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### Childhood Sexual Abuse in the Lives of Black Women

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## TYPES OF VIOLENCE

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# Childhood Sexual Abuse in the Lives of Black Women: Risk and Resilience in a Longitudinal Study

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**SUMMARY.** Childhood sexual abuse (CSA) is associated with long-term mental health consequences. This article reviews the results of one longitudinal study, whose sample consisted primarily of African American women. The purpose is to give voice to an understudied group of CSA survivors and to highlight the variability in risk and protective factors. Key findings related to mental health consequences, re-traumatization, and resilience are reviewed and set within the broader context of research on African American women and child sexual abuse. Implications for future research and clinical practice are discussed. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <getinfo@haworthpressinc.com> Website: <http://www.HaworthPress.com> © 2002 by The Haworth Press, Inc. All rights reserved.]*

**KEYWORDS.** Blacks, trauma, mental health, re-victimization

Childhood sexual abuse (CSA) has been documented in all segments of society (e.g., Finkelhor, Hotaling, Lewis, & Smith, 1990) with documented long-term consequences for women's psychological functioning and well-being (e.g., Fergusson & Mullen, 1999). Black feminist survivors (Wilson, 1994) have documented many painful personal accounts of childhood sexual abuse. Empirical researchers have also discovered child sexual abuse in this population. For example, Wyatt, Loeb, Solis, and Carmona (1999) reported a 10-year comparison of prevalence rates of child sexual abuse in a community sample of African American and European American women. There were no significant changes in reported rates of abuse over 10 years and no racial differences in the characteristics of the abuse experience. However, 29% of the African American women in the sample reported child sexual abuse in the 1994 survey. Although this was lower than the 39% prevalence rate for European American women, it is still a substantial rate of victimization. Research has also documented the wide-ranging negative mental health consequences associated with experiencing child sexual abuse (e.g., Beitchman et al., 1992). These findings suggest that CSA is an important element in understanding Black women's health (Lawson, Rodgers-Rose, & Rajaram, 1999).

Kenny and McEachern (2000) reviewed findings related to ethnicity and child sexual abuse, including patterns of prevalence, disclosure, and consequences. They called for further research that explores the experiences of ethnically diverse individuals. Feminist scholars, particu-

larly Black feminist researchers, have asserted the need to reexamine notions of difference and to move beyond treating all women as a homogenous group (Collins, 2000; Hare-Mustin & Marecek, 1990; West, 2002). Such critiques have important implications for the study of child sexual abuse, calling for greater attention to how child sexual abuse is experienced in the lives of understudied groups of women. Moreover, in order to understand variability among survivors, researchers need to move beyond simply comparing survivors to non-survivors (West, Williams, & Siegel, 2000).

In response to such feminist critiques, this article will describe the findings of a longitudinal study of women, primarily African American, as a focal point for examining patterns of risk and resilience in the lives of CSA survivors. The study's findings have been discussed in detail elsewhere (McCahill, Meyer, & Fischman, 1979; Banyard & Williams, 1996; Banyard, Williams, & Siegel, 2000c). The purpose of this article is to summarize and review these findings in the context of other studies of child sexual abuse, particularly studies that focus on African American survivors.

## ***THE WOMEN'S STUDY***

### ***Participants***

The Women's Study, which began in the early 1970s, has followed a group of female childhood sexual abuse survivors and a comparison sample for more than 25 years. Participants were drawn from a sample of 206 victims of child sexual abuse who were examined in the emergency room of a large city hospital from 1973 to 1975. They and/or family members were interviewed at the time as part of a larger study on the consequences of sexual assault (McCahill et al., 1979). The sample was composed primarily of African American girls (84%) who ranged in age from 10 months to 12 years at the time of the abuse. The reported sexual abuse involved sexual contact by force, threat of force, misuse of authority, or by a person who was five or more years older than the child, whether or not force was used.

The abuse ranged from genital fondling to sexual intercourse and was perpetrated by a wide range of individuals—fathers, stepfathers, other family members, friends, acquaintances, and strangers (all males). Soon after each girl was seen in the hospital, consent to participate in

the study was obtained from the children and/or their caregivers, and then the child and caregiver were interviewed.

An average of 17 years after the abuse, 136 women (66% of the original sample) were located through phone directories, official and government records, and neighborhood canvassing. The survivors were reinterviewed in 1990 or 1991 as part of a follow-up study on the consequences of child sexual abuse. The mean age for the sample at the time of reinterview was 25.5 years. Most (86%) were African American, and most (61%) had never been married. Fifty percent of the women had a high school diploma or GED equivalent. Although 29% were working full- or part-time, the majority of women were unemployed (64%). Their median personal income was less than \$8,000 in the year before the interview.

In 1997, which was 23 years after the abuse, 87 of the original 206 girls were recontacted and reinterviewed. In order to make comparisons, we also contacted 87 women who were seen, but not for sexual abuse, at the same city hospital in the early 1970s. On average, the women were 31.6 years old at this time, and 89% identified themselves as African American. Women interviewed at wave 2 were more likely to have been sexually abused by a family member than non-interviewed women and, at wave 3, a greater proportion of interviewed women were African American. Overall, however, interviewed and non-interviewed women did not differ on demographic variables or characteristics of their abuse.

### *Procedures*

Institutional review board procedures were followed for obtaining consent. Before each interview, informed consent was obtained, which included a description of the sensitive nature of the interview material. Participants were advised that they could stop the interview at any time. The caregivers who were interviewed in the early 1970s were not reinterviewed.

All waves of the data were collected through face-to-face interviews. The interviewers were two women, one European American and one African American, who had received training and supervision to ensure that they were able to establish rapport with the women and conduct interviews with sensitive and potentially upsetting personal topics. Although the interviewers knew the purpose of the study, they were blind to the details of the women's histories of victimization.

Although a few participants were interviewed in their own homes, almost all were interviewed in a private office. Each interview began with questions about more neutral aspects of the woman's life, such as education and employment status. After sufficient rapport had been established, the interviewers asked questions about other topics such as relationships in her family of origin, drug and alcohol use, sexual history, psychological functioning, and detailed questions about sexual victimization.

On average, the interviews lasted three hours and were followed by a debriefing period, which gave the women an opportunity to ask questions. There was also a discussion of how she was feeling about the interview. Interviews were suspended if the interviewer determined that the participant was in any distress. Counseling services from a local sexual abuse treatment center were made available to participants if they were interested.

## ***REVIEW OF THE RESEARCH***

The participants' voices in the Women's Study revealed the negative consequences associated with child sexual abuse, including a variety of mental health problems, difficulties functioning as a parent, and elevated rates of aggressive behavior. The women also demonstrated how responses to trauma might vary based on the number and types of traumatic experiences. Equally as important, the Women's Study discovered that survivors, despite their trauma, could be very resilient.

### ***Consequences of Child Sexual Abuse***

Several articles, based on data from The Women's Study, point to the negative impact of child sexual abuse on the health and well-being of African American women. Banyard, Williams, and Siegel (2001b) used wave 3 of the study to investigate the adult mental health functioning of CSA survivors and the comparison group. When compared to the non-abused group, survivors of child sexual abuse experienced higher levels of anxiety, depression, dissociation, sexual concerns, intrusive symptoms, and an impaired sense of self.

The size of the sample in the Women's Study also permitted the examination of variations among survivors. Banyard, Williams, and Siegel (2001d) discovered that some survivors experienced negative reactions when they disclosed their abuse. For example, the person they

told was unsupportive, blamed the survivor, called the survivor a liar, or punished the survivor. These survivors reported higher levels of dissociative symptoms.

Other analyses examined the association between mental health functioning and characteristics of the child sexual abuse, such as the use of force, the survivor's relationship with the perpetrator, and level of invasiveness (Banyard & Williams, 1996; Jasinski, Williams, & Siegel, 2000). Survivors who had experienced force reported higher levels of such problems as depressive symptoms, anxiety, and sleep disturbance. Women who were abused by a family member, when compared to survivors who were victims of extrafamilial abuse, were more likely to report an array of mental health symptoms. Higher levels of anxiety and heavy drinking in adulthood also were found among survivors who were older at the time of the abuse and among survivors who had experienced multiple instances of CSA. These findings fit with both the broader literature on the negative effects of child sexual abuse and its links to a broad array of mental health effects across the life span (see Jumper, 1995; Kendall-Tackett, Williams, & Finkelhor, 1993; Neumann, Houskamp, Pollock, & Briere, 1996; Polusny & Follette, 1995 for reviews) and studies that specifically examine the experiences of African American women (e.g., Rhodes, Ebert, & Meyers, 1993; Russo, Denious, Keita, & Koss, 1997; Thompson, Kaslow, Lane, & Kingree, 2000; Wyatt & Newcomb, 1990; West, 2002).

Measures used in the Women's Study also permitted examination of the impact of child sexual abuse on specific behaviors, including the ability to function as a parent and adult aggressive behavior. Banyard, Williams and Siegel (2001a) discovered that adult sexual assault and partner violence, but not CSA, were associated with more negative parenting outcomes. This differs from other studies that found links between child sexual abuse and parenting difficulties, such as negative perceptions of one's self as a parent and greater use of physical punishment (Banyard, 1997; DiLillo, 2001). Future research should explore the impact of CSA on African American women's family roles.

Other areas of behavior examined in the Women's Study included criminality and aggression. Several feminist scholars have posited that child sexual abuse is an important factor in the onset of delinquency because it can lead girls to run away, which, in turn, forces them to engage in criminal behavior for survival (Belknap, Holsinger, & Dunn, 1997; Chesney-Lind, 1997). Richie (1996) has shown that victimization plays an important role in what she has referred to as the *gender entrapment* of African American women in which women's criminal behavior is in-



extricably tied with their involvement in violent relationships with their partners. In addition, sexual victimization has been associated with aggression in children (Kendall-Tackett et al., 1993); however, before the Women's Study, there had been few attempts to determine if this relationship persisted beyond childhood.

Analyses of official arrest records by Siegel and Williams (2001) found that the child sexual abuse victims were at higher risk of arrest than were the women in the comparison group as adults, but not as juveniles. However, the victims of abuse were significantly more likely to have been arrested for violent offenses in both adolescence and adulthood. African Americans were no more likely to have been arrested than White women, either as juveniles or adults, except for violent offenses; in that case, the African American women faced a substantially higher risk of arrest than the White women.

The increased risk of violence faced by victims of sexual abuse was reflected as well in self-reports of extensive aggressive behavior in the form of physical fighting, with both intimate partners and others (Siegel, 2000). Women with a history of repeated sexual victimization and exposure to other forms of violence, such as witnessing violence, experiencing beatings in childhood, and having family members or close friends who were murdered, were at significantly greater risk of perpetrating violence. Those who were victims of violence at the hands of their intimate partners were also more likely to report engaging in physical fighting. Thus, the women's own violence was coupled with another troubling aspect of their lives: vulnerability to repeat victimization.

### *Re-Victimization*

Linkages between a history of child sexual abuse and re-victimization in adulthood, defined as the occurrence of at least one incident of sexual abuse during childhood followed by a subsequent incident of adult physical or sexual victimization, have been reported in several studies, including those with samples of African American women (e.g., Roodman & Clum, 2001; Wyatt, Notgrass, & Gordon, 1995). Almost all of these studies, however, have been based on retrospective reports by adults. In addition to experiencing violence in intimate relationships, many Black women are exposed to a broad array of traumatic experiences, including community violence (Jenkins, 2002). Re-victimized Black survivors are especially vulnerable to mental health problems (Russo et al., 1997). For example, almost one-quarter of the

re-traumatized women surveyed by Hien and Bukszpan (1999) met diagnostic criteria for lifetime posttraumatic stress disorder.

The Women's Study extends our knowledge of re-victimization because it assessed for various forms of trauma in adulthood, including witnessing violence, experiencing a serious accident, the traumatic loss of a friend or family member, and various forms of physical and sexual assaults over the life span. Siegel and Williams (2001) found that the risk of adult re-victimization was not shared equally among all those in the Women's Study who experienced child sexual abuse. Women whose only experience of youthful sexual victimization occurred when they were under age 13 were not at increased risk of adult sexual re-victimization compared to those who experienced no child sexual abuse. However, a small group of women were at extremely high risk of adult sexual and physical victimization if they had been victimized as young children (i.e., under age 13) and again in adolescence. In addition, West, Williams, and Siegel (2000) found that survivors who had experienced sexual abuse in both childhood and adulthood were also at increased risk for partner violence in their adult intimate relationships.

Furthermore, sexual re-victimization had an adverse impact on Black women's reproductive and sexual health. Specifically, when compared to women sexually abused in childhood only, re-victimized women experienced more problems with conceiving, repeated vaginal infections, sexually transmitted diseases, and painful intercourse (West et al., 2000). Banyard, Williams, and Siegel (2001b) found that exposure to multiple traumatic events (broadened beyond exposure to sexual re-victimization) across the life span were associated with higher levels of psychological distress. Furthermore, the relationship between child sexual abuse and such outcomes as depressive symptoms, anxiety, and negative feelings about self was mediated by reports of exposure to this variety of other traumatic events. Thus, for some symptoms, the links between child sexual abuse and adult mental health symptoms are explained by links between child sexual abuse and re-traumatization. Taken together, with the aforementioned risk of self-reported aggression for those exposed to other forms of violence, these findings underscore the need for careful additional attention to the links between child sexual abuse and a web of other traumatic events.

The longitudinal nature of the Women's Study also permitted examination of risk and protective factors for repeated trauma exposure within the sample of child sexual abuse survivors. West et al. (2000) found that child sexual abuse survivors whose abuse involved physical force were at greater risk for reexperiencing abuse in the form of adult

sexual assault. Banyard, Williams, and Siegel (2001c) found increased risk for a wide range of trauma re-exposure in adulthood for women who also experienced extreme poverty, family-of-origin difficulties, depression and dissociation, and substance abuse. Social support was a protective factor. These findings fit with earlier work on risk factors by researchers, such as Koss and Dinero (1989), but extend the findings to a community sample of women, most of whom were African American. These findings further support the need to attend to important differences among women—not only differences between Black women and other survivors, but also variability in the experiences of African American women themselves.

### *Resilience*

In addition to documenting the ways in which child sexual abuse places African American women at risk for re-traumatization and psychological distress, the Women's Study also sought to examine the complex phenomenon of resilience. Despite having experienced childhood sexual abuse, resilient women are functioning relatively well in many aspects of their lives. Hyman and Williams (2001) defined resilience as “physical health, mental health, interpersonal relationships, adherence to community standards, and economic well being” (p. 203).

However, 40 survivors (29% of the sample) had high scores on the resilience scale, and 25 women (18% of the sample) demonstrated what the researchers referred to as *excellent resilience*, which was characterized by competent functioning in nearly all areas assessed. The highly resilient women were less likely to have experienced incest or severe child physical abuse. In addition, they were more likely to have been reared in stable homes, which meant that they experienced fewer moves or foster care placements and less parental drug abuse. Income level of family of origin was not related to resilience. Receiving abuse-specific therapy was not significantly related to resilience, though it should be noted that a relatively small portion of the sample of women received this type of professional intervention. Graduation from high school was also predictive of resilience for this sample.

For this group of women, social support in the form of receiving support from someone special and significant in their lives was an important protective factor characteristic of the more resilient women. In a similar vein, Siegel (2000) found that women who reported a strong feeling of attachment to their mothers were less likely to be in abusive relationships, which, in turn, lowered the risk that they themselves would engage in violence. These results suggest the need to attend not

only to strengths within the survivor, but also to building strengths and supports around the survivor—including stabilizing the family of the abused child and strengthening informal support networks.

These findings fit with the broader literature on understanding competent outcomes following child sexual abuse (e.g., Spaccarelli & Kim, 1995; Valentine & Feinauer, 1993). Harvey (1996), for example, discusses the importance of understanding a variety of ecological factors that may predict recovery from sexual abuse. She highlights the fact that many survivors do not seek professional help but may find other paths to recovery. The Women's Study supports this notion in that only a minority of the study's participants was in psychotherapy, yet many were able to find paths toward healing through other connections. This study extends discussions of resilience that have more often focused on European American women's experiences, and illustrates the important strengths of African American female survivors.

### *SUGGESTIONS FOR INTERVENTION*

In summary, a variety of research points to the importance of understanding child sexual abuse in the lives of African American women. The voices of participants in the Women's Study remind us of the negative consequences of CSA, including the ways in which it places survivors at greater risk for mental health concerns, such as depression, anxiety, traumatic intrusions, and impaired views of the self, as well as increased contact with the criminal justice system and concerns in relationships with others. These women also tell us of the variability in survivors' responses to trauma as not all women experienced the same constellation of effects. Furthermore, these survivors remind us of the strengths of survivors of child sexual abuse, and of Black women in particular. Furthermore, although a relatively small portion of the women used therapy to address their history of abuse (Hyman & Williams, 2001), practitioners should be prepared to assist African American survivors of childhood sexual abuse. The following suggestions are made for clinical practice:

*Establish competence.* Therapists should become familiar with a variety of topics, including the psychobiology of trauma; research on memories for trauma, dissociation, and posttraumatic stress disorder; and variables associated with resilience and coping (Enns et al., 1998).

*Conduct a thorough assessment.* Service providers should consider using self-report measures, such as the Trauma History Screen, which is designed to enable clinicians to gather information about a broad range

of traumatic experiences (Allen, Huntoon, & Evans, 1999). Black women are also at risk for community violence and racial trauma, such as racial profiling by the police (Daniel, 2000; Jenkins, 2002). These forms of trauma should not be overlooked. Assessment and treatment strategies need to consider the complex web of trauma exposure that may characterize the experiences of some survivors.

*Treatment plan.* It is especially important to be attentive to how the experience of child sexual abuse is influenced by the client's race, social class, and sexual orientation (Enns, 1996). A culturally sensitive treatment plan for African American survivors may involve addressing such topics as spirituality or stereotypes about Black women's sexuality (Robinson, 2000; Wilson, 1994). Future work should focus on merging the growing fields of culturally sensitive therapeutic intervention and trauma treatment, work that is being done by Black feminist scholars (Daniel, 2000).

*Develop a support system.* A strong support system has been shown to improve the psychological functioning of victimized Black women and to reduce their likelihood of suicidal behavior (Young, Twomey, & Kaslow, 2000). If necessary or appropriate, the service provider may need to educate relatives, friends, and community members about the risk factors and symptoms associated with childhood sexual abuse (Fontes, Cruz, & Tabachnick, 2001). Tully (1999) encourages practitioners to recognize the ways in which traditional strengths of African American communities may help the survivor cope in the aftermath of victimization.

In conclusion, the Women's Study provides further evidence of the importance of understanding child sexual abuse in the lives of African American survivors. The Women's Study helps document both the long-term negative effects of CSA as well as the fact that despite these life challenges, many survivors are resilient and develop effective coping strategies. The voices of participants from the Women's Study encourage us to continue to develop interventions that appreciate the complex differences among women and to support research that gives voices to the perspectives of various survivors of child sexual abuse.

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