sample in the present study was carefully selected based upon its national origin. This is important given that the Hispanic American culture is a heterogeneous population. As such, they represent varying sociocultural and demographic characteristics reflecting Mexican, Puerto Rican, Cuban, Central/South American or Spanish origins. This, in turn, effects their values (Canino, 1982; Giachello, Bell, Aday, & Anderson, 1983; Marin & VanOss Marin, 1991). As the President's Commission on Mental Health Special Populations Sub-Task Panel (l978) reflects, "During their early

development, individuals internalize the cultural values of their families and communities which are products of the historical development of their ethnic groups" (p. 9). The Commission's research reflects that Hispanics with European cultural and racial heritage will tend to acculturate and assimilate into the White non-Hispanic community more quickly than those of primarily Native American culture. As such, the needs for services will be far from uniform and the various subgroups must be identified so that specific and appropriate services may be provided which are congruent with their cultural values (Bach-y-Rita, 1982; Canino, 1982; Levine & Padilla, 1980; Solis, 1977). The commission concludes that recognition of the Hispanic's retention of their cultural heritage and ethnic identity is "an essential prerequisite in the planning and implementation of...service delivery and...research" (p. 43).

This investigation was done because our current treatment methods and knowledge of childhood sexual abuse is based primarily upon the White non-Hispanic sexually abused child, and if there are differences between these two groups, then as a clinical community we are doing Hispanic children a disservice by not identifying and speaking directly to their specific needs.

CHAPTER II

METHOD

Design and Subjects

This study employed a 2 (ethnicity) by 2 (sexual abuse status) factorial design. Subjects were selected from the population of 4 to 9 year old children referred for evaluation and treatment to a large non-profit mental health facility located in the greater metropolitan Southern California area between January, 1988 and June 1991. As such, the data are archival in nature. Groups were matched on age, gender, economic status (family annual income), type of abuse experienced, and the degree of relatedness between the perpetrator and the child. Background data were also collected on the duration of the abuse, the sex of the perpetrator, and the type of coercion utilized to enhance the understanding of the findings. The dependent variables were: Total Problem Behaviors, Internalizing Problem Behaviors, Externalizing Problem Behaviors and Sexual Problem Behaviors.

The subjects were all residents of Los Angeles County, and all data were collected at the same point in each subject's/family's contact with the clinic: the initial intake appointment(s). All efforts were made to include all eligible Hispanic children available. Sources of referral to the clinic were mostly made from the Department of Children's Services (DCS), although other referrals could be from the courts, police, doctors, teachers, and attorneys. However, documentation of the abuse was done, in each case, by DCS.

The subject population was comprised of 20 sexually abused Hispanic children (Hispanic will be defined by self-designation). Additionally, this Hispanic population was selected for, and further distinguished by, its national

origin. Only Hispanics of Mexican American descent, born in either Mexico or the Southwestern United States, were included in the sample.

There were 20 abused and 20 non-abused Hispanic children in the sample. The specific breakdown of the Hispanic population in this investigation is summarized in Table 1. Most of the children were born in the United States and most of their parents were born in Mexico. (More mothers than fathers of abused children were born in the United States.) The majority of the overall sample spoke Spanish as their primary language.

There were also 20 abused White non-Hispanic children and 20 non-abused White non-Hispanic children selected as subjects. The non-abused groups served as control groups. An advantage of utilizing these control groups over normative samples (that have been employed in the past by researchers), is that both groups are more of a pure control sample since they exclude the possibility of containing children who have been sexually abused. Gomes-Schwartz, Horowitz and Cardarelli (1990) argue similarly about the use of normative samples from standardized tests. They discussed the fact that their study had no demographically matched control group, and so were forced to rely upon data from standardized population norms. They indicated that this was a shortcoming of their investigation, given that "it is likely that the subjects in standardization samples do not exactly approximate the characteristics of the...population to which the testers wish to generalize" (p. 82).

The subject groups included only children between the ages of four years and nine years of age. Subjects in the abused groups had been sexually victimized, or had revealed their sexual victimization, within the prior 24 months. This abuse had been documented by DCS and was the primary reason for the child being seen at the clinic.

Table 1

Birthplace and Primary Language of Hispanic Sample

Place of Birth	Abused	Non-Abused
Children		
USA	17 (85%)	13 (65%)
Mexico	3 (15%)	7 (35%)
Mothers		
USA	7 (35%)	4 (20%)
Mexico	13 (65%)	16 (80%)
Fathers		
USA	3 (15%)	4 (22%)
Mexico	17 (65%)	14 (78%)
Language		
English	7 (35%)	4 (20%)
Spanish	13 (65%)	16 (80%)

Sexual abuse itself was defined similarly to the definition utilized by Friedrich, Urquiza, and Beilke (1986). Sexual abuse in this investigation was defined as sexual contact with a person at least five years older than the victim, whether by force or consent, to include direct contact--genital, oral and intercourse, genital/breast manipulation, attempted intercourse, fellatio, cunnilingus, and observed contact (e.g., adult exposing self to child).

In the present study, subjects were strictly matched. This was done in order to address the problems in the literature indicating that studies concerning circumstances surrounding the abuse, and their relationship to the effect of the abuse upon the child, have reached very little consensus (Browne & Finkelhor, 1986b). This builds upon the ideas noted by Mrazek and Mrazek (1981) concerning the methodology of these studies, thereby increasing the validity of the results of this investigation. The matching was done in relation to the limitations regarding the number of Hispanics seen in any one year by the clinic. The variables chosen for matching were: Age of Child, Gender of child, Economic Status (defined as family annual income), Type of Abuse, and Relationship of the Primary Perpetrator. The reasons for these selections are outlined below:

Age was chosen as a variable for matching because of the belief by researchers that the age and developmental maturity of the child will influence the child's perceptions about the sexual contact (Gomes-Schwartz, Horowitz, & Sauzier, 1985; Mrazek & Mrazek, 1981). Gender was selected based upon the literature which supports the idea that a male child will react differently to sexual abuse than a female child (Friedrich, Urquiza, & Beilke, 1986; Geiser, 1979; Rush, 1980; Vander Mey, 1988), and, in addition, was selected based upon the frequent finding of sexual differences in the literature on child psychopathology

(Eme, 1979). What is not agreed upon, or at all clear, is exactly what the differential reactions of males and females will be following the sexual abuse.

Economic status (ES) was chosen as a variable because in the major investigations reviewed which have attempted to utilize more standardized measures and controls (Friedrich, Urquiza, & Beilke, 1986; Gomes-Schwartz, Horowitz, & Sauzier, 1985; Gomes-Schwartz, Horowitz & Cardarelli, 1990), none matched their subjects based upon ES status. One population was described as primarily middle-class or above (Friedrich, Urquiza, & Beilke, 1986), and the other as primarily blue-collar or lower-income (Gomes-Schwartz, Horowitz, & Sauzier, 1985; Gomes-Schwartz, Horowitz, & Cardarelli, 1990). Thus, in this regard, their findings may be of little generalizability or comparability. Browne and Finkelhor (1986b) tend to support this idea. In attempts at reducing this source of error, Gomes-Schwartz, Horowitz and Cardarelli (1990) wrote that they made efforts to recruit subjects from a diverse set of communities and to compare them with residents of their own communities with the use of census data, although still no strict matching was done. Furthermore, in the discussions of the relationship of child sexual abuse to ES factors, there is controversy. Some researchers have reported that low-income families are at higher risk (Benward & Densen-Gerber, 1973; Defrancis, 1971; Finkelhor, 1979; Gagnon, 1965), while others report that sexual abuse victims represent all ES levels (Rosenfeld, 1979; Vander & Neff, 1982). Economic status was defined in this investigation as family annual income due the nature and limitations of the data collected at the time of the intake procedure. Occupational status, or type of position held, was often not specifically indicated on the intake form. However, in order to be seen in

treatment, complete financial backgrounds were done on each family, and so the data were complete for every subject on this variable.

Type of abuse was selected as a significant variable due to the fact that, although research is sparse, the most agreement appears to fall in this category. Researchers tend to support the idea that the extent of sexual contact influences a child's reaction to the abuse (Finkelhor & Browne, 1988; Groth, 1978; Mrazek & Mrazek, 1981; Russell, 1984; 1986), with force being a significant contributor (Bagley & Ramsey, 1986; Finkelhor, 1979; Gagnon, 1965; Groth 1978; MacVicar, 1979; Peters, 1976; Russell, 1986). The sexually abused children in this study were matched on type of abuse utilizing the Therapist Checklist (Friedrich, Urquiza, & Beilke, 1986). Additionally, the data were able to be matched on the relationship of the primary perpetrator, simply from the composition of the subject pool, although the research tends to indicate more inconclusive or conflicting results concerning the effects of this variable upon the child's experience of sexual abuse (Browne & Finkelhor, 1986b; Haugaard & Reppucci, 1988; Finkelhor & Browne, 1988).

Additional background information (non-matched) was collected for the subjects in this investigation, on duration of the abuse, gender of the perpetrator, type of coercion used, marital status and educational level of the child's parents, and family size. The reasons for the selection of these additional variables are as follows:

Mrazek and Mrazek (1981) suggested that duration is an important variable to consider methodologically in child sexual abuse research, although results are inconclusive as to the effects of this variable. Gender of the perpetrator is included because so very few studies have examined its effects. Finkelhor (1979) and Russell (1986) both found experiences with male

perpetrators to be more traumatic. Type of coercion and marital status were included because the structure of the surveys utilized, and the intake procedure, made the data on type of coercion and marital status available for inclusion in this investigation. Additionally, type of coercion was indicated by Gomes-Schwartz, Horowitz, and Cardarelli (1990) as contributing to distress levels in their sample. In relation to marital status and educational level, Finkelhor (1986), in his review of the sexual abuse literature, mentions them as risk factors. He further indicates that family size is a possible influencing factor.

Tables 2 and 3 include and summarize the distribution of this sample on the variables used to match the subjects. There were 50% males and 50% females. The children's ages ranged from four to nine years, with a modal age of 5 years. The income level was below $15,000 per year for 90% of the families included in this sample. In 55% of the cases the children were abused by either their mother or father. In relation to the type of abuse, and recognizing that subjects often were abused in more than one way, 65% of the perpetrators exposed themselves to the child, 10% fondled their breasts, in 75% of the cases the subject's genitals were fondled by the perpetrator, 25% of the children masturbated their perpetrator, 20% had vaginal sex attempted on them, 5% completed vaginal sex, and 20% completed anal sex.

It is important to note that out of the entire sample of sexually abused children, no children were living with the abuser at the time of the assessment or the intake procedure. However, eight subjects had been removed from their natural parents' home. Five of these subjects were living with their grandmother, and the remaining three subjects were residing in a foster home. The other subjects were living with their natural parent(s), at least one of whom they had been residing with at the time of the abuse.

Table 2

Distribution of Sample on Gender, Income, and Age

	Abused		Non-Abused		
	Hispanic	White Non-Hispanic	Hispanic	White Non-Hispanic	Total N
Gender of Child					
Male	10	10	10	10	40
Female	10	10	10	10	40
Totals	20	20	20	20	80
Income					
< 15K	18	18	18	18	72
15 - 25K	1	1	1	1	4
45 - 60K	1	1	1	1	4
Totals	20	20	20	20	80
Age					
4 Years	4	4	4	4	16
5 Years	7	7	7	7	28
6 Years	4	4	4	4	16
7 Years	3	3	3	3	12
8 Years	1	1	1	1	4
9 Years	1	1	1	1	4
Totals	20	20	20	20	80

Table 3

Distribution of Sample on Relationship of

Primary Perpetrator and Type of Abuse

	Abused		
	Hispanic	White Non-Hispanic	Total N
Relationship of Primary Perpetrator			
Father/Mother	11	11	22
Grandparent	2	2	4
Family Friend	2	2	4
Other Relative	2	2	4
Neighbor	2	2	4
Stranger	1	1	2
Totals	20	20	40
Type of Abuse			
Exposes Self to Child	13	13	26
Fondles Breast	2	2	4
Fondles Genitals	15	15	30
Child Masterbates Perpetrator	5	5	10
Oral Sex With Child	4	4	8
Vaginal Sex Attempted	8	8	16
Vaginal Sex Completed	1	1	2
Anal Sex Completed	4	4	8
Totals	52	52	104

Background data were also collected (using the Therapist Checklist) on the following additional variables, although due to the nature of the sample it was not possible to match on these variables:

1. Duration of the abuse
2. Gender of perpetrator
3. Type of coercion
4. Marital status

Procedure

Demographic data for all subjects were obtained from the clinic case file application forms. The other data were obtained from forms, checklists, and questionnaires filled out during the subject's intake process. As a part of the intake procedure, in order to determine the current emotional well-being of the child, the Child Behavior Checklist (CBCL) was completed by the parent of the child (parent being defined as the caregiver at the time of the intake procedure, and the one most familiar with the child and his or her experiences within the prior 24 months). The majority of the children in this sample had been in the current caregiver's care at least six months, although in a few cases the child had been in their care for less than six months, but in no instance did this fall below three months. Additionally, at the time of the intake procedure, the parent filled out a release of information and permission form so that the CBCL Teacher Report Form (TRF) could be sent to the child's school to be filled out by the teacher familiar with that child for a minimum of two months. The TRF was then returned to the clinic upon completion. The Children's Behavior Survey (CSBI) was also filled out by the parents of the sexually abused children at the time of the intake process. Finally, each intake therapist filled out a Therapist Checklist on each sexually abused child seen, following the completion of the intake, which provides further concise and pertinent data concerning the

variables related to the sexual abuse (e.g., type of abuse, type of coercion utilized, duration, etc.).

As these data are archival in nature, prior permission was obtained from both the parents or primary caregiver, at the opening of each case, and the clinic at the beginning of this study, for their use in this investigation. All cases included in this study were assigned numbers, rather than utilizing case names, in order to assure complete anonymity on the part of the parents, subjects, and the therapists.

Measures

An excellent fit, in terms of measurement choice for this investigation was provided by the two forms of the CBCL. These measures directly address two key issues. Firstly, in order to address the methodological shortcoming mentioned in the sexual abuse literature concerning the lack of use of standardized outcome measures (Friedrich, Urquiza, & Beilke, 1986), two forms of the CBCL problem behavioral scales were employed as the primary measurement instruments: The standard CBCL for children and the TRF. Secondly, as these instruments are filled out in two different behavior settings by different significant adult figures, the different profiles can be examined for similarities/differences. The other measures utilized in this study were the CSBI and the Therapist Checklist.

Child Behavior Checklist. The CBCL (4-16), developed by Achenbach and Edelbrock (1983), is a widely utilized and psychometrically sound instrument. Separate norms have been established for both male and female groups for the CBCL. These norms have been generated from large samples of both clinically referred and non-referred children. Their cutoff scores enable

successful discrimination between the problem behaviors of nonreferred and clinically referred children, and thus provide high reliability and validity.

In addition to the soundness of the CBCL (4-16), one of the reasons this measurement instrument was chosen for use in this investigation is because it has been successfully utilized in recent child sexual abuse literature in revealing differences between abused and nonabused children, and includes many elements thought to be characteristic of the population of abused children already investigated (Friedrich, Beilke, & Urquiza, 1987; Valliere, Bybee, & Mowbray, 1988). Within the sexual abuse literature, it is the most utilized, and has been found to be the most valuable instrument to date in assessing the effects of childhood sexual abuse. In support of this, Friedrich (1988) discusses the utility of the CBCL's factors of internalization and externalization as reliably measured behavioral responses reflective of a child's style of adaptation to the sexual abuse. Additionally, in an article by Bird, Canino, Gould, Ribera, Rubio-Stipec, Woodbury, Huertas-Goldman, and Sesman (1987), it was indicated that Montenegro utilized Spanish translations of the CBCL in studies at Columbia University and in Santiago, Chile, without major difficulties arising from its use in another language. Furthermore, Bird, Canino, Rubio-Stipec, Gould, Ribera, Sesman, Woodbury, Huertas-Goldman, Pagan, Sanchez-Lacay, and Moscoso (in press) have also successfully utilized the Spanish version of the CBCL in estimating the prevalence of childhood maladjustment in a survey done in Puerto Rico.

In general, the CBCL problem behavior scale was employed in order to assess the psychological/behavioral functioning of the children included in this study. The CBCL's 118 behavior problem items were filled out by the parent, by rating the child's manifestation of each behavior on a three point (0-1-2) scale,

for how true the item is of the child during the last six months. The completed questionnaires were scored according to the method outlined by Achenbach and Edelbrock (1983). An overall "SUM-T" score was generated, based upon, and derived from, the sum of the three point scale scores for all 118 items of the CBCL. This score is widely used, and represents a broad index of psychologically disordered status.

The behavior problem scale forms two broad band groupings labeled internalizing and externalizing. Internalizing reflects behaviors that are fearful, inhibited, and overcontrolled; and externalizing reflects behaviors that are aggressive, antisocial, and undercontrolled.

Child Behavior Checklist Sum of Sexually Related Behaviors. The CBCL (4-16) contains several items directly related to sexual behaviors. Because increases in sexualized behavior have been shown to be one possible outcome of sexual abuse (Krieger, Rosenfeld, Gordon, & Bennett, 1980), a third behavior score was utilized similarly to the method described by Friedrich, Urquiza, and Beilke (1986). This score was comprised of the sum of the responses for six items of sexually related behaviors on the CBCL. These items on the CBCL are as follows: #5, Behaves like the opposite sex, #59, Plays with own sex parts in public, #60, Plays with own sex parts too much, #73, Sexual Problems, #96, Thinks about sex too much, and #110, Wishes to be of the opposite sex.

Teacher's Report Form of the Child Behavior Checklist. The TRF was developed by Achenbach and Edelbrock (l986). It was included in this investigation in order to provide a more complete picture of the abused Hispanic child, since parents and teachers observe the children, and come in contact with them, in different contexts (Edelbrock & Achenbach, 1984). Friedrich, Urquiza, and Beilke (1986) believe that this data could provide

validation for the behavior problems indicated on the CBCL, and thus they recommended its inclusion as an "important feature in future research" (p. 54). However, Achenbach and McConaughy (1987) have indicated that "because each source may contribute valid data that only partially overlap with data from other sources, we cannot expect any single source to be definitive" (p. 20). In support to this idea, Achenbach, McConaughy, and Howell (1987) reviewed over 100 studies utilizing information on children obtained from multiple sources. They found that the average correlation between different types of informants, assessing children in different settings, was approximately .28. Achenbach and Edelbrock (1986) explained this by indicating that

> the relatively low correlations between informants do not necessarily reflect 'unreliability,' because they are found even with instruments yielding correlations in the .80s and 90s for test-retest reliability and for inter-rater reliability between raters simultaneously observing the subjects' behavior. Instead, they show that no one type of informant is likely to provide the same data as other informants...(p. 97).

Thus, there is a great need for considering multiple sources of data on each child. The intercorrelation data between the TRF and CBCL is reported as .26 for the Internalizing Scale scores, .45 for the Externalizing Scale scores (Achenbach & Edelbrock, 1986).

What one can conclude in relation to this investigation, is that in order to begin to create a profile of a population of Hispanic children, the assessment must take into account the variations in the children's functioning across situations and interaction partners. For this study, in terms of administration and scoring, these different sources, in turn, "may contribute valid, though different, information..." which may show "the degree to which different problems are evident to different informants in different situations" (Achenbach & McConaughy, 1987, p. 24).

The teacher was familiar with the child for at least two months prior to making the rating. It is important to note that the scoring profiles for the TRF have only been standardized on referred and nonreferred children down through age six for each sex, and so careful consideration must be given as to whether the 4-5 year old subjects should be included in subsequent analyses. The TRF produces standard scores in a similar manner to the CBCL, which result in producing similarly labeled internalizing and externalizing problems, and a total problem score. There are 118 behavior problem items, which are scored in the same manner (utilizing T-scores) as the CBCL (0-1-2 scale) in order to maximize comparability between parent and teacher ratings (Edelbrock & Achenbach, 1984). Scoring ranges are also the same for both forms, and the TRF also produces similarly scored internalizing, externalizing, and overall "SUM-T", or total problem score. The internalizing score scales are labeled "anxious" and "social withdrawal", and the externalizing score scales are labeled "inattentive", "nervous-overactive", and "aggressive".

Test-retest reliabilities for the 118 behavior problem scales have been high, averaging .89 for one week, .77 for two months, and .64 for four months (Edelbrock & Achenbach, 1984).

Teacher's Report Form Sum of Sexually Related Behaviors. Similarly to the CBCL, the TRF contains items directly associated with sexually related behaviors. Once again, a third behavior score was developed which consisted of the sum of the responses for the items related to sexual behaviors: #5, Behaves like opposite sex, and #96, Seems preoccupied with sex. Additionally, as a part of the nationwide study with Friedrich, the following sexually related items were added to the TRF and are included in the analysis:

#113, Plays with sex parts in public, #114, Sex play with peers, and #115, Sex problems, describe.

Children's Behavior Survey. An expanded and revised version of the Children's behavior Survey developed by Friedrich, Beilke, Purcell (1986) (also called the Child Sexual Behavior Inventory (CSBI)) was included in this investigation (Friedrich, 1990) because it not only obtains important demographic information on each sexually abused child seen for treatment , but it also includes three sections which assess different aspects of the child's life experience or behavior. The CSBI provides a means for determining the level or degree of a wide range of sexualized behaviors being manifested by these children. Included in this scale are such things as behaviors related to self-stimulation, sexual aggression/inhibition, gender-role behavior, and personal boundary violations. In addition the CSBI Life Intensity portion provides an estimate of the degree or level of stressful life events experienced by the subjects. It includes items related to whether the child had ever experienced parental divorce, separation, physical abuse, foster care, parental battering, parental death or other death in the family, or parental or child illness requiring hospitalization. To illustrate the significance of these data, Einbender and Friedrich (1989) found more stressful past histories associated with their sexually abused research sample. The third section is the CSBI Sexual Environment. This scale assesses the nature of the families' sexual behavior. Things such as attitudes and practices involving nudity and relaxed movie and television viewing standards are a part of this scale. Additionally it includes questions regarding opportunities for witnessing adult intercourse. The CSBI was filled out by the parent, by, in the first section, simply checking the events listed that had happened to their child, and, in the second section, utilizing a

four point response format (0=Never; 1=Less than 1/Month, 2=1-3 times/month, 3=At least 1/week) for each question. The total scores for each section were calculated by determining the sum of these ratings. The revised form was developed recently by William N. Friedrich (1990) and has been translated into Spanish. The revised form was available because it is currently being utilized as a part of a major nationwide investigation being done by Friedrich concerning sexually abused children. The clinic is taking part in this study, and the survey is a part of the intake package filled out by the sexually abused children's parents during the intake procedure. This measure was available only on the sexually abused children included in this study.

The preliminary normative information for the CSBI provided here can only be cited with permission from the authors (Friedrich, Grambsch, Damon, Hewitt, Koverola, Lang, & Wolfe, in press). The normative sample was comprised of 880 children contrasted with a sample of 276 sexually abused children. Separate scores are presented for males and females in the two age groupings (2-6 years/7-12 years). Examination of the validity of the instrument indicated that the cutoff scores differed significantly between the two groups (abused vs. non-abused), enabling for successful discrimination between the two groups. Additionally, life events intensity was found to be a significant predictor between the abused and non-abused groups, illustrating the importance of family distress in those variables that differentiate sexually abused from non-abused children. The authors indicated that sexual abuse and life events more than likely compound each other, and are thus related to greater sexualization overall.

When the CSBI was compared to the CBCL sex items, in terms of their abilities to discriminate between the two groups at each age/sex group, they

found that both measures were able to adequately discriminate, but that although the CSBI was slightly better than the CBCL sex items at each group, neither measure was a significantly better predictor than the other.

Two different factor analytic studies (Friedrich, Grambsch, Broughton, Kupier, & Beilke, 1991; Friedrich, Grambsch, Damon, Hewitt, Koverola, Lang & Wolfe, in press) revealed a strong one-factor solution, supporting the use of the total CSBI score. The authors concluded that the CSBI is comprised of a stable group of coherent items. Appropriate reliability was demonstrated on the inter-item correlations for the CSBI. The resulting alpha coefficients were .82 for the normative sample and .93 for the clinical sample. Test-retest reliability was demonstrated with a correlation of .85 after four weeks. After three months, the correlation dropped to .47, but this decrease was expected because the majority of the children assessed were in weekly therapy.

It is important to note that the normative sample includes only 1.9% non-White children and this is not broken down further by specific ethnic group. The clinical comparison group includes 19.9% non-White children, but once again there are no further delineations, so the percentage of Hispanics within this group is unknown. The authors suggest further development of CSBI norms with more representative samples. Also important is the fact that the current investigation's clinical sample is included in the CSBI's normative subject sample. This is due, as previously mentioned, to the clinic's participation in Friedrich's research with the CSBI. Reliable comparisons would be difficult, and so the data will be descriptive only.

Therapist Checklist. This checklist, also developed for utilization by William N. Friedrich's nationwide research project, was filled out by the intake therapist at the clinic for each sexually abused child seen based upon the

information from the intake interview(s). It tabulates the type, frequency, and duration of the abuse (in months), the perpetrator status, and family atmosphere. When tabulated, the perpetrator score is weighted by "closeness" to the child (father or mother = 1; stepfather = 2; brother = 3; grandfather or grandmother = 4; uncle = 5; boyfriend/family friend = 6; other male/female relative = 7; male neighbor = 8; male stranger = 9). The type of sexual abuse is also weighted according to the severity of the abuse (1 = exposes self to child, sexual talk to child, takes pictures of child; 2 = fondles breasts; 3 = fondles genitals; 4 = child masturbates perpetrator, oral sex attempted on child; 5 = oral sex completed on child; 6 = vaginal sex attempted with child, anal sex attempted with child, child performs oral sex; 7 = vaginal sex completed with child; 8 = anal sex completed with child). Weights are based upon the ones utilized by Friedrich, Urquiza, and Beilke (1986). The final score for severity of the abuse is the sum of the weighted score for each act. The scores for frequency and duration of abuse are numerical scores which increase with higher levels of occurrence.

The measures utilized in this investigation are summarized in Table 4, along with the associated dependent variables.

Table 4

Summary of Measures and Associated Dependent Variables

Child Behavior Checklist (CBCL)
Externalizing T
Internalizing T
Sum T
Sum Sexually Related Items
Child Behavior Checklist Teacher's Report Form (TRF)
Externalizing T
Internalizing T
Sum T
Sum Sexually Related Items
Childrens Behavior Survey (Child Sexual Behavior Inventory, CSBI)
Sexual Environment Score
Life Intensity Score
CSBI Total Score
Therapist Checklist
Type of Coercion
Type of Abuse (Severity Score)
Relationship of Primary Perpetrator
Duration of Abuse
Frequency of Abuse
Gender of Perpetrator
Family Income
Months Since Last Assault

CHAPTER III

RESULTS

Preliminary Analysis

Relationships among the focal variables were assessed in several stages. Initially, although the groups were matched on the variables of gender of subject, age of subject, economic status of family, type of abuse to the child, and relationship of the primary perpetrator to the abused child, statistical tests were performed to determine overall whether there were significant differences among the four subject groups (Hispanic sex abused, Hispanic non sex abused, White non-Hispanic sex abused, White non-Hispanic non sex abused). These statistical tests confirmed that selection for matched groups was successful.

Secondly, for the TRF analyses, the 4-5 year old data included in this sample's population were examined, both separately and in combination with the age six and above TRF data. It was determined that there were no significant differences between the age groups, and so all subjects, for whom TRF data were available, are included in the analyses. Achenbach and Edelbrock (1986) argue that this is permissible, if children below age six are in a regular school environment, similar to those in which the profile was normed.

A Pearson correlation matrix was generated next (see Table 5), in order to determine the relationships among the dependent variables of age, ES, type of abuse, and the selected CBCL, TRF, and CSBI scales. Only 12 of the correlations were significant at the .05 level (2 tailed probability). The significance levels ranged in strength from .34 to .90.

Table 5

Correlation Matrix of Sex Abuse, CBCL, TRF, and CSBI Variables

	Age	Income	Severity of Abuse	CSBI Sexual Env.	CSBI Total	CSBI Life Intensity	CBCL INT	CBCL EXT	CBCL SUM - T	CBCL SR - SUM	TRF INT	TRF EXT	TRF SUM - T
Income	.16												
Severity of Abuse	.06	.10											
CSBI Sexual Env.	-.03	-.01	.10										
CSBI Total	-.36	.01	.15	.29									
CSBI Life Intensity	-.41 *	-.01	.01	.90 **	.41 *								
CBCL - INT	.12	-.10	.18	.21	.12	.14							
CBCL - EXT	.17	.02	.12	.11	.20	.04	.69 **						
CBCL SUM - T	.11	-.10	.13	.14	.16	.10	.86 **	.84 **					
CBCL SR - SUM	-.09	-.12	.30	.09	.39	.16	.34 *	.27	.51 **				
TRF - INT	-.19	-.17	-.13	-.03	.05	-.05	-.11	.03	-.04	.07			
TRF - EXT	-.26	-.14	-.52 *	-.22	.06	-.13	-.16	.17	-.03	-.02	.41 *		
TRF SUM -T	-.32	-.15	-.45	-.19	.08	-.11	-.20	.16	-.05	.02	.53 **	.87 **	
TRF SR - SUM	-.13	-.21	-.06	.23	.42	.36	-.30	-.24	-.26	.12	.14	.15	.20

* $p < .05$
** $p < .01$

Examining the relationship of the CSBI variables with other variables in the matrix, we can see that they have no significant relationship to either the CBCL scales or the TRF scales. Unexpectedly, the CSBI was not correlated with the CBCL SR-SUM or the TRF SR-SUM. However, they do significantly correlate with other variables. For example, the CSBI Life Intensity scale is strongly correlated with the CSBI Sexual Environment scale (r=.90) and moderately correlated with the CSBI Total (r=.41). The CSBI Life Intensity is negatively correlated with the age of the child (r=-.41). It appears that, for this sample, the younger subjects have experienced a greater number of stressful life events.

Upon examining the CBCL correlations, the results indicated that, as expected, the CBCL-INT scale is significantly correlated with the CBCL SUM-T (r=.86) and the CBCL SR-SUM (r=.34). Additionally, there is an expected significant correlation between the CBCL-EXT and the CBCL SUM-T (r=.84), but no significance was found between the CBCL-EXT and the CBCL SR-SUM. The CBCL SUM-T is significantly correlated with the CBCL SR-SUM (r=.51). The extremely high correlations between the CBCL SUM-T and the CBCL-EXT and CBCL-INT are due to the fact that the CBCL SUM-T scale is derived from the same items as the CBCL-INT and CBCL-EXT scales (multicollinearity). The CBCL-INT is also fairly highly correlated with the CBCL-EXT (r=.69). However, these scales are dimensions originally created, based upon a factor analysis, which are capable of distinguishing children whose behavior problems are primarily externalizing from those children whose behavior problems are primarily internalizing. For these subjects, different scores in different areas form a pattern distinguishable from those whose scores show the opposite pattern (Achenbach & Edelbrock, 1983). Therefore, in this study by examining

both the correlation value and the pattern of correlations these variables have with other variables, it is concluded that they are not multicollinear. Basically, these variables are correlated, but they do differentiate between other variables (Cohen & Cohen, 1975; Tabachnick & Fidell, 1989). The CBCL scores did not significantly correlate with any other variables in this matrix including all TRF variables.

An examination of the TRF correlations indicates that, as expected, the TRF-INT is significantly correlated with the TRF-EXT (r=.41) and the TRF SUM-T (r=.53). The TRF-EXT is highly significantly correlated with the TRF SUM-T (r=.87). Again, this is due to the fact that the SUM-T scale incorporates the items utilized to compute the TRF-INT and TRF-EXT scales (multicollinearity).

Two additional findings are noteworthy. Firstly, the TRF SR-SUM did not significantly correlate with any of the TRF scales. Secondly, the TRF-EXT was moderately negatively correlated with severity of abuse (r=-.52). Thus, for this population, the more severe is the sexual abuse, the less externalized the children are in the school environment.

An additional preliminary analysis was done on the variable of the gender of the child across all associated dependent variables. The results of these ANOVAS indicated that out of the numerous interactions and main effects possible, gender only contributed significantly on the variable of CBCL-EXT. Table 6 summarizes the means and standard deviations of the CBCL-EXT scores by gender, ethnicity, and abuse status. There was a significant main effect between males and females on the CBCL-EXT. Male subjects scored significantly higher than females (F = 12.91, df = 1, 79, p < .001). There was also a significant 3 way interaction. Hispanic non-abused males were significantly higher than White non-Hispanic abused females (F = 5.70,

Table 6

Means (and Standard Deviations) on CBCL Externalizing T

Scores by Ethnicity, Abuse Status, and Gender

	Hispanic			White Non-Hispanic			
	Gender						
Sex Abuse Status	Males	Females	All	Males	Females	All	Total
Abused	66.2 (14.4)	65.2 (10.5)	65.7 (12.3)	66.4 (11.1)	51.8 (6.8)	59.1 (11.7)	62.4
Non-Abused	76.4 (8.5)	62.7 (13.0)	69.6 (12.8)	74.1 (5.2)	70.0 (11.8)	72.4 (9.2)	71.0
Total	71.3	64.0	67.6	70.6	60.9	65.7	66.7

df =1, 79, $p < .001$). Additionally, based upon post hoc Tukey tests, White non-Hispanic sexually abused females were significantly lower on the CBCL-EXT than all other cells, except Hispanic non-abused females. Because of the minimal impact of gender on the numerous associated dependent variables, the remaining analyses were collapsed across the variable of gender.

Primary Hypothesis

Following the preliminary analyses, the next stage of the analysis was focused upon the primary research question. The primary question that was addressed was whether Hispanic sexually abused children, referred for evaluation and treatment, manifest different problem behaviors than White non-Hispanic sexually abused children also referred for evaluation and treatment. It was hypothesized that the Hispanic child might be more likely to be significantly impaired psychologically/behaviorally and more specifically, that the impairment would be more strongly internalized for the Hispanic child, than for White non-Hispanic children. The initial tests were 2 x 2 ANOVAS (ethnicity x abuse status) on the nine measures of problem behaviors included in this investigation. Table 7 displays the means and standard deviations of the CBCL, TRF, and CSBI related variables by ethnicity and abuse status.

CBCL Scales. There was a significant main effect on the CBCL SUM-T. Sexually abused children were significantly lower on this variable ($F = 3.99$, df = 1, 79, $p < .05$). Sexually abused children had a mean of 66.8, while non-abused children had a mean of 72.1. There was a second main effect between sexually abused and non-abused children on the CBCL-EXT, with non-abused children scoring significantly higher ($F = 13.06$, df = 1, 79, $p < .001$). Non-abused children had a mean of 71.0, while abused children had a mean of 62.4.

Table 7

Means (and Standard Deviations) for All Main Dependent Variables

	CBCL				TRF				CSBI
	Ext	Int	Sum - T	SR-Sum	Ext	Int	Sum - T	SR-Sum	Total
Hispanic									
Abused	65.7 (12.3)	68.2 (13.1)	69.8 (13.3)	2.1 (2.5)	59.7 (11.3)	56.5 (7.9)	59.2 (11.5)	.23 (.60)	23.4 (16.7)
Non-Abused	69.6 (12.8)	69.1 (10.2)	72.3 (12.6)	1.9 (2.6)	68.9 (9.3)	58.1 (5.8)	65.2 (16.9)	.27 (59)	
White Non-Hispanic									
Abused	59.1 (11.7)	63.1 (9.8)	63.8 (13.1)	2.3 (2.4)	61.5 (8.7)	59.3 (6.8)	61.9 (8.2)	1.2 (1.2)	26.5 (26.2)
Non-Abused	72.4 (9.2)	67.8 (6.3)	72.0 (7.9)	1.0 (1.5)	65.7 (9.2)	57.8 (7.2)	64.7 (9.7)	.39 (.78)	
All Abused	62.4 (12.3)	65.7 (11.7)	66.8 (13.4)	2.2 (2.4)	60.6 (9.9)	57.9 (7.4)	60.5 (9.9)	.73 (1.0)	24.9 (21.8)
All Non-Abused	71.0 (11.1)	68.5 (8.4)	72.1 (10.4)	1.4 (2.1)	67.2 (9.3)	58.0 (6.5)	64.9 (13.2)	.33 (.69)	

TRF Scales. There was only one significant main effect. Sexually abused children were significantly lower than non-sexually abused children on the TRF-EXT score ($F = 6.89$, $df = 1, 58$, $p < .01$). The mean of the sexually abused children was 60.6, while the mean for non-abused children was 67.2.

CBCL and TRF Sexually Related Items. The next 2 x 2 ANOVAS were performed on the separate summary scores of the sexually related items from the CBCL and the TRF. Table 7 shows the means and standard deviations for this analysis. No significant differences were found on the CBCL scale. However, two significant main effects and a significant interaction were found on the TRF SR-SUM . Sexually abused subjects were rated significantly higher on the sexually related items than the non-abused subjects ($F = 3.94$, $df = 1, 58$, $p < .05$). White non-Hispanic subjects were rated significantly higher than Hispanic subjects ($F = 5.88$, $df = 1, 58$, $p < .05$). Abused White non-Hispanic subjects were rated significantly higher than any other group ($F = 4.29$, $df = 1, 58$, $p < .05$).

CSBI Total. The CSBI Total, although designed to examine sexually related behaviors, was unable to discriminate between the groups in any way.

As another test of the primary hypothesis, a discriminant function analysis was run in order to determine if a pattern of differences emerged such that the prediction of group membership was possible along either the abuse classification or ethnicity for the four subject groups. Six independent variables were assessed as possible predictors of group membership. First, the CBCL scores were used: CBCL-INT, CBCL-EXT, and then separately their composite score CBCL SUM-T. Next the TRF scores were used, TRF-INT, TRF-EXT, and then separately their composite TRF SUM-T. Finally, the CBCL and TRF scores

were used in combination as predictors (both as separate and as composite scores).

These discriminant function analysis groupings were selected for several reasons. Firstly, because of the existence of multicollinearity between the SUM-T and the CBCL-INT/EXT and the TRF-INT/EXT. The SUM-T's could not be included together in a discriminant function analysis with the EXT or INT because the same items were used to create the scales, therefore making these scales redundant. Secondly, the existence of the missing TRF values necessitated running the CBCL and TRF independently to avoid loss of subjects. Additionally, the CSBI variable was not included in the discriminant function analysis because it was an abused only variable. The results of the analysis revealed that some of the scores were reliable predictors of group membership, especially along the abuse dimension.

DFA #1: CBCL Scores (CBCL-INT & CBCL-EXT). The CBCL-EXT and CBCL-INT are both significant predictors of group membership. Using these variables, the analysis produced two discriminant functions. The first function discriminated the groups along the abuse dimension of membership (see Figure 1 and Table 8). This function accounted for 18% of the variability in the groups (canonical correlation = .42). The dominant predictor in this function was the CBCL-EXT (r = .94), indicating that this variable is the most useful in identifying the abused versus non-abused groups.

The second function discriminated along the ethnic dimension of the groups (see Figure 1 and Table 8). This function weighted most heavily on the CBCL-INT (r = .92). Although the CBCL-INT is a significant predictor of group membership, and was selected for inclusion in the stepwise model, the strength

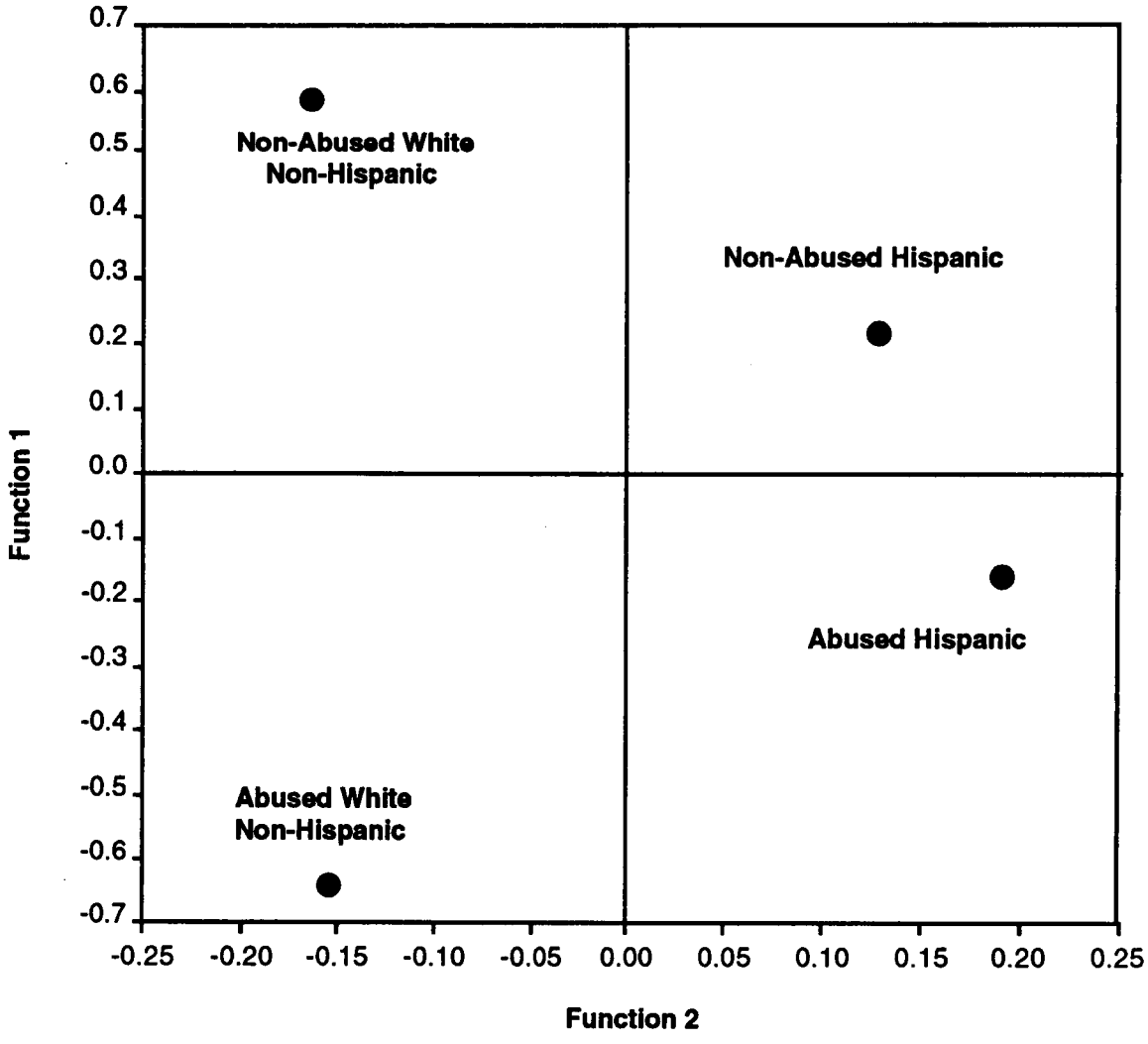

Figure 1

Group Discrimination Using CBCL Externalizing T and CBCL Internalizing T

Table 8

Canonical Discriminant Functions Evaluated at Group Means Using CBCL-EXT and CBCL-INT

Group	Function 1	Function 2
Non-abused White non-Hispanic	.59	-.16
Non-abused Hispanic	.22	.13
Abused White Non-Hispanic	-.64	-.15
Abused Hispanic	-.16	.19

of the contribution of function 2 is minimal. This function accounts for less than three percent of variability in group membership.

DFA #2: CBCL SUM-T. The CBCL SUM-T composite score was not a reliable predictor of group membership ($p < .05$). The discriminant function produced with this variable accounted for little variability and did not discriminate along the abuse or ethnic dimensions.

DFA #3: TRF Scores (TRF-INT & TRF-EXT). Neither the TRF-EXT nor the TRF-INT were significant predictors of group membership at the .05 level. The TRF-EXT was selected for inclusion in a stepwise model ($p = .06$), so it will be discussed. The single discriminant function produced using the TRF scores did discriminate along the abuse dimension. However, the strength of prediction was lower (13% of variability) than the CBCL function.

DFA #4: TRF SUM-T. The TRF SUM-T composite score was not a useful predictor of group membership.

DFA #5: Combined Prediction Model (CBCL-INT/EXT & TRF-INT/EXT). Although the CBCL and TRF contain many of the same items, these variables were run all together to see what the effects would be on the prediction model. When the CBCL and TRF scores were combined, the model did not improve in either the ability to discriminate along both dimensions, or the strength of association. Of the four variables, only the two externalizing scores, CBCL- EXT and TRF-EXT, were selected for stepwise inclusion in the model. The first function appears to discriminate along the abuse dimension as well as the first function in the CBCL model (see Figure 2 and Table 9). The strength of association is identical to the CBCL model, again accounting for 18% of the variability. This function was most strongly weighted on the externalizing scores.

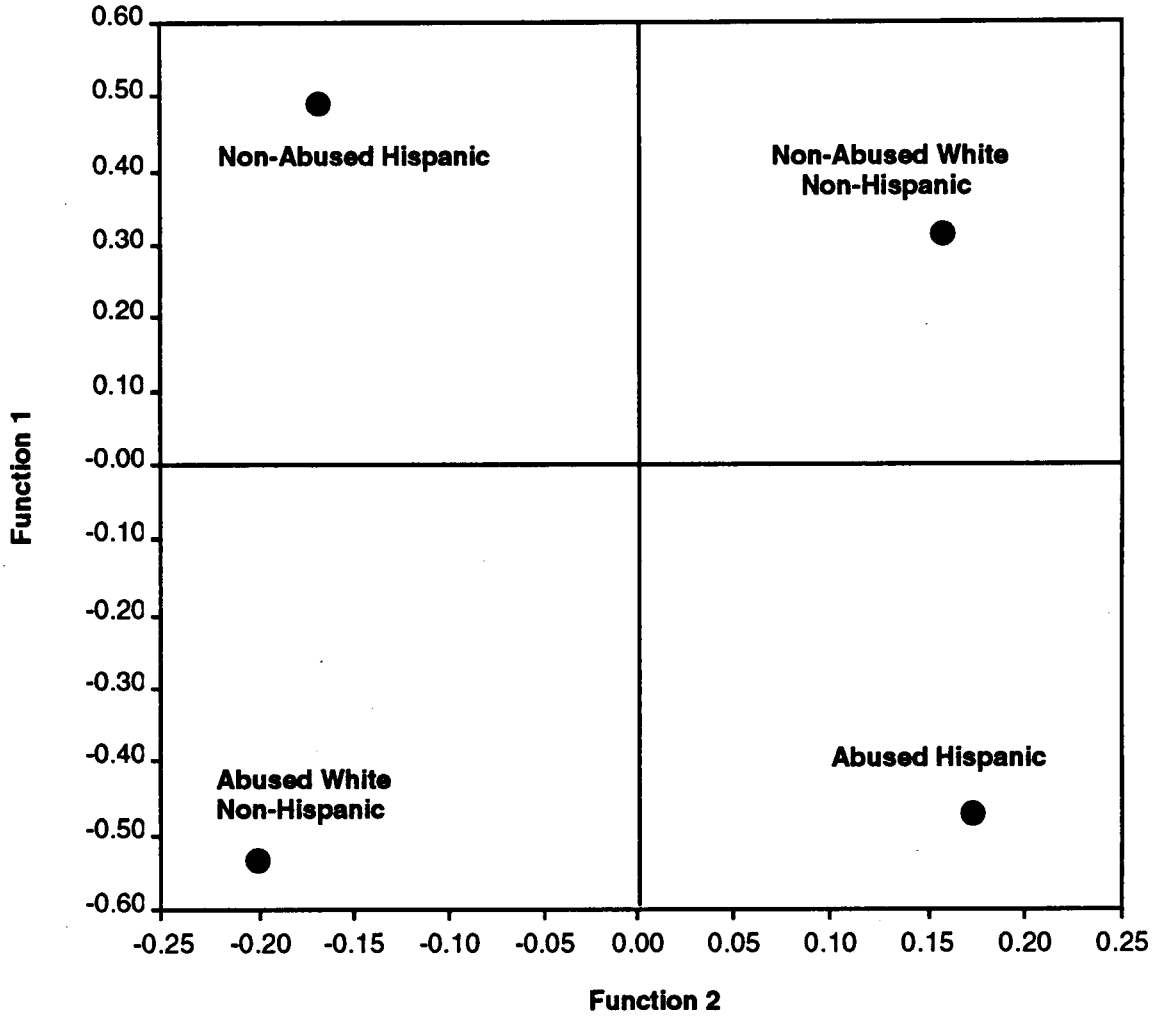

Figure 2

Group Discrimination Using CBCL-INT/EXT and TRF-INT/EXT

Table 9

Canonical Discriminant Functions Evaluated at Group Means Using CBCL-INT/EXT and TRF-INT/EXT

Group	Function 1	Function 2
Non-abused White non-Hispanic	.32	.16
Non-abused Hispanic	.49	-.17
Abused White Non-Hispanic	-.53	-.20
Abused Hispanic	-.47	.17

The second function in this model was similar in strength to the CBCL model, accounting for only 3% of the variability. However, this function does not discriminate along an obvious dimension. Instead, it appears to group the Hispanic non-abused group with the White non-Hispanic abused group, and discriminate these groups from the other two (see Figure 2 and Table 9). Consequently, this model may not be as useful as the CBCL model.

DFA #6: CBCL SUM-T & TRF SUM-T. The combined model of CBCL and TRF composite scores did not produce reliable predictors of group membership.

Summary. The CBCL scores were the most useful predictors of group membership. These predictors produced a model that discriminated along both the abuse and ethnic dimensions. However, the relative strength of the model in discriminating among ethnic groups was low. The only other model that demonstrated significant, reliable discrimination was the combined model of CBCL and TRF variables. However, these variables only discriminated along the abuse dimension, not ethnicity.

Secondary Hypothesis

Following the analyses examining the primary hypothesis, the next stage of the analysis was focused upon the secondary hypothesis which was concerned with the differences in behaviors between the home and school settings. It was hypothesized that behavior between the home and school settings would be different, and as such a different psychological/behavioral profile on the children might be expected from the teachers than that of the profile filled out by the parents. To address this secondary hypothesis, a reexamination of the correlation matrix is necessary (see Table 5). Looking closely at the relationship between the TRF and CBCL scores, there is no

significant correlation between any of the variables of either measure. This indicates that there is no pattern of association between settings. The lack of significant correlation could be due to the small sample size (N = 59), and with a larger subject population these correlations would most likely be significant.

To further examine the relationship between settings, a series of repeated measures ANOVAS comparing the CBCL and TRF scales across environment, sex abuse status, and ethnic group were performed. In order to perform these tests, it was necessary to convert all raw scores into standardized scores (Z - scores) (T. M. Achenbach, personal communication, August, 1992). With the EXT, INT, and SUM-T variables, no significant findings were indicated between environments. However, on the SR-SUM scales, a significant interaction was found between environment and ethnicity ($F = 5.62$, $df = 1, 55$, $p < .05$). Table 10 indicates that Hispanics were rated lower on sexually related behaviors in the school setting (TRF), while White non-Hispanic children were rated lower on sexually related behaviors in the home environment.

Examination of CBCL and TRF in Relation to Clinical Cutoff Scores

As a further examination of the focal variables of INT, EXT, and SUM-T, and their relationship with ethnicity and sexual abuse status, an analysis was performed to determine the percentage of scores for each subject group falling above and below the clinical cutoff values on the CBCL and TRF. The percentages are displayed in Table 11. Of note is that for the Hispanic subjects on the CBCL, the percentage of subjects above the clinical cutoff for both abused and non-abused subjects is almost exactly the same. The White non-Hispanic subject's percentage values on the CBCL reflect the opposite pattern, with disparate percentage values being shown. White non-Hispanic non-

Table 10

Standardized Means (and Standard Deviations) for Significant Interaction Between Environment and Ethnicity on SR-SUM Scales

	Hispanic	White Non - Hispanic
TRF SR - SUM	-.29 (.67)	.26 (1.17)
CBCL SR - SUM	.07 (1.10)	-.08 (.89)

Table 11

Percentage of Subjects in Each Group Above

Clinical Cut-Off Scores for CBCL and TRF

	CBCL			TRF		
	Ext	Int	Sum - T	Ext	Int	Sum - T
Hispanic						
Abused	70.0	65.0	70.0	38.5	30.8	38.5
Non-Abused	70.0	65.0	80.0	73.3	40.0	66.7
White Non-Hispanic						
Abused	30.0	50.0	40.0	46.2	30.8	38.5
Non-Abused	85.0	75.0	85.0	66.7	33.3	61.1
All Abused	50.0	57.5	55.0	42.3	30.8	38.5
All Non-Abused	77.5	70.0	82.5	69.7	36.4	63.6

abused subjects have a greater percentage of subjects falling above the clinical cutoff than White non-Hispanic abused subjects. On the other hand, the patterns between the groups on the TRF for both Hispanic and White non-Hispanic subjects are similar, with higher percentages being reflected for the non-abused subjects. Overall, the percentages reflect more non-abused subjects scoring above the clinical cutoff values on both the CBCL and TRF than abused subjects.

To test for significant associations between the proportions of subjects falling above and below the clinical cutoff values, Chi Square analyses were performed. No significant associations were found on the internalizing scores for either the CBCL or the TRF. There was a significant association found on the CBCL-EXT between clinical status and experimental groups (χ^2 = 14.56, df = 3, $p < .01$). The White non-Hispanic non-abused subject group had significantly more children manifesting externalized behavior problems in the "clinical" versus "normal" range, than the abused White non-Hispanic subject group. There was an additional significant association on the CBCL SUM-T between clinical status and experimental groups (χ^2 = 11.09, df = 3, $p < .01$). Once again, the White non-Hispanic non-abused group had significantly more subjects with overall behavioral disturbance levels in the clinical range, than the abused White non-Hispanic group. Comparing the four experimental groups, no other significant associations were found.

The next Chi Square analyses were performed, independent of ethnic group status, comparing all abused with all non-abused subjects. Further associations were found for both the CBCL and TRF. For the CBCL, there was a significant association on the CBCL-EXT between clinical and abuse status

(χ^2 = 6.67, df = 1, p < .01). There was also a significant association on the CBCL SUM-T between clinical and abuse status (χ^2 = 7.22, df = 1, p < .01). In both cases, the non-abused groups had significantly more subjects overall manifesting clinical levels of externalized disturbance, and more subjects with overall behavioral scores in the clinical range.

For the TRF, the same associations as for the CBCL (across all subjects independent of ethnic group) were found to be significant. There was a significant association on the TRF-EXT between clinical and abuse status (χ^2 = 4.50, df = 1, p < .05), and a significant association on the SUM-T between clinical and abuse status (χ^2 = 3.73, df = 1, p < .05). Comparing across ethnicity on the TRF for the four experimental groups, the same proportions of behavioral disturbances were found in the school setting between abused and non-abused subjects.

Other Measures

To lend further understanding to the results of this investigation, the following demographic variables were examined: CSBI Life Stress, CSBI Sexual Environment, type of coercion, severity of abuse, relationship of primary perpetrator, duration of abuse, frequency of abuse, gender of perpetrator, ES, months since last assault, marital status, age of mother, age of father, education of mother, education of father, and family size. The following four tables summarize the distribution of this investigation's sample on the main non-matched variables. Table 12 shows the type of coercion used by the perpetrator in relation to the experimental groups (abused only). With the Hispanic sexually abused subjects, the major coercion method utilized was force (65%), compared to only 35% of the White non-Hispanic sample. White non-Hispanic subjects were threatened (55%) or guilt was utilized (35%) more

Table 12

Distribution of Sample Percentages on Type of Coercion

	Abused	
Type of Abuse	Hispanic	White - Non Hispanic
Physical Force	65.0 (13)	35.0 (7)
Threats	40.0 (8)	55.0 (11)
Bribes/Favors	30.0 (6)	25.0 (5)
Guilt	20.0 (4)	35.0 (7)
Mean Total Coercion (Range 0 - 4)	1.65	1.40

Note: Number of subjects are in parentheses.

often than in the cases of Hispanic subjects (40% threatened/20% guilt). Overall, there was more coercion utilized (range 0-4) in the case of Hispanic subjects (1.65) than White non-Hispanic subjects (1.40).

The non-matched variable duration of abuse is illustrated in Table 13. Although these data were not available for all subjects, they were collected for 32 out of 40 subjects. These data indicate that, for this sample, White non-Hispanic subject's abuse tended to be of a longer duration (5.2 months) than the Hispanic subject's (3.3 months). Specifically, the greatest percentage of Hispanic subjects fall into the one time occurrence category (21.9%), whereas only 6.23% of the White non-Hispanic subjects are in this category.

The sex of the perpetrator and marital status of the subject's parents were available for all subjects in this investigation. Examination of Table 14 clearly shows that for all subjects, the great majority of perpetrators were male (90%). Table 15 summarizes the variable of marital status, with the highest percentage of both abused and non-abused White non-Hispanic subjects coming from divorced families (Abused 10%/Non-abused 11.3%). In the case of Hispanic subjects, the picture is quite different, with the highest percentage of non-abused Hispanic subjects coming from intact families (10%) and the highest percentage of abused Hispanic subjects coming from single parent/never married homes (8.8%). These percentages reflect what portion of the 25% of subjects within each group fall into the specific marital status category.

A series of 2 x 2 (ethnicity x abuse status) ANOVAS were performed on the appropriate demographic variables. Table 16 displays the means and standard deviations for these variables. An examination of those demographic variables involving only the sexually abused subjects found no significant differences between groups in terms of the type of coercion utilized.

Table 13

Distribution of Sample Percentages on Duration of Abuse

	Abused		
Duration of Abuse	Hispanic	White - Non Hispanic	Total
1 Time	21.9 (7)	6.3 (2)	28.1 (9)
1 - 2 Months	15.6 (5)	9.4 (3)	25.0 (8)
3 - 6 Months	6.3 (2)	6.3 (2)	12.5 (4)
7 - 9 Months	3.1 (1)		3.1 (1)
10 - 12 Months	3.1 (1)	6.3 (2)	9.4 (3)
13 - 18 Months		3.1 (1)	3.1 (1)
19 - 24 Months		3.1 (1)	3.1 (1)
> 24 Months	6.3 (2)	9.4 (3)	15.6 (5)
Mean	3.3	5.2	

Note: Number of subjects are in parentheses.

Table 14

Distribution of Sample Percentages on Gender of Perpetrator

	Abused		
Gender of Perpetrator	Hispanic	White - Non Hispanic	Total
Male	47.5 (19)	42.5 (17)	90.0 (36)
Female	2.5 (1)	7.5 (3)	10.0 (4)

Note: Number of subjects are in parentheses.

Table 15

Distribution of Sample Percentages on Marital Status

	Abused		Non -Abused		
Marital Status	Hispanic	White - Non Hispanic	Hispanic	White - Non Hispanic	Total
Single, Never Married	8.8 (7)	2.5 (2)	1.3 (1)	1.3 (1)	13.8 (11)
Married	7.5 (6)	6.3 (5)	10.0 (8)	5.0 (4)	28.8 (23)
Separated	3.8 (3)	5.0 (4)	3.8 (3)	7.5 (6)	20.0 (16)
Divorced	3.8 (3)	10.0 (8)	7.5 (6)	11.3 (9)	32.5 (26)
Divorced/Remarried	1.3 (1)	1.3 (1)			2.5 (2)
Widowed			2.5 (2)		2.5 (2)
Totals	25.0 (20)	25.0 (20)	25.0 (20)	25.0 (20)	100.0 (80)

Note: Number of subjects are in parentheses.

Table 16

Means (and Standard Deviations) for Sexually Abused Only Demographic Variables

	Hispanic	White non-Hispanic
Type of Coercion	1.7 (.8)	1.4 (.9)
Severity of Abuse*	9.6 (5.8)	9.6 (5.8)
Frequency of Abuse	1.9 (1.3)	4.8 (1.8)
Duration of Abuse	3.3 (2.6)	5.2 (2.9)
CSBI Life Intensity	.4 (.3)	.5 (.3)
CSBI Sexual Environment	2.3 (1.6)	1.9 (1.9)
Months Since Last Assault	5.3 (6.6)	11.0 (9.3)

* Matched variable

Additionally, as mentioned earlier, no CSBI scores reached significance. This measure clearly did not discriminate between the groups of subjects in this investigation. Examining the variable of frequency of abuse, it was found that White non-Hispanic subjects had a significantly higher rate ($\bar{x}$ = 4.8) than Hispanic subjects ($\bar{x}$ = 1.9) (F = 15.70, df = 1, 25, p < .001). Duration of abuse also reached significance, with White non-Hispanic subjects experiencing a longer duration of abuse (expressed in terms of months) ($\bar{x}$ = 5.2) than Hispanic subjects ($\bar{x}$ = 3.3) (F = 3.99, df = 1, 30, p < .05). Additionally, in relation to months since last assault, White non-Hispanics had waited significantly longer (expressed in months) ($\bar{x}$ = 11.0) before seeking treatment than the Hispanic subject population ($\bar{x}$ = 5.3) (F = 4.65, df = 1, 35, p < .05). Thus, for this population, although White non-Hispanic subjects experienced more frequent abuse, over a longer period of time, they still waited significantly longer than the Hispanic families in this investigation prior to seeking treatment. It must be noted however, that for the variables of duration, frequency, and months since last assault, there was incomplete data, and so any conclusions must be viewed with caution.

Table 17 displays the means and standard deviations for the appropriate demographic variables across all subject groups. The ANOVAS on the appropriate demographic variables collected across all subject groups revealed that White non-Hispanic subject's mothers were older than Hispanic mothers (F = 4.36, df = 1, 78, p < .05). White non-Hispanic mothers also had significantly more years of education than Hispanic mothers (F = 6.43, df = 1, 78, p < .01). There were no significant differences in the groups in terms of father's age, years of education, or parental marital status. As far as family size,

Table 17

Means (and Standard Deviations) for Demographic Variables Across All Subjects

	Hispanic		White Non-Hispanic	
	Abused	Non-Abused	Abused	Non-Abused
Age of Mother	29.6 (4.3)	34.4 (6.6)	31.6 (11.6)	36.3 (9.8)
Age of Father	35.6 (6.2)	33.4 (6.7)	33.8 (10.8)	39.2 (9.6)
Years of Education - Mother	10.5 (3.3)	11.4 (3.1)	12.0 (1.5)	13.1 (2.9)
Years of Education - Father	11.0 (2.8)	11.8 (2.7)	12.1 (2.4)	13.4 (2.7)
Family Size	2.6 (.82)	2.2 (.75)	2.4 (1.5)	1.8 (.64)

abused families had significantly more children than non-abused families (F = 6.40 df = 1, 79, $p < .01$).

Summary of Major Findings

Preliminary examination of the correlation matrix found few significant associations. Surprisingly, only 12 of the correlations were significant. As expected, the CBCL scales strongly correlated among themselves and although not as strongly, the TRF scales correlated moderately among themselves. Surprisingly, the CSBI was not correlated with any other behavioral measure. Preliminary analyses also revealed few differences in the subject groups across the variable of gender of subject.

Partial support of the primary hypothesis was indicated by the analysis of the TRF SR-SUM results. The sexually abused and White non-Hispanic groups manifested significantly higher sexually related behaviors than either the non-abused or the Hispanic groups. The abused White non-Hispanic subjects were rated higher than any other group. The discriminant function analysis demonstrated that the CBCL scores were able to produce a model that discriminated between both the abuse and ethnic dimensions, although the relative strength of the model in discriminating among ethnic groups was low. The CBCL-EXT was the most useful in identifying abuse status and the CBCL-INT was the most useful in identifying ethnic status, with Hispanic subjects displaying more internalized behaviors than White non-Hispanic children. These discriminations were not significant across ethnicity x abuse status, however.

The tests of the primary hypothesis also revealed significant differences between sexually abused and non-abused children. The CBCL SUM-T results indicated that the sexually abused children in this sample were manifesting

lower overall behavioral disturbance. However, higher sexually-related behaviors were found for this same subject group within the school setting, as measured by the TRF.

Consistent with the literature, non-sexually abused children manifested significantly higher externalized behaviors, as indicated by both the CBCL and TRF findings. The discriminant function analysis, utilizing the combined model of CBCL and TRF variables, supports these results in that the two EXT scores were able to discriminate among the groups along the abuse dimension.

The tests of the secondary hypothesis revealed that there was no correlation between any CBCL or TRF scales, demonstrating no pattern of association between settings. However, direct support for the secondary hypothesis was found in the repeated measures ANOVAS on the SR-SUM scales. Hispanic children were rated lower on the TRF SR-SUM, while White non-Hispanic children were rated lower on the CBCL SR-SUM.

The examination of the proportions between the groups on clinical cutoff scores revealed that the EXT and SUM-T scales reflected significantly different associations between clinical status and experimental conditions. For the CBCL, more White non-Hispanic non-abused subjects manifested clinical levels of externalized and overall behavioral disturbance than the White non-Hispanic abused subjects. Across all abused and all non-abused subjects, collapsing for ethnicity, on both the CBCL and TRF, a similar pattern was found. More non-abused subjects manifested clinical levels of externalized and overall behavioral disturbance than the abused subjects.

CHAPTER IV

DISCUSSION

The present study represents a beginning. Its purpose was to explore the area of Hispanic child sexual abuse, and to examine the short term psychological correlates of sexual abuse upon this population. It was hoped that the beginnings of a behavioral profile for the Hispanic sexually abused child could be created, to begin to fill the void of information which is currently known about this population. A Pearson correlation matrix, as well as various ANOVAS (including repeated measures), and discriminant function analyses were applied to this data set in order to explore the characteristics of the experimental groups of Hispanic abused versus White non-Hispanic abused children and the control groups of Hispanic non-abused and White non-Hispanic non-abused children.

Overall, the results partially supported the primary hypothesis put forth in this study. The abused White non-Hispanic subjects in this investigation manifested significantly higher sexually related problem behaviors in the school setting than the Hispanic sexually abused group, but the Hispanic sexually abused group was not significantly different from the Hispanic non-abused group across this variable. The discriminant function analyses were able to discriminate between both the abuse and ethnic dimensions, but were not able to discriminate across ethnicity x abuse status. Direct support for the secondary hypothesis was found in the repeated measures ANOVAS. Hispanic children were found to manifest lower sexually related problem behaviors in the

school setting, and White non-Hispanic children were found to manifest lower sexually related problem behaviors in the home setting.

Additionally, in relation to the percentages of subjects above and below the clinical cutoff scores on the TRF and CBCL, significant associations were found for the White non-Hispanic subjects, with a greater number of subjects in the non-abused group reaching clinical levels of behavior problems on the EXT and SUM-T of the CBCL. Over all subjects, collapsing on ethnicity, significant associations were found on both the EXT and SUM-T for both the CBCL and the TRF. A higher proportion of non-abused subjects achieved "clinical level" scores than did subjects in the abused group.

Organizing the results in order to begin to put together behavioral profiles of the various subject groups provides a clear mechanism for determining what the findings indicate concerning the similarities and differences for the subject groups. The first profile to be examined is across the variable of abuse.

Sexually Abused vs. Non-Sexually Abused

Non-abused subjects are perceived by their parents as being more externalized and as demonstrating higher overall levels of behavioral disturbance than the abused subjects, as evidenced by their significantly higher CBCL-EXT and CBCL SUM-T scores. In relation to this, the higher proportion of non-abused subjects falling into the clinical range of the CBCL-EXT and CBCL SUM-T variables was also significant. This was also true for the TRF scores, with a significantly higher proportion of non-abused subjects scoring in the clinical range of the TRF-EXT and TRF SUM-T. Additionally, the CBCL-EXT, TRF-EXT, and the combined CBCL and TRF-EXT discriminant function analyses all predicted group membership between abused and non-abused subjects on these variables, with non-abused subjects manifesting higher scores and

abused subjects manifesting lower scores. The non-abused group was also characterized by the variable of family structure, in that there were significantly less children in the non-abused children's families than in the abused.

For the abused group, parents saw them as manifesting significantly lower levels of overall behavioral disturbance than the clinical non-abused group, as indicated by their CBCL SUM-T scores. Additionally, for the abused group, the significantly lower TRF-EXT scores from their teachers provided further evidence for the differences in externalized behaviors between these two groups. Related to this finding, it was shown that the more severe the abuse, the less externalized the children are in the school environment. The proportion of abused subjects falling into the clinical range was significantly lower than for the non-abused subjects on both the CBCL and TRF-EXT and SUM-T variables. One further characteristic of the sexually abused group, as evidenced by the TRF SR-SUM score is that teachers saw more sexualized behaviors being manifested by these children than the non-abused children. Finally, this group also is composed of families with greater numbers of children than the non-abused sample.

Although no empirical investigation profiling abused and non-abused subjects has utilized the TRF comparison data to date, the results utilizing the CBCL are consistent with several empirical investigations that have suggested that, as a group, young sexually abused children demonstrate less behavior problems than non-sexually abused clinical samples (Cohen & Mannarino, 1988; Friedrich, Beilke, & Urquiza, 1988; Gomes-Schwartz, Horowitz, & Cardarelli, 1990; Gomes-Schwartz, Horowitz & Sauzier, 1985; Hewitt & Friedrich, 1981). Several empirical studies additionally have found more sexualized behaviors demonstrated by the sexually abused subjects than their

outpatient control groups (Cardarelli, 1990; Cohen & Mannarino, 1988; Friedrich, 1988; Friedrich, Beilke, & Urquiza, 1988; Gomes-Schwartz, Howowitz, & Cardarelli, 1990; Hewitt & Friedrich, 1991). However, none of these investigations achieved these results utilizing the TRF SR-SUM , but rather with either the CBCL or the Louisville Behavior Checklist. Additionally, Hewitt & Friedrich (1991) demonstrated more sexualized behaviors with the CSBI. For the present study, neither the CSBI nor the CBCL SR-SUM achieved significant results along the abuse dimension.

This discrepancy could be due to several reasons across the various studies. Firstly, the present study's abused and non-abused groups contained a 50% Hispanic population. None of the above investigations fell below a 75% White non-Hispanic sample and none indicated that Hispanics were included in their subject groups. If they had included Hispanics in their samples, this might have influenced their results. Additionally, another possible reason for the differing results is that Cohen and Mannarino's (1988) sample was all female and Friedrich, Beilke, and Urquiza's (1988) sample was all male, as opposed to the 50% female/50% male subject population in the present study. Also, Friedrich (1988) and Hewitt and Friedrich (1991) did not specify the severity of the abuse experienced by their subjects and the majority of Gomes-Schwartz, Horowitz, and Cardarelli's (1990) sample experienced what they described as "serious sexual abuse." The present sample experienced a majority of "less severe" abuse overall. These differences could have influenced the discrepancy in results. On the other hand, a close examination of the CBCL SR-SUM results across abuse status in the present investigation indicates that the trend is toward a higher number of sexually related behaviors being

manifested by the abused subject group. Although this did not reach significance, a larger sample size might possibly have impacted these results.

The inability of the CSBI to discriminate abused from non-abused subjects overall is surprising given that the preliminary CSBI research investigation (Friedrich, Grambsch, Damon, Hewitt, Koverola, Lang & Wolfe, in press) has indicated that the CSBI is an effective measurement tool. Additionally, in this investigation, the CSBI was not correlated with any other behavioral measure including the TRF SR-SUM and CBCL SR-SUM, and was unable to distinguish between the abused or ethnic groups in any way. It is important to remember however, that in the normative study for the CSBI, the TRF SR-SUM was not tested separately as a comparison measure for sex abuse discrimination, only the CBCL SR-SUM. This research has yet to be done.

The CSBI is newly developed, and due to its performance, the validity of the instrument for this study's sample is questionable. One possible explanation for its ineffectiveness across abused/non-abused subjects and with the Hispanic sample is the need to test the effectiveness of the instrument on an Hispanic sample. It simply may be culturally inappropriate. Friedrich, Grambsch, Damon, Hewitt, Koverola, Lang & Wolfe (in press) discuss that there is a very low frequency of non-Whites in the normative sample, and that further development of the norms with more representative samples is important. This measure however was even unable to differentiate between the White non-Hispanic abused and non-abused groups. This is contrary to Hewitt & Friedrich (1991) who were able to discriminate among abused and non-abused subjects in their investigation utilizing the CSBI. One possible explanation for this discrepancy could be due to the fact that they utilized a younger sample (1 - 5

years) and it was comprised of 75% females. However, the answer may also lie in the "unspecified" variables of the investigation such as how much time had elapsed between the abuse and the point of assessment, what types of sexual abuse did the subjects experience, what relationship were the perpetrators to the subjects (and gender), and what was the ethnic configuration of the sample.

The results of the CSBI for this investigation did indicate internal correlation, with its scales correlating among themselves. It was found that the greater the number of stressful life events experienced, the more sexualized is the home environment and the more sexualized behaviors are exhibited by the children. Additionally, the younger subjects have experienced a greater number of stressful life events.

In relation to the sexually abused versus non-sexually abused results for the present investigation, there were also researchers whose results contradict the finding of the present investigation that young sexually abused children demonstrate less behavior problems than a non-sexually abused clinical control sample (Adams-Tucker, 1982; Friedrich, 1988; Gale, Thompson, Moran, & Sack, 1988; Valliere, Bybee, & Mowbray, 1988). They instead found no differences between the sexually abused and clinical non-abused samples. One explanation, once again, could be the issue of ethnicity. Valliere, Bybee, and Mowbray's (1988) sample is unspecified on ethnicity, and the other studies do not fall below 89% White non-Hispanic. Once again, if they had included Hispanics in their samples, their results might have been affected. Some additional possible explanations for the different findings across the studies are: Gale, Thompson, Moran, and Sack (1988) utilized a "clinic-designed" form to assess differences in their groups, and indicated that they had no information on its validity or reliability; Valliere, Bybee, and Mowbray (1988) had both

parents fill out the CBCL forms, and because there was so little correlation between their responses, they only utilized the mother's data; Adams-Tucker (1982) utilized a clinical control group that was not well delineated. It made it difficult to understand what constituted the group to which they were comparing the sexually abused subjects, and Friedrich (1988) left unspecified the type of sex abuse that their subjects had experienced and in contrast to the present study's primarily lower ES sample, their sample was primarily middle class. Any of these methodological difficulties across these investigations could have influenced their results.

The next behavior profiles delineated by this investigation to be discussed are across the variable of ethnicity. It is at this point that this discussion enters very new territory. It must be emphasized that although the results with Hispanic subjects are exploratory in nature, they also mark a beginning of an accumulation of new knowledge which will hopefully assist mental health professionals in giving children the best care possible.

Hispanic vs. White Non-Hispanic

In relation to sexualized behaviors, Hispanic subjects overall in this investigation are characterized by lower TRF SR-SUM scores than White non-Hispanic children overall. Teachers are seeing Hispanic children manifesting less sexualized behaviors in the school setting. These results were seen both in the 2 x 2 (ethnicity x abuse status) ANOVAS, and in the repeated measures ANOVAS across environment. Additionally, in the discriminant function analyses, although weak, the CBCL-INT scale was able to significantly predict group membership along the ethnic dimension. Hispanic subjects are seen as

more internalized by their parents, and White non-Hispanic subjects are seen by their parents as lower on internalized behavior problems.

In terms of demographic variables, the Hispanic children in this investigation were more often born in the United States, and their parents were more often born in Mexico. According to Marin and VanOss Marin (1991) these families would be classified as "second generation" Hispanics. In relation to this, Giachello, Bell, Aday, and Anderson (1983) have indicated that foreign born Hispanics more consistently consider themselves to be Hispanic than those born in the United States. Additionally, in agreement with the research and discussions by Canino (1982), Marin and VanOss Marin (1991), and the President's Commission on Mental Health Special Populations Sub-Task Panel (1978), the predominant language of the majority of Hispanics in this sample was Spanish. Additionally, consistent with previous research, the variable of years of maternal education was lower for the Hispanic sample than for the White non-Hispanic sample (Barrera, 1987; Marin & VanOss Marin, 1991; Stein, Golding, Siegel, Burnham & Sorenson, 1988). For this investigation, years of paternal education did not distinguish this sample from the White non-Hispanic sample, although the actual average number of years found was consistent with the 1980 census discussion by Giachello, Bell, Aday, and Anderson (1983). Hispanic mothers were also found to be younger than White non-Hispanic mothers, which is consistent with the results of research concerning the Hispanic population as a whole, which find Hispanics to be younger, on the average, than the White non-Hispanic population (Giachello, Bell, Aday, & Anderson, 1980; Marin & VanOss Marin, 1991; President's Commission on Mental Health Special Populations Sub-Task Panel, 1978; Ramirez & Arce,

1981), although once again the Hispanic males were not significantly different from the White non-Hispanic males in terms of age.

These characteristics of language, birthplace, and years of education have been described in the literature as important indicators of acculturation (Berry, 1980; Canino, 1982; Giachello, Bell, Aday, & Anderson, 1983; Griffith, 1983; Griffith & Villavicencio, 1985; Marin & VanOss Marin, 1991). The Hispanic sample included in the present investigation, based upon the demographic information, would be described as having a low acculturational level. This is important in relation to the generalizability of the results, as acculturation is believed to be a significant modifier in Hispanic research (Marin & VanOss Marin, 1991). For example, Marin and VanOss Marin write:

> In terms of attitudes, for example, an individual can adapt by assimilation, integration, or rejection of the attitudes prevalent in either culture. In terms of language, Hispanics may completely shift to English, become bilingual, or maintain Spanish as the primary language. (p. 36)

Gender Results

The results of this investigation revealed surprisingly few differences in the subject groups across the variable of gender of subject, given the emphasis that the literature has placed upon the possible influence of gender of subject upon abuse status (Finkelhor, 1986; Friedrich, Urquiza, & Beilke, 1986; Geiser, 1979; Rush, 1980; Vander May, 1988). The only differences found were in relation to the variable of externalized behavior problems on the CBCL. For this investigation, male subjects were significantly more externalized than females. This is supported by the results of Friedrich, Urquiza, and Beilke (1986), and is further supported in the literature on child psychopathology (Eme, 1979). However, Friedrich, Urquiza, and Beilke (1986) did not include a clinical comparison sample, as did the present investigation. Additionally for the

current study, White non-Hispanic sexually abused females were the least externalized of all groups, and were significantly lower than all other groups except Hispanic non-abused females. Hispanic non-abused males were the most externalized and White non-Hispanic abused females were the least externalized.

Thus, in general for this sample, clinically seen males act out their disturbance (externalization) more often than females, regardless of ethnicity or sex abuse status. In comparison, Valliere, Bybee, and Mowbray's (1988) results did not show differences in internalized or externalized scores for gender or abuse status at time one, and showed more disturbance for boys and less for girls when tested one year later. The reason for these differences between the two studies, in addition to the methodological weaknesses and differences previously mentioned concerning the Valliere et al. (1988) study, could be that both studies described their samples as having had been sexually victimized, or had revealed their sexual victimization within the prior 24 months. What may be critical here is exactly when, within the specified time period, the abuse actually occurred. Narrowing this time span for either the current study or the Valliere et al. (1988) investigation could affect the results. This is an important factor and should be considered in future research. In support of this idea, White, Halpin, Strom and Santilli's (1986) sample (although younger) were abused within six months of being assessed, and their sex abused males were reported as exhibiting significantly more behavior problems than the abused females.

The overall results concerning gender in this investigation are such that no results can be attributed solely to sexual abuse status effects, and as such may be equally likely to occur in both male and female abuse victims. This

conclusion has been supported in the adult study by Briere, Evans, Runtz, and Wall (1988), who examined later psychological dysfunction. It is important to emphasize the exploratory nature of this investigation, the sample limitations, and the fact that there is very little empirical research done examining the effects of gender, and so care must be exercised not to generalize beyond the sample parameters.

The next subject profiles to be discussed concern the main experimental groups of abused Hispanic and abused White non-Hispanic. Comparisons will be drawn to the related control groups of non-abused subjects where applicable. These profiles are not meant to be representative of abused subjects in the general population of Hispanic or White non-Hispanic children. These results reflect the sample examined in this investigation only, and merely open the door to further research on what has been found here.

Abused Hispanic vs. Abused White non-Hispanic

Although the primary hypothesis was partially supported, in that the White non-Hispanic subjects manifested more sexually related behaviors than the abused Hispanic subjects, it is apparent that there is no one variable which clearly distinguished the Hispanic sexually abused subjects from all other subject groups in this investigation. The abused only variables which characterize the abused Hispanic from the abused White non-Hispanic groups are the variables of frequency of abuse, duration of abuse, and months since last assault. White non-Hispanic subjects experienced more frequent abuse, over a longer period of time, and yet waited significantly longer than the Hispanic families before seeking treatment.

The distinction between the four subject groups in this study in relation to the primary hypothesis, comes more from the pattern of relationships between the main dependent variables. To explain this, it has been shown that within this investigation Hispanic subjects were found to be more internalized (High CBCL-INT) on the CBCL than White non-Hispanic subjects (Low CBCL-INT). Abused subjects were found to be less externalized by parents and teachers (Low CBCL-EXT, Low TRF-EXT) and to exhibit less overall behavioral disturbance on the CBCL (Low CBCL SUM-T) than non-abused subjects (High CBCL-EXT, High TRF-EXT, High CBCL SUM-T). Given these results, the pattern of relationships among these dependent variables for each subject group would be as follows: 1) Abused Hispanic: High CBCL-INT, Low CBCL-EXT, Low TRF-EXT, Low CBCL SUM-T, 2) Abused White non-Hispanic: Low CBCL-INT, Low CBCL-EXT, Low TRF-EXT, Low CBCL SUM-T, 3) Non-Abused Hispanic: High CBCL-INT, High CBCL-EXT, High TRF-EXT, High CBCL SUM-T, 4) Non-Abused White non-Hispanic: Low CBCL-INT, High CBCL-EXT, High TRF-EXT, and High CBCL Sum-T. Thus, in characterizing the four subject groups in this investigation there is a unique pattern of relationships among the different dependent variables for each subject group, but no one variable, except the TRF SR-SUM, in and of itself independently distinguishes one group or sexually abused group as being uniquely different from all other subject groups or other sexually abused group.

Because of this finding, it cannot be conclusively determined that for the subjects in this investigation, Hispanic sexually abused subjects manifest more behavioral disturbances than White non-Hispanic sexually abused subjects. Even across the variable of TRF SR-SUM, although these two groups are significantly different, which supports the primary hypothesis, the Hispanic

subject groups of abused and non-abused are not significantly different from each other, and so these results are described as being in "partial" support of the primary hypothesis. The fact that the TRF SR-SUM was not able to discriminate between the Hispanic subject groups could be due to a lack of sensitivity in the measure itself, as this is the first time it has been utilized empirically in this way. It could also be due to the small sample size. With a larger sample, other significances might have emerged. Another possible explanation could be that because of the importance of the school environment, Hispanic sexually abused children are inhibited or uncomfortable manifesting sexualized behaviors. Canino (1982) has discussed the significance of the school as a major socializing agent, and as a support system for the Hispanic child. Manifesting sexualized behaviors at school could jeopardize this relationship for the Hispanic child. This hypothesis finds support in the results of the repeated measures ANOVAS comparing the results of the CBCL and TRF across the environments of school and home. The secondary hypothesis was supported by the fact that Hispanic subjects manifest less sexualized behaviors in the school environment than White non-Hispanic subjects, and yet more sexualized behaviors in the home environment than White non-Hispanic subjects. Once again however these results are not significant across abuse status. Thus, for some reason, the Hispanic child appears to be inhibiting the sexualized behaviors in the school environment. Further exploration is needed in this area to clarify the particular dynamics involved in these findings.

The analyses of the proportions of subjects achieving clinical levels of disturbance is also important in attempting to understand the dynamics of the results between the abused Hispanic versus abused White non-Hispanic subjects. What was found is that the pattern of association between the

experimental groups of Hispanic and White non-Hispanic, across the CBCL-EXT and SUM-T is very different. For the Hispanic subjects, the abused group achieved no significantly different proportions of children reaching clinical levels of behavior from those children in the non-abused subject group. For the White non-Hispanic subjects across the CBCL-EXT and SUM-T, there was a significantly lower proportion of abused subjects scoring above the clinical cutoff scores than for the non-abused subjects. Thus, for this Hispanic subject population, sexual abuse appears to have had a more significant impact (in terms of percentages of children achieving clinical levels of disturbance) on the child's manifestations of behavior problems at home, than for the White non-Hispanic sexually abused subjects. These lower proportions of children manifesting clinical disturbance for the White non-Hispanic sexually abused subjects have been found in previous investigations of White non-Hispanic subjects (Cohen & Mannarino, 1988; Friedrich, 1988; Gomes-Schwartz, Horowitz, & Cardarelli, 1990; Gomes-Schwartz, Horowitz, & Sauzier, 1985). So overall, this finding appears to reflect ethnic differences for this investigation in reactions to sexual abuse.

On the TRF, similar associations across ethnicity were not seen, although upon close examination of the actual percentage of sexually abused Hispanic subjects reaching clinical levels on the TRF versus the CBCL, these values drop considerably. This would tend to support the idea that the Hispanic child is inhibiting problem behaviors in the school environment. With a larger subject population, these proportions might have achieved significance.

The reasons for the overall findings concerning abused Hispanic vs. abused White non-Hispanic subjects in the present investigation cannot be drawn from previous studies that have examined similar effects, as there are

none. Instead, this discussion must draw from the literature on the Hispanic population to hypothesize about these results. It must be remembered that what all subjects in this investigation had in common was the fact that they were being seen at the clinic for psychological/behavioral disturbances. The fact that Hispanic subjects differed from White non-Hispanic subjects on the variable of internalized behaviors appears to reflect how parents of Hispanic disturbed children view their children's manifestations of this disturbance. It also appears to reflect an overall behavioral tendency for Hispanic subjects to internalize during times of emotional difficulty. It is unknown whether or not these results will generalize to other similar Hispanic samples, and further exploration in this area is warranted. It appears that , for the Hispanic subjects in this investigation, the hypothesis was too narrow. Sexual abuse status did not significantly alter this group's reaction to distress. They achieve similar levels of clinical-level disturbance on externalizing and overall behavior problems as the non-abused Hispanic subjects referred for evaluation and treatment. Additionally, Hispanic subjects referred for evaluation and treatment are more significantly internalized than White non-Hispanic subjects referred for evaluation and treatment. This supports the idea put forth by Finkelhor (1988) that sexual abuse is not unique, but shares its dynamics with other trauma.

One possible explanation for this internalized pattern, as suggested previously, is that the literature has indicated that Hispanics, low in acculturation, as this investigation's Hispanic sample is, primarily rely upon their extended families for emotional support (Griffith, 1983; Jaco, 1960; Ramirez & Arce, 1981). By nature of the fact that they are being seen at the clinic, this Hispanic sample has not been able to rely solely upon their extended families for this emotional support. In such a situation, Keefe, Padilla, and Carlos (1979)

have suggested that when this support is absent or malfunctions, the resulting situation is much more distressing than for White non-Hispanic families in need of emotional support. Thus, the higher levels of internalized behavior are seen, and higher proportions of subjects achieving clinical levels of disturbance, as compared to the White non-Hispanic sample.

It is also possible that the internalized rather than externalized pattern is manifested because of the hypothesized idea of respeto. As can be recalled, Zepeda, Espinosa, and Golub (1987) have indicated that this concept may help explain parent-child conflict. As the parents are the evaluators with the CBCL, and it is culturally unacceptable for children to manifest misbehavior "externally," because this would be disrespectful, or they would be demonstrating "falta de respeto," the children manifest their misbehavior with higher internalized behavior problems. Levy (1988) supports this idea and speaks directly to the Hispanic child's reaction to an abusive situation by indicating that children feel "unable to be assertive with adults because of the cultural value of silence and respect that surrounds their relationship to adults" (p. 392).

The other factor to be considered here is that the parent's focus concerning the behavior problems could be different from White non-Hispanic parents, and so they may be viewing their child's misbehavior in relation to the concept of respeto rather than simply being centered on the actual behavior of the child. This may have influenced the parental responses on the CBCL. Future research should focus attention upon this issue, and attempt to more directly assess the cultural values within the Hispanic families included in the sample.

One final possibility for the higher levels of internalized disturbance, and the proportionately higher numbers of subjects achieving clinical levels of disturbance seen for the Hispanic sample is mentioned by Berrera (1978). He indicates that the disorders of Mexican-Americans seen in mental health facilities are relatively more severe than those of other ethnic groups. The reasoning for this is that they attempt to utilize family support networks first, and so only the most severely distressed are seen for treatment. This would not explain the internalized nature of the disturbance, however, and is contradicted by the finding of the present study that the Hispanic sexually abused group sought help more quickly following the abuse than the White non-Hispanic sexually abused group. On the other hand, it must be pointed out that the President's Commission on Mental Health Special Populations Sub-Task Panel has indicated that, in relation to the mental health status of the Hispanic population, ..."there is little valid and reliable information which is national in scope to directly answer this question" (p. 2).

Concerning the validity and reliability of the present investigation, the discussion will now turn to the very important topic of methodological considerations. Given that this is an exploratory investigation, the purpose of which is to point out directions for further investigation, this section becomes particularly important when new investigations are being planned. For that reason, every effort was made to detail relevant methodological considerations related to this study.

Methodological Considerations

This discussion must begin with an emphasis upon the inherent difficulties in doing empirical research with a sexually abused child population.

Haugaard and Reppucci (1988) emphasize that this area of research is "not a field of endeavor for the faint hearted"...nor "a field for those who need to understand a phenomenon fully before dealing with it" (p. 376). They qualify this statement by indicating that the limitations in this area of research appear to be more numerous than others because of the sensitive nature of the topic and our inability to utilize methods in the past that have high reliability and validity. This investigation has attempted to meet the inherent difficulties described in the literature with a stringency of design.

Repeatedly in the literature the need for adequate comparison/control groups has been cited (Finkelhor, 1986; Gomes-Schwartz,Horowitz, & Cardarelli, 1990; Haugaard & Reppucci, 1988; Mannarino & Cohen, 1986; Mrazek & Mrazek, 1981). To address this issue, the present investigation utilized clinical control groups of non-sexually abused children, and additionally these groups were carefully matched in order to increase the reliability of the findings. This type of design is extremely rare in the child sexual abuse literature. Neither the Tufts study (Gomes-Schwartz, Horowitz, and Cardarelli, 1990; Gomes-Schwartz, Horowitz, & Sauzier, 1985; Tufts New England Medical Center, Division of Child Psychiatry, 1984) nor the investigation by Friedrich, Urquiza, and Beilke (1986) utilized matched comparison samples. Conte and Schuerman (1988) combined groups during the data analysis to make them "more similar," but did not systematically match subjects during data collection. Einbender and Friedrich (1989) matched on the demographic variables of age, race, family income, and family constellation, but the sample included no boys and has a probable selection bias by including subjects who had been sexually abused within the past four years, as opposed to being more immediate to the abuse. In another investigation, although he did not match over several

variables, Friedrich (1988) attempted to strengthen his design in a study done where he combined a sample from several of his previous investigations, in order to examine the reliability of a finding. He indicated that he had utilized a matched sample of sexually abused children on gender (65% females) and age. He described the parental SES as "similar". In contrast, by the nature of the present investigation's question, the groups were categorized on ethnicity, but were also matched on five other variables, including the demographic variables of age, gender, and economic status, and the abuse-related variables of type of abuse experienced and the degree of relatedness between the perpetrator and the child.

Where the present study's design is weak, in relation to sample selection, is that the sample was based upon the subjects selected from only one mental health agency. This particular agency serves an extremely wide metropolitan area, but as Finkelhor (1986) appropriately points out, where possible consideration should be given to supplementing a sample from only one agency. However, it is important to remember that this investigation's design is exploratory in nature, and its intention is only to open doors and make beginning steps in the data-gathering process. As such, replication is necessary. As previously mentioned, there is very little basis for comparison among previous investigations. The reason for this is that each researcher utilizes different methodologies with a unique sample. Comparisons between such studies can be very misleading (Haugaard and Reppucci, 1988). In conjunction with the aforementioned weakness, this investigation's sample, by nature of the fact that it includes only those sexually abused subjects who have been referred for evaluation and treatment, is not representative of the population of all sexually abused subjects. It utilized all available Hispanic

subjects and a matched White non-Hispanic subject population. This is a difficult problem to overcome, given the nature of the subject matter, and one which is a problem for the empirical research as a whole in this area (Adams-Tucker, 1982; Conte & Schuerman, 1988; Finkelhor, 1986; Friedrich, 1988; Friedrich, Urquiza, & Beilke, 1984; Gomes-Schwartz, Horowitz, & Cardarelli, 1990; Gomes-Schwartz, Horowitz, and Sauzier, 1985; Haugaard & Reppucci, 1988; Mannarino & Cohen, 1986; Mrazek & Mrazek, 1981).

On the other hand, this investigation's question is directed specifically toward discovering differences in subject groups referred for evaluation and treatment, and thus does not propose to generalize to the population of all sexually abused children. Additionally, in support of this type of design with a restricted sample, the results of such a study are important for the information these results bring to those mental health workers attempting to treat sexually abused children. More specifically, if one wished to generalize to the sexually abused child population as a whole, a more appropriate design might be one which included matched groups of randomly selected abused subjects from the general population, a general non-abused population sample not referred for evaluation and treatment, and abused and non-abused groups of subjects referred for evaluation and treatment.

Another strength of the present study is the investigation of the subject groups across settings. Numerous investigators have mentioned this as being an important consideration in future research (Achenbach & Edelbrock, 1986; Achenbach & McConaughy, 1987; Cohen & Mannarino, 1988; Einbender & Friedrich, 1989; Friedrich, Urquiza, & Beilke, 1986; Hewitt & Friedrich, 1991; Levitt, Owen, & Truchsess, 1991). Additionally Friedrich and Reams (1987) indicated in their conclusions to their research that on several occasions they

utilized TRF data, allowing them to see the child by another perspective, and yet do not include any of this data in their results or discussion. The design in the present study utilizing the TRF strengthens the validity of the results, as well as providing a much more well-rounded picture of the behaviors being elicited by the children. Another strength of this investigation inherent in its' design, was the use of multiple standardized assessment measures. Asher (1988), Finkelhor (1986), and Mannarino and Cohen (1986) emphasize this point. Researchers further emphasize that caution must be exercised such that the instruments of choice may not be designed to study the issues particular to sexual abuse (Asher, 1988; Finkelhor, 1986; Finkelhor & Browne, 1988; Friedrich, Grambsch, Damon, Hewitt, Koverola, Lang, & Wolfe, in press; Gomes-Schwartz, Horowitz, & Cardarelli, 1990). This investigation addressed these difficulties by partialing out the CBCL and TRF SR-SUM scores, as well as utilizing the CSBI, which specifically examines sexual behaviors. On the other hand, although the CBCL and TRF have been utilized successfully with Hispanic populations (Bird, et al., 1987; Bird, et al., in press), the SR-SUM portions have not specifically been tested on an Hispanic sample, and the CSBI literature suggests the need for control groups across varied ethnic groups (Friedrich, Grambsch, Damon, Hewitt, Koverola, Lang, & Wolfe, in press). The unknown effectiveness and appropriateness of these measurement tools with the present sample of Hispanic children must be kept in mind. This is one of the difficulties in utilizing archival data.

One caution concerning the present investigation concerns the restricted ES and age of the sample. The ES for this study is primarily from the lowest socioeconomic strata. Many authors have cautioned about the limitations of such a sample (Coulborn Faller, 1988; Gomes-Schwartz, Horowitz, &

Cardarelli, 1990; Haugard & Reppucci, 1988; Russell, Schurman & Trocki, 1988), and its possible influence upon other factors associated with the abuse. For example, Gomes-Schwartz, Horowitz, and Cardarelli (1990) have indicated that poverty linked with family disruption may play a role in sexual abuse. However, in contrast to this Finkelhor (1986) believes that higher percentages of lower ES within many research samples explain more about the nature of the identification process of sexual abuse than about true social class distribution of the abuse, and that there is no evidence for ES effects. The matched nature of this sample on ES controls for the possible variance associated with ES. However, the results of this study should not be generalized beyond a similar ES sample. Concerning age, the current sample's range of 4-9 year olds is also restrictive in terms of generalizability. Additionally however, this sample is matched on age to control for its possible influences on other variables. Finkelhor (1986) supports such a restricted age design, indicating that the effects of sexual abuse are influenced by the variable of age and that this calls for research that utilizes more controlled samples on the variable of age. Other researchers support this conclusion (Bagley & King, 1990; Browne & Finkelhor, 1986; Courtois, 1979; Finkelhor, 1986; Finkelhor & Baron, 1986; Gomes-Schwartz, Horowitz, & Sauzier, 1985; Hewitt & Friedrich, 1991; Meiselman, 1978; Mrazek & Mrazek, 1981). Finkelhor (1986) goes on to indicate that focusing research on a specific age group enables findings to be much more clear cut and interpretable. There are researchers however that disagree with this conclusion (Langmade, 1983; Russell, 1986).

The archival nature of the data made a repeated measures type of design an impossibility for this investigation. In relation to this Hetherington (1984) and Friedrich's (1988) discussions concerning the influence of the

change in behavioral response over time must be considered as possibly influencing the results of this investigation. Extreme examples of such influences would be investigations of adults abused as children (Alexander & Lupfer, 1987; Briere & Runtz, 1988; Fromuth, 1986; Harter, Alexander, & Neimeyer, 1988; Russell, 1986). In order to control for some of the variance in the present investigation, subjects were only included with a documented history of abuse within the previous 24 months from the intake, similarly to the design by Friedrich, Urquiza, and Beilke (1986). In future research designs, the time span between documentation and assessment should be shortened (Einbender & Friedrich, 1989), and that subjects should be assessed at regular intervals over time, similarly to the designs either by Friedrich (1988) or Friedrich and Reams (1987).

Related to this issue, and much discussed in the literature, is the limitation of the existence of predisposing factors such as family disruption occurring prior to the abuse which are affecting the behavioral response to the abuse itself (Finkelhor, 1988; Friedrich, Urquiza, & Beilke, 1986; Friedrich, Beilke, & Urquiza, 1988; Gale, Thompson, Moran & Sack, 1988; Gomes-Schwartz, Horowitz, & Cardarelli, 1990; Gomes-Schwartz, Horowitz, & Sauzier, 1985; Haugaard & Reppucci, 1988; Hewitt & Friedrich, 1991; Mannarino & Cohen, 1986; Mrazek & Mrazek, 1981). This can be a considerable constraint, although the awareness of it can enable researchers to build into their design factors which will help combat this variance. In light of this limitation, the current research project employed carefully matched (including the important variable of the relationship of the primary perpetrator) groups to help improve the validity of the findings. Additionally various potential background correlates were examined. Specifically, the use of the CSBI, and especially the Life Intensity

and the Sexual Environment scales directly assessed the child's life situation prior to the abuse. Future research which follows "at-risk" children prior to abuse, or examining subjects where in-depth materials are available on pre-abuse variables would be difficult to achieve, but would directly address this most difficult methodological problem. Finkelhor (1986) discusses these ideas and suggests designs which gather extensive information from multiple sources about events prior to the abuse would address this issue.

Another factor to mention in relation to this investigation is sample size. This study assessed all available subjects, but unfortunately there were data missing on the variables of duration, frequency, months since last assault, and the TRF. Obviously in any research project utilizing archival data, incomplete data will be a reality. However, the numbers of missing data were relatively small, and so it was not necessary to eliminate any analyses due to this factor. Discussions of sample size in the literature are varied. Gomes-Schwartz, Horowitz, and Cardarelli (1990) Finkelhor (1986), and Haugaard and Reppucci (1988) discuss the merits of large collaborative studies in light of the nature and complexity of the interactions of factors. On the other hand, Coulborn Faller (1988) writes about the weaknesses of investigations in terms of sample size, indicating that "often published results are based upon very small samples, fewer than a dozen cases" (p. 49). Overall, in the area of sexual abuse, much more research needs to be done, and with strong designs assessing as many subjects as is possible. Haugaard and Reppucci (1988) emphasize that "it is...a field where much needs to be learned and done. Those who are willing to forge ahead despite the roadblocks to successes will find their contributions useful and helpful to many" (p. 376).

The next methodological considerations are included because they are relevant to this investigation due to the bi-cultural nature of the design. Specifically, special research considerations or assumptions should be taken into account when investigating an Hispanic sample. However, because research with Hispanic family populations is in its' infancy, Marin and VanOss Marin (1991) discuss these considerations or assumptions by indicating that "in many cases there is limited evidence for these assumptions. Often, the extent of the problems has not been appropriately documented " (p. 101). The present investigation did take into account the relevant assumptions. For example, one potential methodological difficulty that was suggested in the literature by Gomes-Schwartz, Howowitz, and Cardarelli (1990) as influencing their selected sample was the inadequate English language skills of their subjects. The present investigation utilized Spanish versions of all the included measurement instruments, therefore avoiding this difficulty. Another potential difficulty related to ethnicity was the sample selection of Hispanics. This difficulty can be approached in two different ways. On the one hand, the results of this sample cannot be generalized to the population of Hispanics as a whole. However, this can also be viewed as a design strength, for the literature on the Hispanic culture recommends the restriction of Hispanic research samples by national origin (Bach-y-Rita, 1982; Canino, 1982; Levine & Padilla, 1980; Marin & VanOss Marin, 1991; President's Commission on Mental Health Special Populations Sub-Task Panel, 1978; Solis, 1977).

Another potential source of variance can be introduced into an investigation due to the possibility that Hispanics are more likely to fail to complete research protocols and/or display an unwillingness to disclose information. Additionally, if they do disclose, they may provide more extreme

and acquiescent responses (Marin & VanOss Marin, 1991) than other ethnic groups. To control for such variance in the current investigation, parents were instructed as to how to fill out the various instruments, and a Spanish-speaking assistant was available if any problems or questions arose. Rapport and comfort level had been enhanced with a face-to-face interview with, where necessary, a Spanish speaking intake worker. The importance of filling out all forms completely was emphasized. The multiple measures/multiple informant element of this study's design served as a control for acquiescence. For purposes of this investigation protocols were inspected for missing data, especially given the high levels of matching done, and were not accepted with essential data missing or only extreme responses chosen. This raises the issue of some potential selectivity, but given the exploratory nature of the investigation, complete data sets were established as a priority. For future research it is suggested that the investigation include a measure of social desirability as a part of the protocol.

In summation, with each methodological difficulty that might affect the results of this investigation, it is clear from this discussion that careful attempts were made to eliminate, or at least reduce, the potential source of bias or variance. This study is designed to point the way toward future research, and to begin the accumulation of evidence which will either be verified or refuted with future studies. However, as Mrazek and Mrazek (1981) have indicated, "clinicians cannot wait to intervene in child sexual abuse cases until all the evidence on prognosis is in. However, in the long run, their work will be affected by the quality of the research which is done" (p. 243).

Conclusions

In brief, this investigation has found, in spite of the careful matching and design, something which Friedrich (1988) and Friedrich, Urquiza, and Beilke (1984) emphasize in their research. What this is, is a complexity of findings for which many possible explanations may exist. In terms of how the results of the present investigation fit into a theoretical model, it should be mentioned that the effects of abuse are still far from complete, and so the process of developing models is relatively new. Haugaard and Reppucci (1988) believe that there is usefulness in some aspect of each theory put forth to explain the complexity of child sexual abuse. Finkelhor (1988) believes it would be premature at this point to adopt one particular point of orientation.

Although narrow, the Post-Traumatic Stress Disorder (PTSD) (Finkelhor, 1987; Haugaard & Reppucci, 1988) as a model is useful for this investigation in that it puts sexual abuse into a broad context wherein it shares dynamics with other trauma. The results of the present investigation fit this portion of the model, with ethnic (clinical and sexual abuse subjects together) groups together manifesting similar disturbance. The Child Sexual Abuse Accommodation Syndrome model (Haugaard & Reppucci, 1988) is also useful for the present investigation. It fits with the Hispanic subject's cultural orientation, in that in attempting to assimilate the abuse experience into the child's life, he or she is not able to attribute the blame to the perpetrator because this would reflect upon that person as being "bad." Especially with inter-family abuse, this might be construed as disrespectful. In the Hispanic culture this phenomenon is similar to the concept of respeto. This concept also appears similar to betrayal, which is part of the Traumagenic Dynamics, a model of sexual abuse put forth by Finkelhor and Browne (1985). This also fits with the present investigation in

terms of what we know about the importance of family and the low acculturation level of the sample. In this orientation, the child discovers that someone they have trusted and upon whom they are dependent has harmed them. They are further offended when the family does not come to their assistance (Finkelhor, 1987). Another of the dynamics which seems to fit well is called Traumatic Sexualization, which accounts for the increased sexualized behaviors seen in the abused sample of the present investigation. According to this portion of the model, a child's sexuality becomes shaped in a developmentally inappropriate way, and so the child reacts with premature sexualized behaviors.

The other two dynamics of this theory are stigmatization and powerlessness. Subjects in the present investigation experienced various coercive techniques in conjunction with the abuse experience, which according to the model contribute to the dynamic of powerlessness. Additionally, their rights to normal sexual development, by having their body invaded against their wishes is the other component to the powerlessness dynamic. This is the nature of sexual abuse. Stigmatization was not directly assessed in this investigation, but Abalos (1986) writes of the role of the daughter in the Hispanic family as one who carries the honor of the family, and additionally that guilt and shame are immediately associated with attempts at questioning the authority of the father. This is an extreme example, and one which Abalos discusses as changing as acculturation increases, but with a subject group that is low in acculturation, some aspect of this dynamic may be involved in the child's experience of the abuse. This needs more direct empirical testing in future research. In general, Hauggard and Reppucci (1988) comment about the four trauma-causing elements of this model by indicating that the concepts are difficult to define and measure. He further emphasizes that the model is

beneficial in that it can account for a wide range of symptoms, but "it must do so on solely a logical basis" (p. 93), given the difficulty in testing for the dynamics directly. For the present investigation, the various models provide a loose framework which seems to generate more questions to be explored. As this investigation is exploratory, it serves its purpose very well.

It is clear from the results of the present study that the behavioral problems manifested between abused and non-abused clinical subjects are different. Additionally, it is clear that between the ethnic groups of Hispanic and White non-Hispanic children in this investigation who have been referred for clinical evaluation and treatment, problematic behavioral manifestations are different. There are also differences in sexualized behaviors between abused and non-abused children, and differences exist in sexualized behaviors across settings for the Hispanic and White non-Hispanic subjects. What has not been discovered is a distinct relationship between sexual abuse and the variable of ethnicity. However, the results of this investigation indicated in relation to their behavior in the home setting, that proportionately more Hispanic sexually abused subjects reached clinical levels of disturbance than proportions of sexually abused White non-Hispanic subjects. This leaves researchers with many avenues for future research. Many directions have been suggested. It is urgent however, as these future research projects are being designed, to remember and think about the complex relationship of culture/ethnicity and sexual abuse.

It must be remembered that culture, whether it be White non-Hispanic values or Hispanic, is in a continual process of change. As Bagley and Kng (1990) point out:

> Civilization is a continual process of persons being born into and receiving a heritage of language, culture, and values, adapting

> and developing these to their own end, and in turn leaving their impact on a new heritage. (p. 50)

This gives people their individuality and yet their sense of identity. Child sexual abuse, on the other hand, is not culturally specific, but instead is a universal phenomenon. As researchers continue to look for differences between cultural groups, it is important not to forget the common experience of the sexual abuse itself, and the urgent in-common goal across all cultures of reduction and prevention of its' occurrence. Across cultures, we should be concerned with what is in the best interest of the children and their rights to child sexual health. Levy (1988) believes that "the contradictory values held about children in our society are responsible for the silence about sexual abuse. Children are treasured and protected but are also powerless and invisible" (p. 389). In our efforts to bring the facts into "visible" form, we as researchers and practitioners should keep in mind across all cultures the individual rights of the child. The ultimate goal in all of this is healthy children.

> Child sexual abuse is a violation of a child's body, mind, and spirit. Healing, the process of making sound and whole, needs to look towards that which is described as health. A sexually healthy child is one who is protected from abuse, nurtured to pride in his or her sexuality, and free to express or share it in a manner consistent with optimal personal and social development. (p. 55)

It is hoped that this research and subsequent research to follow will lead us closer to this goal.

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