Childrenh Sexual Abuse Among Black Women and White Women From Two-Parent Families

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Differences in childhood sexual abuse (CSA) between Black women and White women are explored in a community sample of 290 women raised in two-parent families. A self-administered questionnaire and a face-to-face interview assessed CSA characteristics, aftermath, and prevalence as well as family structure and other childhood variables. Siblings served as collateral informants for the occurrence of CSA. Overall, comparisons of the nature, severity, and aftermath of CSA showed similarities by race; some differences, for example, in age of onset, are potentially relevant for the planning of prevention programs. Logistic regression models examined effects of childhood variables on CSA prevalence. Initial analyses showed a higher CSA prevalence among Black women (34.1% [45] of Black women vs. 22.8% [36] of White women) that was attenuated when family structure (e.g., living with two biological parents throughout childhood or not) and social class were considered. Of interest, differences in family structure remained important even among these two-parent families. Understanding the dynamics of abuse by race and family structure will facilitate the design of more targeted CSA prevention programs.

Keywords: racial differences; family structure; two-parent families; African American; White; sibling reports; perpetrators in the household; prevalence

Researchers have long been interested in racial differences in the characteristics and prevalence of childhood sexual abuse (CSA). Although Black women and White women often have been compared, questions remain. As shown below, significant differences between Black women and White women are few and results are often contradictory. Drawing conclusions from this research is difficult due to a paucity of community samples that examine a range of CSA characteristics, controlling for socioeconomic status and family structure. Some argue that CSA among Black women may be higher than previously documented due to underreporting by Black families mistrustful of police and social service agencies (Wyatt, 1992). Alternatively, structural differences between Black families and White families have been suggested as accounting for race differences. For example, the low marriage rates for Black women may expose their children to greater risk of CSA by men who are not their fathers (Abney & Priest, 1995), possibly contributing to a higher CSA prevalence rate.

Racial Differences in CSA: Characteristics and Prevalence

Although the research on CSA comparing Whites and Blacks, or focusing exclusively on Blacks, has made important contributions to our understanding of CSA, some of these studies used small numbers of Black participants (Peters, Wyatt, & Finkelhor,
1986), no reporting of the racial breakdown of the sample (e.g., Peters, 1988), or no reporting of findings by race (e.g., Mennen, 1995). Other studies reported the finding of no differences by race on several variables but provide little information about participants’ socioeconomic status and family structure (e.g., Mennen, 1995) or fail to differentiate Blacks from other non-Whites (e.g., Wilsnack, Vogeltanz, Klassen, & Harris, 1997). Studies have included samples not comparable by race on family structure, religion, marital status, parental status, employment (e.g., Russell, Schurman, & Trocki, 1988), and socioeconomic status (e.g., Peters et al., 1986), although family income can be a significant risk factor for sexual abuse (Kenny & McEachern, 2000).

Some studies included only Blacks, examining college students (e.g., Priest, 1992), women reporting attempted or completed rape (e.g., Neville & Pugh, 1997), and emergency room patients (e.g., Jasinski, Williams, & Siegel, 2000). Other racial comparisons used specialized samples that limit generalizability: a child welfare population with substantiated CSA (i.e., Tzeng & Schwarzin, 1990), alcoholic female inpatients (i.e., Windle, Windle, Scheidt, & Miller, 1995), and unmarried mothers on public assistance (i.e., Marcenko, Kemp, & Larson, 2000).

Controlled studies of CSA comparing White women and Black women have been conducted since the early 1980s by Russell (1983), Wyatt (1985), and Wyatt and colleagues (Wyatt, Loeb, Solis, Carmona, & Romero, 1999). Additional analyses from these data collection efforts by Bolen (1998), Russell (1986), Russell et al. (1988), and Wyatt and Mickey (1988) also have provided information and direction for racial comparisons. For the most part, significant differences between Black women and White women have not been found for CSA characteristics or prevalence (Bolen, 1998; Wyatt, 1985; Wyatt et al., 1999).

**CSA characteristics.** As with prevalence, significant differences between Black women and White women have not been found for a number of CSA characteristics, including (a) incest (Russell, 1986; Wyatt et al., 1999), (b) number of incidents per person (Wyatt, 1985; Wyatt et al., 1999), (c) duration of CSA (Wyatt et al., 1999), (d) victims’ self-rating of long-term effects (Wyatt et al., 1999; Wyatt & Mickey, 1988), (e) rates of disclosure (Wyatt et al., 1999), (f) relation of person to whom disclosure was made (Wyatt et al., 1999), (g) support received (Wyatt & Mickey, 1988), and (h) perpetrator within or outside the household (Wyatt, 1985).

Russell (1986) reported incest among 17% of White women and 16% of Black women, a nonsignificant difference in this random probability sample (Russell, 1983) of 627 White women and 89 Black women, as well as women from other races. For the total sample, an intrafamilial CSA rate of 16% and an extrafamilial rate of 31% were reported. Using Russell’s (1983) data, Russell et al. (1988) compared Black women and White women on the long-term effects of incest. Although the sample included 110 (17%) White women who were victims of incest before age 18, only 14 (16%) Black women in the sample had been similarly abused, limiting conclusions.

Although Black women reported more CSA involving a stepfather, mother’s boyfriend, foster father, male cousin, and other relatives, the differences were not statistically significant and may have been due to differences in family structure: More Black women than White women lived in families with stepfathers (22% vs. 13%), but the data were not controlled for these differences (Wyatt 1985).

Contradictory results have been found for coercion, with Wyatt (1985) reporting no racial differences in the rate of rape and Wyatt and colleagues (1999) reporting that Whites were significantly more likely to report being forcibly raped.

Racial differences have been found for age of onset of CSA. Wyatt (1985) found that White women were more likely to report CSA in early childhood and preschool years in contrast to Black women who were more likely to report CSA in their preteen years. Bolen’s (1998) secondary analysis of Russell’s (1983) community prevalence data, adjusted for the interaction between maternal employment status and family structure, found that White women were more likely than Black women to report histories of CSA and especially more likely to report CSA when preadolescent; Black women were more likely to report CSA in adolescence.

Racial differences also have been found for race of perpetrator (Wyatt, 1985), with perpetrators more likely to be the same race as the abused.

**Prevalence.** Wyatt’s (1985) study, examining CSA among 248 Black women and White women using a multistage, stratified, probability sample and a random-digit-dial telephone method, found no statistically significant racial differences (57% of Blacks and 67% of Whites) in CSA prevalence. Contact abuse for Black women was lower than for White women (40% vs. 51%); although this difference was not statistically significant, the power to detect a difference was low. Wyatt and colleagues (1999), using a stratified probability sample of 182 Black women and 156 White women and considering only contact abuse, reported CSA prevalence at 1 in 3 women. They found CSA prevalence.
rates higher for Whites than Blacks (39% White vs. 29% Black), although not statistically significant ($p < .053$); however, the power to detect a significant difference was again low. They found no statistically significant changes in CSA prevalence since the time of Wyatt’s (1985) research using the same methods to study women from the same geographic area.

**Family Structure**

A key question in evaluating these findings is the comparability of family structure in samples of Black women and White women, especially whether raised by biological parents or stepparents. In a national random sample, Finkelhor, Hotaling, Lewis, and Smith (1990) found that women who were separated from a biological parent for a major portion of their childhood, especially women living alone with a father or with two nonbiological parents, had higher rates of all types of CSA, not just incest. Bolen (1998) found that separation from biological parents, depending on the status of maternal employment, increased the risk: Children who lived with both biological parents prior to age 14 were significantly less likely to experience CSA than those living without both biological parents but, rather, with a male in the household. Other researchers (Bagley & Ramsay, 1986; Russell, 1986) also have identified nonbiological parents as a risk factor. In such families, a child may be exposed to a stepfather who is a potential perpetrator of CSA and may further be vulnerable to members of the stepfather’s social networks.

The higher incidence of single parents among Blacks compared to Whites has been well documented (Glick, 1997; U.S. Bureau of the Census, 1999, 2000). Although the number of one-parent households has increased for both races over time, Black children remain considerably more likely to grow up with single parents: from 21.9% of Blacks and 7.1% of Whites in 1960 (difference = 14.8%) to 54.8% of Blacks and 22.8% of Whites in 1990 (difference = 32%) (U.S. Bureau of the Census, 2000).

Thus, when samples of Whites and Blacks are compared for CSA, family structure must be considered. Without analyses of number of parents and type of parents (biological parents vs. stepparents) in the household during childhood, findings of group differences could be attributed to race when they are actually related to family structure.

**Present Study**

In the current report, we were interested in racial differences in CSA among Black women and White women who had lived in two-parent families, with either biological or stepparents, for most of their childhood. We examined, first, characteristics of the CSA experience (e.g., age of onset, duration, number and type of perpetrators, and type of CSA) and its immediate aftermath (e.g., whether an adult knew of the CSA, whether others helped, and the participants’ estimation of CSA severity and effects) to determine whether they differed for Black women and White women in this population. Second, we compared the prevalence of CSA by race. Based on the literature reviewed as well as our inclusion criterion of women from two-parent families, we hypothesized that (a) CSA characteristics would be similar by race and (b) the prevalence of CSA would not vary by race, particularly when the effects of race were separated from the effects of family structure and socioeconomic status.

**METHODS**

The study described here is part of a larger research undertaking to examine psychosocial outcomes in a community sample of 290 Black women and White women with and without alcoholic parents (Griffin, Amodeo, Fassler, Ellis, & Clay, 2005). The study was approved by the Boston University Institutional Review Board and informed consent was obtained from each participant when she appeared for her interview. We sought a sample that was varied in age and socioeconomic background, and we oversampled for Black race to have a racially balanced sample given the low prevalence of Blacks in our recruitment area (11% according to the U.S. Bureau of the Census, 2000). In the final sample of 290 women, 46.5% were Black and 54.5% were White. This report describes a subset of the larger sample: women who experienced CSA.

**Sample**

Participant recruitment. Several techniques were used for recruitment of participants, including newspaper advertisements, notices posted throughout the metropolitan area, and community contacts in Black neighborhoods. Notices indicated that $50 would be paid upon completion of a questionnaire and interview requiring approximately 2 hours for participation in a “family study.” Participants were not aware that the study would explore CSA. For more information on recruitment methods, see Clay, Ellis, Amodeo, Fassler, and Griffin (2003).

Potential participants were screened by telephone. Study inclusion criteria required participants to be...
from 21 to 65 years old. To increase the homogeneity of participants within each racial group, all participants were required to be born in the United States, with parents born in the United States. The study further required participants to have lived in a two-parent family for at least 10 years from birth to age 18 to reduce heterogeneity of families.

Out of 1,115 telephone calls received, 719 women were excluded, 64 dropped out before screening, 42 dropped out after screening, and 290 were interviewed. Dropout rates were similar by race: 12% of White women and 14% of African American women. The final sample of 290 thus represented a 26% yield based on the total number of original contacts; 87% of the participants who met the inclusion and exclusion criteria successfully completed data collection. Both White women and Black women represented a broad range of ages, years of education, household income, and childhood socioeconomic status.

Siblings as collateral informants. To assess the reliability of self-reports, each of the 290 participants was asked to request that a sibling complete a mailed questionnaire. Some participants had no siblings or no eligible siblings (35%; i.e., siblings had to be 21 years of age or older and had to have lived with the participant for at least 4 years when the participant was between ages 6 and 13), some participants refused to identify a sibling (37%), and some siblings refused to participate (28%). Having anticipated less than complete participation, we sought a sibling participation rate of 50% and obtained one of 49.3%. This represents a response rate of 76% of participants with eligible siblings. Participating siblings were primarily sisters (62.9%), close in age to the participants (M = 0.2, SD = 3.9). Participants with and without participating siblings were not significantly different in race, age, education, or marital status. Questions answered by siblings were limited to their childhood and included family environment, parental absences, and physical and sexual abuse experienced by family members. Participant-sibling concordance on CSA is reported below.

Procedure

Data collection appointments for participants, scheduled for 2-hr periods, included a self-administered childhood questionnaire followed by a 15- to 45-min face-to-face interview. Interviews were primarily conducted at the authors’ university; participants were offered the option of being interviewed in a community location. The study used only experienced female interviewers (4 of the 5 authors). Data collection methods were based on successful techniques reported by other researchers to maximize reliability of participant reporting of CSA. Thus, both a self-administered questionnaire and face-to-face interview were used, specific abusive behaviors were described to participants rather than relying on participants to identify behaviors as abusive (Wonderlich, Wilsnack, Wilsnack, & Harris, 1996; Wyatt et al., 1999), CSA questions were placed later in the interview to allow time to establish rapport (Bagley & Ramsay, 1986; Wyatt, 1985; Wyatt et al., 1999), information was collected on the number of abuse incidents and duration (Peters, 1988; Wyatt & Mickey, 1988), and a series of questions was asked about the first and worst incident (Wyatt, 1985; Wyatt et al., 1999). In addition to CSA, childhood questionnaire items covered family environment, structure of the household over time, parent-child separations, substance abuse and mental illness of all family members, and social support available to the study participant during adolescence.

Responses to CSA questions on the self-administered questionnaire were compared to responses on the interview. Among 290 participants, 206 denied any CSA; 62 answered yes on both measures; 17 denied any CSA on the questionnaire but described it in the interview; 1 answered yes on the questionnaire but refused to talk about the experience in the interview; and 4 answered yes on the childhood questionnaire but their description in the interview did not meet the criteria for CSA. Hence, the prevalence of CSA increased from 23.1% (67/290) based on the questionnaire to 27.9% (81/290) based on combined data from the questionnaire and interview.

Measures

Criteria for determining CSA. Based on definitions commonly used by CSA researchers, the following criteria for CSA were employed: (a) the participant experienced unwanted touching or interference with her private parts (breasts, buttocks, or genitalia; Russell, 1983); (b) for both intra- and extrafamilial abuse, the perpetrator was 5 or more years older than the participant at the time of the abuse (Russell, 1983); and (c) the participant was less than 17 years old at the time of the abuse (Finkelhor, 1979; Wyatt, 1985). Experiences meeting all three criteria were considered to be CSA whether the incident was identified by the participant as abuse or not. This definition may be seen as more restrictive than some due to the exclusion of experiences involving no physical contact (e.g., sexual talk or exhibitionism) as well as peer experiences. Criteria
for childhood rape included a report by the participant that she was raped or a report of penetration. Incest was limited to perpetrators who were close biological relatives: either parents, siblings, grandparents, aunts, or uncles.

**CSA questions.** CSA was initially introduced near the end of the childhood questionnaire in an item asking participants if they or their siblings had been sexually abused and, if so, to indicate the study participant’s age and the duration and type of abuse experienced. The CSA topic was reintroduced later, during the interview, when the interviewer said, “Sometimes people have unpleasant sexual experiences when they are young. Before you were 17 years old, did anyone ever touch or interfere with you sexually, either a family member or anyone else?” Participants who reported CSA were then asked to indicate (a) their relationship to the perpetrator, including whether the perpetrator resided in the same household as the participant; (b) the nature of the incident, including whether or not rape occurred; (c) their age at the onset and end of the abuse; (d) the perpetrator’s age at the onset of the abuse; (e) the frequency and duration of the abuse; (f) whether any adult knew of the abuse; (g) if adults did know, whether anyone provided support or help; and (h) the effect of the abuse on the study participant, on a scale from 0 to 5, with higher scores indicating worse effects. These items were patterned after variables reported in the literature (see Jacobson & Richardson, 1987; Liem, James, O’Toole, & Boudevyne, 1997; Peters, 1988; Wyatt & Mickey, 1988). For those participants who identified more than one abuse experience, parallel questions were asked about the worst CSA experience, following the method of Wyatt et al. (1999). For women reporting multiple incidents, data were combined. In addition to the age of onset of CSA, we examined whether any CSA occurred during three developmental stages: preschool (< age 5 years), elementary school (ages 5 to 11 years), or adolescence (> age 11 years).

A calendar method, similar to that used in the Timeline Follow-Back Interview, was used as a memory aid. This method was originally developed to assist recall of drinking (Sobell & Sobell, 1992) and has been expanded to include recall of other behaviors (e.g., Crosby, Stall, Paul, Barrett, & Midanik, 1996). For each participant, a timeline was completed from birth to age 18, with key events, elicited from the questionnaire, inserted according to the age of occurrence. Examples of events included deaths, parental separations and divorce, and major illnesses. These events then served as anchors for adding other events such as CSA.

**Family structure.** Family structure variables were measured along several dimensions. For inclusion in the study, participants were required to have lived with two parents for a minimum of 10 years when younger than age 18; most but not all of them lived with biological parents. A dichotomous variable was created to indicate whether participants were raised by biological parents. In addition, because parents included stepparents, we created a dichotomous variable to indicate whether one of the parents was a stepparent. Parental separations lasting a year or more were taken into account in our measure of length of time participants lived with their parents. These separations could have been permanent due to death or divorce or temporary due to military service or hospitalization, for example. We created a dichotomous variable to indicate whether participants had lived with their biological parents for less than the full childhood period, with a minimum of 10 years because that had been required of participants for inclusion in the study. Working mother was a dichotomous measure of whether mother’s longest occupation was homemaker. Childhood social class was measured by years of father’s education.

**Sibling concordance for CSA.** Women with and without CSA were equally likely to include a sibling in the study (42% vs. 49%). Concordance between participant and sibling reports of CSA perpetrated on the participant was quite strong at 76.9%. Furthermore, concordance did not vary by race among the subset reporting CSA.

**Data Analysis.** To compare background variables and CSA characteristics by race, for the first hypothesis, independent *t* tests were used for continuous variables and chi-square for dichotomous variables. For the second hypothesis, a series of multiple logistic regression models were examined to assess the effects of race and childhood variables on the occurrence of CSA. Effects are reported as odds ratios (OR) with 95% confidence intervals. A model showing the effect of race alone was compared to models adding the effects of having a stepfather and a working mother and then to models adding family structure and childhood socioeconomic status. Stata software (Stata Corporation, 2003) for stratified samples was used to adjust appropriately for oversampling of alcoholic parents (43% had alcoholic parents) by using weighting procedures for all analyses: Alcoholic parents were weighted at 28.6%, based on a national random survey (Grant, 2000).
RESULTS

Sample

Of the total sample of 290 women, 45.5% were Black and 54.5% were White, with 81 reporting CSA according to the criteria specified above (36/158 White women and 45/132 Black women reported CSA). Those with CSA were compared to the 209 women without CSA on background characteristics. Women with and without CSA were similar in education, marital and employment status, and income. Mean years of education included some college ($M = 14.9 \pm 2.2$). About one third were currently married (35.3%) and most (67.6%) were employed, with median family incomes of $20,000 to $30,000. Women with CSA were, however, significantly older ($41.1 \pm 9.6 vs. 35.9 \pm 11.7$), $t(288) = 3.88$, $p < .001$, than those without CSA.

Nature and Aftermath of CSA

CSA characteristics related to age, severity, and aftermath are compared by race in Table 1. Episodes of CSA were most commonly reported during the elementary school years, followed by adolescence. Measures of CSA severity showed that two thirds reported that CSA occurred more than once and about half reported it occurred for longer than 1 year; approximately one third of the women reported a perpetrator living in the same household, more than one perpetrator, and the occurrence of incest, with rape slightly less frequent. In the aftermath, nearly half reported that someone else knew of the CSA, but only about one quarter reported that anyone helped at the time. Most women reported a strong negative effect at the time as well as overall. Nearly all the perpetrators were known to the victim (92.6%) as either close biological relatives, other relatives, or nonrelatives. For those women who experienced multiple incidents, the median was 3 to 5.

White women and Black women reported similar experiences with CSA overall, with no statistically significant differences in any of the variables examined. Odds ratios are presented in the third column of Table 1 as potentially important. Black women were more likely to report CSA in adolescence, more than one perpetrator, and perpetrators living in the same household. White women were more likely to report CSA before the age of 7, the occurrence of incest, an adult knew of the abuse at the time it occurred, and a worse effect on their lives, both at the time and overall.

Prevalence of CSA

Overall prevalence of CSA in this sample was 27.9% ($n = 81$), with Black women more likely to have been sexually abused than White women (34.1% vs. 22.8%; crude effect = 1.7). The first logistic regression model in a series of several models to predict the preva-

### TABLE 1: CSA Characteristics by Race

<table>
<thead>
<tr>
<th>CSA Characteristic</th>
<th>White</th>
<th>Black</th>
<th>OR$^a$</th>
<th>CI$^b$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age of onset, $M (SD)^c$</td>
<td>7.8 (3.6)</td>
<td>8.8 (3.3)</td>
<td>1.4</td>
<td>0.5-2.9</td>
</tr>
<tr>
<td>Onset &lt; 7 years old</td>
<td>42.0</td>
<td>21.0</td>
<td>0.4</td>
<td>1.0</td>
</tr>
<tr>
<td>Onset &gt; 11 years old</td>
<td>14.6</td>
<td>23.3</td>
<td>1.8</td>
<td>4.3-3</td>
</tr>
<tr>
<td>Preschool</td>
<td>16.4</td>
<td>15.0</td>
<td>0.9</td>
<td>2.2-1</td>
</tr>
<tr>
<td>Elementary school</td>
<td>85.7</td>
<td>71.0</td>
<td>0.4</td>
<td>2.2-0</td>
</tr>
<tr>
<td>Adolescence</td>
<td>34.8</td>
<td>55.2</td>
<td>2.1</td>
<td>7.4-4</td>
</tr>
<tr>
<td><strong>Severity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; Once</td>
<td>63.3</td>
<td>69.0</td>
<td>1.3</td>
<td>0.6-3.9</td>
</tr>
<tr>
<td>&gt; 1 year</td>
<td>42.9</td>
<td>46.7</td>
<td>1.2</td>
<td>0.4-5.2</td>
</tr>
<tr>
<td>Same household</td>
<td>29.4</td>
<td>43.6</td>
<td>1.8</td>
<td>7-4.4</td>
</tr>
<tr>
<td>&gt; 1 perpetrator</td>
<td>26.5</td>
<td>41.9</td>
<td>2.0</td>
<td>0.8-5.5</td>
</tr>
<tr>
<td>Incest</td>
<td>38.8</td>
<td>28.4</td>
<td>0.6</td>
<td>3.1-8</td>
</tr>
<tr>
<td>Rape</td>
<td>27.1</td>
<td>28.8</td>
<td>1.1</td>
<td>3.2-8</td>
</tr>
<tr>
<td><strong>Aftermath</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anyone knew</td>
<td>55.8</td>
<td>45.2</td>
<td>0.6</td>
<td>3.1-9</td>
</tr>
<tr>
<td>Anyone helped</td>
<td>26.1</td>
<td>28.3</td>
<td>1.1</td>
<td>4.2-8</td>
</tr>
<tr>
<td>Effect at the time, $M (SD)^c$</td>
<td>3.7 (1.7)</td>
<td>3.6 (2.0)</td>
<td>0.6</td>
<td>2.1-7</td>
</tr>
<tr>
<td>Effect over time, $M (SD)^c$</td>
<td>4.0 (1.4)</td>
<td>3.7 (1.9)</td>
<td>0.6</td>
<td>2.1-8</td>
</tr>
</tbody>
</table>

**NOTE:** CSA = childhood sexual abuse, OR = odds ratio, CI = confidence interval.

a. ORs >1 were more likely for Black women; ORs < 1 were less likely for Black women.
b. 95% confidence intervals reported for each OR.
c. For the continuous variables, ORs are based on median splits.
TABLE 2: Models of Race to Predict CSA (N = 290)

<table>
<thead>
<tr>
<th>Model</th>
<th>OR*</th>
<th>CI</th>
<th>Beta</th>
<th>Wald Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Race</td>
<td>1.75**</td>
<td>1.04-2.94</td>
<td>.11**</td>
<td>4.50**</td>
</tr>
<tr>
<td>II. Race</td>
<td>1.65*</td>
<td>0.97-2.80</td>
<td>.10*</td>
<td>5.56</td>
</tr>
<tr>
<td>Stepfather</td>
<td>1.60</td>
<td>0.60-4.22</td>
<td>.10</td>
<td></td>
</tr>
<tr>
<td>Working mother</td>
<td>1.11</td>
<td>0.63-1.97</td>
<td>.02</td>
<td></td>
</tr>
<tr>
<td>III. Race</td>
<td>1.23</td>
<td>0.70-2.17</td>
<td>.04</td>
<td>8.88**</td>
</tr>
<tr>
<td>Childhood SES*</td>
<td>0.58*</td>
<td>0.32-1.07</td>
<td>–.02*</td>
<td></td>
</tr>
<tr>
<td>Biological parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥ 16 years</td>
<td>0.62</td>
<td>0.34-1.14</td>
<td>–.09</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: CSA = childhood sexual abuse, OR = odds ratio, CI = confidence interval, SES = socioeconomic status.

a. ORs > 1 were more likely for Black women; ORs < 1 were less likely for Black women.
b. 95% confidence intervals reported for each OR.
c. For the continuous variable, OR is based on a median split.

*p < .10. **p < .05.

Influence of CSA (see Model 1, Table 2) shows that this difference is statistically significant: the weighted likelihood of CSA is 1.8 times greater for Black women than for White women.

Stepfather and working mother. Living with a stepfather and a working mother, both reported to be predictors of CSA, were examined. In our sample, Black women were more likely to have lived with a stepfather (12.9% vs. 2.5%), χ²(1) = 12.25, p < .001, and a working mother (68.2% vs. 57.0%), χ²(1) = 3.18, p < .051, compared to White women. A second model, therefore, controlled for these two variables. Black women remained more likely to report CSA (see Model II, Table 2). Neither stepfather nor working mother was significantly associated with CSA. Because neither variable was significant, both were omitted from subsequent models.

Living with biological parents and SES. The increased incidence of single parents among Blacks could not explain the greater prevalence of CSA among Black women because our inclusion criteria required participants to have lived in a two-parent family for at least 10 years in childhood. However, because not all participants were raised by biological parents for the full childhood period, we compared family structure by race. White women were more likely to have lived with both biological parents throughout childhood (i.e., for the full 16 years when participants were younger than age 17, used as the cutoff for CSA): 81.0% of White women versus 59.1% of Black women, χ²(1) = 15.30, p < .0001. Furthermore, more Black participants than White participants had lived with nonbiological parents (18.2% vs. 3.8%), χ²(1) = 16.88, p < .0001) due primarily to the greater likelihood of having stepfathers. Stepfathers, however, were shown to be nonsignificant predictors of CSA (see Model II above). To consider the potential influence of parental separation, we compared separation from a parent for 1 year or more in childhood by race. The likelihood of any separation (20.8% overall) and the number of years separated (M = 0.7 ± 1.7) were similar by race.

To assess the effect of race differences in family structure, we added the effect of living with biological parents to the first model, as well as the effects of childhood social class, because White women reported more years of father’s education (13.5 ± 3.4 vs. 11.5 ± 2.0, t(288) = –6.30, p < .02. The inclusion of these variables reduced the odds ratio for Black race (from 1.8 to 1.2; see Model III, Table 2). Alternatively, when only one or the other of these structural variables was entered in the model, the odds ratio for Black race was only reduced to 1.5 (data not shown); hence, the combination of these two variables was more powerful than either alone in reducing the importance of race in predicting CSA. As further evidence of the importance of these structural variables, the overall model is statistically significant, unlike Model II. Results were similar whether family structure was measured by those living with two biological parents for at least 16 years (Model III) or those living with two biological parents for at least 10 years (data not shown).

DISCUSSION

Racial differences in CSA were examined in a community sample of 290 Black women and White women who had lived in two-parent families for at least 10 years in childhood. Black women and White women were both well represented, with a broad range of age and social class, both in childhood and at the time of the interview. The data collection process utilized techniques recommended in the CSA literature, such as providing participants with a precise definition of CSA and asking the same question in multiple ways. A particular strength of the study was the use of siblings as collateral informants. An unusually detailed set of CSA characteristics are reported by race, as well as possible risk factors such as the presence of both parents throughout childhood, whether the parents were biological or step-parents, and whether the mother worked.

Prevalence of CSA

The CSA prevalence rate in this study was 27.9%, similar to reports from others. Molnar, Buka, and Kessler
were more likely to report CSA beginning at age 11. This was similar to Bolen’s (1998) finding that Blacks report the occurrence of CSA during adolescence. Initial analyses showed that Black women were 1.75 times more likely than White women to have experienced CSA. Although some authors (Abney & Priest, 1995; Wyatt, 1992) have suggested that the prevalence of CSA may be higher among Black women than White women, this finding was unexpected given our inclusion criterion of intact families. Subsequent analyses, however, showed that this difference was diminished when controlling for family structure (i.e., whether participants had lived with two biological parents from birth through age 16) and social class; that is, White women in this sample were more likely than Black women to have lived with two biological parents and their fathers had more education. When these differences were taken into account, the increased prevalence of CSA among Black girls compared to White girls was reduced from 1.8 to 1.2. Although race was no longer statistically significant, limitations of sample size could account for this. Given the prevalence of CSA by race in this sample, we have 80% power to detect an odds ratio as low as 2.1, slightly higher than we found.

Having a stepfather or a working mother did not increase the prevalence of CSA, in contrast to the findings of Bolen (1998). The lack of statistical significance could be due to the fact that few of our participants (7.2%) lived with stepfathers. The variable of working mothers was well distributed, however, with 62.1% of mothers working.

**Nature and Aftermath of CSA**

Although we found no significant racial differences in the nature, severity, or aftermath of CSA, some differences are of potential importance. Hence, we review them below to encourage their inclusion in future research.

**Age of onset.** Similarly to Bolen (1998) and Wyatt (1985), we found that White women were 2.5 times more likely than Black women to experience CSA before age 7. Although examination of those reporting CSA for the first time after age 11 showed no difference by race, Black women were more likely to report the occurrence of CSA during adolescence. This was similar to Bolen’s (1998) finding that Blacks were more likely to report CSA beginning at age 11.

**Severity.** Comparison of CSA severity by race shows interesting differences as well as similarities. The rate of incest was similar to reports from Wyatt and colleagues (1999) that extrafamilial abuse was almost double the incidence of intrafamilial abuse. No race differences were found in the rate of incest, but Blacks were more likely to report increased incidence of perpetrators living in the same household. This suggests that even within two-parent families, race differences in family structure may be important. Investigation of incest should be considered carefully in light of possible race differences in definitions of kin, for example, particularly among Blacks, “aunts” and “uncles” may include close family friends (Stack, 1974). Our absence of racial differences in the rate of rape contrasts with reports of Wyatt and colleagues (1999) that White women who had experienced CSA were more likely than Black women to have been raped. However, in Wyatt’s earlier study (1985), about one third of the women experienced rape, with no racial differences. This finding is just slightly greater than our prevalence of rape at 28.0%. The rate of experiencing more than one incident (66.4%) is considerably higher in our sample compared to earlier studies, and higher for Blacks than Whites. Only 25% of the CSA in Wyatt’s (1985) study involved more than one incident, and only 40% of women in Wyatt’s 1999 sample (Wyatt et al., 1999) reported more than one CSA incident; furthermore, in the 1999 sample, the majority in each race experienced only one incident of contact abuse on one occasion. Finally, we found Black women more likely to report more than one perpetrator, but the studies reviewed did not report this information.

**Aftermath.** Few race differences in the aftermath of CSA were reported. White women rated the effect of CSA similarly to Black women at the time it occurred but as having a worse impact on their lives overall, in contrast to previous studies (Wyatt, 1990; Wyatt et al., 1999; Wyatt & Mickey, 1988) where no racial differences were found in effect over the long term. Previous studies examining support from adults in the aftermath of CSA employed substantially different questions from those included in this study; thus, findings are not available for comparison.

Although we found no racial differences in whether anyone knew of the abuse at the time it occurred, it is interesting to note that half of these women reported that no one knew of the CSA when it occurred, meaning that they had to deal with the experience alone. Only one quarter reported that anyone helped after learning of the abuse.
Limitations and Strengths

Because we examined only women born in the United States, with parents born in the United States, findings cannot be viewed as representative of the general population. Furthermore, these were women who grew up in two-parent families; thus, findings cannot be generalized to Black women or White women who were raised in one-parent families. Although we did not recruit a random sample and face-to-face interviews required local participants, these limitations were somewhat mitigated by recruiting a heterogeneous, community-based sample. This retrospective design has limitations; however, the utility of retrospective reports of early childhood experience is supported by empirical studies demonstrating the value of interviews in eliciting a previously hidden history of assault (Jacobson & Richardson, 1987) and the accuracy of remote memory, especially for particular events (Howes & Katz, 1992). Furthermore, participants were blind to the focus of the research on CSA, and considerable attention was paid to minimizing the problems inherent in retrospective data, including the use of siblings as collateral informants and multiple methods and measures. Although the study was sufficiently powered to detect an odds ratio as low as 2.1, the results for the predictors assessed in Table 2 fell below this cutoff, which may account for some of the nonsignificant findings for race and other predictors of CSA. Finally, it is important to note that study participants were reporting abuse that occurred some years ago. Further research is needed to understand how CSA may have changed.

Clinical Implications and Research Directions

Our findings that most girls reported no adult support at the time of the abuse suggest that education for both races is warranted: Families and communities could learn more about CSA prevalence, high-risk situations, and the need for support for those who experience CSA. Furthermore, intervention efforts should take note of the findings that the vast majority of our sample reported CSA occurring during the elementary school years and that perpetrators were rarely strangers. As Fontes, Cruz, and Tabachnick (2001) point out, understanding the dynamics of abuse in various racial groups will enable clinicians and researchers to design prevention programs that target particular audiences and specific risk factors rather than providing generic guidelines. As our findings suggest, understanding the effect of family structure on the occurrence and nature of CSA may further assist this goal.

Although this study adds to the body of knowledge about racial differences in CSA, replication in a national probability sample is needed. The race differences we found were not large but may be meaningful nevertheless; our study would enable others to estimate the effect sizes needed to examine race differences in many aspects of CSA.

Because previous studies found few differences in CSA by race, we hypothesized that the prevalence of CSA would not vary by race, particularly given our inclusion criterion of two-parent families. Instead, we found that the prevalence of CSA was higher for Black women, although attenuated after further controls for family structure. Even within two-parent families, then, structural differences are important to consider. This is particularly important because for many decades in the United States, a significantly greater percentage of White children than Black children has lived with two biological parents. Without samples that control for these variables, racial differences in CSA prevalence could be exaggerated, leading to erroneous conclusions that could affect clinical practice related to screening and intervention, program planning, and resource allocation.

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