

CHILD SEXUAL ABUSE MYTH ACCEPTANCE AMONG SOUTH ASIAN  
AMERICAN MEN AND WOMEN

A DISSERTATION

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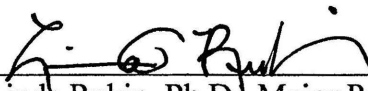
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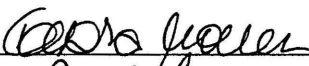
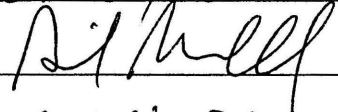
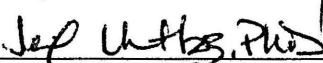
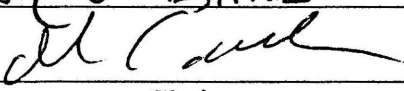
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To the Dean of the Graduate School:


I am submitting herewith a dissertation written by Neetha R. Devdas entitled "Child Sexual Abuse Myth Acceptance Among South Asian American Men and Women." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Counseling Psychology.

  
Linda Rubin, Ph.D., Major Professor

We have read this dissertation and recommend its acceptance:

  
  
  
  
Department Chair

Accepted:

  
Dean of the Graduate School



## DEDICATION

This dissertation is dedicated to all silent survivors of sexual violence around the world.

## ACKNOWLEDGEMENTS

I would like to express my deepest gratitude to the following people for their support through the process of creating this dissertation, as well as my entire graduate school career. I would like to thank my parents for their unconditional patience, acceptance, and love. Without their sacrifices, large and small, recent and past, this dissertation and the graduate career it marks the end of would not have been possible. I am equally grateful to my brother and sister for their encouragement, both academically and personally. They have always set the bar exceptionally high with regard to success, while always letting me know that I could reach it. I am indebted to my close friends for their support, humor, and sarcasm. I am appreciative of my colleagues for their understanding and professional and personal support. And, I thank my committee members for seeing me through years of academic and clinical training that has been unforgettable and sound.

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## ABSTRACT

NEETHA R. DEVDAS

### CHILD SEXUAL ABUSE MYTH ACCEPTANCE AMONG SOUTH ASIAN AMERICAN MEN AND WOMEN

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In the present study, an attempt was made to determine whether differences existed between South Asian American men and women in their acceptance of child sexual abuse myths. Differences were examined based on gender, levels of acculturation, and past histories of child sexual abuse. The Child Sexual Abuse Myth Scale (Collings, 1997), the Suinn-Lew Asian Acculturation Scale (Suinn, Rickard-Figueroa, Lew, & Vigil, 1987), and a demographic questionnaire were administered on an Internet survey website to participants recruited through advertising on a social networking website. One-hundred and forty-seven participants, including 93 women and 54 men, were included in the final results. An independent samples t-test showed significant differences between South Asian American men and women in their attitudes toward child sexual abuse. An independent samples t-test and a Pearson product-moment correlation coefficient with a scatterplot showed no significant differences in acculturation and past history of child sexual abuse on child sexual abuse myth acceptance.

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## CHAPTER I

### INTRODUCTION

The sexual abuse of children has been an enduring social concern in the United States. Individuals from diverse backgrounds have been impacted by the trauma of child sexual abuse, whether they were survivors, family members of survivors, or professionals working with survivors. After taking into account differing research methodologies, an estimate of the prevalence of child sexual abuse indicated a predicted rate of 30 to 40% of girls and 13% or more of boys abused each year (Bolen, 2001). Estimates have indicated that child sexual abuse was two to five times more likely among girls than boys (Schechter, Brunelli, Cunningham, Brown, & Baca, 2002). However, it was likely that, regardless of gender, child sexual abuse had been severely underreported and may have reached numbers significantly higher than what was generally expected (Kinnear, 2007). In addition, criminal reports have indicated that the prevalence of child sexual abuse has been on the rise since the 1980s (Davidson, 2008). When considering children whose victimizations were reported to police departments, over 25% were abused by family members and 60% were abused by someone from within the social system of the family, such as a family friend (Finkelhor, 2009). Approximately, one-third of all offenses by adults toward children included offenses against juveniles in which the juveniles were consenting participants (i.e., statutory assault cases).



When considering risk factors for child sexual abuse, gender appeared to have contributed to victimization. Girls had more risk factors than boys and girls' risk of being sexually abused increased with age, whereas with boys, their risk decreased with age, leveling off around puberty (Finkelhor, 2009). Risk factors for both genders included not being in a household with two parents, living in a home with domestic discord, violence, divorce, and poor supervision. Offenders were most often men within a wide range of age from adolescence to late adulthood. The two most likely life stages in which men would offend included adolescence, when criminal behavior typically began, and again during men's 30's, when access to children became easier. A common myth about men who abuse was that they were adult men who were pedophiles (i.e., individuals sexually interested in pre-pubescent children). In reality, sexual offenders fall within very broad categories of demographics. Many sexual offenders were not pedophiles, as approximately half of all victims were not young children, but instead adolescents (i.e., post-pubescent children) ranging in age from 12-17. Approximately one-third of offenders against juvenile children were themselves juveniles at the time of the offenses.

Survivors of child sexual abuse often developed psychological and physical symptoms that plague them throughout their lifespan (Wilson, 2010). Individuals who have been sexually abused in childhood were twice as likely as those who had not been abused to develop a mental health disorder. Child sexual abuse histories have been connected to future concerns about depression, anxiety, anger and hostility, low self-esteem, substance use, suicide attempts, sexual disorders, chronic stress, and self-destructive behaviors. Histories of child sexual abuse have also been linked to an

increased risk of developing eating disorders, particularly among women. In addition, individuals with a history of childhood sexual abuse have often been found to have poor coping skills as well as difficulties in interpersonal relationships. Physical complaints of survivors of childhood sexual abuse included chronic pain, headaches and migraines, abdominal pain, sexually transmitted diseases, and fibromyalgia.

One of the greatest barriers to understanding of the scope of the problem of child sexual abuse was not having a clear definition of what constituted child sexual abuse (Bolen, 2001). Definitions often varied legally state-by-state, as well as empirically profession-to-profession. However, when considering whether child sexual abuse occurred, most professionals agreed that there was typically some form of sexual mistreatment and exploitation of one or more children, use of coercive actions, and a certain amount of fulfillment and enjoyment that perpetrators achieved through the sexual maltreatment of one or more children (Kinnear, 2007).

Many children who have experienced some form of sexual abuse remained silent about their abuse. In general, researchers have had some indication of the difficulties children faced at a young age in terms of disclosing abuse. Familial pressures to remain silent, disbelief by caregivers, and a lack of understanding by children of the full extent of the trauma all impacted children's disclosures (Collings, Griffiths, & Kumalo, 2005). It was also suggested that children did not disclose or report sexual abuse because they lacked the power to make the appropriate disclosure to authority figures. Furthermore, children relied on family members who were likely to have weighed the benefits and potential costs of disclosing and had in turn chosen not to report (2005). Additionally,

some adult survivors indicated that they had attempted to disclose their abuse in the past, whether in childhood or as adults, and had negative experiences, preventing them from trying again (Jonzon & Lindblad, 2005)

It has been commonly accepted that children have felt a considerable amount of shame over their abuse (Fontes, 2005). Shame often led to false beliefs about abuse by both victims and family members. Some victims held onto their own sense of self-blame because they believed they could have prevented future abuse by changing their behaviors (Fontes). If children did disclose to others, it was possible that parents, professionals, and other family members may have been hesitant to report child sexual abuse because they feared the family would have been broken apart, or they believed that the abuse could have been addressed within the family (Kinnear, 2007). In other instances, family members sometimes did not report abuse because they believed that the children were in some way responsible for their own abuse. In these situations, it was possible that family members inaccurately blamed the children because they felt a certain level of shame in not having protected their children (Fontes, 2005).

One of the reasons why children were often not believed was that individuals, including survivors, offenders, and nonoffenders, held numerous false beliefs with regard to sexual abuse. Collings (1997) reported that social attitudes, beliefs, and biases perpetuated by the culture in which individuals lived predicted the adherence to myths about child sexual abuse. Collings defined child sexual abuse myths as “false, or overgeneralized, beliefs that create a climate that is hostile to CSA [child sexual abuse]

victims through a) the mitigation of offender blame, b) the denial of the abusiveness of CSA, and/or c) the denial of the reality of most abuse incidents” (Collings, 1997, p. 672).

Common myths centered around issues related to whom blame should be given, denial of the impact of child sexual abuse on children, and denial of the existence of child sexual abuse. For example, one common misconception cited in research on attitudes toward child sexual abuse was that strangers victimized the majority of children who were abused (Turton, 2008). In reality, research has shown that only 10 to 15% of child sexual abuse cases reported were committed by strangers (Whetsell-Mitchell, 1995). The majority of perpetrators were individuals whom children knew or trusted, including family, friends, or neighbors. Most of child sexual abuse cases committed by family members did not involve physical force or violence, and perpetrators who were family members were able to use coercion and persuasion to force children to cooperate rather than resorting to violence (Kinnear, 2007).

Attitudes toward child sexual abuse were often related to factors such as the victim’s age and gender or the gender of observers. Studies on professionals’ attitudes have showed that individuals who were assumed to be understanding and free of child sexual abuse myths were oftentimes not understanding. Collings (2003) found that registered psychologists in South Africa had similar acceptance of child sexual abuse myths as aspirant students and psychology trainees, indicating that years of training and experience had little impact on their views on child sexual abuse. A study by Finnila-Tuohimaa et al. (2008) also found that experience did not necessarily predict that psychologists would have more accurate beliefs about child sexual abuse. Thus, even

psychologists, who were supposedly well versed in child sexual abuse information, maintained false beliefs about child sexual abuse.

In studies on attitudes toward child sexual abuse, men and women often appeared to vary significantly in their attitudes. Typically, studies have shown that men were more likely than women to have attributed blame to victims for their abuse (Graham, Rogers, & Davies, 2007) and were less likely to believe disclosures by victims (DiMarni Cromer & Freyd, 2007). Women were also more likely than men to blame perpetrators (Rogers & Davies, 2007; Staley & Lapidus, 1997). Differences in attitudes toward child sexual abuse based on gender may have been related to the ways in which men and women have been socialized. For example, in a study that concerned attitudes toward male victims, men assumed that abuse was not as harmful to male victims as opposed to female victims (Rogers & Davies, 2007). The implication was that male victims, when abused by female perpetrators, were actually gaining sexual experience versus being assaulted.

Haskins, Piedmont, Greer, and Eanes (2001) reported that, in the past, researchers had primarily studied European American participants' views on child sexual abuse and then generalized the results and implications of these studies to other ethnic minority groups. However, in the current literature on attitudes toward child sexual abuse among minority cultures, attitudes varied significantly. Researchers who examined child sexual abuse attitudes and minority groups have typically observed differences among African American, Latino/a, and European American men and women. For example, a study by Lowe, Pavkov, Casanova, and Wetchler (2005) found that the three ethnic groups agreed on some aspects of child sexual abuse, such as the agreement that father-

daughter incest was a severe form of abuse, and disagreed on other aspects, such as the interpretation of the severity of consensual masturbation between a child and an adult. Results such as those in the Lowe et al. (2005) study showed that there were in fact differences between the three largest United States ethnic groups in how they interpreted and viewed child sexual abuse.

Studies on Asian Americans were difficult to find in comparison to other United States ethnic groups. However, a few studies have been conducted and were important in understanding how Asian Americans viewed child sexual abuse. In a study by Ullman and Filipas (2005), results showed that in comparison to European Americans, African Americans, and Latino/a Americans, Asian Americans appeared to have received more negative responses to abuse disclosures by family members, such as family members not believing them. Previous research has also shown that Asian Americans tended to steer away from disclosures for fear of negative reactions related to shame (Ullman & Fillipas, 2005).

Based on a review of the existing literature, a minority group for whom research on attitudes and beliefs about child sexual abuse was severely lacking was South Asian Americans. The South Asian region of the Asian continent has comprised a large range of individuals with differing beliefs, religious affiliations, languages, and values. Generally, when researchers considered the term South Asians, they were referring to people from the following countries: India, Pakistan, Bangladesh, Nepal, Sri Lanka, and Bhutan (Abraham, 2000). Of the people from these countries, Indian Americans made up the largest group of South Asians in the United States (U.S.).

The majority of United States immigrants who came from South Asian countries since the late 1960s have been educated professionals, many of whom were educated in the U.S. (Das & Kemp, 1997). The passage of the Immigration Act of 1965 allowed large numbers of South Asians to come to the U.S. for various reasons, including work or school (Durvasula & Mylvaganam, 1994). The population of South Asians in the U.S. has grown more in the past 40 years than at any other point in time. With such a large population of South Asian Americans in the U.S., it was startling that literature on the attitudes toward child sexual abuse has been limited. No studies were found that examined attitudes of South Asian Americans with regard to child sexual abuse. Typically, studies of child sexual abuse among the Asian American community were done on general Asian American samples. Although promising, these studies did not necessarily represent different Asian groups well. Two studies were found regarding attitudes toward child sexual abuse among South Asians living in India and Britain, but none on South Asians living in the U.S.

South Asian Americans have often been labeled a model minority group (Abraham, 2000). Abraham described a model minority group as a marginalized group that was believed to have attained a significant amount of success in U.S. culture, had a strong work ethic, and very few social or community problems. The model minority group, however, had oftentimes been a myth. Individual variations within ethnic groups demonstrated that some model minority group members achieved success but many did not. In addition, model minority groups were not free of social concerns. Members of groups who had achieved model minority status seldom discussed concerns that reflected

badly upon their cultures. Social concerns, such as drug abuse, premarital sex, poverty, domestic violence, and homosexuality, were not often discussed. Inevitably, violent crimes against women and children, such as domestic violence and sexual abuse, have been underreported.

The model minority myth had also excluded the idea that individuals may have had difficulties adjusting to American culture (Abraham, 2000). The model minority myth did not account for acculturation into U.S. society being a tense process. South Asian individuals have faced stressful experiences, decreased psychological functioning, and tension within families due to differences in first- and second-generation members' values and views of the world. Views about gender were a particularly difficult point of conflict between first- and second-generation South Asian Americans. Stereotypical gender socialization of men and women in South Asian culture was common. Female children were typically raised to be virtuous, pure, and obedient. Girls were not socialized to be self-sufficient or independent from their families. Usually, male children were valued over female children and were not held as liable for their actions as female children. Once adults, women were responsible for maintaining harmony within their own household and for maintaining their family's honor. Thus, for girls and women, purity and chastity were expected, as were modesty and submissiveness.

The importance placed upon virtue and purity may have influenced children's decisions not to disclose or report child sexual abuse. Gilligan and Akhtar (2006) found that South Asians living in Britain feared other community members finding out about abuse and feared that children would not be believed. In addition, a general



understanding that group harmony needed to be maintained at all times impacted views on whether or not child sexual abuse should have been reported. It was likely that children would have been blamed and not supported in their disclosures. A study on rape myth acceptance among South Asian American women by Devdas and Rubin (2007) found that South Asian American women who were first-generation in the U.S., meaning those who had immigrated to the U.S., were more accepting of rape myths than second-generation South Asian American women and European American women. The authors suggested that individuals who had some level of acculturation into U.S. culture may have been more understanding of sexual violence than those who were not as acculturated. Thus, if survivors of sexual violence were to be supported by individuals within their community, they would most likely be supported by individuals who were more understanding of U.S. culture.

Factors that may have impacted South Asian adult female survivors' desires to speak out about their experiences with child sexual abuse was the understanding that, by acknowledging child sexual abuse, women were acknowledging a loss of virginity. In South Asian culture, premarital sex was not supported for women (Srinivasan, 2001). South Asians were raised to believe that failure to maintain virginity was shameful and disrespectful for their families and communities (Abraham, 2000). While child sexual abuse did not indicate willing participation in sexual activity, for women who had been abused, they were still viewed as impure and dishonored. As a result, these women were likely to have remained quiet about their abuse. Little has been known about the impact

of child sexual abuse among South Asian boys and men and no studies were found that considered male perspectives.

Child sexual abuse myth acceptance, rarely studied among any population, has not been examined at all in South Asian American populations. It is important to add research on South Asian Americans' views on child sexual abuse in order to more fully understand attitudes and to assist South Asian American child sexual abuse victims. In the present study, an attempt was made to determine the level of acceptance of child sexual abuse myths among a South Asian American population. A review of relevant literature on the topics of child sexual abuse myths, attitudes toward child sexual abuse, including professionals' attitudes, gender and ethnicity differences, survivors' attitudes, and acculturation among South Asian Americans will be considered in the following chapter.

## CHAPTER II

### LITERATURE REVIEW

Few studies have considered the topic of child sexual abuse myths and the effects of these myths on child and adult victims of sexual abuse. Some studies have been conducted on attitudes toward child sexual abuse and have implied that differences existed with regard to several variables, including the attitudes of professionals, gender and ethnicity differences, and the impact of individuals' past sexual abuse histories on their attitudes. In general, studies on professionals' attitudes showed that the number of years in training and practice did not necessarily lessen the false beliefs that professionals held with regard to child sexual abuse (Davey & Hill, 1995; Finnila-Tuohimaa et al., 2005). Studies on gender differences have generally shown that men's attitudes toward child sexual abuse differed significantly from women in that men tended to blame victims more for their abuse than women (Calvert & Munsie-Bensen, 1999; Rogers & Davies, 2007). Ethnic minority groups often showed differences in their attitudes toward child sexual abuse, with Asian Americans often holding more victim-blaming attitudes than African Americans and Latino/a Americans (Ullman & Filipas, 2005). No studies have considered the impact of acculturation status on South Asians Americans' attitudes toward child sexual abuse.

The studies examined in this literature review discussed the effects of victim and observer variables on attitudes toward child sexual abuse, professionals' attitudes toward child sexual abuse, the effects of gender on men and women's perceptions of child sexual abuse, and the effects of ethnicity on individuals' attitudes toward child sexual abuse, specifically African American, Latino/a American, and Asian American participants. The review also examined the limited research on child sexual abuse myth acceptance, which is based on individuals' mistaken attitudes and perceptions of child sexual abuse. The impact of acculturation on South Asian Americans in relation to psychological stress, mental health, and gender role socialization was examined as well. It was possible that the mistaken attitudes that individuals had regarding child sexual abuse could have been directly influenced by acculturation and other factors. Thus, the impact of acculturation on child sexual abuse attitudes was important to understand. To date, however, no studies have been conducted on South Asian Americans attitudes toward child sexual abuse in relation to gender and acculturation factors.

### **General Attitudes and Beliefs about Child Sexual Abuse**

Several studies have considered the ways in which people believed or had not believed children were abused. Researchers have considered several variables that potentially impacted individuals' views of children and adult victims of child sexual abuse. Such factors have included ethnicity, gender, age, gender, and victim attractiveness.

Calvert and Munsie-Benson (1999) explored general attitudes maintained by individuals about child sexual abuse. The goal of the study was to understand if attitudes differed between diverse demographic groups and the extent of information about child sexual abuse known by the general public. Participants were examined within several different demographic groupings, including ethnicity, age, gender, socioeconomic background, educational background, marital status, and parental status. The researchers found that participants held several mistaken beliefs about child sexual abuse, as well as some information that was accurate.

Calvert and Munsie-Benson (1999) found that women were likely to have a more accurate understanding of child sexual abuse than men. Individuals who were married, compared to single individuals, were more likely to have more accurate information about child sexual abuse. Parents were more likely than non-parents to have accurate information on child sexual abuse, as were older respondents compared to younger respondents. Individuals who were more educated and individuals with higher incomes were also more likely to have accurate information than those who were less educated and less wealthy.

Results of the Calvert and Munsie-Benson (1999) study also showed interesting findings when considering specific beliefs. For example, approximately 18% of the entire sample believed that perpetrators were likely to be strangers to the children, when in reality most perpetrators were actually individuals whom the children knew. The majority of individuals agreed that male parents, relatives, or close family friends were the most likely to be perpetrators known to children. Participants, who were women, married,

parents, older, European American, and had higher incomes, were most likely to believe that perpetrators of child sexual abuse were individuals whom children trusted.

When asked if they believed that children typically told the truth, approximately 86% of participants indicated that they believed children told the truth about child sexual abuse.

The results showed a positive sign that participants were trusting of children's reports; however, the results also indicated that 14% of participants did not believe children's reports. The groups that were the most likely to believe that children could be trusted and were telling the truth were married women who had children (Calvert & Munsie-Bensen, 1999).

Other important findings were related to parents' ability to determine if their children were abused. When asked if parents of children who were abused would be able to notice that their children had been abused, 71% said that parents would most likely know. In addition, 72% of participants reported that they believed children would display some types of behavioral changes that would indicate that they had been abused. Calvert and Munsie-Benson (1999) indicated that the implications for these two findings were that participants would have blamed parents of children who had been abused for not noticing that their children were acting differently. Parents, in turn, may have also expressed some self-blame for not knowing that their children had been abused if they assumed they should have noticed. These findings, in particular, were important when determining if the general public needed more educational information about child sexual abuse.

Rogers, Josey, and Davies (2007) examined the impact of victim age, victim attractiveness, and prior abuse history of victims on beliefs about victim credibility and victim blame. The researchers specifically considered views related to female victims. Participants included 397 individuals from a community sample. Participants read two vignettes depicting sexual abuse scenarios in which victim age, attractiveness, and prior abuse history were manipulated. The vignettes involved the sexual abuse of 10-year-old or 15-year-old girls by a 35-year-old man. Victim attractiveness was electronically manipulated by taking pictures of a 10-year-old girl and a 15-year-old girl and altering the pictures so that the girls appeared less attractive. Following the reading of the scenarios, participants were given a 16-item questionnaire designed to examine attribution of blame.

Rogers et al. (2007) hypothesized that victim age would affect how participants attributed blame such that the 10-year-old child would be deemed more believable than the 15-year-old child. The second hypothesis was that participants would have had more positive attributions toward the attractive victim and considered her more credible and less responsible for her abuse. The third hypothesis was that participants would have attributed more blame to victims who had been previously abused multiple times by either the same or different offender. The fourth hypothesis was that female participants would have been less blaming of victims than male participants.

Results of the Rogers et al. (2007) study showed that the 10-year-old victim was seen as less blameworthy than the 15-year-old victim, suggesting that participants attributed more responsibility for sexual abuse to adolescents. As expected, findings also

showed that female participants attributed less blame to victims than male participants. An unexpected finding was that victim attractiveness had no impact of attributions of blame. Victims' abuse histories had no impact on attribution of blame as well in that victims who had been previously abused by the same or different offender were not seen as any more worthy of blame than victims who had been abused only once.

Back and Lips (1998) examined victim age, victim gender, and participant gender as potential factors related to attributions of responsibility for child sexual abuse. The authors discovered similar findings to Rogers et al. (2007) regarding age of victims of child sexual abuse in that older victims were considered more blameworthy. The authors recruited 145 undergraduate participants, of whom 64 were male and 81 were female. Participants were given a vignette that described a 35-year-old neighbor who engaged in sexual activity with a child. The gender and age of the victim was varied as was the gender of the participants. The ages of the victims were six and 16 years old. The perpetrator was consistently a male as the authors noted that most perpetrators were men. The authors considered the degrees to which the child, mother, and father were responsible for what occurred, were to blame for what occurred, caused the abuse to have occurred, and could have prevented the abuse.

Findings of the Back and Lips (1998) study showed that the parents of the victim were granted a large amount of blame for their child's abuse. However, the degree to which parents were blamed also depended on the age of the victim, with the younger child's parents being assigned more blame than the older child's parents. The findings also showed that male participants assigned more blame to the victim and to parents than



female participants. The authors also found that participants assigned the same amount of blame to the mother and to the father, which was not expected. The authors had hypothesized that the mother would have received more blame. The authors also considered the influence of participants' perceived similarity to the victim on their views of the child's responsibility. Perceived similarity was assessed by participants answering four questions regarding how similar they felt the child was to them (e.g., "I feel that I am similar to the child"). Findings showed that the victim was seen as more responsible for the abuse when the participant believed the child was very dissimilar to him or her.

The importance of studies, such as the ones reviewed thus far, was significant when considering the influence of beliefs on children's reporting, disclosure, and treatment of child sexual abuse. The results of the Back and Lips (1998) and Rogers et al. (2007) studies indicated that children who were older and who disclosed to men may have been held more liable for their abuse. Findings such as these were important when considering the various groups of individuals to whom children may have disclosed, such as women, men, or parents. However, the importance of the views on disclosure of child sexual abuse to professionals who work with victims was also of prime importance. The following studies considered the impact of beliefs regarding child sexual abuse from professionals involved in child sexual abuse cases.

### **Professionals' Attitudes Toward Child Sexual Abuse**

Several studies on attributions of blame and attitudes toward child sexual abuse have focused on professionals, such as psychologists, police officers, and teachers. These studies attempted to determine if care providers' attitudes and beliefs had an impact on

the ways in which children disclosed or reported abuse, and the impact of care providers' beliefs on children who disclosed. The accurate identification of abuse victims was important for some type of action to have been taken toward prosecution of offenders and protection of victims.

Davey and Hill (1995) conducted a study in Wales on the professional training, background, and specific training on child sexual abuse of interviewers of abused children to determine what participants viewed as indicators of child sexual abuse. In total, 60 professionals who had conducted investigations on suspected child sexual abuse cases were included in the study. Participants were sent an anonymous questionnaire that assessed information on demographic variables, such as age and gender, professions, places of work, qualifications, number of years qualified, number of interviews conducted for child sexual abuse in the previous year, and training on child sexual abuse. The final participant pool consisted of individuals from eight different professional backgrounds. These professionals included one pediatrician, two child psychiatrists, three clinical psychologists, one educational psychologist, 30 social workers, three child protective officers, nine residential care workers, and 11 police officers. Participants were subsequently grouped into four main categories, medical/psychological, social work, residential care workers, and police officers.

Results of the Davey and Hill (1995) study showed that the variations in training on child sexual abuse were profound. Individuals who were in professions that required high levels of training to become professionals were those who also had more training in child sexual abuse issues. For example, the medical/psychological individuals spent

longer amounts of time in school and subsequently had more training in child sexual abuse. The group that most distinctly had little to no training on child sexual abuse was the police officer group. The residential care worker group also had a very low level of training on child sexual abuse. The findings of the study suggested that individuals who had high levels of training had greater interest in more training and/or had access to more training.

Davey and Hill (1995) also showed that most participants believed that clear physical signs of suspected abuse, such as semen in the vaginal or anal areas or the presence of sexually transmitted diseases, were strongly indicative of sexual abuse. The majority of respondents believed that children's references to sexual themes and sexualized behavior were also strong indicators of abuse. Common behavioral issues in children who have been sexually abused, such as bedwetting, aggression, and conduct disorder, were not generally viewed as indicative of child sexual abuse by the majority of participants, indicating some lack of awareness of these professionals about how children who had been abused might have presented. However, significance was given to depression, recurrent headaches and stomachaches, and suicidal gestures, as these symptoms were considered to be more likely found in children who had been abused.

Findings of the Davey and Hill (1995) study showed that perceptions of child sexual abuse characteristics were not necessarily associated with professional background and training. It appeared more likely that personal beliefs and experiences were more indicative of the ways in which individuals perceived signs of sexual abuse, and that the number of years spent interviewing children also impacted the ways in which people

viewed the accurate signs and symptoms. Of the four professional groups, the medical/psychological group was the group most likely to be reserved in connecting symptoms with child sexual abuse. For example, physicians and psychologists were less likely than residential care workers and police officers to immediately view bed-wetting as an indicator of child sexual abuse. In addition, participants who had more experience in conducting interviews were more reserved in their judgments about linking symptoms to child sexual abuse.

The results of the Davey and Hill (1995) study were important when examining the ways in which professionals understood and considered child sexual abuse cases. If these professionals were in fact basing some of their judgments on their own personal beliefs or personal experiences, or experiences with past interviews, it was possible that they misinterpreted cases of child sexual abuse and would have done so in the future. It was also possible that the more training individuals had the greater the chance of understanding that some symptoms may not have been indicative of child sexual abuse, while other symptoms that seemed unlikely on the surface to be features of abuse might in fact have been indicators.

Everson, Boat, Bourg, and Robertson (1996) considered the beliefs about child sexual abuse held by individuals directly involved in investigations with sexually abused children. The participants included 244 professionals consisting of judges, police officers, child protective services workers, and mental health clinicians. Participants were given a questionnaire that collected information regarding views on the reliability of children who alleged child sexual abuse. Questions also centered on demographic information

about the professionals completing the questionnaires, including age, gender, number of years of experience in the field, and the number of child sexual abuse cases the professionals assumed were false reports.

Results of the Everson et al. (1996) study showed that, among the professional groups, judges and police officers were more likely than Child Protective Services (CPS) workers and mental health clinicians to be wary of alleged abuse. Results also showed that age and gender of the professional did not necessarily reflect whether or not they believed a report. In addition, male participants were just as likely as female participants to have believed or not believed allegations. No connection existed between the gender of the professional and the gender of the child, indicating that there was no preference for male professionals believing male children, or vice versa for females. The Everson et al. (1996) study was inconsistent with other studies, which showed that gender of the participants impacted their beliefs in victims' disclosures. Specifically, several studies have indicated that women tended to believe victims' disclosures more than men (DeMarni Cromer & Freyd, 2007; Rogers & Davies, 2007)

Everson et al. (1996) also found that the number of years of experience or the degree of experience of the professionals did not have a clear impact on the beliefs of alleged child abuse. However, one interaction that was significant was the number of sexual abuse cases handled in the past year in relation to professionals' views on believing allegations. Specifically, those professionals who had reported that they had been working on a high number of cases the previous year were less likely to believe that

children were lying as opposed to professionals who did not work with as many cases in the previous year.

When looking at specific subgroups within the professional groups, results of the Everson et al (1996) study showed that 10% of judges and 10% of police officers believed that 20% of children had lied about their allegations of sexual abuse. Contrastingly, 14% of judges and 9% of law enforcement officers believed that children never lied about their abuse. Results also showed that CPS workers and mental health professionals were more likely to hold the belief that children never lied about abuse, with 30% of CPS workers and 14% of mental health professionals holding views that children never lied. The group of children least likely to be believed were adolescent females in the 13-17 year-old age group. However, within the professions, there were significant differences regarding beliefs about adolescents. For example, 7% of judges believed that more than half of all adolescent girls who reported abuse were deliberately lying.

The results of the Everson et al. (1996) study were important when considering the impact of professionals' beliefs on children who have been abused. The study indicated that some professionals who had direct involvement in investigations of child abuse believed some children always or never lie, indicating that they had preconceived beliefs about children and/or sexual abuse. For example, the significantly higher bias against adolescent girls and allegations of sexual abuse indicated that this particular subgroup was less trusted than others. The impact of this distrust was that numerous adolescent girls had the potential to be dismissed when making allegations and ignored

when seeking treatment. Another important finding was the conclusion that professionals who had more exposure to cases involving child sexual abuse were more likely to have believed a child than those who had not. Thus, individuals, even laypersons, who had more exposure to individuals who had been abused, may have been more understanding and more likely to have believed children or adult victims of child sexual abuse.

It has been posited that professionals did not rely on information gained from education and training but rather from other beliefs about sexual abuse to make decisions about attribution of blame. Finnila-Tuohimaa et al. (2005) considered whether professionals who investigated child sexual abuse cases depended more on scientific knowledge or experience in clinical work to assess their own understanding and expertise about child sexual abuse. The study was based on the understanding that, while experience played an important role in how professionals viewed child sexual abuse investigations, there was also a significant amount of importance that needed to be attributed to scientific knowledge. In addition, the use of clinical experience did not necessarily mean that professionals would have accurate judgment in relation to child sexual abuse cases.

Finnila-Tuohimaa et al. (2005) found that professionals who conducted investigations on child sexual abuse relied more on their clinical experiences than on knowledge derived from scientific exploration and theoretical knowledge when making decisions in investigations. The researchers posited that in order to have avoided bias when making decisions about sexual abuse, such as attribution of blame, professionals

should have made decisions based on theoretical knowledge and reasoning as opposed to experience.

In a study conducted by Finnila-Tuohimaa et al. (2008) the attitudes of psychologists in relation to child sexual abuse were examined. The researchers created and implemented the Child Sexual Abuse Attitude and Belief Scale (CSAABS; Finnila-Tuohimaa et al., 2008) in order to understand attitudes and beliefs related to child sexual abuse. The scale had four major subscales that were identified. The Disclosure subscale indicated a strong bias toward gaining a disclosure at any cost. The Pro-Child subscale revealed unconditional beliefs in children's reports, and the Intuition subscale revealed a strong bias toward an intuitive approach to investigating child sexual abuse. The last subscale, the Anti-Criminal Justice System subscale, measured negative attitudes toward the legal system.

The Finnila-Tuohimaa et al. (2008) study included 242 psychologists with either school or family counseling psychology emphases. The mean age of the psychologists was 43.5 years with a standard deviation of 10.7 years. There were 214 female and 28 male psychologists who participated in the study. The participants provided demographic information about their age, gender, years working in their profession, the proportion of time they spent working with cases involving child sexual abuse, hours of training in how to interview children involved in child sexual abuse cases, how many cases of child sexual abuse in which they had been involved, if they had their own personal experiences with child sexual abuse, and if they had children or not. Participants also completed the CSAABS.



Finnila-Tuohimaa et al. (2008) found that, for the Disclosure subscale, hours of training in interviewing children most strongly predicted attitudes of the psychologists. Training in interviewing children, having their own children, and being female were strong predictors of the Pro-child subscale. The Intuition subscale predictors included the variables of the number of years worked with children and number of hours of training in interviewing children. Being female and having more hours of training in interviewing children were significant predictors for the Anti-Criminal Justice System subscale.

Finnila-Tuohimaa et al. (2008) found that the most common mistaken belief among participants was that children needed to be told that they were safe from the perpetrator in the interview, with 70% of respondents agreeing with this item. Over 40% of respondents agreed with items that indicated that children should have been praised in the interview, that professionals working with children did not use techniques during interviews that were suggestive of abuse, and that observation of childrens' play was a good technique for determining if the children had been sexually abused. In general, results showed that on approximately 20% of the questions asked, respondents clearly agreed with incorrect answers or clearly disagreed with correct answers. Another interesting finding was that the more education the participants had, the more erroneous beliefs they had.

Generally, the results of the Finnila-Tuohimaa et al. (2008) study suggested that psychologists' attitudes and beliefs related to child sexual abuse were relatively moderate, that some psychologists did not have erroneous beliefs, and that there were some psychologists who had attitudes that were extreme and beliefs that were erroneous.

Another significant finding, and one that was important when considering the ways in which professionals approached children who have been abused, was that individuals who have had more intensive experience with children reported having a more intuitive approach to child sexual abuse cases. For example, psychologists with more experience reported more often that they were able to tell if children were lying.

Results of the Finnila-Tuohimaa et al. (2008) study indicated that there were no forms of experience that predicted the number of incorrect answers, even though experience has often been cited in clinical work as a main component in developing expertise. Contrarily, the findings suggested that experience did not necessarily prevent psychologists from having false beliefs. The authors indicated that the finding that experience did not predict fewer false beliefs was congruent with previous research, which indicated that experienced clinicians may have actually been somewhat biased in their approaches and relied more on their professional experience than scientific or theoretical information.

The finding in the Finnila-Tuohimaa et al. (2008) study that increased training on interviewing children caused higher rates of erroneous beliefs was unanticipated, considering that, in theory, training should have resulted in clinicians relying less on intuition when considering child sexual abuse. The findings suggested that correcting psychologists' erroneous beliefs was not accomplished by increased training and thus psychologists' ability to make decisions about child sexual abuse cases was not necessarily improved by increased training. More training possibly resulted in more extreme attitudes and false beliefs about child sexual abuse, resulting in more bias.

In a Canadian study by Hicks and Tite (1998), social workers, teachers, and police officers were investigated to determine if they had differing views about how victims of sexual abuse presented, how credible their stories appeared, and if their views impacted who they blamed for abuse. The study was conducted because the researchers realized that, when children disclosed abuse, there were numerous individuals who came into contact with the children in professional settings, including teachers, counselors, police, and clergy members. The impact of these professionals' views about child sexual abuse could potentially have impacted the ways in which children's cases were handled legally, how fast or whether they received mental health services, and if and how the offenders were punished.

Participants in the Hicks and Tite (1998) study included 83 social workers, 100 police officers, and 235 school personnel. Approximately 58.5% of the participants were women and 41% were male. The participants were given a survey related to their beliefs about the causes of child sexual abuse, their beliefs about victims, perpetrators, and prevention and treatment strategies for child sexual abuse. The participants were also given two vignettes that depicted a child's disclosure of sexual abuse. The emphasis in both vignettes was how the child's innocence, trust, and obedience were exploited. However, the vignettes differed in several ways, such as emphases on non-contact sexual acts, including exposure, age of the victims, perceived consent by the child, and the perceived motivation of the perpetrator. Participants were given the vignettes and asked if they believed that child sexual abuse had occurred in each. Participants who responded

that abuse had occurred were then asked to complete a survey with Likert-scale items designed to explore the basis for their attitudes and beliefs.

Results of the Hicks and Tite (1998) study were considered in three parts: the views that professionals held of the characteristics of victims, the beliefs that professionals held about the credibility of the victim, and the views that professionals held regarding the responsibilities of the victim. In terms of characteristics of the victims, 88.6% of participants reported that they believed that boys were as equally likely as girls to be sexually abused. Most participants indicated that victims were likely to blame themselves and to maintain a certain amount of guilt following incidents of sexual abuse. In terms of victim credibility, initially the authors found that social workers were more likely to view children's stories as credible than police officers and school personnel. However, once the authors controlled for gender, it was discovered that credibility was more likely attributed to the gender of the participants in that female professionals were more likely to believe children's stories than male professionals. The majority of participants (94.2%) believed that the first vignette, which involved a young child, and clearly depicted child sexual abuse, whereas 38.8% of participants agreed that the second vignette, which included an adolescent, depicted child sexual abuse. However, with regard to the second vignette, female professionals were two times as likely as male professionals to believe that sexual abuse had occurred, and social workers were two times as likely as school personnel and police officers to believe that abuse had occurred. In terms of victim responsibility and professionals' views, 45% of participants indicated

that they believed adolescents were capable of providing consent to sexual activity with adults as opposed to 8% for younger children.

It appeared from the results of the Hicks and Tite (1998) study that the impact of children's age and behavior deeply influenced attitudes about the credibility of children's stories. In the adolescent vignette, participants expressed concerns about the child's potential for lying, being sexually active, and holding more responsibility for sexual activity. Many participants with little to no experience working with victims of child sexual abuse were four times more likely to suggest that the adolescent in the second vignette was not abused, indicating an adherence to stereotypes about adolescents, sexual abuse, and victims. In addition, three groups of individuals, males, police officers, and school personnel, appeared more likely not to recognize abuse when compared to women and social workers. These results were alarming considering that both males and females from varying professional backgrounds were likely to come into contact with children who had been sexually abused.

Hubbartt and Singg (2001) investigated whether professionals' attitudes toward child sexual abuse developed prior to their entrance into a professional field. The researchers' sample consisted of 192 college men and women who were given the Professional Attitudes Regarding Sexual Abuse of Children Scale (PARSAC; Trute, Adkins, & MacDonald, 1992). The students were divided into four groups: men interested in social service occupations, women interested in social service occupations, men interested in legal service, and women interested in legal service. The PARSAC scale measured three factors, including the severity and seriousness of the issue,

distinctions between treatment and punishment priority, and perpetrator identity. The results of the study showed that some biases existed prior to individuals entering a professional field.

Hubbartt and Singg (2001) found that social service groups were more likely to value treatment versus punishment for sexual offenders. However, no significant differences existed among the four professional groups in severity and seriousness of the issue or perpetrator identity. An interesting finding when considering gender differences was that the two groups of women scored significantly higher than men on all three factors. Thus, women appeared to have considered child sexual abuse to be more serious an issue than men, yet women had less punitive attitudes toward sexual offenders. Men appeared more likely to believe that child sexual abuse occurred infrequently and was perpetrated by individuals who were socially abnormal. Essentially, the gender differences between men and women appeared to be the result of belief systems that influenced the participants more so than their choice of professional career.

In summary, studies on professionals' attitudes toward child sexual abuse showed that professional background and level of training often impacted individuals' views on child sexual abuse (Davey & Hill, 1995). However, there was also some indication that the degree of experience of professionals in handling child sexual abuse cases did not necessarily impact their views as much as personal beliefs (Everson et al., 1996; Finnila-Tuohimaa et al., 2005). In addition, contrary to traditional studies on gender differences, citing men as more victim-blaming than women (Beling et al., 2001; Rogers & Davies,

2007), the impact of gender may not have been as profound when accounting for professional background (Everson et al., 1996).

Although studies on the attitudes of professionals were designed mostly to provide information for professionals (Davey & Hill, 1995; Everson et al., 1996; Finnila-Tuohimaa et al., 2005; Finnila-Tuohimaa et al., 2008; Hicks & Tite, 1998; Hubbartt & Singg, 2001), they none-the-less provided important information about the beliefs that individuals had about children and child sexual abuse. A common variable in the studies on professionals was gender differences in attributions of blame. Other studies on participants' gender provided additional information about the impact of gender on beliefs about child sexual abuse.

### **Gender Differences and Participant Characteristics**

Gender differences in attitudes toward child sexual abuse have been studied to determine if men and women's views differ significantly from each other. Studies have considered differences between men and women in their views related to child sexual abuse against boys versus girls and their attributions of blame for offenders, victims, and families. Studies on gender were of particular importance because child or adult victims may have felt more supported by one gender over the other and thus would have been more likely to trust and disclose to one gender more than the other.

In a study by Staley and Lapidus (1997), gender differences in blame attribution for incest showed that women were generally more likely than men to blame offenders. Both men and women were not likely to blame victims for child sexual abuse perpetrated against them. However, women in the study tended to disagree more with statements that

were intentionally victim-blaming, which suggested some degree of difference between men and women in their views and attitudes toward victims of child sexual abuse. When considering mother-blaming, men were more likely than women to agree with statements that blamed mothers, indicating that men were more likely than women to hold mothers accountable for their children being sexually abused. Women were more likely than men to disagree that incest was more prevalent in African American families, middle class families, and families of lower socioeconomic status.

DeMarni Cromer and Freyd (2007) examined gender differences in the acceptance of child sexual abuse disclosures. Specifically, the researchers hypothesized that gender had an impact on participants' beliefs about sexual abuse disclosures in that female participants would be more likely to believe disclosures and assume the disclosures were correct than male participants. Another hypothesis was that individuals with previous abuse histories would have been more likely to believe the disclosures. The researchers also examined whether participants were more likely to believe disclosures if the memories for abuse were presented as continuous or delayed memories. Further, the researchers examined whether or not participants held the damaging myth that children were not harmed by child sexual abuse. Additionally, the researchers sought to determine if sexism was related to believing victims.

Participants in the DeMarni Cromer and Freyd (2007) study were 318 undergraduate students from Introduction to Psychology courses at the University of Oregon. The mean age of the participants was 19.8 years and 85.1% of the participants were European American. Each participant was given two vignettes to rate sexual abuse,



which varied by gender and memory for the abuse (i.e., has always remembered, only recently remembered). Participants were also given the Ambivalent Sexism Inventory (Glick & Fiske, 1996) to measure their acceptance of hostile and benevolent sexism, and the Brief Betrayal Trauma Survey (Goldberg & Freyd, 2006) to measure their experiences with betrayal trauma. The researchers identified betrayal trauma as interpersonal trauma by someone with whom individuals were very close and had in-person contact.

Results of the DeMarni Cromer and Freyd (2007) study showed that female participants were more likely to believe disclosures than male participants. Female participants were also more likely to rate memories of abuse as more accurate than male participants. However, women were not more likely to believe men who disclosed abuse or rate men's disclosures as more accurate than women's disclosure.

Participants' personal trauma histories also interacted with gender. Men without histories of trauma were less likely than women to believe all reports of abuse. A significant finding in the study was that participants were more likely to believe continuous memory more than delayed memories and were more likely to view continuous memory as more accurate. Thus, for victims who came forth and disclosed that they have been abused after significant time had passed between the disclosure and the abuse incident, they may not have received the kind of support that they needed. In addition, participants who had a higher acceptance of sexist beliefs were less likely to believe disclosures of abuse.

Graham et al. (2007) also considered the impact of participants' gender on their attributions of blame toward family members of victims, perpetrators, and victims. The researchers found that, in relation to attribution of blame toward family members, blame was attributed fairly equally by females and males. If the victims were exposed to non-contact child sexual abuse, family members were held particularly accountable. The findings of the study also suggested that participants were less inclined to attribute blame to parents and other family members if the children were victims of more violent or intrusive sexual abuse, such as vaginal penetration. The researchers' belief was that participants felt more sympathetic to parents whose children were severely assaulted as opposed to parents of children who experienced less violent assaults. In addition, family members who denied abuse or who blamed their children were deemed to be more responsible for the abuse than family members who supported their children.

Participants in the Graham et al. (2007) study also noted that all acts of abuse presented in the study should have been deemed serious. However, the abuse was viewed as more serious and damaging if it included some type of penetration versus touching or exposure. This finding was important because it highlighted the false belief by many individuals that children were only affected by sexual abuse if they were involved in intercourse as opposed to other forms of sexual contact that would be considered molestation or exposure. The results also showed that males were more likely to view any type of sexual abuse as less serious than females, including penetration. Males were more likely than females to view the victims as less blameworthy if they were penetrated than if they were the victims of non-contact exposure. Females, however, viewed the victims

of non-contact exposure to be less blameworthy than the victims of fondling or penetration, suggesting that females were more likely to have believed that the victims could have resisted the fondling or penetration more so than they could have resisted exposure. In general, males were more likely than females to believe that the victims had some level of blame that should have been attributed to them for the assaults committed.

In relation to perpetrators, both males and females in the Graham et al. (2007) study generally held the perpetrators as blameworthy for the sexual abuse. However, the perpetrators who committed non-contact exposure were seen as less blameworthy than the perpetrators who committed vaginal penetration. Participants also had a similar resistance to blaming the perpetrators for fondling as well, suggesting that the participants viewed penetration as qualitatively different than exposure and fondling. The main gender difference for attribution of blame for perpetrators was that males were slightly less likely than females to hold perpetrators as blameworthy. The finding suggested that males tended to have more positive attitudes toward perpetrators of child sexual abuse than females.

In a study by Rogers and Davies (2007), gender of victims, perpetrators, and research participants was investigated to determine if gender influenced attitudes toward child sexual abuse. Using a hypothetical case, investigators predicted that female participants would be more inclined to have positive attitudes than male participants toward victims than perpetrators, that participants would consider a 10-year-old victim to be less responsible for abuse than a 15-year-old victim, and that male victims would be

viewed more negatively than female victims if their perpetrators were female and if the boys were 15 years old.

Results of the Rogers and Davies (2007) study showed that male participants did in fact find perpetrators less responsible than did female participants. Results indicated that male participants viewed sexual assaults as less severe than females and the victims as less credible and having more responsibility than did female participants. Male participants found the sexual assault of 15-year-old boys by female perpetrators to be less severe than the sexual assault of female victims and 10-year-old boys by male perpetrators. Male participants also generally viewed 15-year-old boys who were sexually assaulted by female perpetrators to be less credible and more culpable for their abuse than female victims and 10-year-old boys sexually abused by men. Results also indicated that female perpetrators were viewed in a more favorable light than male perpetrators.

Findings of the Rogers and Davies (2007) study suggested that victims of sexual assaults by male perpetrators were viewed positively regardless of the gender of victims. However, the results also implied that if a boy was older, such as the 15-year-old in the study's vignette, participants viewed him as gaining a sexual experience if a female perpetrator sexually assaulted him. Results also implied that the assault of a 15-year-old boy by a female perpetrator was not as damaging as an assault by a male perpetrator or as an assault on a younger boy by a female perpetrator.

Beling et al. (2001) investigated gender differences in undergraduates' attributions of blame for child sexual offenses. Participants included 82 male and 82

female undergraduate students in an introductory psychology course. Participants completed a questionnaire in which the main goal was to understand their perceptions of why men committed sexual offenses against children. Reasons that the participants considered included the following: personal inadequacy, developmental issues, victim characteristics, power and control, sexual motivation, external and contextual factors, interpersonal deficits, and cognitive distortions.

Results of the Beling et al. (2001) study showed that the participants believed that personal inadequacy and developmental reasons were the most likely causes for why men committed offenses against children. The results showed that women were more likely than men to endorse reasons, such as power and control, as motivation for men's sexual offending. The authors postulated that men and women might hold differing viewpoints regarding sexual violence based on societal norms for men and women. In addition, as women were more likely to be victimized than men, the authors suggested that women in the study might have been more understanding of issues of power and control than men. Results indicated that male participants were more likely than female participants to believe that arousal and sexual motivations were strong reasons for why males committed sexual offenses against children. The authors suggested that men's gender socialization, with a focus on the physiological arousal of sex, tended to result in a perceived explicit sexual motivation for offending.

Results of the Beling et al. (2001) study also showed that women were more likely than men to perceive the causes of men's offenses toward children to be consistent and stable. Thus, women were more likely than men to believe that there was some

constant and unchanging factor that caused men to perpetrate against children. Women were also more likely than men to have attributed the causes of men's offending to internal characteristics of the sexual offender, and thus attributed responsibility for the offense to the offender. However, men were more likely than women to believe that the sexual offending by men was uncontrollable or less able to be managed. Essentially, males in the study believed there was a potential for uncontrollable characteristics to compel men to offend.

The results of the Beling et al. (2001) study suggested significant differences between men and women in their attributions of blame toward sexual offenders. The focus of women on issues of power and control, while showing an awareness of power differentials between men and women, also showed a tendency to disregard other potential factors related to men's offending, such as intimacy deficits, arousal, and personal inadequacies. However, men's tendency to focus on sexual arousal and sexual motivations for sexual offending showed a lack of awareness of larger issues of power and control. Essentially, both genders in the study appeared to have very strong assumptions about child sexual abuse and offenders that were either too broad or too narrow. Neither gender was able to grasp all the potential reasons given as coming together to impact men's sexual offending toward children.

In summary, studies on gender differences in attitudes toward child sexual abuse have consistently showed that men generally held more victim-blaming attitudes in relation to child sexual abuse than women (Beling et al., 2001; Rogers & Davies, 2007; Staley & Lapidus, 1997). There were, however, some inconsistencies between men's and

women's perceptions of blame. For example, depending on the gender and age of the victims, perceptions of blame could have varied significantly between men and women.

Studies on gender were essential in understanding attitudes toward child sexual abuse. Another area of difference that was important to have considered involved diverse ethnic groups in attitudes and beliefs about child sexual abuse. Differences between ethnic groups in their views on child sexual abuse have been investigated sparsely in the literature and, in the past, many studies examined European American participants and generalized the findings of these studies to other ethnic minority groups (Haskins et al., 2001). Unfortunately, the findings of studies regarding one particular group could rarely be applied to other groups.

### **Comparison of U.S. Ethnic Groups: Attitudes and Reactions to Disclosures**

Studies on the attitudes of ethnic minorities were important to have considered because different cultures may have had different interpretations of how victims, perpetrators, and family members of victims should be held responsible for abuse, how victims should be treated, and how victims should be supported. For example, Heras (1992) reported that ethnic minority clients may have differed from European American clients in that they participated in more "face-saving" behaviors, which could have looked like they were in denial or that they were externalizing the blame for the abuse (p. 123). The few studies that have been done on specific ethnic groups have shown some measurable similarities and differences in attitudes toward child sexual abuse between and among the different groups.

In a study by Lowe et al. (2005), the differences among the three largest ethnic groups in the U.S. were examined and compared to determine if the three groups had differing definitions of child sexual abuse and if the groups had differing interpretations of when to report abuse to appropriate law enforcement authorities. Participants in the study included 179 participants, of whom 129 were female and 50 were male. The breakdown of ethnicities was as follows: 82 European American females, 25 African American females, and 28 Latina females, 31 European American males, six African American males, and six Latino/a males.

Participants were given the Child Sexual Abuse Evaluation (CSAE) questionnaire (Lowe et al., 2005) and a demographic questionnaire. The CSAE contained seven vignettes, the first six of which were divided into pairs with accompanying questions for each. Each vignette pair described child sexual abuse in three legal categories according to the State of Indiana Code of Criminal Law and Procedure. The three legal categories were Child Seduction, Sexual Misconduct with a Minor, and Child Molestation. The first vignette in each of the three vignette pairs represented a legal category of child sexual abuse in a non-incestuous context. The second vignette of each vignette pair displayed the same type of child sexual abuse as the first of each vignette pair, but within an incestuous context. The descriptions in each vignette were altered in subsequent questions to vary the legal severity of the child sexual abuse. Questions followed each vignette and centered around participants' evaluations in five areas: (1) if the perpetrator's behavior was inappropriate; (2) if the perpetrator's behavior was a crime; (3) the response of the participant to the child sexual abuse incident described; (4) the



extent to which the severity of the child sexual abuse described influenced the participant to label the incident as wrong, criminal, or reportable; and (5) the extent to which the familial or incestuous abuse caused the participant to interpret the child sexual abuse as wrong, criminal, or reportable. The participants' responses to these five areas were used to determine differences among the three ethnic groups.

Findings of the study showed that differences among the three ethnic groups most significantly existed at the lowest levels of severity of abuse. Thus, in class D felonies, such as consensual mutual masturbation, which was in the Child Seduction legal category, the ethnic groups differed in their interpretations of abuse. African American participants and Latino/a participants were more likely to state that they would report a Class D offense than European Americans. However, in terms of more severe types of child sexual abuse, such as father-daughter incest or sexual intercourse between a teenager and an adult, the three ethnic groups did not differ in their interpretations of whether the abuse was actually abuse. All three groups labeled such severe offenses as abuse. In addition, all three groups were equally likely to indicate that they would report the severe offenses.

A study by Buzi, Tortolero, Smith, Ross, and Roberts (2002) examined the attitudes and perceptions of young minority females in relation to sexual abuse; specifically, 60 African American and Latina American adolescent females were included in the study. The participants in the study were split into separate focus groups and asked questions about their perceptions of sexual abuse definitions, prevalence, issues around disclosure, attributions of blame, and perceived consequences of sexual

abuse for victims. Findings showed that the majority of participants believed that sexual abuse consisted of any sexual act that was not consensual and that resulted in victims feeling uncomfortable or violated. Some participants considered sexual abuse to include only forced intercourse. The authors reported that it was apparent from the findings that the majority of the participants believed that sexual abuse was a problem in their communities and were concerned about their communities.

Participants in the Buzi et al. (2002) study indicated that they believed many victims did not disclose their abuse out of fear, shame, or embarrassment. Some participants indicated that they believed victims believed that they were damaged in some way by the abuse and were then reluctant to discuss their experience with others. The participants emphasized family issues as main reasons for victims not disclosing. Specifically, the participants indicated that if perpetrators were close family members then victims were unlikely to disclose for fear of their families' reactions.

As for attribution of blame, Buzi et al. (2002) found that the majority of participants indicated that perpetrators were to blame. However, the view of perpetrators was that they were "sick," were not "mentally stable," or generally had something wrong with them (Buzi et al., 2002, p. 447). Several participants also suggested that perpetrators were molested as children themselves and therefore repeated the abuse toward others. Participants also attributed a significant amount of blame to parents for not protecting their children. The participants indicated that many times perpetrators were stepfathers or boyfriends of mothers, and that often mothers did not accuse their partners because they were dependent on the men financially. According to the authors, a few participants

reported that young girls might have been looking for father figures and therefore consented to sexual activity with older men willingly.

Participants in the Buzi et al. (2002) study were also able to identify numerous psychological effects of sexual abuse, including depression, low self-esteem, suicide, and re-victimization. Participants indicated that they believed there were lasting effects of abuse, including the majority of victims becoming promiscuous and engaging in repeated sexual contact with numerous partners. Participants also acknowledged that some victims might have had difficulty trusting men in future intimate relationships.

Buzi et al. (2002) found that participants were more likely to believe that perpetrators were predominantly male. The participants did acknowledge that females could also be perpetrators but generalized that the majority of perpetrators were male, and that the majority of victims were female. The authors reported that several participants indicated that abuse may actually be worse for boys because it was not as common and because boys may feel worse for not being able to defend themselves due to expectations that men were tough. In addition, several participants reported that they believed that boys who were sexually abused by males were likely to become gay as a result of the abuse.

Although the results of the Buzi et al. (2002) study did not address ethnic differences between African American and Latino/a American adolescents, it generally emphasized how minority female adolescents viewed sexual abuse. However, the importance of researching differences in attitudes between various ethnic groups was important when considering the needs that victims had in terms of support, assessment,

and treatment (Feiring, Coates, & Taska, 2001). For example, in a study by Rao, DiClemente, and Ponton (1992), African Americans reported that they received more support following disclosures of child sexual abuse than did Latino/a Americans. Membership in an ethnic group could have potentially determined or at least influenced how situations of abuse were interpreted, emotions that were expected or experienced, and how individuals responded to victims of abuse (Feiring et al., 2001). The following studies examined the attitudes that different ethnic groups have had regarding child sexual abuse.

### **African Americans**

Research on African Americans and their attitudes toward child sexual abuse has been limited. However, as African Americans have been one of the largest ethnic groups in the U.S., studies on their attitudes toward child sexual abuse were of particular importance when examining cultural and ethnic differences in attitudes. Studies that have been conducted showed significant differences in reactions, beliefs, and attitudes that African American participants had when compared to other ethnic groups, including differences in attribution of blame toward perpetrators versus victims (Staley & Lapidus, 1997) and differences in interpretations of what constitutes abuse (Lowe et al., 2005). These differing attitudes were important for researchers as well as clinicians who were attempting to understand how to best research, or how to best serve, African American victims of child sexual abuse.

In a study by Staley and Lapidus (1997), which considered attributions of responsibility for incest, results showed that European American participants were more

likely to blame perpetrators for child sexual abuse than African Americans. African American participants were also more likely than European American participants to oppose situational blame. However, both European American and African American participants were likely to disagree that victims were to blame and both groups were likely to disagree that mothers were primarily to blame.

In a study by Haskins et al. (2001), blame attribution was examined as a contributor to attitudes toward child sexual abuse among African American participants. The authors considered blame attribution because they believed that if parents and caregivers aligned blame with victims, then victims might not have had appropriate medical and psychological care following experiences of abuse. The authors attempted to specifically understand and compare attitudes toward child sexual abuse and incest among African Americans who were religiously affiliated and those who were not.

Participants in the Haskins et al. (2001) study consisted of 244 African Americans between the ages of 18 and 35, with education levels ranging from those who had some high school to those who had some professional school experience. The two religious denominations that were the most prevalent among the sample were Baptist and Methodist. Results of the study showed that most of the African American participants were likely to blame the offenders the most for sexual abuse of children. Participants indicated that the next most likely source of blame for child sexual abuse was societal reasons followed by situational factors. Results showed that participants labeled victims as the least likely to be blamed for child sexual abuse. Results also showed that approximately 93% of participants did not condone adults having sex with children. In

addition, a significant number of participants indicated that child sexual abuse might have had severe consequences for victims.

Contrary to some studies on gender differences in attitudes toward child sexual abuse (Beling, Hudson, & Ward, 2001; Graham et al., 2007; Rogers & Davies, 2007), male and female participants in the Haskins et al. (2001) study did not differ in their attributions of blame toward victims, offenders, or societal factors. However, male African American participants were more likely than female African American participants to blame situational factors in child sexual abuse cases. A finding that was particularly interesting was that African American participants who considered themselves religious attributed more blame to victims than those who were not as religious.

A study by Thompson and Smith (1993) examined attitudes of African American participants toward treatment for sexual abuse. Participants included 155 African Americans, 83 of whom were female and 72 of whom were male. The participants were given a questionnaire that included 46 items created to evaluate attitudes surrounding sexual assault and child sexual abuse. The questionnaire was divided into two sections, one regarding rape and one regarding child sexual abuse. The section on child sexual abuse included three vignettes that portrayed the molestation of a female child and three vignettes that portrayed the molestation of a male child. The vignettes differed in their depictions of perpetrators being a stranger, an uncle, and a family friend. In the vignettes, the stranger and the uncle were male and the family friend was a female babysitter.

Results of the Thompson and Smith (1993) study showed that in the vignette involving a male child and a 16-year-old female perpetrator, 92% of participants viewed the situation as sexual abuse. In the vignette involving a female child and a 15-year-old male perpetrator, 95% of participants indicated that the situation was abuse. In the other four vignettes, 99% of participants agreed that the situations were abuse. Approximately 95% of participants reported that they believed counseling and medical treatment following the situations described in each vignette were important for the victims. The only exception was the vignette describing a female perpetrator stimulating a male child through genital manipulation. In that instance, 13% of participants indicated that the child would not need any treatment. Half of the participants reported that the child should receive counseling; four percent indicated the child should receive medical treatment; and 33% indicated the child should receive medical treatment and counseling.

The results of the Thompson and Smith (1993) study also showed that 53% of participants believed both short- and long-term affects of child sexual abuse existed. Thus, recognition of symptoms was adequate among both males and females in the study. The only exception was that female participants were less likely to recognize that alcohol abuse was a potential symptom of children having been exposed to sexual abuse. In general, participants were better able to recognize long-term symptoms in children than short-term symptoms.

The findings of the Thompson and Smith (1993) study indicated that, while a large majority of participants reported that they believed the different vignettes portrayed child sexual abuse, there were still some who did not view certain situations as abuse.

Results also indicated a lack of knowledge of the importance of medical and psychological treatment for victims of sexual abuse when the victim was a male child and the perpetrator a teenage, female perpetrator. The implication was that the child would not be as affected by abuse from a young female versus the abuse by an older perpetrator or a male perpetrator. The authors noted a need for more awareness in the African American community about short-term symptoms involving children acting out behaviorally following an experience of child sexual abuse.

All of the studies described above were important for parents, teachers, and clinicians in direct contact with African American children who were sexually abused. When reflecting on whether treatment should have been sought for children, it was important to understand the attitudes and beliefs caregivers have about African American children and child sexual abuse. Having accurate information about symptoms of child sexual abuse, having a reduction in negative attitudes toward victims, and having more understanding of attribution and blame were important factors to consider.

### **Latino/a Americans**

Latino/a Americans were believed to be one of the fastest growing ethnic populations among U.S. ethnic groups. According to Galanti (2003), the Latino/a and Latino/a American populations increased by as much as 13.2% in the United States during the 1990s. This increase in population status indicated an increased need to understand views on child sexual abuse among Latino/a Americans. Concepts and beliefs about sexuality, gender roles, and violence often varied between Latino/a Americans and the majority European American group, and caused discrepancies in the ways Latino/a



Americans and European Americans viewed sexual violence. General information about Latino/a American victims of child sexual abuse indicated that they often experienced invalidation, suspicion, rejection, and blame from individuals who were supposed to support them (Bacigalupe, 2001). However, studies examined in the current literature review showed mixed findings.

Findings in a study by Calvert and Munsie-Benson (1999) showed that Latino/a Americans were less likely than European Americans to have accurate information about child sexual abuse. For example, Latino/a Americans were less likely to believe that a trusted person would be a perpetrator of child sexual abuse, when in reality most children were abused by individuals known to them. The findings indicated that Latino/a Americans in the study were not well-informed on information about child sexual abuse. Contrarily, in a study by Ullman and Filipas (2005) that compared the reactions individuals had to disclosures of child sexual abuse among European Americans, African Americans, Latino/a Americans, and Asian Americans, results showed that Latino/a Americans were the least likely out of the four major ethnic groups to have negative reactions to disclosures. The finding that Latino/a Americans would have more positive reactions to individuals' disclosures suggested that Latino/a American might have been more aware and understanding of the lack of victim responsibility in child sexual abuse. The discrepancy between the Calvert and Munsie-Benson (1999) and Ullman and Fillipas (2005) studies in how aware Latino/a American participants were of false beliefs of child sexual abuse showed the importance of more studies needing to be done on Latino/a men and women.

A study by Fontes, Cruz, and Tabachnick (2001), which compared African American and Latino/a American men and women in their views of child sexual abuse, found that participants in both ethnic groups viewed child sexual abuse as a serious problem in their communities and both groups reported that they believed child sexual abuse was not more prevalent in their communities than in other ethnic communities. Men and women in both ethnic groups also understood that inherent power differentials between adult and adolescent offenders and children could have affected the ways in which children were coerced into sexual acts. Both African American and Latino/a American participants, however, expressed less concern about abusive situations involving female abusers and male victims. Neither African American or Latino/a American participants even acknowledged abuse between female adults and female children.

As for factors that impacted children being abused, Fontes et al. (2001) found that African American and Latino/a American groups referred to factors such as non-familial men having had access to children or offenders having been related to the children being abused. However, Latino/a American participants were more likely to refer to family risk factors as affecting the possibility of children being abused. For example, Latino/a Americans believed that changes in culture and family that resulted from the family moving to the U.S. might have caused children to be abused.

One interesting finding in the Fontes et al. (2001) study was that Latino/a participants were more comfortable discussing their own abuse histories than African American participants who tended to focus more on the stories of others or strangers. The

researchers also found that female African American and Latina American participants were less comfortable speaking about abuse in direct terms. Female participants were more likely than male participants to make general, vague comments about abusive acts. Male participants were more specific about identifying abusive behaviors, such as touching body parts, showing a child pornography, or encouraging a child to masturbate. This contrast in discussing child sexual abuse suggested that female participants were uncomfortable discussing sexual and abusive content, leading the researchers to question if women in these ethnic groups would also have had difficulty speaking with professionals and even their own children about sexual abuse. This reluctance to discuss sexual abuse in direct terms could have prevented individuals from seeking services they needed, getting support that they needed from other African American or Latina American women, or being believed when they disclosed their own abuse.

Perhaps the most profound findings about child sexual abuse in the Fontes et al. (2001) study were those related to specific false beliefs. Latino/a American participants were more likely than African American participants to give specific family factors as reasons why child sexual abuse occurs as opposed to focusing on perpetrator blame. Such family factors included child sexual abuse occurring naturally as a result of husbands and wives not having their sexual gratification needs met in the marriage. Latina American participants were also more likely to suggest that adolescent girls who were abused by men were likely to have accepted bribes and gifts or had become carried away by the attention of the older men and the men took advantage of them. Both African American

and Latino/a American participants reported that the early sexual maturity of girls was possibly a factor in why they were abused.

Fontes et al. (2001) found that some beliefs the participants had were more accurate in terms of offending, such as perpetrators inducing fear in children resulting in compliance. Latina American participants were also likely to cite economic, social, and family pressures, requiring a male to be head of the household, as reasons why children were potentially exposed to sexual abuse. Among the Latino/a American participants, both male and female, changes in the family and culture were given as reasons for sexual abuse occurring. For example, some participants reported that girls in U.S. culture were allowed to dress more provocatively and go out alone more freely in the United States as opposed to their home countries. In addition, some immigrant participants reported that they thought sexual abuse was more of a problem in the United States for them and could potentially be a result of losing family connections back home.

Beliefs about perpetrators and victims were also important to note. For example, Fontes et al. (2001) found that in the groups of African American and Latino American men, participants indicated a level of distrust of gay men or men who did not have many female acquaintances, suggesting that these men were more likely than other men to be perpetrators of child sexual abuse. In reality, the view that men who abuse children were gay or that the majority of perpetrators were gay has been discredited as untrue since the middle of the 20<sup>th</sup> century (Pratt, 1998). Generally, the majority of the U.S. population no longer agrees that gay men have more sexual interest in children than heterosexual men (Stevenson, 2000). Views on children and indicators that they had been abused carried

similarly false or incomplete information. For example, Latina American women frequently believed that children who had been abused would be quiet, timid, or fearful and did not recognize external indicators of child sexual abuse, such as children becoming aggressive or becoming sexually active at a young age. The inability to label external indicators was important to have considered because girls in Latina culture, who acted out or became sexually active at a young age, were more likely to have been viewed as delinquent girls as opposed to victims.

The studies reviewed in this section typically focused on Latino/a Americans as a population that included many different groupings, not taking into account the diverse nature of the terms Latino/a American or Hispanic American. Most studies on child sexual abuse among Latino/a Americans were based on reports of incidence or retrospective studies that compared several ethnic groups (Bacigalupe, 2001). However, few have compared individual groups of Latino/a Americans. The following study by Rodriguez-Srednicki and Twaite (1999) compared two different Latino/a American groups with mixed results, indicating a need for more detailed research.

Rodriguez-Srednicki and Twaite (1999) found differences between two specific groups of Latino/a Americans in their beliefs about child sexual abuse. The authors found that when comparing Cuban Americans and Puerto Rican Americans, Cuban American participants tended to view victims in more negative ways. Specifically, the authors suggested that Cuban American participants viewed victims as more worthy of blame, and dirty, bad, or immoral when compared to than Puerto Rican American participants. Puerto Rican Americans' attitudes on child sexual abuse were actually more similar to

the European American participants in the study. One important implication for the findings of the Rodriguez-Srednicki and Twaite (1999) study was a need for researchers not simply to incorporate entire subsections of cultures into one large grouping. When examining attitudes about social topics, it was important to have considered individual cultures separately, as social views might have differed based on cultural factors that were unique to individual cultures. For example, differences could have existed in the way different cultures viewed sex, gender roles, and the importance of family harmony.

### **Asian Americans**

Another ethnic group that was consistently lumped into a category that was most likely not indicative of cultural differences between specific subgroups was the Asian American group. Individuals in the Asian American category did not fit neatly into a simple grouping because of the wide range of backgrounds from which Asian Americans could have come. In the United States, Asian Americans accounted for approximately 4% of the population and could have traced their ancestry to approximately 28 different countries from the Asian continent (Okazaki, 2002). Asian American individuals ranged and differed significantly in their traditions, religions, languages, and process of acculturation into American culture. Still, most researchers who have attempted to research Asian Americans tended to group Asian Americans together with the understanding that, although significant differences existed, there were also numerous cultural characteristics that were similar between different groups. Such similarities included the emphasis on the role of family in the individuals' collectivistic ideas of group harmony, and constraints and conservative views regarding sexuality.

There has been little research on prevalence rates of sexual abuse among Asian Americans. However, it has been generally believed that the reporting of sexual abuse among Asian Americans was extremely low (Futa, Hsu, & Hansen, 2001). In a study by Rao et al. (1992), retrospective chart reviews were conducted of clients seen at the Child and Adolescent Sexual Abuse Resource Center (CASARC) at San Francisco General Hospital from January 1986 to December 1988 to determine prevalence rates of child sexual abuse among different cultural groups. The researchers evaluated 2,007 cases, of which 6.6% were Asian clients. In their final analysis, 69 cases of substantiated abuse of Asian clients were analyzed and compared with 80 cases each of African American, Caucasian American, and Latino/a American clients.

Rao et al. (1992) found several key differences between the ethnic groups. First, Asian and Latino/a clients were typically older than African American and Caucasian American clients at the time they sought assistance from CASARC. However, there were no large differences in the time interval between the actual occurrence of abuse and the time of reporting. Another key difference was that Asian and Latino/a clients were more typically immigrants. Asian clients were more likely to be living with both parents at the time of evaluations, while African Americans were least likely to have both parents living with them. Asian clients were also more likely to be living in a shelter at the time of the evaluation. Most of the Asian clients had been sent to shelters in order to protect them from further abuse by a family member.

Rao et al. (1992) also found that primary caretakers of the Asian clients spontaneously reported abuse to authorities at a rate that was half that of the other three

ethnic groups. In addition, Asian mothers, who were just as likely to be primary caregivers as European American and Latina American mothers, were least likely to have reported abuse to authorities. Asian primary caregivers were also more likely not to believe the children were victims of sexual abuse as compared to the other groups, more likely not to participate in the initial CASARC intake, and more likely not to follow through with the evaluation and treatment plans recommended for the children.

Another key difference Rao et al. (1992) found between the four groups was the characteristics of the abuser and the abuse experience. While within all ethnic groups the abusers were typically male relatives, Asian children were the most likely group to be abused by a male relative, including fathers. Asian and Latino/a children were also more likely to be living in the home of the abuser. As for actual abuse incidents, Asian children and European American children were the least likely to have experienced vaginal or anal intercourse, and instead more likely experienced some form of fondling, masturbation, exposure, or oral intercourse.

The finding by Rao et al. (1992) that Asian caregivers were less likely than caregivers in the other ethnic groups to have believed children were abused indicated a potential lack of knowledge, possible denial, or unwillingness to acknowledge sexual abuse had occurred. The lack of awareness from caregivers exemplified the importance of understanding attitudes and beliefs that Asian Americans had regarding child sexual abuse. Few studies have considered the topics of attitudes and beliefs regarding child sexual abuse among Asian Americans. However, the few that have examined attitudes



and beliefs have discovered important information about Asian Americans and child sexual abuse.

In a study by Ullman and Filipas (2005), where the authors attempted to compare experiences of child sexual abuse among four different ethnic groups, European American, African American, Latino/a American, and Asian American groups, the researchers found differences in negative social reactions to disclosures of child sexual abuse among the four groups. Asian Americans received the most negative responses to abuse disclosures compared to the other three groups. European Americans were second most likely to receive negative responses from others following disclosure on sexual abuse, and African Americans were third likely to receive negative responses. Latino/a Americans were the least likely to receive negative responses. Negative responses were more common if individuals disclosed prior to the age of 14.

Ullman and Filipas (2005) theorized that for Asian Americans who disclosed and received negative reactions, it was possible that they disclosed to individuals who were not supportive. The authors reported that previous research on Asian Americans had shown that fear of disclosure reactions was common among Asian Americans when considering child sexual abuse. In particular, the concept of shame related to loss of virginity among Asian Americans was profound. The strong negative attitudes that individuals in the Asian American community had regarding child sexual abuse may have impacted the ways in which they treated disclosures of child sexual abuse.

Wong (1987) facilitated discussions among Southeast Asian refugees regarding child sexual abuse attitudes and beliefs. Results of the discussions showed that many

participants did not acknowledge the prevalence or problem of child sexual abuse in their communities. Many participants did not believe that family members could perpetrate child sexual abuse against children in their own families. The sexual violence that participants did express concern over was rape by strangers. Participants also reported that they believed girls were the only ones at risk for rape by acquaintances or strangers. Thus, participants not only failed to acknowledge sexual abuse among girls, but also among boys.

Participants in the Wong (1987) study also reported that they would only share information about abuse with close family members. The participants reported a fear of rejection by community members as well as fear of being blamed. The participants' hesitation regarding disclosure to community members also stemmed from the need to maintain pretenses of girls' virginity for fear that they will be considered impure and dishonored for no longer being virgins. Girls who were viewed this way were considered unmarriageable and thus were encouraged not to disclose to individuals outside of the family.

### **South Asians**

No studies were found in the current literature review that examined South Asian Americans and their beliefs and attitudes regarding child sexual abuse. However, studies were found that considered the impact of attitudes and beliefs among South Asians in Britain and in India. The following studies from around the world were examined to highlight the need for additional studies among South Asian Americans on child sexual abuse attitudes and beliefs.

Gilligan and Akhtar (2006) interviewed 130 South Asian women in the city of Bradford, England within 12 group discussions in order to understand their views on child sexual abuse. The authors discovered several important findings regarding child sexual abuse among the South Asians in Britain. The authors stated that a basic lack of knowledge about sexual abuse was profound as was a lack of awareness of services available to victims or family members. In addition, fear of community members finding out about abuse or public exposure was also profound for South Asians. The authors cited fear of insensitivity to the culture from professionals as a reason why South Asian individuals did not report abuse.

Other cultural considerations as to why individuals did not believe abuse or did not disclose abuse included a sense of shame for the victim and a desire to maintain group harmony. Gilligan and Akhtar (2006) reported that several individuals with whom they spoke stated that, by disclosing or acknowledging abuse, children would be exposed to family conflict, would have no one to support them, and would not be believed. The general consensus was that addressing abuse would cause more difficulties than it would help. The authors concluded that concerns about shame and family honor were likely to be worse considering children would have viewed themselves as responsible for the abuse. Blame and responsibility seemed inevitable for children considering their disclosures to family members would not have been supported.

A study conducted by Mellott, Wagner, and Broussard (1997) examined the attitudes of undergraduates in the United States (U.S.) and India regarding child sexual abuse. Participants included 360 students from India and 360 students from the U.S. The

participants from the U.S. included 295 European Americans and 63 African Americans. Participants were given vignettes describing sexual interactions between an adult and a 15-year-old child. The vignettes described either a situation in which the child encouraged the perpetrator in the sexual act, was passive in the sexual act, or was resistant to the sexual act and attempted to stop the perpetrator. Vignettes also varied in terms of perpetrator gender and the child's gender. After reading the vignettes the participants were asked to rate the amount of responsibility attributed to the victim, the amount of responsibility attributed to the perpetrator, the extent to which the vignette described a child sexual abuse situation, the effect the experience described would have had on the child, and the presentation of how realistic the child's reaction was in the vignette.

Results of the Mellott et al. (1997) study showed that when the perpetrator and child were both male, participants in the U.S. sample were likely to report that the victim would be more deeply affected by the abuse than when the child was female. The participants in the Indian sample reported that female victims would be more likely affected in the long-term than male victims. When the perpetrator was described as female, participants in the U.S. sample reported that the female victims would suffer more lasting harm than male victims. The participants in the Indian sample viewed male victims as more harmed than female victims when the perpetrator was female.

Results of the Mellott et al. (1997) study revealed that when considering the passive condition and the resisting conditions, U.S. participants and Indian participants did not differ with each other in their attributions of blame to the child; the passive child

was attributed more blame than the resisting child by both U.S and Indian participants. However, with regard to the encouraging child, results showed that Indian participants were less likely than U.S. participants to attribute blame. As for attribution of blame to the perpetrator, U.S. participants were more likely to attribute blame to the perpetrator than the Indian participants in the passive and resistant conditions. U.S. participants attributed less blame to the perpetrator in the encouraging situation. Indian participants were more likely than U.S. participants to agree that child sexual abuse occurred in the encouraging situation only.

The results of the international studies on South Asians showed that South Asians in Britain and India appeared to have somewhat conservative views about certain aspects of child sexual abuse. Findings implied that South Asians tended to view victims as sometimes partially to blame for their abuse and tended to believe that children were likely to maintain a sense of shame for their abuse (Gilligan & Akhtar, 2006). The findings of these two studies (Gilligan & Akhtar, 2006; Mellott et al., 1997) highlighted the need for research on South Asian Americans' attitudes toward child sexual abuse.

Results of the studies on various ethnic groups showed that differences existed in individuals' perceptions of child sexual abuse, and their attributions of blame to perpetrators and victims. The majority of differences researched were done between two or more of the three largest U.S. ethnic groups: European American, African American, and Latino/a American ethnic groups (Buzi et al., 2002; Lowe et al., 2005; Staley & Lapidus, 1997). Some findings indicated that differences did not exist between the three groups with regard to some types of abuse, such as understanding the severity of father-

daughter incest (Lowe et al., 2005). However, other findings indicated that differences existed, including European American participants attributing more blame to perpetrators than African American participants (Staley & Lapidus, 1997) and Latino/a American participants being less likely than African American and European American participants to believe that perpetrators could be trusted individuals who were close to children (Calvert & Munsie-Benson, 1999).

Studies on Asian Americans were difficult to find; however, results of the studies reviewed indicated that Asian American participants tended to attribute shame to children who were sexually abused (Ullman & Filipas, 2005 ), and held fears that children would be blamed for their sexual abuse by community members (Wong, 1987). Studies on South Asian Americans were non-existent; however, the study reviewed on British South Asians indicated fears of public disclosure, similar to Asian Americans in the Wong (1987) study. Findings by Mellott et al. (1997) indicated that Indians held views that were similar to Americans in some ways and differed in other ways. For example, Indians were just as likely as Americans to view children as blame-worthy if they were passive when being abused. However, Indians were less likely than Americans to believe that male children would be harmed if male perpetrators sexually abused them. With such limited research on South Asians in general, and no research on South Asian Americans, it was difficult to assess how South Asian Americans may have compared to other American ethnic groups.

Research was also limited on false beliefs or myths regarding child sexual abuse held by victims of child sexual abuse. However, the importance of exploring such beliefs

from victims was profound, as these beliefs could have impacted the ways in which victims viewed their sense of responsibility for their own abuse, how they viewed responsibility for abuse of other victims, how they viewed perpetrators' responsibilities, and how they viewed the need to seek support and counseling services for themselves. The following studies considered the impact of victims' beliefs.

### **Child Sexual Abuse Victims' Beliefs Regarding Blame and Responsibility**

Studies conducted on the beliefs of adult victims of sexual abuse were difficult to find. However, some studies have been conducted on beliefs of victims of sexual assault and sexual abuse. The following studies explored victims of sexual violence and their views of blame and responsibility. Blame and responsibility were strong aspects of child sexual abuse myths and were important when considering adult victims of child sexual abuse.

The impact of victims' own beliefs about abuse could have greatly impacted the ways in which they viewed their own abuse or subsequent abuse of others. Janoff-Bulman (1979) described the significance of self-blame to victims of sexual assault in a study on characterological and behavioral self-blame. Specifically, behavioral self-blame was associated with perceived control of individuals' behaviors and thus was associated with attributions that were modifiable by victims. Characterological beliefs about self-blame were related to victims' personalities and as such were less modifiable. Both behavioral and characterological beliefs were essentially false beliefs that victims had about their abuse.

In a survey of staff members at 38 rape crisis centers, Janoff-Bulman (1979) found that self-blame was indicated as a common reaction by sexual assault victims. The percentage of women who blamed themselves for rape was approximately 74%. Within the percentage of women who blamed themselves, 69% reported behavioral self-blame, and 19% reported characterological self-blame. Examples of behavioral self-blame included beliefs of the victims that they should not have stayed out late, should not have walked alone in a neighborhood, or should not have gone to perpetrators' apartments. Some examples of characterological self-blame that victims mentioned included beliefs related to being too trusting, feeling like gullible individuals, feeling they were not assertive enough, and feeling that they were weak. Interestingly, behavioral self-blame was mostly indicated in the past tense while victims noted characterological self-blame in the present tense. The difference in viewpoints indicated that victims altered their blame, with shifts from believing their assaults were results of their own behavior to believing their assaults were results of their own character flaws within themselves.

The study showed that less than one-fifth of the victims expressed characterological beliefs about their assaults, indicating that the majority of victims did not necessarily view themselves as worthless or prone to sexual assault because of character flaws within themselves. However, the majority of victims did blame behaviors that they exhibited as reasons for their assaults. Thus, the self-blame still existed, but it existed in terms of behaviors that victims believed they could control. The implications of the Janoff-Bulman (1979) study, that false beliefs about sexual violence existed even



among those who were victimized, were important when considering factors related to victims' beliefs about sexual violence.

In another study by Janoff-Bulman (1982), the researcher considered the differences between observers and victims of sexual assault in their behavioral and characterological beliefs. Participants included 168 undergraduate females at a large public university. Participants were asked to explain their levels of agreement or disagreement with six statements related to behavioral self-blame and six statements related to characterological self-blame. Examples of behavioral self-blame questions included "She should not have let him kiss her – after all, she didn't really like him" and "She should not have gone out with him – after all, she knew she didn't get along with him." Examples of characterological self-blame included, "I'm the kind of person that attracts trouble – I don't seem to be fully aware of what's going on around me" and "I'm not self-confident enough to act on my own feelings – I'm too concerned about appearing considerate to others."

Janoff-Bulman (1982) found that victims who expressed strong behavioral self-blame were more likely to believe that rape could be avoided in the future if they changed their behaviors. For observers in the study, the more behavioral blame that was attributed to victims, the more likely they were to believe that victims could have avoided a sexual assault in the future. Thus, both victims and observers believed that sexual assault could have been avoided if the victims made changes that were within their control. The results showed that both victims and observers tended to have false beliefs about sexual assault.

Janoff-Bulman (1982) found that behavioral self-blame was much more profound for victims in the study than observers, indicating that, while victims may have realized that there were no character flaws within them that led to assault, there were behavioral changes that they could have made to avoid sexual assault in the future. The impact of the findings on victims was especially profound because the study results showed that victims felt less vulnerable if they were able in some way to explain why the assault occurred and how to avoid it in the future. In addition, behavioral self-blame was associated with high self-esteem in victims, indicating that behavioral self-blame was somewhat adaptive for victims because it assisted them in feeling more control over their safety and less worried about future occurrences of sexual assault. Essentially, victims' primary coping strategy was to reduce their sense of personal vulnerability by viewing their personal responsibility through a behavioral self-blame stance.

In a study by McMillan and Zuravin (1998), 154 female victims of child sexual abuse were questioned as to their current and past attributions of blame and responsibility for their child sexual abuse experiences to determine if changes occurred in their views over time. The participants were given two versions of the Attributions of Responsibility and Blame Scales (ARBS; McMillen & Zuravin, 1997). The ARBS included 40 items that signified how strongly victims agreed or disagreed with ways they may have thought about their past history of child sexual abuse. The ARBS generated three scores in the following categories: self-blame, family blame, and perpetrator blame. An example of a question on the ARBS included, "As a child, I blamed myself for causing the sexual contact" (McMillan & Zuravin, 1998, p. 4).

The results of the McMillan and Zuravin (1998) study showed that past memories of self-blame, family blame, and perpetrator blame were higher than present perceptions of blame in the sample of participants. Thus, victims were more likely to have attributed more blame of all types as children than as adults. Specifically, results indicated that 79.1% of the victims reported higher self-blame as children than as adults and 58.4% reported higher family blame as children than as adults. Perpetrator blame changed the least for victims, with 40.6% attributing blame to perpetrators as children, and 40.3% attributing blame to perpetrators as adults. Essentially, the majority of victims attributed high levels of blame to perpetrators as children and as adults. The finding that self-blame was shown to have decreased in adulthood was promising in terms of victims' abilities to have recovered from their abuse experiences and view themselves in more positive terms.

When comparing race factors in the study, McMillan and Zuravin (1998) found that African American participants reported less decrease in self-blame and more decrease in perpetrator blame as adults. The results from the African American participants were alarming in that African American participants were still likely to attribute blame to themselves and not as likely as European American participants to attribute blame to perpetrators. The implication of this finding was that African American victims continued to adhere to false beliefs about their own responsibility for their child sexual abuse experiences as adults. The researchers indicated that they were unclear as to why African American women reported less change in self-blame; however, they stressed the importance of considering race as a separate variable when investigating child sexual abuse attributions. The implication of this finding was important because cultural factors

may have impacted the ways in which victims viewed self-blame in their sexual abuse experiences.

Hazzard (1993) considered the impact of trauma-related beliefs on adult female victims of sexual abuse. The goal of the study was to develop and validate a tool that would measure cognitions related to trauma. The measure was modeled after the traumagenic dynamics model (Finkelhor & Browne, 1986), which hypothesized that sexual abuse changed the ways in which children oriented to their world cognitively and affectively. These alterations in their cognitions and affective experiences led to four different dynamics: self-blame/stigmatization, betrayal, powerlessness, and traumatic sexualization. The measure was also partly based on a theory of cognitive adaptation by Taylor (1983), which suggested that individuals went through a process of adaptation in which they attempted to find meaning in their experiences, gain mastery over the abuse events and their lives in general, and increase their self-esteem through social comparisons with others.

Items in Hazzard's measure included those related to self-blame, inability to find meaning in the abuse, and negative social comparisons, which reflected the self-blame/stigmatization dynamic in Finkelhor and Browne's (1986) model and beliefs based on Taylor's (1983) theory of cognitive adaptation model. Items that reflected betrayal included those that measured beliefs that people were untrustworthy or hurtful. The powerlessness dynamic was measured with items that reflected beliefs that the world was not just, reflected feelings of vulnerability, and reflected beliefs that individuals overcame and managed the abuse suffered or future life challenges. The traumatic

sexualization dynamic was measured with items related to sexual anxiety and overeroticism.

Participants in the Hazzard (1993) study included 59 women, of whom 96% were European American and 4% were African American. The participants' ages ranged from 20 to 55, with a mean age of 39. Of all the participants, 67% were sexually abused by a parent figure, and 35% of the participants' abuse involved sexual intercourse. Four women indicated that they had been ritualistically abused. Sixty-six percent of the women indicated that they had been physically abused, and 53% reported having been neglected by a caretaker.

Findings of the Hazzard (1993) study showed that beliefs reflecting self-blame for abuse, having difficulty finding meaning for experiences of abuse, and feelings that participants were coping negatively when compared to others were related to lower self-esteem as well as interpersonal difficulties. The beliefs were also associated with depression, general psychological distress, and anxiety. Beliefs related to feeling betrayed by others and having a sense of future betrayals were linked to interpersonal problems, sexual problems, and to individuals having an external locus of control. Beliefs related to powerlessness and feelings of vulnerability were related to an external locus of control as well as depression and low self-esteem.

The results of the studies on victims of sexual violence indicated that victims may have maintained some adherence to false beliefs about their abuse that impacted the ways in which they viewed their sense of responsibility and blame for their child sexual abuse experiences (Hazzard, 1993; Janoff-Bulman, 1979, 1982; McMillan & Zuravin, 1998).

More studies needed to be conducted on adult victims of child sexual abuse and their beliefs regarding their abuse in order to understand the impact of these beliefs on victims' treatment and recovery. Other studies have been conducted, however, to understand the impact of non-victims' beliefs and reactions to disclosure of child sexual abuse by victims. These studies often considered the impact of false beliefs and attributions on negative reactions toward abuse disclosures.

### **Impact of Non-victims' Beliefs on Victims**

Individuals who have struggled with recovering from sexual abuse experiences have often also struggled with seeking and gaining social support from others (Jonzon & Lindblad, 2004). Ironically, however, victims of sexual abuse have typically benefited greatly from social support of others. The difficulty in trusting others and the difficulty in accepting intimacy in relationships greatly impacted the ability of victims to seek out and accept social support.

Considering the difficulties victims have had with social support networks, Jonzon and Lindblad (2004) researched the impact of negative reactions following disclosure of sexual abuse to social contacts. The average age range of the 122 participants was between 20 and 60 years of age. Participants were asked to participate in a three-hour session in which they completed several questionnaires and participated in a one-hour interview. Participants were asked to identify the age when their abuse started and ended, how often they were abused, who abused them, how close they felt to the abuser at the time the abuse occurred, and what type of abuse they had experienced. The researchers classified the abusers into the following categories: nuclear family, which

included parents and siblings who were biological, step, foster or adoptive; extended family (i.e., relatives); and other individuals who were close to the women when they were abused, including teachers, neighbors, and coaches.

The women were asked if they had disclosed the abuse to anyone and to whom they may have disclosed their abuse. Jonzon and Lindblad (2004) defined disclosure in childhood as telling someone about their abuse prior to the age of 18. Any delay in disclosure was defined by subtracting the age at which the abuse had begun from the age in which the disclosure had occurred. The receivers of the disclosures were put into 21 categories, including nonoffending mothers, siblings, relatives, past partners, friends, own children, colleagues or supervisors at work or school, school staff, and present partners. The remaining categories included ten different types of professionals, such as doctors, psychotherapists, dentists, and other professionals. The reactions of these individuals to the disclosures were coded into two categories, including positive and negative reactions, based on explicit descriptions given by the participants.

Jonzon and Lindblad (2004) found a positive reaction to first disclosure to be the most common reaction in both childhood as well as adulthood. Mothers were most commonly receivers of first disclosure, with 33% having positive reactions. It was discovered that women who reported positive reactions from individuals perceived a higher level of current social support than women who reported negative reactions from others. Negative reactions from social networks were related to disclosures of more severe abuse. It was also found that women with high social support appeared to speak to

more individuals in their network about their abuse, and received more positive reactions from their network than women with low social support.

Results of the study indicated that children who disclosed and received negative reactions from others often developed coping patterns that were internalized and involved coping strategies that were passive and lead to feelings of helplessness. Individuals who had positive reactions from their social network often appeared to have stronger outcomes in terms of not experiencing more abuse. Jonzon and Lindblad (2004) suggested that the receivers' beliefs and judgments about the victims affected victims' reactions. Namely, judgments about the low reliability of the victims' stories and the tendency to blame the victims were linked to negative reactions. In addition, the view that individuals who were abused more than once were not telling the truth or were worthy of blame were likely related to negative reactions from social supports.

Individuals, who had positive reactions from others and who were believed, were more likely to be encouraged to press charges or to seek aid. These findings were important when considering non-victims' attitudes toward child sexual abuse. If individuals who were supposed to be social supports for victims accepted more myths and false beliefs related to child sexual abuse, then the victims would likely not have had positive reactions. The findings by Jonzon and Lindblad (2004) indicated that it was important for victims to have been able to share their experiences, and that disclosing to individuals with strong adherence to false or inaccurate beliefs about child sexual abuse may have potentially been more harmful.



In a study by Jonzon and Lindblad (2005), 123 women who had been sexually abused by someone before the age of 18 were surveyed to understand the impact of disclosure reactions on their well-being. Results showed that reactions following disclosure in adulthood, especially from partners and friends, were related to psychological and psychosomatic symptoms in adult victims of child sexual abuse. Jonzon and Lindblad (2005) also found that participants who experienced negative reactions from friends had more health related symptoms. The strongest variable in relation to adult health, that resulted in fewer symptoms, was having partners whose reactions were positive in relation to disclosure.

The results of studies on the impact of non-victims' beliefs were important when exploring the considerable impact that individuals have had on a victims' recovery from childhood sexual abuse (Jonzon & Lindblad, 2004, 2005). Results showed that victims recovering from childhood sexual abuse may have received negative reactions from individuals close to them and that these individuals held judgments about the abuse suffered by victims (Jonzon & Lindblad, 2004). In turn, the results indicated that victims' psychological health could have been impacted by negative reactions received from others (Jonzon & Lindblad, 2005). It was possible that negative reactions toward victims and judgments about victims' stories may have been influenced by child sexual abuse myths.

### **Child Sexual Abuse Myth Scale**

Based on the literature reviewed thus far, it appeared that numerous researchers discovered biases, assumptions, and beliefs that people had about child sexual abuse that

were untrue. These assumptions, beliefs, biases, and attitudes deeply impacted the ways in which child and adult victims of sexual abuse found support, sought treatment, and recovered from abuse. Such assumptions may have been related to the gender of victims or observers, race or ethnicity of victims, or attractiveness of the victims. Collings (1997) reported that past research in the field of child sexual abuse suggested social attitudes, beliefs, and biases toward child sexual abuse were often impacted by myths and stereotypes perpetuated by the culture at large. Thus, at any given point in time, the ways in which individuals understood child sexual abuse, accepted victims' disclosures, and treated victims were greatly impacted by beliefs already held by the culture to which individuals were a part.

Collings (1997) developed the Child Sexual Abuse Myth Scale (CSAMS) to examine the ways in which individuals reacted to child sexual abuse. Collings looked to research on rape myths to create the basis for the development of a scale to measure child sexual abuse. Collings stated that rape myths were belief systems that individuals, both professional and laypersons, were likely to have in relation to victims of rape. Collings reported that the impact of rape myths had been researched periodically, with the result being that professionals now knew that rape myths tended to restrict definitions of rape, obscured the very significance of rape, and were closely related to other attitudes that impacted victims' experiences, such as sex role stereotyping and endorsement of interpersonal violence. The aim of Collings's (1997) study was to develop a reliable and valid scale that could appropriately measure child sexual abuse myths.

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Collings (1997) created scale items on the CSAMS after considering data from a variety of areas. Data were taken from a review of literature on child sexual abuse, individuals who were considered experts in the field of child sexual abuse, clinicians who worked within the area of child sexual abuse, interviews with victims, offenders, family members of victims, and audience reactions to community presentations regarding child sexual abuse attitudes. A pilot study was conducted to eliminate items that were redundant and to clarify the language of the items in the scale to ensure that the questions were easily comprehensible to as many participants as possible. After items were considered, removed, and reworded, the final scale held 15 items scored on a 5-point Likert scale ranging from strongly agree to strongly disagree.

Collings (1997) recruited participants through advertisements in the press and magazines. The final number of participants was 385 who had responded and completed questionnaires. In an exploratory factor analysis, the 15 items were put through a Varimax Rotated Factor Analysis to understand the dimensionality of the CSAMS. A Scree-Test determined the number of factors that were to be retained. Items that loaded .40 or higher on an individual factor were considered acceptable for that factor. Three factors were finally extracted. All final items on the scale loaded on at least one of these three factors.

Collings (1997) found factor one to have six items that implied blame diffusion, meaning participants who scored high on this factor adhered to beliefs that individuals other than offenders were at least somewhat to blame if not all to blame. According to scale items, participants believed that the children, nonoffending parents, or gay people in

general were partially or wholly to blame for abuse experienced by children. Factor two, which included five items, suggested that participants denied the damage of the abuse. Individuals who scored high on the factor adhere to beliefs that somehow minimized the severity of abuse. These individuals may have believed that children experienced their abuse as positive events, or may have been consensual partners in sexual experiences as opposed to abusive experiences. Factor three related to restrictive abuse stereotypes, meaning that participants endorsed items that denied the reality of abuse or minimized the negative consequences of abuse.

The CSAMS maintained acceptable internal consistency with a Cronbach's alpha for the full scale of .76. The test-retest reliability coefficient was .87 ( $p < .0001$ ,  $n = 385$ ). To determine the validity of the scale, Collings (1997) compared scores on the CSAMS to scores on the Rape Myth Acceptance Scale (Burt, 1980) and the Jackson Incest Blame Scale (JIBS; Jackson & Ferguson, 1983). All three factors on the CSAMS positively correlated with scores on the RMAS and the victim blame factor on the JIBS. The factors negatively correlated with scores on the Offender Blame factor of the JIBS and positively correlated with scores on the Situational Blame factor of the JIBS.

Collings (1997) found that social attitudes toward child sexual abuse were a multidimensional construct. Collings believed the three factors describing social attitudes toward child sexual abuse were similar to existing rape myths: excusal, denial of rape's seriousness, and denial of rape's existence. Collings believed that the findings provided a cumulative definition of child sexual abuse myths and stereotypes. Collings defined child sexual abuse (CSA) myths as the following: "CSA myths and stereotypes are false, or

overgeneralized, beliefs that create a climate that is hostile to CSA victims through a) the mitigation of offender blame, b) the denial of the abusiveness of CSA, and/or c) the denial of the reality of most abuse incidents” (Collings, 1997, p. 672).

Collings and McArthur (2000) conducted a study considering adherence to child sexual abuse myths among men incarcerated for sexual offenses against children. Specifically, the study considered the differences in acceptance of child sexual abuse myths between 82 males incarcerated for child sexual offenses, rape, and non-sexual crimes of interpersonal violence, and a sample of 149 males from the community who had no known difficulties with interpersonal violence. Results of the study indicated that men who were child sexual offenders were more inclined to endorse myths related to child sexual abuse than males who had no notable offenses against children. The authors suggested that the attitudes of child sexual offenders may have been linked to distorted cognitions related to sexual offending. Specifically, the authors suggested that cultural myths and stereotypes affected the ways in which child sexual offenders viewed children. These myths and attitudes also provided men with the ability to evade the consequences of their actions. Myths and stereotypes that were culturally influenced essentially reduced judgment against sexual offending of children.

In a study by Collings (2003), child sexual abuse myth acceptance among registered psychologists, psychology trainees, and aspiring students in South Africa was investigated to determine if there were differences between the three groups in terms of professional development and gender characteristics. Participants included 30 undergraduates who expressed a desire to enter into graduate studies in psychology, 30

graduate students in psychology, and 30 psychologists. All participants were given the Child Sexual Abuse Myth Scale and a demographic questionnaire.

Results of the Collings (2003) study showed that there were no significant differences between the three groups in their acceptance of child sexual abuse myths. Individuals in all three groups adhered to myths about child sexual abuse at approximately the same levels. The findings suggested that training did not necessarily reflect decreases in myth acceptance. Results of the study also showed that men exhibited more acceptance of child sexual abuse myths than did women across all three factors on the CSAMS.

Collings (2003) suggested that one possible reason for the findings regarding adherence to myth acceptance among psychologists was the fact that the majority of psychologists who participated in the study were on average older and had been in the field for many years and had been trained at times when information and awareness of child sexual abuse was not as common. The results implied more training needed to be given to psychologists on the intricacies of child sexual abuse.

Studies on child sexual abuse myth acceptance, although few in number, indicated that individuals often held false or inaccurate beliefs about child sexual abuse. Findings that different groups of individuals, from child sexual offenders (Collings & McArthur, 2000) to psychologists (Collings, 2003) were capable of holding false beliefs and stereotypes about child sexual abuse were significant. Results also indicated that men held stronger child sexual abuse myth acceptance than women (Collings, 2003). Studies

on child sexual abuse myth acceptance were important when attempting to understand attitudes toward child sexual abuse and toward victims.

Although studies have not yet been done in the United States regarding child sexual abuse myth acceptance, and have not compared differences among U.S. ethnic groups, the potential for significant differences was possible when taking into account that differences have been found based on gender (Collings, 2003), offender status (Collings & McArthur, 2000), and other beliefs and attitudes regarding child sexual abuse. The impact of cultural factors within specific ethnic groups on child sexual abuse myth acceptance has also not been studied. Acculturation factors among South Asian Americans have been studied with regard to psychological distress but not in regard to beliefs and attitudes toward child sexual abuse. The following studies examined the general impact of acculturation on South Asian Americans.

### **Acculturation and South Asians**

Research on the relationship between acculturation and attitudes toward child sexual abuse among South Asian Americans was absent. However, literature on South Asian Americans and the impact of acculturation on other aspects of their lives was found. The fact that no information existed on South Asian Americans and their beliefs and attitudes toward child sexual abuse highlighted the need for further research in this area.

Phinney (1996) specified that acculturation was the extent to which ethnic group members attempted to maintain a sense of closeness to their culture of origin, or the degree to which ethnic group members attempted to merge themselves into a larger



majority culture. Berry's (1980) original model of acculturation maintained that acculturation occurred in four levels. The first level, assimilation, included individuals who believed that they identified more with the majority culture than their culture of origin. The second level of acculturation, separation, included individuals who did not identify with the majority culture but instead recognized themselves as part of their original culture of origin. The third level of acculturation, marginalization, included those individuals who did not identify with either their own culture of origin or the majority culture. The fourth level of acculturation, integration, included those individuals who identified with both the majority culture and their original culture of origin. Integrated individuals could be essentially viewed as bicultural.

### **South Asian Americans' Acculturation**

A review of the literature on South Asian Americans and acculturation factors yielded minimal results. The relative newness of South Asian Americans into U.S. culture was one possible reason for the paucity of research. However, some researchers examined acculturation and related factors among South Asians, while other researchers examined the impact of acculturation on psychological functioning. The following studies provided a general understanding of acculturation factors for South Asian Americans.

Mehta (1998) examined the impact of acculturation on perceptions of mental health among South Asian Americans. The researcher theorized that South Asian individuals who inferred that they were more accepted within the majority U.S. culture would have stronger mental health. Results of the study showed that South Asian

individuals who felt more accepted by the majority culture had in fact perceived that they had stronger mental health. The findings also showed that strong perceptions of acceptance were independent of other demographic factors, such as age, gender, and socioeconomic status.

Mehta (1998) presumed that South Asian American individuals who did not feel accepted, and specifically individuals who had negative experiences, may have believed that their mental health was negatively influenced by their adopted culture. South Asian individuals who were more integrated into U.S. culture had stronger mental health scores than individuals who were more clearly defined by their South Asian culture. It was reasonable to conclude that the individuals who viewed themselves as grounded in U.S. culture would feel more accepted, as it was likely that they had more contact with majority culture friends, business partners, and other majority culture individuals who accepted them as Americans, and not as immigrants. South Asian individuals who were more acculturated were less likely to feel uncomfortable in social situations with majority culture individuals, less likely to feel uncomfortable speaking in English, and less likely to feel misunderstood by majority culture individuals. For South Asian Americans who were not as strongly acculturated, it was likely that they would have experienced frustration, rejection, and feelings of maladjustment, which in turn contributed to poorer psychological health.

Farver, Bhadha, and Narang (2002) investigated how acculturation impacted psychological functioning among South Asian Americans, specifically Asian Indian Americans, and how family influences shaped acculturation. The authors theorized that

Asian Indian girls would be more strongly acculturated than Asian Indian boys due to rigid and traditional gender expectations. The results of the Farver et al. (2002) study showed that Asian Indian girls identified as marginalized and did not align themselves with either their own culture of origin or the majority culture. The results also showed that Asian Indian boys were allotted more independence and privileges than Asian Indian girls and were not nearly as stringently monitored as the girls. The gender differences between how Asian Indian girls and boys were treated may have resulted in the girls feeling less involved in either culture. Results also showed that Asian Indian boys and girls who were more integrated into the majority culture tended to have more positive psychological functioning.

Abouguendia and Noels (2001) studied South Asian immigrants in Canada, and investigated differences between first-generation and second-generation South Asian Canadians in regard to their psychological functioning and daily hassles that were acculturation-related. The researchers investigated how first- and second-generation South Asians handled everyday stressors and the impact of acculturation on stress, self-esteem, and general psychological functioning. Three categories of hassles were examined. The first category, out-group hassles, included stress related to contact with members of the majority culture, such as discrimination and racism. The second category, in-group hassles, included stressors that came from within the South Asian community, such as lack of support, feelings about dating situations, and negative attitudes toward community members who were believed to be too assimilated into the majority culture. The third category, family hassles, included familial stress, such as contrasts between

parents and children on traditional values or children's acculturation into the majority culture.

Abouguendia and Noels (2001) found important differences between first- and second-generation South Asians in their stress related to everyday hassles as well as general psychological functioning. With regard to self-esteem, the results indicated that second-generation individuals experienced slightly lower self-esteem than first-generation individuals. Results also showed that first- and second-generation individuals identified different hassles as important in their lives. Specifically, second-generation individuals identified in-group hassles as more prevalent in their lives, and first-generation individuals identified having more out-group hassles.

For first-generation and second-generation individuals, rates of depression were higher in those who did not fluently speak the language of the majority culture, those who felt a sense of loneliness and who felt separate from their community, and those who believed that others assumed they were rejecting their culture. For the second-generation individuals, self-esteem was found to be lower for similar reasons. One interesting finding was that familial hassles were not found to be as important as the in-group and out-group hassles in positive psychological functioning. Although the findings did not discuss the impact of child sexual abuse experiences on first- and second-generation individuals, it was possible that individuals who have experienced child sexual abuse may have felt even more disconnected from community members who were not supportive of them. Consequently, rates of depression and concerns about low self-

esteem would be important to examine in relation to child sexual abuse disclosures among first- and second-generation South Asian American individuals.

### **Acculturation and Gender Socialization**

Gender socialization between South Asian girls and boys was important to consider when examining acculturation because differences in gender role expectations were often profound. South Asian girls were often socialized to be less independent than boys and more focused on household concerns, as opposed to boys who were socialized to be more independent and less focused on the demands of the household (Sharma, 1984). Although many parents found it difficult to raise children with traditional gender roles in a strongly egalitarian environment, attempts were still made. Thus, girls and boys were educated that women were to be more passive than men and less autonomous from the family (Srinivasan, 2001).

Examples of traditional gender role socialization could be seen in a study by Srinivasan (2001), such as South Asian girls being chastised more than boys for defying parental authorities, being held more accountable for familial demands than boys, and being limited in their interactions and contacts with boys. First-generation South Asians were often stricter in their understanding and interpretation of gender roles and second-generation individuals often felt pressured to conform to traditional gender roles. Differences in values between first- and second-generation South Asian Americans often caused significant tension between the two groups (Das & Kemp, 1997).

A study by Patel, Power, and Bhavnagri (1996) considered acculturation and modernity and their relation to gender socialization. Findings showed that for South

Asian American girls whose fathers were more acculturated or more modernized emphasis on traditional gender roles for the girls was decreased. The results also demonstrated that fathers who stressed more stereotypical gender roles were still acculturated to a certain extent. In general, South Asian fathers were more inclined to ensure that their daughters adhered to more stereotypical gender roles. Fathers were more likely to encourage their daughters than their sons to be polite, to be quiet, and not to defy authority. For South Asian American mothers, length of time in the U.S. was often related to increases in Westernized values for both sons and daughters.

Patel et al. (1996) concluded that one explanation for the differences between mothers and fathers was that in conventional South Asian cultures, fathers were typically responsible for their daughters' well-being. Thus, when in another country whose values were different, fathers were inclined to ensure that their daughters were raised as traditionally as possible. South Asian culture often maintained that girls were to be raised to be responsible for family and home and to be accommodating to others. Fathers who were responsible for their daughters' well-being were expected, regardless of their own acculturation, to encourage traditional values for their daughters. However, South Asian mothers, who themselves were raised to accommodate to their surroundings, would have possibly encouraged their daughters to adapt into the new culture with differing values.

Srinivasan (2001) studied attitudes related to gender roles, stress, and acculturation among 50 South Asian American women, 45 South Asian women, and 50 European American women. The participants were given a shortened version of the Attitudes Toward Women Scale (AWS; Spence, Helmreich, & Stapp, 1973), the Brief

Symptom Inventory (BSI; Derogatis, 1992), and the General Ethnicity Questionnaire Asian Indian and American versions (Srinivasan, 2001).

Results indicated that South Asian women scored the lowest on the AWS, followed by South Asian Americans. European American women scored the highest on the AWS. The scores suggested that South Asian and South Asian American women had more conservative views than European American women with regard to women and gender role socialization. Conservative views by the two South Asian groups were expected when considering the ways in which South Asian women were socialized to be more conservative in their views about women's roles (Srinivasan, 2001). Srinivasan reported that even though South Asian women had more open attitudes toward equality between men and women, restrictions placed on them by less equally-minded families and communities put these women in the difficult positions of having to decide which was more important to them, family and community respect or individuality and equality.

The South Asian American sample scored higher on the AWS than the South Asian sample, showing that their attitudes were less conservative. This difference was potentially due to exposure to the dominant European American culture in which the South Asian American sample was raised. Differences in views regarding gender roles remained significant between South Asian American women and European American women, with European American women being less conservative than South Asian American women. The results suggested that, although South Asian American women might have been less conservative than their South Asian counterparts, many likely adopted the values of both the majority culture as well as the values of their conservative

cultures. Thus, South Asian American women were still somewhat more conservative in their views of gender socialization than European American women.

Both the South Asian and South Asian American groups scored high on levels of stress (Srinivasan, 2001). South Asian and South Asian American women cited primary stressors related to marriage and dating. Responsibility placed on South Asian and South Asian American women for maintaining family bonds and for the passing on of traditions caused significant pressure to get married young (Srinivasan, 2001). There was also significant stress for South Asian and South Asian American women related to feeling responsible for family matters, education, and maintaining honor within the family. With regard to sexuality and family honor, South Asian American women were not expected to engage in premarital sex, were not permitted to date, and especially not to date men of another ethnicity, and were expected to be married to South Asian or South Asian American men. The same expectations and responsibilities regarding sexual behavior were not forced upon South Asian or South Asian American men.

Among the South Asian American group, Srinivasan (2001) found that most women viewed their ethnic identity as bicultural, a combination of U.S. and South Asian cultures. South Asian American women who identified as bicultural typically held more open and egalitarian views regarding gender roles and experienced low levels of stress (Srinivasan, 2001). The South Asian American women reported that they experienced more stress when their egalitarian, nontraditional values and views came into conflict with the traditional views of their families and communities. Thus, South Asian American women may have had similar views regarding gender roles as their European



American counterparts; however, because their views contrasted so much with their families or communities, their conflicting ethnic identities typically caused them stress. The differing viewpoints of South Asian American women and their traditional families may have been particularly profound when considering attitudes toward child sexual abuse. It was possible that South Asian American women who disclosed experiences with child sexual abuse to their families, and who did not receive support, may have experienced greater amounts of stress.

Overall, studies on acculturation of South Asian Americans have shown that individuals were affected by the ways in which they integrated into U.S. culture and by the ways in which they interacted within their own families, communities, and the greater dominant culture. South Asian Americans' levels of assimilation or integration represented their comfort levels within the majority U.S. culture, as well as individuals' abilities to blend into the majority culture. South Asian Americans' failure to acculturate may have influenced their psychological functioning as well as the ways they related with members of their own community and members of the majority American culture.

Findings that acculturation impacted various aspects of South Asian Americans' psychological health and gender role expectations indicated a possibility for acculturation to impact other aspects of South Asian Americans lives. It was feasible that acculturation differences could have influenced views that individuals have in relation to child sexual abuse. However, no studies were found on the influence of acculturation on attitudes toward child sexual abuse in the current literature review.

## **Summary of the Literature Review**

Child sexual abuse myth acceptance, although somewhat addressed in literature on violence against children, has generally been overlooked. Several studies existed on individuals' attitudes and beliefs about child sexual abuse and the relation of these beliefs to individuals' professional training, gender, and ethnic identity. The impact of victims' own attitudes has also been studied to determine if their attitudes and beliefs impacted their feelings about their abuse. The impact of attitudes and beliefs about child sexual abuse on Asian Americans has been sparsely studied, but the studies that have been conducted have indicated that Asian Americans tended to hold false or inaccurate beliefs about child sexual abuse (Wong, 1987) and often did not believe abuse disclosures by children when compared to European Americans, African Americans, and Latino/a Americans (Ullman & Filipas, 2005).

Studies from Great Britain and India showed that South Asian individuals believed that disclosing abuse could potentially bring shame upon a family, as children would likely be blamed for their abuse (Gilligan & Aktar, 2006). Individuals from India were also likely to attribute less blame to perpetrators than European Americans (Mellott, et al., 1997). The results of studies on South Asians in other countries highlighted the importance of conducting research with South Asian Americans as potential differences may exist, based on gender, acculturation factors, and past sexual abuse history.

The effects of acculturation were reviewed to understand the general impact of acculturation on South Asian Americans. Studies showed that first-generation South Asian Americans were not as well acculturated as second-generation South Asian

Americans. First-generation South Asian Americans also held more conservative views regarding gender roles, appropriate behaviors for South Asian individuals, and viewpoints about conventional values. The implications of these differences among South Asian Americans may impact the acceptance of child sexual abuse myths among South Asian Americans.

### **Purpose of the Study**

In the present study, an attempt was made to determine whether differences existed between South Asian American women and men in their acceptance of child sexual abuse myths. The study considered the impact of gender, differences in levels of acculturation, and participants' past sexual abuse histories as factors related to child sexual abuse myth acceptance. The study only included individuals of South Asian descent who were born and raised in the United States.

### **Hypotheses**

1. South Asian American women will have significantly lower acceptance of child sexual abuse myths than South Asian American men, as evidenced by their statistically significantly lower scores on the Child Sexual Abuse Myth Scale.

2. South Asian American men and women who are less acculturated (into U.S. culture), as evidenced by their scores on the Suinn-Lew Asian Self-Identity Acculturation Scale, will have significantly higher child sexual abuse myth acceptance scores than South Asian American men and women who are more acculturated, as evidenced by their statistically significantly higher scores on the Child Sexual Abuse Myth Acceptance Scale.

3. South Asian men and women who have past histories of sexual abuse will have significantly lower child sexual abuse myth acceptance than South Asian men and women with no past histories of child sexual abuse, as evidenced by their statistically significantly lower scores on the Child Sexual Abuse Myth Acceptance Scale.

## CHAPTER III

### METHODOLOGY

#### **Participants**

South Asian American men and South Asian American women were recruited for the present study. Both sets of participants were recruited through an advertising link on a social networking website. Participants ranged in age from 18 to 45 years of age, and only included individuals born in the United States. In total, 93 women and 54 men participated in the study.

#### **Instrumentation**

##### **Child Sexual Abuse Myth Scale**

The Child Sexual Abuse Myth Scale (CSAMS; Collings, 1997) was used to assess child sexual abuse myth acceptance (see Appendix A). The CSAMS includes a 15-item scale that measured individuals' attitudes toward child sexual abuse. Items were presented in a 5-point Likert scale format, ranging from strongly agree to strongly disagree. Examples of items included "Children who do not report ongoing sexual abuse must want the sexual contact to continue," and "Most children are sexually abused by strangers or by someone who is not well known to the child." Scores ranged from a low of 15 to a high of 75. A low score indicated low acceptance of child sexual abuse myths, whereas a high score indicated high acceptance of child sexual abuse myths.

Psychometric information for the CSAMS shows that this measure maintained acceptable

internal consistency with a Cronbach's alpha for the full scale of .76. There were no subscales on the CSAMS.

### **Suinn-Lew Asian Self-Identity Acculturation Scale**

The Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA; Suinn et al., 1987) is a 21-item questionnaire (Suinn & Khoo, 1995; see Appendix B). The SL-ASIA measures acculturation levels among Asian Americans (Ponterroto, Baluch, & Carielli, 1998). Use of the SL-ASIA was relevant to various Asian American groups, as the scale was designed to be sensitive to variations among Asian cultures. The SL-ASIA had four items concerning language, four items concerning identity, four items concerning friendships, five items concerning behaviors, three items concerning generational and geographic background, and one item relating to attitudes. Questions appeared in a 5-point Likert scale and multiple-choice formats. Scores range from 1.00 to 5.00, with a score of 1.00 indicating low acculturation, and a score of 5.00 indicating high acculturation. Low acculturation scores indicated that individuals were not assimilated into U.S. culture, and instead identified more with the Asian culture to which they belonged. High acculturation scores indicated that individuals were more assimilated into U.S. culture and did not identify strongly with the Asian cultures to which they belonged. A score of 3 indicated acculturation that was bicultural, signifying that individuals identified with both Asian and U.S. cultures. Ponterroto et al. (1998) found the internal consistency of the SL-ASIA to be .80, which was considered acceptable. A study by Johnson, Wall, Guanipa, Terry-Guyer, & Velasquez (2002) also showed internal

consistency with Cronbach's alpha at .80 and test-retest reliabilities showed stability at .92 for the SL-ASIA.

### **Demographic Questionnaire**

The author-generated demographic questionnaire included several questions designed to aid in understanding the population of interest (see Appendix C). The demographic questionnaire included the following categories: gender, age, ethnicity, and citizenship status. The demographic questionnaire also included questions that identified if participants had a past personal history of child sexual abuse.

### **Procedure**

Participants were recruited through an advertising link on a social networking website. When participants accessed the advertisement, a URL link established a connection to the Psychdata website constructed specifically for this study. The Psychdata website included an informed consent form that participants were required to read and then required to click on a "Continue" button indicating that they had read it and consented to proceeding with the questionnaires (see Appendix D). The informed consent form detailed the purpose of the study, explained the requirements for participation, and informed participants about confidentiality. The informed consent process disclosed the sensitive nature of the questionnaires, and informed participants of the risks and benefits associated with participation in the study. The informed consent process also informed participants that they reserved the right to terminate their participation in the study at any time. Participants were also given information in the informed consent form about mental health services that they would be able to access if

they experienced any emotional distress. The online nature of the study allowed participants anonymity, in that names did not appear anywhere on the materials, providing confidentiality to the participants. After participants read the informed consent and checked the box indicating their signature, they were given a set of three short surveys in the following order: The Child Sexual Abuse Myth Acceptance Scale, the Suinn-Lew Asian Self-Identity Acculturation Scale, and the Demographic Questionnaire.

### **Hypotheses and Statistical Design**

The first hypothesis stated that South Asian American women would have significantly lower acceptance of child sexual abuse myths than South Asian American men, as evidenced by their low scores on the Child Sexual Abuse Myth Scale (CSAMS). Analysis of the difference in child sexual abuse myth acceptance was examined through an independent samples t-test. The independent variable was participants' gender, and the dependent variable was child sexual abuse myth acceptance as measured by scores on the CSAMS. Information on participants' gender was assessed using the demographic questionnaire.

The second hypothesis stated that South Asian American men and women who were more acculturated into U.S. culture, as evidenced by their scores on the Suinn-Lew Asian Self-Identity Acculturation Scale, would have significantly less acceptance of child sexual abuse myths, as evidenced by their scores on the Child Sexual Abuse Myth scale, than South Asian American men and women who were not as acculturated. The relationship between child sexual abuse myth acceptance and acculturation as assessed with the Pearson product-moment correlation coefficient and a scatterplot of the two



variables. The independent variable was acculturation status as measured by scores on the SL-ASIA. The dependent variable was child sexual abuse myth acceptance as measured by scores on the CSAMS.

The third hypothesis stated that both South Asian American male and female participants who had a past history of child sexual abuse would have significantly lower child sexual abuse myth acceptance scores than South Asian American male and female participants who have no previous history of child sexual abuse. Differences in child sexual abuse myth acceptance scores on the CSAMS were calculated using an independent samples t-test. The independent variable was participants' self-reported history of child sexual abuse and the dependent variable was child sexual abuse myth acceptance as measured by scores on the CSAMS. Information on whether participants have a past sexual abuse history was assessed using the demographic questionnaire.

## CHAPTER IV

### RESULTS

Two-hundred and twenty-six surveys were completed using an Internet survey created through Psychdata.com. One hundred and forty-seven surveys were utilized in the final data analysis. Seventy-nine surveys were considered unusable as a result of: (1) incomplete data, (2) completion by individuals who did not identify as South Asian American, and (3) participants were not within the age range stated in the study. The effective return rate of usable surveys was approximately 65%. Participants included 93 South Asian American women and 54 South Asian American men. Participants ranged in age from 18 to 45 and included only those individuals born in the United States. Participants who identified as survivors of child sexual abuse included a total of 43 participants, of whom 33 were women and 10 were men. See Table 1 for more information on participants' demographics.

The first hypothesis stated that South Asian American women would have significantly lower acceptance of Child Sexual Abuse Myth Scale (CSAMS) scores than South Asian American men, as evidenced by their statistically significantly lower scores on the CSAMS. An independent samples t-test was conducted to compare the differences in CSAMS scores for males and females by comparing the mean scores for the two groups. The independent samples t-test showed a statistically significant difference in scores on the CSAMS for males ( $M = 27.87$ ,  $SD = 9.40$ ) and females ( $M = 22.68$ ,  $SD =$

7.37);  $t(145) = -3.72, p < .0001$  (1-tailed). Based on the significant difference seen in scores on the CSAMS, the first stated hypothesis was accepted.

The second hypothesis stated that South Asian American men and women who were more acculturated into U.S. culture, as evidenced by their scores on the Suinn-Lew Asian Self-Identity Acculturation Scale, would have significantly lower Child Sexual Abuse Myth Acceptance Scale scores than South Asian American men and women who were more acculturated, as evidenced by their statistically significantly lower scores on the CSAMS. The relationship between child sexual abuse myth acceptance and acculturation was assessed with a Pearson product-moment correlation coefficient and a scatterplot of the two variables (see Figure 1). There was no significant correlation found between scores on the SL-ASIA and scores on the CSAMS,  $r = -.12, n = 147, p < .141$ . As no significant correlation was found between scores on the SL-ASIA and the CSAMS, the second stated hypothesis was rejected.

The third hypothesis stated that South Asian American male and female participants who identified as having a past history of child sexual abuse would have statistically significantly lower scores on the Child Sexual Abuse Myth Scale than South Asian American male and female participants who identified as having no previous history of child sexual abuse. Differences in mean scores on the CSAMS were examined using an independent samples t-test. The independent samples t-test showed no statistically significant differences in mean scores on the CSAMS for participants with a history of child sexual abuse ( $M = 23.28, SD = 8.61$ ) and participants with no history of

child sexual abuse ( $M = 25.13$ ,  $SD = 8.47$ );  $t(145) = -1.197$ ,  $p < .1167$  (1-tailed). As no significant differences in means scores on the CSAMS was seen between participants with a history or sexual abuse and those without, the third stated hypothesis was rejected.

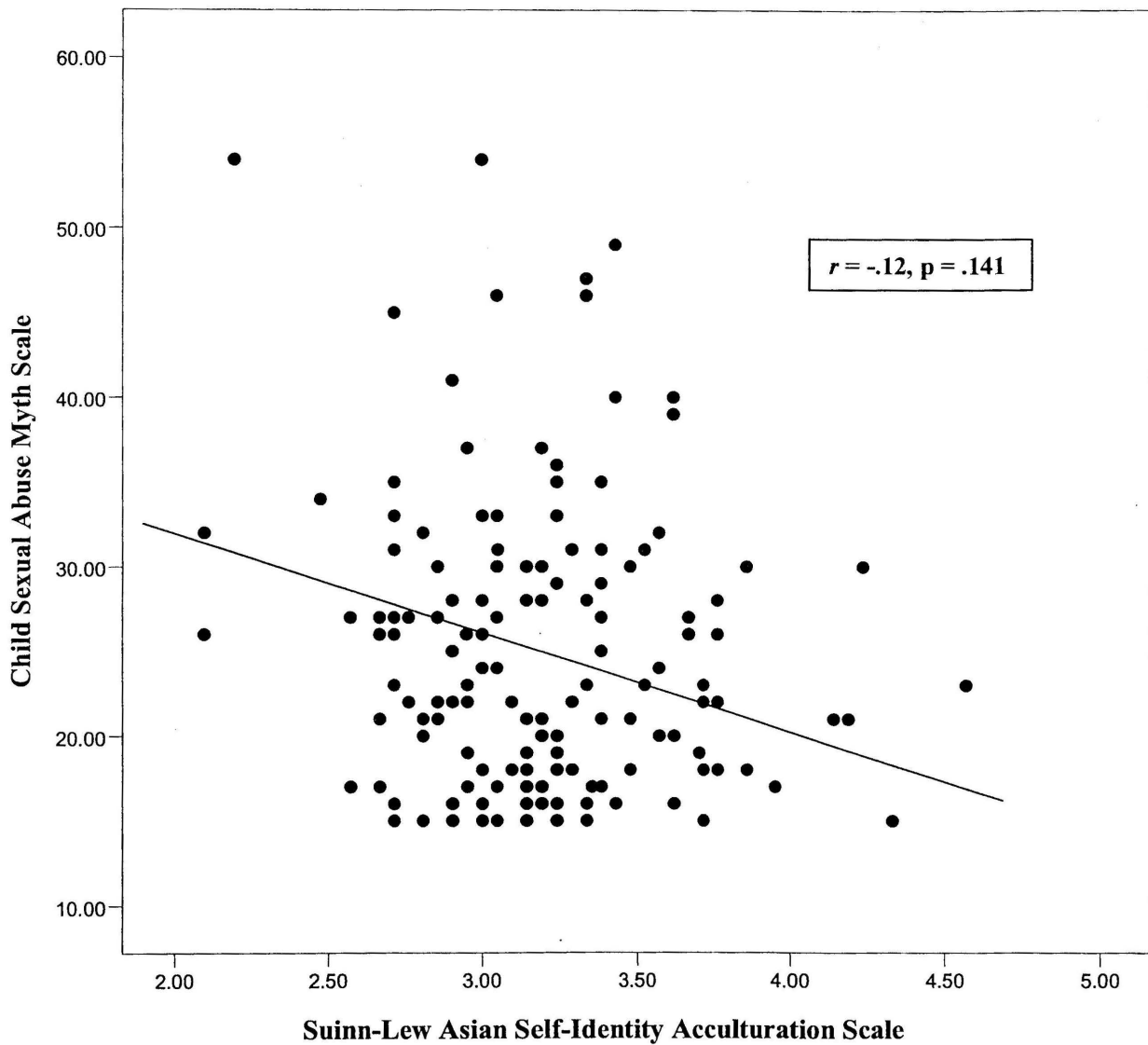
The current study highlighted the idea that certain factors might impact individuals' acceptance of child sexual abuse myths. Results showed that South Asian American women were less accepting of child sexual abuse myths than men as evidenced by scores on the Child Sexual Abuse Myth Scale. Thus, gender may be a factor impacting individuals' attitudes and beliefs about child sexual abuse. Results also showed that acculturation level and having personal histories of child sexual abuse did not impact acceptance of child sexual abuse myths.

Table 1

*Demographic Information (N = 147)*

Variable	Gender	
	<u>Women</u> (n = 93)	<u>Men</u> (n = 54)
Country of Origin		
India	84	42
Pakistan	7	9
Bangladesh	1	1
Sri Lanka	0	2
Bhutan	1	0
Nepal	0	0
Age		
18 - 25	58	19
26 - 35	5	29
36 – 45	30	6

*Note:* Country of origin and age were not used in analyses in the current study.



*Figure 1.* Scatterplot of the correlation between scores on the Child Sexual Abuse Myth Scale and the Suinn-Lew Asian Self-Identity Acculturation Scale.

## CHAPTER V

### DISCUSSION

The current study had three main objectives. First, gender was examined as a variable in the acceptance of child sexual abuse (CSA) myths among South Asian American men and women to determine whether South Asian American women were less accepting of child sexual abuse myths than South Asian American men. Second, acculturation of South Asian American men and women into U.S. culture was examined to determine whether differences existed in acceptance of child sexual abuse myths based on individuals' acculturation status. Third, South Asian American men and women who identified as survivors of child sexual abuse and those who did not identify as survivors of child sexual abuse were compared to determine if differences existed between the two groups on their acceptance of child sexual abuse. All three objectives were met with the present study. A significant difference was found for the first hypothesis.

#### **Gender**

Differences in the acceptance of child sexual abuse myths based on gender were found. The findings showed that South Asian American women had a relatively low level of acceptance of child sexual abuse myths and that South Asian American men had a higher level of acceptance of child sexual abuse myths. The study showed that South Asian American men may hold stronger victim-blaming attitudes toward children than South Asian American women.

Studies on gender differences have consistently shown that men tended to hold more victim-blaming attitudes, more false assumptions about perpetrators and victims, as well as poor awareness overall of the nature of child sexual abuse when compared to women (Calvert & Munsie-Bensen, 1999; Rogers & Davies, 2007; Staley and Lapidus, 1997). Staley and Lapidus (1997) found that women were more likely to disagree with statements that implied victim-blaming attitudes than were men. Similarly, in the current study, men's overall acceptance of child sexual abuse myths was not high, but their acceptance was significantly greater than for women. A study by Haskins et al. (2001) showed similar findings in that African American men and women did not differ greatly in their attributions of blame toward victims, offenders, and societal factors; however, men appeared to attribute more blame to situational factors than women, suggesting some degree of gender difference in attributional attitudes.

Graham et al. (2007) found that men had more positive attitudes toward perpetrators than women, and were more likely to view child sexual abuse as less serious than were women. The finding highlights the idea that men did not understand the full impact of sexual abuse on survivors. A study by Rogers and Davies (2007) showed similar findings in that men held perpetrators as less responsible for abuse, found victims to be less credible, and viewed sexual assaults as less severe than did women. Although the current study did not specifically consider individuals' attitudes toward perpetrators or survivors and did assess individuals' understanding of the seriousness of CSA, it can be postulated that men were found to have a higher acceptance of child sexual abuse



myths because of an overall lack of awareness about CSA. A study by Beling et al. (2001) found that men viewed perpetrators as having purely sexual motivation for offending versus women who viewed power and control as motivating factors for abuse. A difference in gender socialization was hypothesized as the main reason for the gender differences in victim and perpetrator blame. Thus, differences in the ways in which men and women in the current study have been socialized with regard to gender may have influenced their attitudes toward child sexual abuse.

### **Acculturation**

Although some studies have been completed on ethnic minority populations, no prior studies had considered the impact of acculturation status on South Asian Americans' attitudes toward child sexual abuse. In the present study, no differences were found in child sexual abuse myth acceptance based on level of acculturation. South Asian American men and women who were more or less acculturated into U.S. culture, or who identified as bicultural, did not show any significant differences in attitudes toward child sexual abuse.

The current study only considered individuals who were born in the United States, narrowing the range of participants to those who were second-generation South Asian Americans. Previous studies have found that second-generation South Asian Americans were typically more acculturated than first-generation South Asian Americans (e.g., Farver et al., 2002). Second-generation individuals were more likely to identify with the U.S. culture in which they were raised, as opposed to first-generation South Asian Americans who were often tied more to their culture of origin in which they were

themselves born and raised (Farver et al., 2002). A slightly negative correlation was seen with the present study's results when considering acculturation; however, the results were not significant as the overall acceptance of child sexual abuse myths was low. This finding could be the result of utilizing a second-generation sample, which was potentially more acculturated and exposed to current U.S. views regarding child sexual abuse.

Srinivasan (2001) found that South Asian American women who viewed themselves as bicultural, meaning these women believed that they held a combination of U.S. and South Asian cultural views, typically had more egalitarian views with regard to gender roles and expectations. Women who identified as South Asian, meaning they identified with their culture of birth, typically held more conservative views than South Asian American women regarding gender socialization. Studies on attitudes toward women have been conducted to determine if gender role stereotypes impacted attitudes about sexual violence. In a study on rape myth acceptance, Cowan (2000) found that women who held more conservative stereotypes about gender tended to believe more rape myths. For example, Cowan found that women who held more stereotypical views of gender believed men were not in control of their sexual urges and behaviors and therefore were not to be blamed for raping women; they also believed rapists might have had some mental illness causing them to rape (2000). Given the difference between women who identify as South Asian and those who identify as South Asian American in their values about gender, it is possible that with a comparison between individuals both born in the U.S. and those not born in the U.S., a more significant negative correlation

might have been seen when comparing acculturation and child sexual abuse myth acceptance.

### **Past History of Child Sexual Abuse**

The current study was the only study completed thus far considering child sexual abuse myth acceptance in survivors of child sexual abuse. Individuals with a past history of child sexual abuse were found not to have a difference in acceptance of child sexual abuse myths than participants who did not have a past history of child sexual abuse. It appeared that individuals had a fairly low level of acceptance of child sexual abuse myths regardless of whether or not they had experienced child sexual abuse themselves.

Although the current study was the first study to consider child sexual abuse myth acceptance and past sexual abuse history, studies considering specific types of beliefs among child sexual abuse survivors have been conducted. For example, studies on blame attribution have shown mixed results when considering the ways in which survivors understand the responsibility of victims in child sexual abuse cases or in their own cases. McMillan and Zuravin (1998) found that adult survivors of child sexual abuse were less likely to attribute blame to themselves for their abuse, showing that adult survivors of child sexual abuse have some recognition of positive blame attribution. However, when comparing races, McMillan and Zuravin (1998) found differences among U.S. cultural groups in their blame attribution. For example, African American participants were more likely to attribute blame to themselves when compared to European American participants. Thus, a potential difference based on ethnicity was seen.

Although the present study found that South Asian American men and women had low acceptance of child sexual abuse myths regardless of past sexual abuse histories, it is possible that if a comparison had been made between first- and second-generation South Asian Americans with past histories of child sexual abuse significant differences might have been seen. A study by Devdas and Rubin (2007) found a difference in rape myth acceptance between first- and second-generation South Asian American women, suggesting differences in generational acculturation status and rape myth acceptance. Future research on differences between generations of ethnic minority groups could provide more insight into the multiple factors impacting child sexual abuse myth acceptance with regard to culture.

### **Child Sexual Abuse and South Asian Americans**

Studies on ethnic minority groups have often shown differences in attitudes toward child sexual abuse between and among various groups. Ullman and Fillipas (2005) found that Asian Americans often held more victim-blaming attitudes than African Americans and Latino/a Americans. Results of a study by Calvert and Munsie-Benson (1999) showed that Latino/a Americans were more likely than European Americans to have inaccurate information about child sexual abuse, leading to false beliefs about perpetrators and survivors. A study by Lowe et al. (2005) showed that some differences, as well as some similarities, existed among Latino/a Americans, African Americans, and European Americans with regard to their interpretations of the severity of child sexual abuse. Specifically, child sexual abuse, such as fondling and masturbation, were viewed as less severe by European Americans than by Latino/a Americans, but

cultural differences disappeared when more severe forms of abuse, such as rape or incest, were examined.

While empirical studies on attitudes toward child sexual abuse have been completed with various ethnic minority populations, including Asian Americans, it was apparent that researchers have largely overlooked South Asian Americans. The reasons for this neglect in the literature could have occurred for many reasons, including lack of need based on a model minority stereotype, lack of interest in this specific population, or the relative lack of South Asian American researchers. South Asians themselves have likely underestimated the impact of child sexual abuse in their own community.

Prior to the current study, little information on prevalence rates for childhood sexual abuse has been available for South Asian American populations. The findings from the present study showed that prevalence rates of child sexual abuse were 35.5% for South Asian American women and 18.5% for South Asian American men. The findings also showed an overall prevalence rate of 29% of South Asian Americans who report a history of child sexual abuse. These numbers are similar to prevalence rates found for the general U.S. population, which has a predicted yearly rate of child sexual abuse of 30 to 40% for girls and 13% or more of boys (e.g., Bolen, 2001).

### **Implications for Theory**

Individuals developing theories on rape myth acceptance have extensively examined the complex, multidimensional nature of rape myths, often citing race, gender, and age as variables that impact attitudes toward rape. Theories on child sexual abuse myth acceptance should also examine the complexities of child sexual abuse attitudes.

The present study showed that gender was one relevant variable in the acceptance of child sexual abuse myths. When thinking theoretically about attitudes and individual differences in beliefs, gender should be considered a factor in the multidimensional nature of child sexual abuse myth acceptance theory. Although acculturation and past sexual abuse history did appear to be among the variables relevant at the inception of the current study, numerous other elements could contribute to child sexual abuse myth acceptance. Future researchers could consider other demographic variables, such as race, age, gender socialization, and generational status (e.g., first- or second-generation American status within a cultural group). Future researchers could also include victim variables, such as age, gender, and race, to understand individuals' attitudes toward specific groups of survivors of child sexual abuse.

### **Implications for Research**

Studies on South Asian Americans need to be conducted to determine if South Asian Americans view child sexual abuse as a social concern within their community, and to understand more about attitudes and beliefs regarding child sexual abuse. If more research on child sexual abuse among South Asian Americans were conducted, greater awareness of child sexual abuse as a problem in the community could be created, potentially resulting in more effective intervention and prevention. It is also imperative to gain an understanding of individuals' attitudes about sexual abuse within this group, as well as other groups, in order to aid in creating awareness and understanding the best ways to support survivors.

It would be of great value to understand differences between individuals within South Asian countries of origin (e.g., India, Pakistan, Bhutan, Nepal, Sri Lanka, Bangladesh) on child sexual abuse myth acceptance, as each country holds its own cultural uniqueness based on traditional roles and values for men and women, differences in religious affiliations, and other cultural factors. It would also be valuable to compare child sexual abuse myth acceptance among South Asian men and women living in South Asian countries with South Asian men and women living in the U.S. to get a more detailed understanding of the impact of the culture in which individuals are currently living.

Future researchers could focus on creating scales that are more culture specific in order to better understand acculturation differences within various U.S. cultural groups. Specifically, researchers may consider developing an acculturation scale that would more precisely measure acculturation among South Asian Americans. Although the Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA) was designed to assess acculturation among Asian groups, it may be more representative for other Asian cultures (e.g., Chinese, Korean, Japanese), as evidenced by the examples of Asian languages used in the scale. Additionally, as each Asian subgroup differs greatly from the others, it is vital that acculturation not be generalized for Asians as a whole. If a scale were developed measuring acculturation among South Asian Americans, the current study could be replicated to reconsider if acculturation and child sexual abuse myth acceptance were correlated.

Another consideration for future research would be the inclusion of a social desirability scale to determine if individuals were attempting to appear less accepting of child sexual abuse myths or attempting to appear more or less acculturated than they actually were. The Child Sexual Abuse Myth Scale and the Suinn-Lew Asian Self-Identity Acculturation Scale require participants to choose answers which best describe them. It is possible that individuals who want to appear more socially desirable will attempt to answer the questions in ways that would appeal to the culture in which they live. For example, individuals may attempt to answer questions on the CSAMS in ways that would indicate less acceptance of child sexual abuse myths, when in fact they may actually adhere to the myths. A social desirability scale added to future studies on child sexual abuse myth acceptance could give more information about the participants' honest feedback on the assessments.

### **Implications for Training**

The current study's findings created several implications for training. Studies and theories on rape myth acceptance have been developed; however, child sexual abuse myth acceptance is a fairly new field of research. Future scholars and practitioners, as well as those in continuing education courses, should be exposed to child sexual abuse myths in order to gain a better understanding of child sexual abuse. It is important to have students discuss their own beliefs about child sexual abuse. It is the role of educators to ensure that students as well as continuing education practitioners receive the knowledge necessary for them to become ethical and well-rounded clinicians, researchers, and educators. At times, this knowledge comes from being challenged on personal attitudes,



similar to being challenged on attitudes regarding privilege and marginalization based on race or gender.

Gleaves (2007) reported on the problem with both undergraduate and graduate students in their knowledge on topics related to child sexual abuse. Gleaves noted that students often indicated that they would question the legitimacy of a report of child sexual abuse by a client. Gleaves recognized the influence of students' limited knowledge on their attitudes and preconceived ideas about child sexual abuse. Gleaves reported that psychology textbooks often have limited coverage of child sexual abuse. Gleaves cited a study by Letourneau and Lewis (1999), which showed that, in a review of 24 textbooks, four did not mention child sexual abuse at all, and the majority of information about child sexual abuse in the remaining textbooks was about repressed memories. Very little information about prevalence rates or the physical and psychological impact of child sexual abuse was covered. Gleaves (2007) suggested that information in textbooks often solely influences students' attitudes and beliefs. Thus, it is important for educators to incorporate information from various avenues (e.g., textbooks, journal articles, videos). It is also important for educators to teach students to think critically about what they read and experience.

Educating students about the impact of gender on child sexual abuse myth acceptance is significant in helping future practitioners understand the ways in which men and women think differently about sexual violence. Knowledge about gender differences will help students understand how best to treat individuals in their future practices, as well as how to evaluate and manage their own values about child sexual

abuse based on their own gender identification. For example, trainees should understand the impact of a male survivor's beliefs about sexual abuse on his own recovery from child sexual abuse, as well as the trainees' own beliefs about male survivors.

Trainees should expand their awareness of the differences between and among U.S. ethnic groups on their attitudes toward child sexual abuse. Discussions about the impact of acculturation, race, and other areas of diversity must be discussed in order for trainees to understand the complexities of child sexual abuse and to increase their multicultural awareness. Courses on multicultural psychology could incorporate information about child sexual abuse and other common social concerns in order for students to better understand how diversity concerns reach into all areas of practice. Case vignettes and scenarios of child sexual abuse would be particularly useful in these courses, as students will be able to apply their knowledge and discuss their thoughts.

### **Implications for Practice**

The present study showed South Asian American men and women differed significantly in their acceptance of child sexual abuse myths. These differences have several implications for practitioners working with South Asian American survivors of child sexual abuse. Practitioners should note that South Asian American women may be more inclined than South Asian American men to believe that individuals who disclose a history of sexual abuse would be telling the truth. Consequently, survivors may be more likely to feel supported and validated by South Asian American women as opposed to the men. For practitioners working with survivors who are South Asian American, it is important to determine if individuals in their clients' support system will be supportive,

and to recognize that South Asian American women may be more likely be supporters of survivors than South Asian American men. When talking to clients about their intention to disclose to other individuals in the community, it may helpful for practitioners to assess the possibility of support from South Asian American clients' relatives, friends, and acquaintances who are women.

Practitioners should be mindful that clients, who discuss their anxieties about and fears of disclosing personal information about experiences with child sexual abuse, may base their fears on the cultural belief that child sexual abuse in the South Asian community does not occur and on gender norms within the South Asian American culture. As a result of possible victim-blaming, South Asian American women who have experienced child sexual abuse may be less likely to seek help from practitioners who are South Asian American men. However, as the results of the present study show, South Asian American men had a relatively low level of child sexual abuse myth acceptance, showing some level of understanding and awareness.

Another important point to note for practitioners is that they should work to avoid viewing South Asian Americans as a model minority (Abraham, 2000). Practitioners who believe the myth of the model minority may not be as inclined to ask about previous sexual abuse histories at intakes or in sessions as they would individuals from other ethnic minority groups. As a result, South Asian American clients with histories of sexual abuse may not receive the assistance they need. Practitioners should also be aware that South Asian American survivors themselves may adhere to the myth of the model

minority, and as such, may not realize they are not alone in their experiences of sexual abuse.

### **Limitations**

Several limitations in the current study should be noted and considered when understanding the results. Some difficulty emerged in recruiting participants. The study was available through a link on a social networking website for approximately nine months, gathering only 147 usable surveys. As a result of the highly sensitive research topic, it was possible that South Asian American individuals were reluctant to participate, or answered the surveys in ways that would make them appear more socially desirable. It is also not known why some individuals only partially completed the surveys. With more funding and time, it is possible that more individuals could have been recruited.

The self-selection nature of the study was another limitation to recruitment. Self-selection, as opposed to random assignment, resulted in the likelihood that some individuals opted into or out of the study for personal reasons. Thus, it was possible that individuals who had been abused may have been more likely to participate in the study out of personal interest, or unlikely to participate because they did not feel comfortable with the study. In addition, some individuals in the South Asian American community were likely not to have participated because they had a personal issue against the topic. For example, the author received an email from an individual admonishing her for publicizing information about child sexual abuse in the South Asian American community to the larger U.S. society. The individual also suggested that child sexual abuse often only became a problem for children when they were told it was a problem,

and that concerns about child sexual abuse in the South Asian community should be managed within the community. Thus, individuals who were unhappy with the survey may have been unlikely to complete it and unlikely to forward the study to other individuals.

Another limitation related to the recruitment of participants was the relatively low number of male survivors of child sexual abuse. It was difficult to determine if the results of the data collection were generalizable to the South Asian male population. If the study were to be replicated, it would be advisable to target the advertising of the online survey to more social networking groups specifically related to South Asian American men. Gaining more male participation could impact the ability to learn more about attitudes as well as prevalence rates of child sexual abuse among South Asian American men. In general, the sample size of both men and women in the present study ideally would have been larger. Although the author was able to recruit an adequate number of participants, a larger sample would have increased the generalizability of the study to the South Asian population in the U.S.

Use of the Suinn-Lew Asian Self-Identity Acculturation Scale (Suinn et al., 1987). as a measure of acculturation was another possible limitation. Items on the SL-ASIA often referenced Asian subgroups when giving examples of Asian identification that were culturally different from South Asian subgroups. For example, in a question concerning preferences for language usage, the SL-ASIA item referred to several major Asian languages (e.g., Chinese, Japanese, Korean). The item did not utilize examples of languages spoken in South Asian countries (e.g., Hindi, Malayalam, Punjabi). Although

participants likely understood that the item was referencing their language of origin, a question that was geared toward South Asians would have been more culturally sensitive. Although the SL-ASIA was designed for universal use among Asian American groups, and it was assumed that acculturation was measured as accurately as possible, a measure more specifically designed for South Asian American acculturation may have been more effective. It should be noted that at the time of data collection, no such acculturation scale had been created.

Another limitation related to acculturation was the use of only U.S.-born participants. It is possible that if the present study had utilized a sample consisting of both first- and second-generation individuals, acculturation differences may have been more significant among the participants. Individuals from first- and second-generations would have been raised in different cultures with differing social values. As such, acculturation may have had more of an impact on child sexual abuse myth acceptance.

### **Conclusion**

Child sexual abuse remains a serious social concern in the United States, and is present among various ethnic minority populations. Even an ethnic minority group stereotypically viewed as having few social problems is not immune from this particular form of sexual violence. Awareness of the seriousness of the problem, as well as a desire to create change, are necessary in order to begin finding solutions on how to minimize the harm created by child sexual abuse to child and adult survivors, and in order to prevent future acts of violence against children. Inside and outside of the South Asian American community exist a resistance to calling attention to a social taboo, such as child sexual

abuse. Until topics related to child sexual abuse among South Asian Americans are addressed and discussed, individuals within this community affected by sexual violence will continue to be invisible and continue to suffer.

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## APPENDIX A

### Child Sexual Abuse Myth Scale

## Child Sexual Abuse Myth Scale

Strongly Disagree    Uncertain    Agree    Strongly Agree

1. Sexual contact between an adult and a child which is wanted by the child and which is physically pleasurable for the child cannot really be described as abuse.

1                      2                      3                      4                      5

2. Sexual contact with an adult can contribute favourably to a child's subsequent psycho-sexual development.

1                      2                      3                      4                      5

3. Most children are sexually abused by strangers or by someone who is not well known to the child.

1                      2                      3                      4                      5

4. Children who act in a seductive manner  
must be seen as being at least partly to

1                      2                      3                      4                      5

blame if an adult responds to them in a sexual way.

5. Sexual contact between an adult and a child that does not involve force or coercion and that does not involve actual or attempted sexual intercourse is unlikely to have serious psychological consequences for the child.	1	2	3	4	5
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6. A woman who does not satisfy her partner sexually must bear some of the responsibility if her partner feels frustrated and turns to her children for sexual satisfaction.	1	2	3	4	5
--	---	---	---	---	---

7. Child sexual abuse takes place mainly in poor, disorganized, unstable families.	1	2	3	4	5
--	---	---	---	---	---

8. It is not sexual contact with adults that	1	2	3	4	5
--	---	---	---	---	---

is harmful for children. What is really  
damaging for the child is the social  
stigma that develops after the “secret”  
is out.

9. Many children have an unconscious	1	2	3	4	5
wish to be sexually involved with the					
opposite sexed parent, which leads them					
to unconsciously behave in ways that					
make sexual abuse more likely.					

10. Adolescent girls who wear very	1	2	3	4	5
revealing clothing are asking to be					
sexually abused.					

11. Children raised by gay or lesbian	1	2	3	4	5
couples face a greater risk of being					
sexually abused than children raised					
by heterosexual couples.					

12. Boys are more likely than girls to	1	2	3	4	5
enjoy sexual contact with adults and are					

therefore less likely to be emotionally  
traumatized by the experience.

13. Child sexual abuse is caused by social	1	2	3	4	5
problems such as unemployment, poverty,					
and alcohol abuse.					

14. Children who do not report ongoing	1	2	3	4	5
sexual abuse must want the sexual contact					
to continue.					

15. Older children, who have a better	1	2	3	4	5
understanding of sexual matters, have					
a responsibility to actively resist sexual					
advances made by adults.					

## **APPENDIX B**

### **Suinn-Lew Asian Self-Identity Acculturation Scale**



### **Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA)**

Instructions: The questions which follow are for the purpose of collecting information about your historical background as well as more recent behaviors which may be related to your cultural identity. Choose the one answer which best describes you.

1. What language can you speak?

1. Asian only (for example, Chinese, Japanese, Korean, Vietnamese, etc.)
2. Mostly Asian, some English
3. Asian and English about equally well (bilingual)
4. Mostly English, some Asian
5. Only English

2. What language do you prefer?

1. Asian only (for example, Chinese, Japanese, Korean, Vietnamese, etc.)
2. Mostly Asian, some English
3. Asian and English about equally well (bilingual)
4. Mostly English, some Asian
5. Only English

3. How do you identify yourself?

1. Oriental
2. Asian
3. Asian-American
4. Chinese-American, Japanese-American, Korean-American, etc.
5. American

4. Which identification does (did) your mother use?

1. Oriental
2. Asian
3. Asian-American
4. Chinese-American, Japanese-American, Korean-American, etc.
5. American

5. Which identification does (did) your father use?

1. Oriental
2. Asian
3. Asian-American
4. Chinese-American, Japanese-American, Korean-American, etc.
5. American

6. What was the ethnic origin of the friends and peers you had, as a child up to age 6?

1. Almost exclusively Asians, Asian-Americans, Orientals
2. Mostly Asians, Asian-Americans, Orientals
3. About equally Asian groups and Anglo groups

4. Mostly Anglos, Blacks, Hispanics, or other non-Asian ethnic groups
5. Almost exclusively Anglos, Blacks, Hispanics, or other non-Asian ethnic groups

7. What was the ethnic origin of the friends and peers you had, as a child from age 6-18?

1. Almost exclusively Asians, Asian-Americans, Orientals
2. Mostly Asians, Asian-Americans, Orientals
3. About equally Asian groups and Anglo groups
4. Mostly Anglos, Blacks, Hispanics, or other non-Asian ethnic groups
5. Almost exclusively Anglos, Blacks, Hispanics, or other non-Asian ethnic groups

8. Whom do you now associate with in the community?

1. Almost exclusively Asians, Asian-Americans, Orientals
2. Mostly Asians, Asian-Americans, Orientals
3. About equally Asian groups and Anglo groups
4. Mostly Anglos, Blacks, Hispanics, or other non-Asian ethnic groups
5. Almost exclusively Anglos, Blacks, Hispanics, or other non-Asian ethnic groups

9. If you could pick, whom would you prefer to associate with in the community?

1. Almost exclusively Asians, Asian-Americans, Orientals
2. Mostly Asians, Asian-Americans, Orientals
3. About equally Asian groups and Anglo groups
4. Mostly Anglos, Blacks, Hispanics, or other non-Asian ethnic groups

5. Almost exclusively Anglos, Blacks, Hispanics, or other non-Asian ethnic groups

10. What is your music preference?

1. Only Asian music (for example, Chinese, Japanese, Korean, Vietnamese, etc.)
2. Mostly Asian
3. Equally Asian and English
4. Mostly English
5. English only

11. What is your movie preference?

1. Asian-language movies only
2. Asian-language movies mostly
3. Equally Asian/English language movies
4. Mostly English language movies only
5. English-language movies only

12. What generation are you from? (circle the generation that best applies to you:)

1. 1<sup>st</sup> Generation = I was born in Asia or country other than U.S.
2. 2<sup>nd</sup> Generation = I was born in U.S., either parent was born in Asia or country other than U.S.
3. 3<sup>rd</sup> Generation = I was born in U.S., both parents were born in U.S., and all grandparents born in Asia or country other than U.S.

4. 4<sup>th</sup> Generation = I was born in U.S., both parents were born in U.S., and at least one grandparent born in Asia or country other than U.S. and one grandparent born in U.S.
5. 5<sup>th</sup> Generation = I was born in U.S., both parents were born in U.S., and all grandparents were born in U.S., and all grandparents also born in U.S.
6. Don't know what generation best fits since I lack some information

13. Where were you raised?

1. In Asia only
2. Mostly in Asia, some in U.S.
3. Equally in Asia and U.S.
4. Mostly in U.S., some in Asia
5. In U.S. only

14. What contact have you had with Asia?

1. Raised one year or more in Asia
2. Lived for less than one year in Asia
3. Occasional visits to Asia
4. Occasional communications (letters, phone calls, etc.) with people in Asia
5. No exposure or communications with people in Asia

15. What is your food preference at home?

1. Exclusively Asian food
2. Mostly Asian food, some American
3. About equally Asian and American

4. Mostly American food
5. Exclusively American food

16. What is your food preference in restaurants?

1. Exclusively Asian food
2. Mostly Asian food, some American
3. About equally Asian and American
4. Mostly American food
5. Exclusively American food

17. Do you

1. read only an Asian language
2. read in Asian language better than English
3. read both Asian and English equally well
4. read English better than an Asian language
5. read only English

18. Do you

1. write only an Asian language
2. write in Asian language better than English
3. write both Asian and English equally well
4. write English better than an Asian language
5. write only English

19. If you consider yourself a member of the Asian group (Oriental, Asian, Asian-American, Chinese-American, etc. whatever term you prefer), how much pride do you have in this group?

1. Extremely proud
2. Moderately proud
3. Little pride
4. No pride but do not feel negative toward group
5. No pride but do feel negative toward group

20. How would you rate yourself?

1. Very Asian
2. Mostly Asian
3. Bicultural
4. Mostly Westernized
5. Very Westernized

21. Do you participate in Asian occasions, holidays, traditions, etc.?

1. Nearly all
2. Most of them
3. Some of them
4. A few of them
5. None at all

APPENDIX C

Demographic Questionnaire



### Demographic Questionnaire

Age:

Please type in your age: \_\_\_\_\_

Please identify your gender:                      Female                      Male

Ethnicity:

What is your country of origin or your parents' country of origin? Please check all that apply.

India      Pakistan      Bhutan      Nepal      Bangladesh      Sri Lanka

Citizenship Status:

Are you an American citizen?                      Yes                      No

Are you a permanent resident?                      Yes                      No

Were you born in the United States?                      Yes                      No

Past Sexual Abuse History:

Are you a survivor of child sexual abuse? (Please use the following guideline to determine your answer).

Child sexual abuse may include unwanted sexual contact, including but not limited to oral, vaginal, or anal intercourse, unwanted touching of the breasts, genitalia or other body parts in a sexual manner, unwanted exposure to another individual's body, or unwanted touching of someone else's breasts or genitalia, prior to the age of 17. Contact could have been with either family and/or nonfamily members.

Yes                      No

**Appendix D**  
**Informed Consent Form**

TEXAS WOMAN'S UNIVERSITY  
CONSENT TO PARTICIPATE IN RESEARCH

Title: Child Sexual Abuse Myth Acceptance South Asian American Men and Women

Principal Investigator: Neetha Devdas, M.A.  
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Explanation and Purpose of the Research

You are being asked to participate in a research study for Neetha Devdas M.A., to fulfill a doctoral dissertation requirement at Texas Woman's University. The present study is being conducted under the direction of Linda Rubin, Ph.D. The purpose of this research study is to investigate the differences in child sexual abuse myth acceptance, or attitudes toward child sexual abuse, between South Asian American men and South Asian American women. The study will only be surveying South Asian American men and women.

Research Procedures

If you agree to participate in the present study, you will be given a set of three short questionnaires. One questionnaire will ask you specific questions about your attitudes toward child sexual abuse. Another questionnaire will ask you questions about how much you identify with American culture and how well you identify with your South Asian background. The last questionnaire will ask you about demographic information, including information about your age, gender, and ethnic background. It is expected that your total time commitment for completing the study packet will be approximately 15-30 minutes. The maximum total time commitment for the study is estimated to be 30 minutes.

Confidentiality

Confidentiality will be protected to the extent that is allowed by the law. All of the answers that you provide in the questionnaires are anonymous and you will not be asked to provide any identifying information at any point during the study. No one will have access to any data related to this study with the exception of the researcher, the faculty advisor, and three faculty committee members. The data collected in the present study will only be used for research purposes. These data may be used, not only for the principal investigator's doctoral dissertation, but also in future publications or presentations.

## Potential Risks

There is a potential risk for loss of confidentiality in all internet communications, including emails and downloads. Confidentiality will be protected as much as possible in the following ways. Internet Provider addresses will not be accessed or traced. All of the survey pages are designed so that pressing the "Back" button will not result in the retrieval of data. The survey pages and the survey link will be encrypted and protected using 128-bit Secure Socket Layer Technology. All responses to the survey questions will be encrypted instantly and all data stored on the Psychdata server will stay stored until the principal investigator accesses them. The data can only be accessed by the principal investigator and the faculty advisor through the use of a username and password known only to them. It is possible for someone to view your responses if you do not exit your browser when you have completed the questionnaires. So, to ensure your confidentiality, please remember to close your browser once you have submitted your questionnaires, or if you choose not to participate.

All data collected will be stored in a secure location in the home of the primary investigator. All data stored on the hard drive of the principal investigator's computer, or any mass storage device, will be destroyed within five years of completing the study. All files will be destroyed by erasing and/or deleting them off of the hard drive and mass storage devices. Any paper printouts of data will be destroyed using a paper shredder.

Additional risks involved in participating in this study include emotional distress due to answering questions on a topic of a sensitive nature and loss of time completing the questionnaires. The topic of child sexual abuse is a sensitive topic. If you feel uncomfortable or emotionally distressed answering questions regarding child sexual abuse, you may stop participating at any time without penalty. Participation in this study is voluntary. If at any point during or after the completion or the discontinuation of the questionnaires you feel any distress related to questions about child sexual abuse and wish to speak to a professional, please access the website, [www.rainn.org](http://www.rainn.org), for information on resources near you.

## Benefits

A direct benefit of participating in this study is that you have the option of receiving a summary of the results upon completion of the study. The summary of results will be mailed to you if you request it. If you would like to request the results of the study, you may contact the principal investigator using the contact information provided above.

### Questions regarding the Study

If you have any questions regarding the research study you may contact the researcher or advisor. Contact numbers and email addresses for the principal investigator and faculty advisor are located at the top of this form. Please note that there is a loss of confidentiality through all email transactions. You may contact the principal investigator or faculty advisor regardless of whether or not you complete the questionnaires, and any questions you have cannot be traced back to any actual survey responses you answered. If you have any questions about your rights as a participant in the research study or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via email at [IRB@twu.edu](mailto:IRB@twu.edu). Please print a copy of this consent form for your own records and in case you need to refer to it in the future.

If you would like to proceed with participation in the study, please click the "Continue" button to acknowledge that you have read and consent to the information provided above. If you do not wish to complete the survey at this time, please close your browser and completely exit the program.

Appendix E

Institutional Review Board Approval Letter



**Institutional Review Board**

Office of Research and Sponsored Programs  
P.O. Box 425619, Denton, TX 76204-5619  
940-898-3378 Fax 940-898-3416  
e-mail: IRB@twu.edu

July 1, 2009

Ms. Neetha Devdas

Dear Ms. Devdas:

*Re: Child Sexual Abuse Myth Acceptance Among South Asian American Men and Women*

The above referenced study has been reviewed by the TWU Institutional Review Board (IRB) and appears to meet our requirements for the protection of individuals' rights.

If applicable, agency approval letters must be submitted to the IRB upon receipt PRIOR to any data collection at that agency. A copy of the annual/final report is enclosed. A final report must be filed with the Institutional Review Board at the completion of the study. Because you do not utilize a signed consent form for your study, the filing of signatures of subjects with the IRB is not required.

This approval is valid one year from June 12, 2009. According to regulations from the Department of Health and Human Services, another review by the IRB is required if your project changes in any way, and the IRB must be notified immediately regarding any adverse events. If you have any questions, feel free to call the TWU Institutional Review Board.

Sincerely,

Dr. David Nichols, Chair  
Institutional Review Board - Denton

enc.

cc. Dr. Dan Miller, Department of Psychology & Philosophy  
Dr. Linda Rubin, Department of Psychology & Philosophy  
Graduate School