Considering culture and oppression in child sex abuse: Puerto Ricans in the United States.

Lisa A. Fontes
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CONSIDERING CULTURE AND OPPRESSION IN CHILD SEX ABUSE:
PUERTO RICANS IN THE UNITED STATES

A Dissertation Presented
by
LISA A. FONTES

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of
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May 1992
School of Education
CONSIDERING CULTURE AND OPPRESSION IN CHILD SEX ABUSE:
PUERTORICANS IN THE UNITED STATES

A Dissertation Presented
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LISA A. FONTES

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To all those who work to eliminate family violence
ACKNOWLEDGEMENTS

First I would like to express my gratitude to the participants interviewed in the study, who so bravely opened windows for me into the stories of their lives and their therapy.

I would also like to thank my committee. I have felt valued, not diminished, during this dissertation process. María Amparo Cruz-Saco has helped me hone in on important conceptual areas which I otherwise would have missed. Brunilda De León has frequently offered inciteful critiques as well as words of personal concern when I needed them most. Gretchen Rossman has been more than a mentor. She has been both a model and an unwaivering guiding light for me as I have discovered and carved out a path of qualitative study.

Whatever professional voice I may have developed is largely due to the nurturance of Jay Carey, who has taught, supported and challenged me in untold ways over the last four years. He has variously been my instructor, my supervisor, my confidante, and my advisor. He has encouraged me to take chances in writing, teaching and presentations, and has restored my confidence when it has faltered.

I would like to thank the other members of my comunidad, for their brunches, critiques, and faith in me.
Thanks to Gerry Weinstein for generously sharing his computer expertise. Thanks to Janine McGill-Roberts who originally inspired me to work with families and continues to inspire me. Most special thanks to Evelyn Brooks, Linda Baker and América Facundo, hermanas in dissertations and in life. Thanks also to Shepard Aronson and Muriel Fox, whose loving parenting has given me the strength to face violence in other families.

Obrigada to Ana Lua and Marlena Fontes, who help me remember what is important. I am most deeply grateful to Carlos Fontes, who has been so patient, so good-natured and so understanding for all these years. I will try my best to do the same for you, querido.
ABSTRACT

CONSIDERING CULTURE AND OPPRESSION IN CHILD SEX ABUSE: PUERTO RICANS IN THE UNITED STATES

MAY 1992

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The field of multicultural counseling stresses the impacts of ethnic culture and oppression on clients, counselors, and counseling situations, while writings on child sex abuse have largely neglected these issues. This dissertation provides a theoretical integration of basic concepts from multicultural counseling with issues in the prevention, understanding and treatment of child sex abuse. This dissertation also includes a study of the impact of culture and oppression in therapy for child sex abuse for members of a specific ethnic group—low-income Puerto Ricans in the United States.

For the study, psychotherapists who have experience working with low-income Puerto Ricans on issues of child sex abuse, and Puerto Rican women who were sexually abused as children were interviewed about the therapy in which they have participated. The report focuses on impediments
to disclosing sexual abuse for Puerto Rican children and their families. Factors related to Puerto Ricans’ status as an oppressed minority in the mainland United States, including discrimination, poverty and lack of bilingual services, are identified as making it difficult for Puerto Rican children to disclose. In addition, aspects of Puerto Rican culture including the widespread use of corporal punishment, the high value placed on virginity, and taboos around discussing sexuality are identified as further hindering disclosures.

Suggestions for facilitating disclosures in this population include increasing the number of well-trained bilingual people in education, medicine, and social services; increasing the quality and availability of sex education in the schools; and providing training on child sex abuse prevention and detection to members of Puerto Rican communities.

The implications of considering culture and oppression in our understanding of child sex abuse are outlined for theory, research and psychotherapy.
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CHAPTER 1

TOWARDS AN ECOLOGICAL VIEW OF CHILD SEX ABUSE

The literature on child sex abuse has typically focused on individual or familial aspects of the abuse. While increased attention is being paid to "systemic" thinking about abuse (Trepper & Barrett, 1989), the field still lacks a theoretical model with which to integrate examinations of the influence of ethnic culture and the wider society—as well as the family and the individual—in the occurrence and treatment of child sex abuse.

This paper outlines an elementary ecological model for understanding child sex abuse. Ecological models provide structures for discussing diverse literatures on complex social phenomena (Belsky, 1980). Ideally, ecological models enable us to consider diverse and even contradictory theories and findings, facilitating both/and discussions, rather than either/or discussions which reduce complex social phenomenon to simplistic explanations. Ecological models may be seen as antidotes to linear thinking which often reduce multi-determined phenomena to singular causes. With ecological models, multiple circumstances can be seen as contributing interactively to produce outcomes.

Here, representative works on child sex abuse are reviewed for their emphases within an ecological
framework. Implications for research, theory and practice are presented.

The Ecological Perspective

An individual can be seen as nested in various layers of social domains that are highly interconnected and interactive. (see figure 1). The individual level consists of the experiences and characteristics of the individual, which may include interpersonal experiences such as a history of abuse, as well as personal conditions such as developmental level or health. The family level includes the victim or offender's family history, the interactions of family members, as well as family beliefs, norms and practices. The level of ethnic culture consists of the parts of an individual or family's culture which stem from the ethnic community in which they are embedded, or which they have brought with them after a migration. The nature of this ethnic culture is likely to be influenced by factors including geographic origin, class, religion, language, degree of acculturation and treatment in the dominant culture. The level of the wider society includes both social institutions, such as the legal system, and social forces, such as poverty and discrimination. Although the wider society is broader than the previous levels, it is important to note that the wider society does not have a uniform impact on
Figure 1. The levels of social domains.
individuals, families, and members of ethnic cultural groups. That is, some aspects of the wider society, such as racism, may have a large impact on some individuals, families and ethnic groups, while it has a much smaller impact on others.

It is impossible to delineate precisely the boundaries between the levels. For example, if a low-income Puerto Rican woman who is a victim of child sex abuse shows low self-esteem, we probably cannot attribute this solely to her individual history, or her family, or ethnic cultural values, or the "triple whammy" of sexism, racism and classism in the wider society. Most likely, all these levels contribute and it is impossible to tease out their influences. However, even without precisely identifiable boundaries, these levels are useful constructions which enable us to detect differing emphases in the literature. They also call our attention to areas which have been largely neglected in the study of child sex abuse.

While ecological models have been developed for the study of a variety of problems in the social sciences, there is no consensus as to the names or definitions of the various levels. Some writers have discussed ecosystems composed of microsystems, mesosystems, exosystems and macrosystems (Tan, Ray & Cate, 1991).
Belsky (1980) delineated individual, family, community and cultural factors in the physical abuse of children. Belsky presented culture as the most-encompassing level, assuming that culture is uniform for everyone. With the term "culture," then, he was referring to the dominant culture or the culture of the wider society, although he did not identify it as such.

Family therapists discuss the identified patient, the family system, and more rarely, "the socio-cultural context of which the family is part" (Schwartzman, 1983). Some family therapists distinguish between the ethnic culture of the family and the influences of the institutions of the wider society, or the "wider social context" (e.g. Imber-Black, 1986). However, discussions of these various levels have not been integrated in family therapy in regard to the sexual abuse of children.

Writers in multicultural counseling and psychology have traditionally focused on characteristics of specific ethnic cultures, and also on how oppression affects individuals. Increasingly, they are turning their attention to families (e.g. Weiner, 1983).

Most of the writing on child sex abuse has focused on the inner two levels--the levels of the individual and the family. This paper redirects attention to the outer two levels of ethnic culture and the wider society, so child
sex abuse can be understood within its wider ecological context.

The Literature on Child Sex Abuse

Individualist perspectives

Most psychological literature views child sex abuse from what I will call an "individualist" perspective, where the background or actions of the individual and the well-being of the individual are in high relief and all else is treated as background, if it is mentioned at all (see Table 1). The individuals discussed include victims, offenders, and non-offending parents, and they are studied as individuals. This emphasis on the individual is not surprising considering the strong sense of individualism that characterizes the dominant culture in the United States and which has characterized Western psychology since its inception (see Pedersen, 1987).

Many of the groundbreaking early works on child sex abuse discussed its occurrence and treatment from this individualist perspective. In this vein, Gelinas (1983) explicated some of the psychological sequelae of incestuous abuse for victims, including sexual dysfunctions, depression, poor self-esteem, substance abuse, anxiety, somatic complaints, learning disabilities, chronic traumatic neurosis and relational imbalances.
### Table 1. Representative Individualist Perspectives on Child Sex Abuse

<table>
<thead>
<tr>
<th>Report</th>
<th>Type</th>
<th>Treatment of Ethnicity</th>
</tr>
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<tbody>
<tr>
<td>Alexander, Neimeyer &amp; Follette (1991)</td>
<td>Study comparing the effectiveness of two types of group therapy for adult female incest victims</td>
<td>White 76%, Black 34% Findings not analyzed for ethnicity or culture</td>
</tr>
<tr>
<td>Bass &amp; Davis (1988)</td>
<td>Popular guide for women survivors of child sex abuse including survivors' own words</td>
<td>Survivors are sometimes identified by ethnicity; references to impact of group membership &amp; culture</td>
</tr>
<tr>
<td>Conte &amp; Schuerman (1987)</td>
<td>Study of factors influential in the impact of sexual abuse on child victims</td>
<td>Ethnic composition of sample not mentioned</td>
</tr>
<tr>
<td>Dolan (1989)</td>
<td>Case report on individual therapy for adult incest victim</td>
<td>Ethnicity &amp; culture not mentioned</td>
</tr>
<tr>
<td>Gelinas (1983)</td>
<td>Theoretical framework for understanding effects of incest</td>
<td>Ethnicity &amp; culture not mentioned</td>
</tr>
<tr>
<td>Russell (1986)</td>
<td>Prevalence study of San Francisco women; researcher &amp; respondent matched for race &amp; ethnicity</td>
<td>Sample: White 67%, Asian 12%, Black 10% Latina 7%, Other 4% Compares groups; ethnicity is treated as demographic factor</td>
</tr>
</tbody>
</table>
Numerous research reports, case studies and theoretical writings continue to emerge from the individualist perspective. Most of these fall into the categories of prevalence research (Finkelhor, Hotaling, Lewis & Smith, 1990; Russell, 1986), profiles of the effects of sexual abuse on victims or their characteristics after disclosure (Gelinas, 1983; German, Habenicht & Futcher, 1990); case reports of treatment (Dolan 1989; Lindahl, 1988); accounts by victims/survivors themselves (Bass & Thornton, 1983; Randall, 1987); and suggestions for treatment in individual therapy (Dolan 1991) or group therapy (Alexander, Neimeyer & Follette, 1991).

There is also a growing body of individualist work on offenders' sexual and personal history (Ryan, 1988); their thinking about the abuse (Conte, Wolf & Smith, 1989); their sexual arousal patterns (Travin, Bluestone, Coleman, Cullen & Melella, 1985); and treatment approaches aimed at ending their offending behaviors (Wheeler, Hanson & Berry, 1989).

Recently, works are beginning to emerge which take an individual perspective and consider the ethnicity or race of the individual as important characteristics. These works will be discussed in the section on cultural perspectives.
The individualist works have opened windows into the intrapsychic world of sexual abuse victims and offenders, and have laid the groundwork for building models of therapy for people affected by child sex abuse, including brief individual treatment (Dolan, 1989), long-term individual treatment (Courtois, 1988), and group therapy (Alexander, et al., 1991). These works often mention how an individual affected by sexual abuse interacts with family members, but they rarely discuss the ethnic cultural context in which the abuse and treatment occur. Discussions of the wider society are usually limited to critiques of the role of representatives of some social institutions--such as the child protective system--in the recovery of individual victims or offenders (e.g. Johnson, Owens, Dewey & Eisenberg, 1990).
Family Perspectives

With the rise of systems theory and family therapy, a large number of studies and treatment models for child sexual abuse have emerged which take the family—rather than the individual—as the unit of analysis (see Table 2).

Some investigations rely on victims' accounts of their families. Herman (1981) used the recollections of adult daughters who were in psychotherapy to compare forty families where incest had occurred with twenty families where fathers had acted seductively but had not touched their daughters. Herman identified certain family characteristics that—when they appear together—seem to make father-daughter incest more likely to occur. These include: a patriarchal structure where physical and economic control rests with the father and where sex roles are rigidly and traditionally defined; conservative religious attitudes and sexual morality including a rigorous double standard of sexual behavior; and families where the mothers have been "rendered unusually powerless, whether through battering, physical disability, mental illness, or the burden of repeated childbearing" (p. 124).

Other works have used information garnered from treatment providers and/or members of the family other than the victim to describe and explain the structure of incestuous families (Trepper & Barrett, 1989); the
<table>
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<th>Report</th>
<th>Type</th>
<th>Treatment of Ethnicity</th>
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<tbody>
<tr>
<td>Barrett, Trepper &amp; Fish (1990)</td>
<td>Theory &amp; treatment suggestions for feminist family therapy for incest</td>
<td>Ethnicity &amp; culture not mentioned</td>
</tr>
<tr>
<td>Everstine &amp; Everstine (1983)</td>
<td>Theory and treatment suggestions for working with families with incest</td>
<td>Ethnicity &amp; culture not mentioned</td>
</tr>
<tr>
<td>Fish &amp; Faynik (1989)</td>
<td>Theory and treatment suggestions for working with families with incest</td>
<td>Ethnicity &amp; culture not mentioned</td>
</tr>
<tr>
<td>Gelinas (1986)</td>
<td>Recommendations for clinical work with families with incest</td>
<td>Ethnicity &amp; culture not mentioned</td>
</tr>
<tr>
<td>Herman (1981)</td>
<td>Study on families with &quot;overt&quot; and &quot;covert&quot; incest using adult daughters' reports</td>
<td>Sample: Whites only</td>
</tr>
<tr>
<td>Johnson (1989)</td>
<td>Case study &amp; theory on integrating marital &amp; individual therapy for incest survivors</td>
<td>Ethnicity &amp; culture not mentioned</td>
</tr>
<tr>
<td>Sirles, &amp; Sirles &amp; Lofberg (1990)</td>
<td>Study on mothers' reactions to incest and divorce following disclosure of incest (respectively)</td>
<td>Sample: White 68% Black 31% Biracial 1% Results not analyzed by race</td>
</tr>
<tr>
<td>Trepper &amp; Barrett (1989)</td>
<td>Theoretical model of systemic treatment for families with incest</td>
<td>Therapists are instructed to avoid thinking that certain groups are more prone to incest than others</td>
</tr>
</tbody>
</table>
possible contributions of different family members to the occurrence of incest (Everstine & Everstine, 1983); and the characteristics which may influence a family's denial of the abuse (Sirles & Franke, 1989).

In a series of publications, Trepper & Barrett have developed a Vulnerability to Incest Model (Trepper & Barrett, 1986) in which they posit that individual, family and socioenvironmental "vulnerability factors" seem to make some families more vulnerable to incestuous abuse. They suggest that these vulnerability factors interact with "precipitating factors" (e.g. alcohol abuse) and coping factors (e.g. the strength of the mother-daughter bond) to influence whether the abuse will occur (Barrett, Trepper & Fish, 1990; Trepper & Barrett, 1989). This model is truly systemic in its integration of individual and family factors, but largely neglects ethnic culture and societal variables.

In the writing on child sex abuse from a family perspective, ethnic culture is rarely mentioned, and when mentioned is not explored in depth. Discussions of the influences of the wider society are usually confined to criticisms of institutions of the wider society, such as the child protective agencies (see Webb-Woodard & Woodard, 1983). Ideologies of the wider society are sometimes criticized in the conclusion sections, where assertions are made about how the patriarchal domination of women and
children in the wider society provides a context that may facilitate the sexual abuse of children within families. How this might happen has not been researched or explained in depth.

Cultural Perspectives

Many of the writers on child sex abuse do not even mention the race or ethnic background of the people discussed (e.g. Berliner & Conte, 1990; Gelinas, 1983; Johnson, Owens, Dewey & Eisenberg, 1990) while others "control for ethnicity" by restricting their studies to White non-Hispanic participants (e.g. Herman, 1981). Until recently, most of the major works on the occurrence and treatment of child sex abuse in the United States were written by White non-Hispanic investigators and psychotherapists based on research and clinical practice primarily with White people. This has led to generalizations about the sexual abuse of children which may or may not apply to members of groups excluded from the original research.

Some studies do include race or ethnicity in their analysis, but usually as no more than a demographic variable to describe individuals (see Table 3). These studies are usually quantitative and focus on the relative prevalence of different types of abuse among groups (e.g. Cupoli & Sewell, 1988; Finkelhor et al., 1990; Russell,
<table>
<thead>
<tr>
<th>Report</th>
<th>Type</th>
<th>Cultural Perspectives on Child Sex Abuse Treatment of Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Korbin (1981)</td>
<td>Edited collection of anthropological works on child abuse &amp; neglect in Africa, Asia &amp; Latin America</td>
<td>Cultural values are discussed within each report and compared to the U.S.</td>
</tr>
<tr>
<td>Langness (1981)</td>
<td>Study of childrearing in tribal New Guinea, including possibly abusive initiation rites &amp; practices</td>
<td>Values &amp; childrearing practices among New Guinea tribes are compared to each other &amp; to the U.S.</td>
</tr>
<tr>
<td>Russell, Schurman &amp; Trocki (1988)</td>
<td>Comparison of effects of incestuous abuse on African-American and White women</td>
<td>Same data as Russell (1986); race is used as a demographic label (groups are compared but their cultures are not)</td>
</tr>
<tr>
<td>Wyatt (1985)</td>
<td>Prevalence study comparing experiences of African American and White women in Los Angeles; researchers &amp; respondents matched for race</td>
<td>Sample divided evenly between African American &amp; White women; groups matched for marital status, children &amp; education. Sexual abuse risk similar for both groups.</td>
</tr>
</tbody>
</table>
1986; Wyatt, 1985). When the studies are viewed together, the data often appear contradictory, partly due to the wide variation in research methods and definitions of child sexual abuse employed by different researchers (see Wyatt & Peters, 1986 a & b).

In one of the better studies of this type, Russell (1986) studied an ethnically-diverse sample of 930 female San Francisco residents and performed unusually detailed analyses of the different characteristics of abuse for members of five groups which she labelled: White, Latina, Afro-American, Asian and other. She found evidence of possible differences in prevalence, degree of reported trauma, relation of offender to the victim, and other characteristics. While trying to make sense of these apparent differences, she acknowledged the limitations of her study in drawing intergroup comparisons and called the investigation of cultural and ethnic differences in child sex abuse "a seriously neglected area in the field" (p. 112).

Russell's study and most others which identify participants' groups by race or ethnicity are characterized by two types of "ethnic lumping." In the first, one subgroup is considered representative of a collection of diverse peoples. In the second, diverse sub-groups are collapsed into broader categories of questionable validity. As an example of the first case,
some of the best studies on sexual abuse have been conducted in Texas or California, where the "Hispanics" interviewed are likely to be of Mexican-American or Mexican origin (Kercher & McShane, 1984; Russell, 1986). It is not known how relevant these findings on "Hispanics" are for the largely Puerto Rican population of New York or the largely Cuban population of Florida. Researchers would do well to identify more precisely the ethnic or national origin of the participants, and label findings as pertaining to Mexican-Americans, for instance, rather than "Hispanics."

As an example of the second type of "ethnic lumping" where diverse groups are collapsed into large categories, people of Japanese, Chinese, Korean, Filipino, Pacific Island, Vietnamese, Cambodian, East Indian and other origins who speak different languages, practice different religions, have been in the United States for differing lengths of time, and have differing degrees of acculturation are usually classified as "Asians" and conclusions are drawn about this category without establishing whether "Asians" is a valid construct in regard to social phenomena (Shon & Ja, 1982).

Ethnic lumping obscures the differences among the widely-varied groups that fall under these general names. In the rare cases where these large categories have been broken down and the component parts studied separately,
some differences have been reported within subgroups. For example, Finkelhor et al. (1990) found that men who reported English or Scandinavian heritage were at higher risk for being abused than men of other ethnic backgrounds. This suggests that there may be wide variations within broad categories, and intergroup comparisons based on studies characterized by ethnic lumping should be viewed with caution.

A small number of recent works have identified some of the concerns of members of specific groups in the occurrence or treatment of child sex abuse. Russell, Schurman & Trocki (1988) compared the long-term effects of incestuous abuse for African-American and White American victims, and reported a variety of intergroup differences in the reported severity of the abuse, the degree of resulting trauma, the degree of force used and the identity of the offenders, although there were no statistically significant differences in the reported prevalence of incestuous abuse.

Long (1986) considered culture the way an anthropologist might, discussing attitudes, values and expectations in regard to intrafamilial abuse. She reported on cases of sex abuse and how they were handled in small rural White communities and on a Native American reservation. She concluded:

The impact of subculture--specifically, commonly held sets of values, beliefs, and attitudes--upon
intrafamilial abuse situations is significant. Abuse occurs within a context of community standards with regard to that which is acceptable or unacceptable in the way of impulse control, punishment, and retaliation (p. 136).

Shw went on to urge human service professionals to construct treatment strategies that carefully balance the need to protect victims and restrain offenders with the need to achieve "fit" between interventions and their cultural context.

Carter and Parker (1991) conducted research on intrafamilial sexual abuse in Native American families by interviewing three counselors from the Division of Indian Wards and analyzing file information from that organization. They emphasized that fear of (White) authorities, and particularly child protection agencies, can lead to inadequate reporting and handling of incest on reservations.

Fontes (1991) described how factors related to oppression (e.g. discrimination and poverty) and culture (e.g. the valuation of virginity, the use of corporal punishment) seem to impede disclosures of child sex abuse among low-income Puerto Ricans in the United States. She urge consideration of oppression and cultural variables throughout all the stages of the prevention and treatment of mild sex abuse.

Small publications oriented to members of specific ethnic groups have begun to address experiences of sexual
abuse. An example of this is a report in an issue of the Jewish feminist publication, *Bridges*, on a roundtable of Jewish women who discussed their experiences of incest (Bridges, 1991).

There is also a small but growing body of literature on international issues in child sex abuse. These range from attempts to build international support for the elimination of the sexual abuse of children (Finkelhor & Korbin, 1988); to reports on how the social service systems in other nations handle cases (Liakopoulou & Xypolyta, 1989); to anthropological studies on how sexual practices involving children are seen in other cultures (Korbin, 1981).

Many of these international studies have been conducted in societies that are vastly different from that of the United States, like the Langness (1981) study of child abuse and cultural values in initiation rights in New Guinea. Despite the "exoticism" of their contexts, these studies are relevant to the understanding of culture in the occurrence and treatment of child sex abuse in the United States because of the way they highlight culture. For example, ritually sodomizing young boys to make them into men would be an illegal form of sexual abuse throughout the United States, although such a practice is considered not only acceptable but also necessary if a boy is to become a man among certain tribes in New Guinea.
(Langness, 1981). On the other hand, the common United States practice of using suggestive photographs of prepubescent girls to sell products would undoubtedly be considered sexual abuse in some cultures, as would the apparent official indifference to the runaway and throwaway children who solicit sex in exchange for money on the streets of New York and other major U.S. cities. The international anthropological studies provide numerous details on the cultural variability of sexual practices and definitions of abuse. Such studies can help us identify and cope with more subtle forms of cultural variability within the United States.

The existence of cultural variability in the acceptance of sexual practices with children does not mean that "anything goes" as long as the locals approve, according to Finkelhor & Korbin (1988). They suggest that the following definition of sexual abuse should be acceptable across cultures:

Sexual abuse is defined as any sexual contact between an adult and a sexually immature (sexual maturity is socially as well as physiologically defined) child for purposes of the adult's sexual gratification; or any sexual contact to a child made by the use of force, threat, or deceit to secure the child's participation; or sexual contact to which a child is incapable of consenting by virtue of age or power differentials and the nature of the relationship with the adult. (p. 8)

Inevitably, this definition relies on terms which are apt to be open to various interpretations. For example, "sexual contact" does not seem to include the
photographing of children for pornography, although most people would consider this sexual abuse. It is still not clear how the international community will respond to Finkelhor and Korbin's definition of child sex abuse.

Little is known about how ethnic culture, as manifested in beliefs and everyday practices, influences the meaning people in the United States make of their experiences of sexual abuse, or how culture enters into psychotherapy for child sexual abuse. While this is most obviously true for members of minority cultural groups in the United States, it is also true for members of the dominant culture. Indeed, I know of no study that examines how White Anglo-Saxon Protestant norms of decorum and censoring of strong emotions impacts on therapy for child sex abuse for members of the dominant culture.

**Wider Social Perspectives**

A small number of studies and theoretical works have linked the occurrence, disclosure or treatment of child sex abuse with institutions or trends in the society at large (see Table 4). Finkelhor (1982) discussed the possible relationship of child sex abuse with wider social trends including social isolation, patriarchal authority, divorce, the sexual revolution and male sexual socialization. Williams (1986) discussed how historical exploitation and particularly slavery have led to a view
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<td>Finkelhor (1982)</td>
<td>Discussion of trends including social isolation, divorce, patriarchy &amp; sexual norms &amp; their possible influence on the occurrence of sexual abuse</td>
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<td>Finkelhor &amp; Korbin (1988)</td>
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<td>Gavey, Florence, Pezaro &amp; Tan</td>
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<td>Webb-Woodard &amp; Woodard (1983)</td>
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<td>Williams (1986)</td>
<td>Theoretical, legal &amp; historical discussion of rape &amp; race</td>
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of African-American women as legitimate victims of sexual assault, and to legal and social service systems that are less responsive to African-American women who are sexually assaulted than to White women. Browne (1991) discussed the need for institutions of the wider culture such as hospitals, schools and police to open clear pathways from disclosure to assistance and relief for victims of violence.

Carter and Parker (1991) addressed the influences of the dominant White society on the occurrence of incest for Native American families. They characterized incest as "one symptom of the systemic deprivation of Indian families" (p. 107). They hypothesized that the common practice of separating Indian children from their families and placing them in boarding schools and non-Indian foster homes over the last few generations may have created vulnerability to sexual abuse in Native American families in two ways. First, because today's parents may lack knowledge of appropriate parenting due to this early deprivation; and second, because today's parents may be more likely to have been sexually abused themselves while separated from their families.

Sommers-Flanagan & Walters (1987) assert that societal trends lead to individual personality characteristics that facilitate the occurrence of incest.
They provide a sociohistorical view of the idea that men own their wives and children, writing:

This familial claiming of ownership of another human being is a particularly dangerous form of the process of dehumanizing a person. The owned person is not only dehumanized and thereby disallowed normal human needs, reactions, and pain, he or she also becomes a tool in the scheme of the owner's existence. The owner claims the right to pursue the meeting of his or her needs via any tools at his or her disposal. This may include aggressive acts that would be totally unacceptable to the perpetrator had he or she not dehumanized the victim by a societally approved, or at least tolerated, form of ownership. (p. 171).

To reduce the occurrence of incest, they recommend challenging general societal patriarchal assumptions, and educating children and re-educating aggressors to have empathy for others. Their analysis, then, concerns the impact of the wider society on individual beliefs and actions which determine certain family structures. Ethnic culture is not discussed.

Conclusion and Implications

Here I have grouped representative works on child sex abuse according to their emphases within an ecological framework. I have shown how most works confine themselves to one or two levels of analysis, and often ignore the other levels, and disregard the interactions between the levels. Ethnic culture and the wider society are the most neglected levels in the literature on child sex abuse. This has implications for research, theory and practice.
Research is needed using various methodologies to investigate almost all aspects of culture and sex abuse. Information on comparative rates of prevalence is still lacking for many populations in the United States, including male victims, and the ethnic cultural subgroups that are usually lumped into the classifications of Asians, African-Americans, Whites, Native Americans, and Hispanics. These prevalence studies may help determine if there are different patterns of sexual abuse among different groups which necessitate the design of prevention and treatment programs geared towards specific needs. As mentioned above, some of these categories are of questionable validity themselves. Studies which investigate differences in prevalence within each of these broader categories (e.g. between Puerto Rican Americans and Mexican Americans, or between first generation and second generation immigrants) may also yield important information.

While this prevalence data is important, there is also an aching need for qualitative data, including information on factors affecting disclosure for different groups (Fontes, 1991; Wyatt, 1990); information on how cultures create contexts which may facilitate the sexual use of children by adults; information on how oppressive forces in the wider society interact with ethnic culture in the occurrence and treatment of child sex abuse; and
information on how other issues of group membership including class, sexual preference and gender interact with ethnic culture in sexual abuse. Qualitative investigations and clinical case reports on victims and offenders from different groups would begin to fill some of these large gaps.

Along with a general lack of information on the effectiveness of treatment programs (Kolko, 1987), there is a glaring need for information on the effectiveness of treatment programs with victims and offenders, individuals and families, from specific groups. It has been hypothesized that culturally-sensitive approaches reduce the therapy dropout rate for clients who are members of minority groups (Sue et al., 1982). We still do not know how to design culturally-sensitive therapy for issues of child sex abuse. Culturally-sensitive treatment of offenders may be one as-yet untried way to increase the effectiveness of offender programs.

I believe that a greater diversity of writers in the field of child sex abuse will lead to consideration of issues of cultural diversity which affect members of various groups. The American Professional Society on the Abuse of Children (APSAC) has added its institutional legitimacy to this aim by developing a People of Color Leadership Institute (POCLI) to train leaders in the child abuse field who are knowledgeable about and sensitive to
the concerns of various groups of people in the United States (Thomas, 1991).

Researchers and therapists must pay close attention to the ways they work with members of different groups—including their own—to see how their biases influence research and therapy. Ethnically-diverse treatment and research teams facilitate this process of self-examination. Where the continuous participation of professionals from the group which is being studied or treated is not possible, occasional consultations with an expert from within the group can be helpful (Stevenson & Renard, 1991). Wyatt (1990) discussed the potential importance of matching interviewers and participants for ethnicity in research discussions of sensitive topics.

There is a clear lack of theory to explain how the different levels of social domains interact in the occurrence of child sex abuse. Theory also needs to be developed as to how these social domains might be considered explicitly in prevention and treatment programs.

The literature on child sex abuse is growing at an exponential rate. It is often hard to determine the relationship between the emerging studies, clinical reports and theoretical works. I hope we can better understand the relationships between these works by placing them in an ecological framework. This framework
also highlights what I believe is the next frontier--the unexplored territories of the influences of ethnic culture and the wider society on child sex abuse.
CHAPTER 2
SIX MULTICULTURAL CONCEPTS AND THEIR IMPORTANCE IN THERAPY FOR ISSUES OF CHILD SEX ABUSE

Interest in multiculturalism and in counseling for issues of child sex abuse both emerged from liberation struggles of the sixties, the civil rights and feminist movements, respectively (Barrett, Trepper & Fish, 1990; Jackson, 1990). These roots are reflected in both field's continued concerns with issues of power and exploitation in the wider society and in the counseling relationship.

The two fields are highly complementary. Unfortunately, as each has evolved there has been little discussion between them. They are like sisters who were separated in early childhood; they have much in common, there's a striking resemblance between the two, and they could nurture each other tremendously if they could only meet again.

In this chapter I will examine the potential importance of integrating awareness of culture and oppression--basic building blocks of multicultural counseling--into therapy for issues of child sex abuse, whatever the ethnic culture of the client and therapist might be. I will outline the implications of this integration for theory, research and psychotherapy.
From the vast collection of research, case reports and theoretical writings on multicultural counseling written in the last decade, I have distilled six concepts which I believe together form the skeleton which supports the body of multicultural counseling theory. Here these six concepts will be presented, with reference to their relevance for counseling on issues of child sexual abuse.

1) The approaches, techniques and theories of counseling are rooted in assumptions that are not universal, but rather are specific to the culture in which those theories emerge and are promulgated.

Pedersen (1987) outlined frequent assumptions of cultural bias in counseling, including assumptions regarding normal behavior; emphases on individualism, independence and linear thinking; and neglect of group history. Theories of child sex abuse have not been systematically inspected for cultural biases.

As long as they remain unquestioned, assumptions about the nature and treatment of child sex abuse are accepted as if they were universally-applicable givens, when in fact they emerge from the worldview of the dominant culture. Some of these assumptions include: that the participants in abusive situations may be dichotomized into victims and offenders; that the abusive events can be seen separately from the rest of the client's life; that
it is useful to "recover lost memories" and "get in touch with feelings" about the abuse; that there is a need to "heal" or "recover" or make the transition from "victim" to "survivor"; that a psychotherapist is the appropriate guide for this journey; and that conversation is the medium which is uniquely suited for this healing process.

2) Ethnic culture is an important part of how we learn to be who we are and who we should be in the world, and therapists who ignore this are not fully-understanding their clients and may do them harm.

Proponents of this position hold that ignoring cultural factors in psychotherapy "is an indication of our cultural-blindness--an insensitivity based in part on our false melting-pot ideology" (Spiegel, 1982, p. 47). Therapists who are not aware of the influences of their own or the client's ethnic culture can seriously compromise the therapy. "Misunderstandings can oftentimes arise from cultural variations in communications that may lead to alienation and/or inability to develop trust and rapport" (Sue et al., 1982).

Writers on multicultural counseling have emphasized that failing to consider the client's culture is not a neutral act of omission, but may actively cause harm by widening cultural rifts between family members who have different levels of acculturation, cutting clients off
from important sources of support in their own communities, alienating clients who are in need of services, and encouraging disclosure about the self or family which may not only be culturally dystonic, but may also bring about deep feelings of shame in the client (McGoldrick, Pearce & Giordano, 1982).

Cultural understanding is especially crucial in therapy around issues of child sex abuse for several reasons. First, the importance of establishing rapport and trust cannot be overemphasized, since helping the client experience a relationship of trust which does not end in abuse may be the prime objective of therapy (Catherall, 1991); second, the meanings ascribed to the abuse and its implications for the future are highly embedded in cultural values and norms (Fontes, 1991); and third, child sex abuse is an area where issues of deeply-rooted family values and loyalties are apt to come to the fore (Gelinas, 1986).

3) Ethnic culture influences how people make meaning of events.

Multicultural theorists stress that the meaning a therapist ascribes to an event is likely to differ from that of the client (Sue, 1981) and that similar events will be "read" differently by people, depending in part on their ethnic culture (McGoldrick, 1982). They suggest
that therapists inquire as to the meanings clients give events, and regularly "check out" their own ascriptions of meaning with the client. Anything less is an indication of ethnocentric bias.

The meanings ascribed to emotion-laden areas such as sexuality and violence are apt to be heavily influenced by the culture of those involved (Ortner & Whitehead, 1981). The domains of interest include gender roles, culturally-constructed views of "natural" sexuality, patterns of help-seeking, and culturally-mediated expressions of pain. While the child sex abuse literature has acknowledged a great variety of responses to sexual assault, it has failed to consider the role of ethnic culture in shaping these responses.

The enormity of the potential cultural gap was illustrated quite graphically for me recently when I accompanied a group of Peruvian women on a tour of a rape crisis center in the United States. One of the visiting women asked, "Don't you encourage the rapist to marry the girl to restore her honor?" By the stunned expressions on the faces of the center personnel, it became clear to me that although the center was located in a university community with a large number of international students, the staff was not prepared to face such different assumptions about the nature of sexual assault and its remedies. If the woman had been a client of the center,
it is likely that she would not have experienced a good fit between her needs and the center's offerings, due to the enormous cultural differences between them.

4) Therapists should look constantly engage in critical self-examination, to learn about how their attitudes towards clients are influenced by factors related to their own and the clients' group identities.

Multicultural theorists encourage therapists to reflect on themselves and how their own ethnic, class and gender backgrounds impact on their values and behavior. As an example, Espín (1979) wrote:

If counselors can acquire a greater understanding of their own ethnicity and its overt and covert influences on their personalities and interpersonal styles, they will be better able to recognize the ways in which ethnic background influences different individual behavior, peer interaction, values and life goals. (p. 1)

Therapists who work with issues of child sex abuse would do well to follow this advice and hold mirrors up to themselves to search continually for the influences of their own backgrounds and biases.

The clinical literature on child sex abuse has largely concerned itself with questions of method or technique (e.g. how to create trust, how to form support groups, how to help clients handle flashbacks); and management of the therapeutic relationship (e.g. how to create "safety" while establishing appropriate boundaries,
how to handle expressions of anger in session). While the literature has discussed countertransference in terms of the intensity of emotion experienced by some therapists handling this issue, or the tendency to identify overly-strongly with one or more family members (Reynolds-Mejia & Levitan, 1990), or the special concerns of therapists who were themselves were abused as children (Fontes, 1991), it has been somewhat negligent in addressing the ethnic, class, gender, and other lenses which all therapists brings to sessions. I have not seen a call for the systematic examination of sources of countertransference like that which is recommended as a routine part of multicultural counseling.

5) Therapists need to be aware of how the wider system impacts on clients.

Multicultural counseling theorists have written extensively about the influences of oppression on clients, and how this may manifest in attitudes towards the self (Fulani, 1988), towards family members (Pinderhughes, 1982), towards schools and other institutions (Weiner, 1983), and towards therapy and the therapist, particularly where the therapist is a member of the dominant group (Sue, 1981). They have also written about how important it is for therapists to understand and validate the
battles some clients face every day as members of oppressed groups (Fulani, 1988).

I believe researchers and therapists who work on issues of child sex abuse would benefit greatly from this integration of the personal and the political. Although ideas of "empowering the client" are certainly not foreign to literature on the treatment of child sex abuse (e.g. Dolan, 1991; Kreidler & England, 1990), the process of empowerment and the context for the oppression of victims—as victims, as women and children, and/or as members of oppressed minority groups in this country—have not been detailed.

6) It is important to differentiate between ethnic culture and the correlates of oppression, to avoid a deficit-pathology view of members of minority groups.

Writers on multicultural counseling are increasingly distinguishing between characteristics of ethnic culture and the correlates of oppression (De La Cancela, 1991; Facundo, 1990). Much early writing on people of ethnic minority groups (e.g. Lewis, 1969) confounded these two levels and described what were seen as pathological characteristics of minority group cultures, without commenting on the origins of these characteristics or their possible adaptive functions within an oppressive society.
It is crucial that people who research or treat child sex abuse distinguish between ethnic culture and the results of forces in the wider society—like poverty and discrimination—which impact differentially on members of specific ethnic cultures. So, for example, if an African-American woman in Los Angeles decides not to report a rape to the police, this decision may stem from the history of oppressive police brutality against her group, not a culturally-based reticence. Or if a Mexican-American family in Colorado does not enter therapy, this may be due to the unavailability of Spanish-speaking therapists, not a cultural aversion to therapy. If there is a high rate of missed therapy sessions in a poor rural community, this may be due to the oppressive forces of poverty leading to a lack of discretionary funds for transportation and babysitting, not a cultural predisposition for missing sessions. It is easy to construct psychological, familial and cultural explanations for the behavior of members of different groups—particularly for groups other than one's own. However, it is important not to restrict our vision to individual, familial or cultural factors, but also to consider how oppressive social forces impact on us all, and the differing impacts of oppression on members of specific groups. Misidentifying the results of oppression as characteristics intrinsic to a given ethnic culture
leads to victim-blaming and further oppression by therapists (De La Cancela, 1990).

Conclusion and Implications

Here I have shown how six core concepts of multicultural counseling can be integrated into counseling with people affected by child sex abuse. This integration would lead to greater mutual understanding and rapport between the client and counselor, increased self-reflection on the part of the counselor, increased understanding of the range of meanings which clients ascribe to abuse and to counseling, and increased understanding of how oppression impacts on abuse and counseling.

We must study and vigorously discuss the effects of culture and oppression on ourselves, on our clients who have been affected by sex abuse, and on counseling for these issues. The learnings of multicultural counseling must be integrated into the theory and practice of counseling for child sex abuse. Failure to do this will leave us mired in an ethnocentrism which treats White people as if they were generic, rendering the needs of other groups invisible.
CHAPTER 3
TOWARDS CULTURALLY-EMBEDDED FEMINIST THERAPY
FOR CHILD SEX ABUSE

Evidence of increased interest in the diversity of women's experience is emerging from all quarters of the feminist movement. In the past two decades, the universalist, egalitarian assumptions that united some (mostly White, upper middle-class) women is being supplemented by a more-inclusive feminism that acknowledges, studies, and celebrates differences among women (Lerman, 1989). Feminists are beginning to recognize that such acknowledgement in no way impedes, but rather enhances, our ability to unite to bring about positive social change (Zinn, Cannon, Higginbotham & Dill, 1990).

Participating in this trend, feminist therapists have begun to investigate and theorize about the diversity of women's experience (e.g. Comas-Díaz, 1988; Fulani, 1988; Journal of Feminist Family Therapy, 1990). These writings span from feminist discussions of clinical considerations for therapy with members of specific ethnic, class, age, or sexual-orientation groups (e.g. García Coll & Mattei, 1989; Voda, Christy & Morgan, 1991) to theorizations about similarities and differences between therapists and clients (Lerman, 1989); to empirical investigations of
within-group and between group differences (Santos-Ortiz & Muñoz-Vázquez, 1989; Wyatt, 1990). These writings emerge from a variety of theoretical orientations, but all share the basic assumption that multicultural feminist therapy is possible and desireable.

With the impetus provided by the feminist movement, social scientists have feverishly begun to study and work to eliminate the sexual abuse of children. The sheer volume of theoretical, research and clinical reports on this problem is astounding, and testify to the importance and widespread nature of child sexual abuse. However, most of this literature fails to recognize ethnic diversity in child sex abuse victims, offenders, and their therapists, and how this diversity may impact on therapy. Most of this literature also fails to recognize the different ways forms of oppression—such as sexism, racism and poverty—impact on members of specific ethnic groups. (For notable exceptions, see the works of Gail Wyatt, 1985 & 1990). Where ethnicity is studied, it is usually incorporated as no more than a demographic variable. We still have little information on the processes by which ethnic culture and oppression impact on the prevention, occurrence, disclosure and treatment of child sex abuse for members of different groups.

When discussing ethnic culture here, I am referring to the parts of an individual or family's culture which
stem from the ethnic community in which they are embedded, or which they have brought with them after a migration. The nature of this ethnic culture is likely to be influenced by factors including but not limited to geographic origin, class, religion, degree of acculturation and treatment in the dominant culture. In addition, families and individuals reject or adhere to the norms of their ethnic culture(s) to varying degrees depending on numerous factors including their personal history and their degree of acculturation (Berg-Cross, 1990). An ethnic culture is not fixed and immutable, but rather evolves and changes with the changing circumstances of members of a group. I will add here that members of the dominant culture--White Anglo-Saxon Protestants--do have an ethnic culture, but it is so pervasive that it may be difficult for them to recognize. White Protestant values, beliefs and practices undoubtedly impact on their experience of abuse and therapy, and also merit specific study (see Schmidt, 1990).

In this chapter I will present some questions related to the influences of ethnic culture and oppression which are important to consider when researching and especially treating child sex abuse. These questions are designed to help researchers and treatment providers explore the dual impacts of culture and oppression on members of specific ethnic groups. I recommend that readers who work with
members of more than one ethnic group read through all the questions with one group in mind, and then repeat this procedure while considering a second group, and so on. These questions may also be used as starting points for discussions in agencies, training settings, and research teams.

The questions are grouped into four phases: Prevention; Disclosure and Help-Seeking; Treatment Access; and Treatment Quality. These four phases are derived from research I conducted on therapy for child sex abuse with low-income Puerto Ricans in the United States (please see chapter 4). The examples provided here are drawn from this research, and from comments proferred by participants in workshops I conducted on culture and child sex abuse (Fontes, 1991). It is my hope that these questions will raise awareness of the ethnic and oppression contexts in which child sex abuse and therapy for it occur, so the treatment of child sex abuse will address the needs of all people affected by it, and not just those who belong to the dominant culture.

Culture and Oppression Factors in Prevention

1) What is the cultural setting in which the sexual abuse of children occurs for members of this group?

Information about cultural norms around sexuality, gender roles, and children's obedience to authority as
well as other cultural characteristics are undoubtedly relevant to the understanding of child sex abuse in specific ethnic groups. It is possible that cultural variables lead to different prevalence rates, although careful research is needed to tease out the effects of differing willingness to disclose and differing definitions of abuse from different rates of actual behaviors (Wyatt, 1990; Wyatt & Peters, 1986).

Qualitative information on cultural norms and values around sexuality and childhood can help us understand the context in which abuse occurs in a given culture, and the meaning people from that culture are likely to ascribe to the abuse. Prevention programs which are tailored to the needs of specific groups of clients are likely to be more effective than generic programs which have been generated exclusively by and with members of the dominant group.

The rationalizations used by offenders to justify their behavior is just one example of how ethnic culture may influence the context of child sex abuse. In my study, several Puerto Rican women who had been abused sexually as children asserted that the widespread idea that men cannot harness their sexual impulses provides Puerto Rican offenders with culturally-sound rationalizations for their offending behavior.
2) What are some of the cultural beliefs or practices which may protect a child from this group from sexual abuse?

Just as certain cultural vulnerability factors may put children at special risk for sexual abuse, cultural coping mechanisms may reduce this risk. Gelles and Straus (1988) provide an example of how ethnic cultural strengths seem to offset vulnerability factors. They assert that life stresses like financial concerns are risk factors in family violence, and then note that while African-Americans as a group do encounter greater life stresses than Whites, their rates of family violence appear to be similar to those of Whites. They attribute this to African-American families' greater involvement in community activities, and to their greater reliance on the extended family for financial support and child care. They conclude:

The extensive social networks that black families develop and maintain insulate them from the severe economic stresses they also experience, and thus reduce what otherwise would have been a higher rate of parental violence (p. 86).

It is important to consider the strengths of ethnic cultures, to avoid the "deficit/pathology model" which characterizes so much of the writing on ethnic-minority groups in the United States (De La Cancela, 1990).

In this vein, one workshop participant suggested that traditional Chinese narrow definitions of family roles
could be harnessed to prevent child sex abuse in Chinese communities, by emphasizing parents' obligations to protect their children and older males' obligations to act like fathers, not lovers, to children. Similarly, Puerto Rican participants in my study suggested that aspects of Puerto Rican culture—including the glorification of the role of the mother as sacrificing all to raise and protect her children—could be amplified to decrease abuse and protect children.

3) Do children or families in this group tend to be isolated?

In research on families, social isolation prior to the onset of incestuous behavior has been described as putting a family at risk for incest because its members escape the scrutiny of the community or outside systems (Finkelhor, 1978; Sgroi, 1982; Trepper & Barrett, 1989). This isolation is usually described as due to geography or rigid family barriers against the outside world. It is not known whether families which are isolated due to a history of migration or discrimination are also at greater risk.

4) In what ways might the norms of an ethnic culture or wider social factors like the financial situation of a group increase offenders' access to children?
In some cultures it is common for children to spend days, months or even years living with members of their extended family. Additionally, lack of childcare options leads some immigrant parents to send their children to live with extended family members in their countries of origin, so the parents can work (García Preto, 1990). Extended periods of separation from their mothers has been found to be a risk factor in the sexual abuse of White girls (Herman, 1981). It is not known whether this holds true across cultures or for boys.

Poverty also leaves children underprotected. Without quality affordable childcare, parents may leave their children unattended or in the hands of irresponsible or dangerous babysitters, including family members.

Culture and Oppression Factors in Disclosure and Help-Seeking

1) How might ethnic culture influence whether a victim or a victim’s family will disclose sexual abuse?

Numerous cultural beliefs and practices influence whether children or families from a given group will disclose sexual abuse, and from whom they will seek help when stressed (Fontes, 1991). These include taboos around the discussion of sexuality, norms of emotional expression, and norms of help-seeking behavior.
Participants in my study suggested that the high value placed on virginity in Puerto Rican culture leads to great feelings of shame for Puerto Rican girls who have been sexually abused, and makes them unlikely to disclose. They also asserted that the cultural belief that boys who are molested by men will become homosexuals leads boys and their families to surpress information about abusive incidents. Undoubtedly, every culture has norms and beliefs which impact on whether children will reveal that they are being molested.

2) How do the institutions of the wider society--such as social service agencies, schools, the police and the courts--treat members of this group?

People who have experienced discrimination or maltreatment at the hands of those institutions charged with their care are unlikely to seek their help when sexual abuse does occur. If the abuse is exposed and treatment is mandated, they may deny the abuse and keep their cooperation to a minimum, fearing the social service system as a threatening agent of social control (which it often is, see Ehrenreich & English, 1979; Glenn & Kunnes, 1973).

One Puerto Rican participant in my study who grew up in the United States and was sexually abused by an uncle linked her decision not to disclose at school directly to
her feelings of being treated as less-worthy than her White classmates:

There's so much emphasis put on the White people. I think they would have listened and would have done something if I was White.

Workshop participants suggested that the widespread mistreatment of African Americans by police throughout the United States makes it unlikely that an African American victim or victim's family would report instances of sexual abuse to authorities. Carter & Parker (1991) reported that general fear of [White] authorities due to generations of oppression and exploitation make it difficult for Native Americans to report instances of sexual child abuse.

3) Are the professionals who are in closest contact with members of this group knowledgeable about sexual abuse and willing to make appropriate referrals?

Clergy, spiritual healers, teachers, and medical personnel from within an ethnic community are often in the best position to detect child sex abuse. Low-income people and members of those ethnic groups who do not customarily seek mental health services often turn to family members or within-group professionals rather than social service agencies which may appear alien or even hostile (McGoldrick, 1982). The individuals who are trusted by members of a given cultural group need to be
educated as to the signs and symptoms of child sex abuse, where to make referrals, and how to handle disclosures.

Workshop participants suggested using maximum creativity in designing sexual abuse prevention programs. They recommended training in child sex abuse prevention for hairdressers, religious teachers, choir directors, scout troop leaders, sports' coaches, parents' organizations, traditional healers, and others who might usually be overlooked in this type of program. (In many states these professionals are already legally mandated to report instances of suspected child abuse or neglect to authorities, although many are not aware of these responsibilities). It is worth noting that an experiment in the use of alternative service providers has been implemented in the Dominican Republic, where hundreds of beauticians were trained in basic family planning, human sexuality and reproduction, and given limited authority to dispense contraception, apparently with great success (Ms., 1991).

Culture and Oppression Factors in Treatment Access
1) Are services financially and geographically accessible?

Families without medical insurance or with inadequate coverage frequently have reduced access to quality social services, particularly in this age of shrinking budgets
and expanding caseloads for public sector agencies. The coverage for mental health services provided by many insurance plans today—including Medicaid—often limits clients to ten or so sessions. This is unlikely to be sufficient for families which have experienced severe trauma or have issues of on-going sexual abuse (Fish, 1991, p. 227).

Low-income families often have difficulty meeting appointments because of geographic isolation, lack of funds for transportation, and the lack of homebased or outreach services. Medical and mental health agencies tend to be concentrated in wealthy, densely-populated communities, leaving low-income people in inner-cities and rural areas with limited access to services.

Workshop participants suggested that offering a greater number of avenues of service delivery would lead to increased use of social services from members of those ethnic and economic groups who rarely seek out services. They recommended offering counseling in homes, apartment complexes, schools, churches, and neighborhood drop-in clinics, as well as more traditional settings. They also suggested that transportation to sessions and childcare during sessions be offered routinely by agencies which serve low-income families.

2) Are services available in the language of the client?
Clearly, clients cannot participate in therapy if the therapist does not speak their language, and yet bilingual services do not begin to match the need in most communities. Using family, friends and community members as translators introduces a host of problems including potential breaches of confidentiality and confusion of roles, and should be avoided if at all possible (Falicov, 1982; García-Preto, 1982).

3) Are members of this group experiencing dire poverty, illness, homelessness, substance abuse, threats of deportation, or other crises whose resolution may seem more immediately urgent than resolving the sexual abuse?

Families under great stress, whether acute—like the recent death of a loved one—or chronic, like fear of deportation in undocumented aliens—may be unable to summon the necessary energy, time, or determination to confront issues of child sex abuse in therapy. These issues may need to be resolved or at least acknowledged before the sex abuse treatment can begin.

Culture and Oppression Factors in the Quality of Treatment

1) Are the providers culturally-competent?

The multicultural counseling field has been struggling to reach a consensus as to the definition of "cultural competence" (Carey, Reinat & Fontes, 1990; Sue
et al., 1982). Although the debate is certainly not over, it seems clear that at a minimum cultural competence is composed of the therapist’s attitudes, beliefs, knowledge, and skills which reflect acceptance and understanding of the client’s ethnic culture, acceptance and understanding of the therapist’s own ethnic culture, and a critical examination of the wider social variables which impact on them both.

Therapists who work with child sex abuse are in no way culture-free automatons who execute therapeutic methods or techniques. Rather, they are shaped by their own ethnic culture, and personal and group history. The child sex abuse literature fails to address the need for culturally-competent therapy, which undoubtedly reflects in the kinds of services offered.

Several Puerto Rican women who had been sexually abused spoke in my study about their discomfort with certain non-Hispanic therapists, which they believed was partly due to cultural differences. They said they found the therapists cold and overly-concerned with time, for instance, and this inhibited them from disclosing that they had been abused as children. One woman who had been sexually abused as a child described her therapy experiences:

I tell you, I felt so uncomfortable in that place, it’s not funny. Because she was working with papers and looking at the watch, the clock, doing some other things while I’m talking. "Go ahead! Keep on! Keep
on!" And it made me feel like I had to constantly say something so I don't stay quiet, and her doing all the stuff instead of giving me the undivided attention....Another time I had a man and it seemed like he was more interested in the time of when to end. You know what I mean, he kept looking at his watch....And boy, I would bawl my eyes out...."Time's up!"...You have to give the person time. You can't rush things in....I felt like I was rushed in. They wanted to know the problem right away and try to figure out what to do next.

Later she described her fifth therapist, also a non-Hispanic, who was the only one to whom she disclosed that she had been abused sexually. She described him as flexible, humorous, balanced in his treatment of her and her husband, and relatively unconcerned with the passage of time in the session.

2) Are the providers aware of ways in which their own biases and group membership impact on the therapy?

Therapists should be aware of their own limiting prejudices and biases in relation to specific groups. If they find these leave them with pre-determined negative feelings towards members of a specific group, they should seek counseling on this issue and refer cases from this group elsewhere until they overcome their prejudices.

Therapists should also be aware that beyond their beliefs, the simple fact of the color of their skin or their membership in a certain ethnic group (as well as their gender, class and sexual orientation) will have an impact on the therapy. They should discuss these issues
in training and supervision, and face these issues in concert with the client, where appropriate. The therapeutic bond is central in child sex abuse work, and factors affecting that bond must not be left unexamined.

When the therapist and client are from the same ethnic cultural group, different issues emerge than in cross-cultural settings, but in no way should it be assumed that a similar ethnic background makes ethnic culture into a non-issue (Comas-Díaz & Jacobsen, 1991; Muñoz, 1979). While sharing the same ethnic background may reduce problems of misunderstanding and miscommunication, it raises special issues of countertransference and may limit awareness of the cultural constraints on the therapy. In addition, ethnic "alikeness" may obscure the need to be aware of differences in class, gender, age, and sexual preference in therapy.

3) Are the types of services offered culturally-synchronous?

It may be that certain kinds of therapy have a better fit with the values and habitual ways of communicating of members of certain ethnic groups. For example, it has been suggested that family therapy fits well with Puerto Rican culture's emphasis on families (García-Preto, 1990; Kurtz, 1985), that support groups work well for African
American women with a tradition of mutual support (Boyd-Franklin, 1991), and that logical, rational, structured counseling approaches such as cognitive-behavioral counseling work well with Asian Americans (Sue, 1981, p. 133). Several participants in my study expressed their belief that group therapy would be the mode of choice for Puerto Rican victims of child sex abuse. One Puerto Rican participant said:

Our power does not come from within, from inside as an individual, but rather from a group...I have been trained to work with abuse victims on an individual level. But obviously, they trained me to work with White North American women....I would say that it’s really important to work in groups and create power in the group....I really believe in this kind of therapy, where women ventilate and release, and they identify and see that they’re not alone in this, and they create great power in the group and they give you support.

Further research is needed to determine whether and in what circumstances these generalizations hold true, and how they apply to therapies for people who have been affected by child sex abuse.

4) Are the providers willing to take on various chores to support clients in their interactions with the wider systems?

Members of immigrant groups who are in therapy for issues of child sex abuse are likely to need help that extends beyond the bounds of traditional therapy. This may include support in negotiating "the system," and
translating and serving as a cultural intermediary with medical, school and legal personnel. Ideally, social institutions would employ bilingual personnel and outreach workers to facilitate contacts with members of immigrant groups. Until this happens, therapists frequently must serve a variety of supportive functions with clients who do not dominate the English language or who do not know how to get their needs met in the complex systems in the United States.

Clients from oppressed non-immigrant groups (such as African Americans) may also benefit from help in negotiating "the system" and from psychoeducational classes designed to counteract the disempowerment engendered by generations of oppression (Fulani, 1988).

Conclusion and Implications

These questions about the impacts of ethnic culture and oppression at different points in the occurrence and treatment of sexual abuse are meant to be suggestive, rather than exhaustive. It is likely that further investigation of sexual abuse with members of specific ethnic groups will aid in developing a list of concerns specific to members of each group.

Neglecting issues of culture and oppression in the investigation, theorization and treatment of child sex abuse is not neutral or harmless. Formulating theory and
treatment programs for all people in the United States using White non-Hispanics as a "generic" model leads to oppressive practices even by the well-intentioned. Since we have little information on possible differential effects or symptoms of child sex abuse for people of different groups, for example, it may be especially difficult for clinicians to detect and treat undisclosed child sex abuse among members of non-dominant cultural groups (Russell, 1988; Wyatt, 1990). The abuse may be overlooked and remain untreated even among those victims who enter the mental health system. Or interventions in cases of child sex abuse may be so woefully out-of-synch with the client's culture that therapists unwittingly drive members of cultural minorities away from their doors (Long, 1986). Professional ignorance of cultural variability leads to fewer effective interventions which leads to the perpetuation of sexual abuse.

It is still too early to describe what culturally-embedded feminist therapy for issues of child sex abuse would look like, but it is never too early to sketch out a vision! It is likely that this therapy would be conducted in a context which jibes with the help-seeking norms of members of the ethnic group which it serves. The therapist would be well-versed in the treatment of child sex abuse, and would either be a member of the same ethnic group as the clients, or someone from outside the group.
whose background, interests and training have led them to know about and feel an affinity for members of the group. The therapist would be aware of characteristics of the client’s culture, and would also recognize that members of any group are apt to have a broad range of experiences and attitudes which defy generalization.

The therapist would inquire as to the meaning the client makes of his or her experiences of sexual abuse, which is apt to vary with numerous factors including the client’s ethnic culture and level of awareness of gender issues. The therapist would understand some of the social forces which impact on members of the client’s group (e.g. discrimination or poverty) and would communicate this knowledge to the client, where appropriate.

Therapists engaged in culturally-embedded feminist therapy for child sex abuse would examine their own beliefs and behaviors to see how their ethnic background, class background, and personal and group history impact on the therapy. The therapist would be aware of the power differential intrinsic to therapy situations (MacKinnon & Miller, 1987), and how this might interact in the therapy with power differentials due to class, ethnicity, gender, or other types of group membership.

The therapist engaged in culturally-embedded feminist therapy for child sex abuse with a client from another ethnic culture would be wise to consult periodically with
a "cultural guide," a professional from the client's cultural group, to avert misunderstandings and become aware of ethnocentric assumptions which might otherwise be overlooked (Stevenson & Renard, 1991).

Where the therapist and client are from the same ethnic group, the therapist would do well to consult with someone from a different group, to see if the client and therapist's shared assumptions are leading them down an overly-narrow path. The use of an extra-cultural guide would be of assistance not only to ethnic minority therapists and their clients, but also to therapists from the dominant group who are working with clients from the dominant group. For instance, it may be that White Protestant norms of decorum silence certain types of discussions between White Protestant therapists and clients. The easiest and most economical way to meet this need for ethnically diverse sources of guidance would probably be through ethnically diverse treatment teams.

Incorporating knowledge of ethnic diversity and critical analysis of oppression into our understanding of child sex abuse will increase the likelihood that therapy around these issues will be liberating and empowering for all clients--and not just those from the dominant group.
Despite the tremendous growth of interest in the occurrence and treatment of child sex abuse in the last decade, little has been written about the special concerns of clients who are members of minority cultural groups (Korbin, 1981; Long, 1986; Russell, 1986). Treatment suggestions have been generated with White victims and then assumed to apply generically to members of all groups. This disregards the substantial evidence that ethnic culture is an important part of how we learn to be who we are and who we should be in the world, and that therapists who ignore this are apt to misunderstand their clients and may do them harm (e.g. García-Preto, 1982; Ivey, 1977; McGoldrick, Pearce & Giordano, 1982; Spiegel, 1982). The gaps in knowledge can lead unwitting therapists to offer inadequate services to members of minority groups, including failure to detect undisclosed child sex abuse and the use of techniques which are so culturally out-of-synch that they drive members of cultural minorities away from their doors (Fontes, 1991; Sue et al., 1982). In this chapter we will examine issues relevant to the treatment of child sex abuse with victims
from a specific group—low-income Puerto Ricans in the mainland United States.

Here we will be looking at the point at which the knowledge of the sexual abuse moves outside the family unit, either because the victim tells a professional, such a school counselor, or because the victim tells a family member or friend who then informs an outside professional. For our purposes, this point will be called "disclosure".

Disclosure has been chosen as the focus here because early disclosure has been identified as crucial in putting an end to the abuse, limiting the negative effects of the abuse, and reducing the likelihood that the offender will victimize additional children (Berliner & Conte, 1990; Browne, 1991; Conte, Wolf & Smith, 1989). Also, disclosure forces minority group children to face the legal and social service systems which are designed and usually run by members of the dominant group.

Using an ecological model, we can see that numerous factors combine to make it difficult for a child to disclose sexual abuse (see figure 2). It may be helpful to see these factors as muffling blankets layered one on top of the other. The innermost one consists of those within the child herself, such as non-verbality due to young age or a handicap. The nest layer of pressures are characteristics of the abusive situation including implied or overt threats against disclosure. Characteristics of
Figure 2. Pressures on children not to disclose sexual abuse.
the family comprise the next level, and include the quality of communication within the victim’s family. These three inner muffling seem to apply to victims regardless of their ethnic culture and have been examined elsewhere (e.g. Bass & Davis, 1988; Berliner & Conte, 1990; Conte, Wolf & Smith, 1989; Franken & Van Stolk, 1990; Resneck-Sannes, 1991). However, the literature has neglected the two outer layers of cultural and societal pressures, respectively, which vary for members of different ethnic groups and may influence the ease of disclosure. This study examined these ignored outer layers as they pertain to low-income Puerto Rican victims of child sex abuse who are living in the United States.

Research Design and Methods

Participants

A dozen people were interviewed for this study, consisting of seven psychotherapists and five clients. Most of the psychotherapists had been in therapy themselves at one time, and two volunteered that they had been abused sexually as children. Additionally, several of the clients had some experience working in human services (in daycare centers or shelters for battered women, for instance). In the interviews the participants were encouraged to draw on all their experiences—as clients, as service providers, in some cases as friends of
victims, and as members of their own cultures of origin. The participants were recruited through word-of-mouth, through announcements on a Spanish-language radio station, and through letters distributed to social service agencies in Puerto Rican communities in Massachusetts.

All of the clients interviewed and most of the therapists were Puerto Rican, one of the therapists was Hispanic but not Puerto Rican, and two were North Americans who speak Spanish and frequently conduct therapy sessions in Spanish. All the therapists have experience working on issues of child sex abuse in Puerto Rican communities in the United States, ranging from two to more than fifteen years. The therapists included social workers, mental health counselors, and psychologists, with a variety of therapeutic orientations ranging from psychodynamic to family systems.

Interviews

The participants were interviewed for about ninety minutes each using a structured interview guide with open-ended questions. The interview guide was designed by first identifying the goals of the study (e.g. investigate issues of ethnicity in therapy), choosing domains of interest within each goal (e.g. clinician’s ethnicity, client’s ethnicity) and then writing open-ended questions corresponding to each domain (e.g. How do you think the
fact that you are/are not Puerto Rican affects your discussions about child sex abuse with Puerto Rican clients?). After the interview guide was designed, it was distributed to a small group of colleagues who are knowledgeable in qualitative research, child sex abuse, or Puerto Rican mental health issues. Changes based on their critiques were incorporated into the next version.

I conducted a pilot in which I interviewed two Puerto Rican therapists. It became clear that four basic stages exist in the discussion of child sex abuse: 1) prevention/occurrence, 2) disclosure/detection, 3) entering therapy and 4) therapy conduct/outcome. The interview guide was modified to include explicit questions about each stage.

Following the techniques of grounded research (Glaser & Straus, 1967), the guide evolved continuously as the interviews proceeded and the participants touched on areas of interest not originally identified. This process of continually cross-checking findings as they emerged enabled me to modify the themes in concert with the participants (Patton, 1990).

**Procedures**

After all the interviews had been conducted and transcribed, I read through them several times and identified twenty content areas which were touched on with
some regularity, ranging from advice for non-Hispanic therapists to comments on the effects of migration on family life. As I sorted through these, I found three themes running deeper throughout the narratives: shame, power and trust. After writing extensively on each of these three themes, I realized that each one was much so complex and multi-faceted that they were unwieldly and of limited usefulness for therapists. I also realized that many of the participants' comments centered around why they or their clients had or had not disclosed as children. Finally, I decided that a focus on disclosure would enable me to organize and present some of the salient issues which appear in all four phases.

I returned to four of the participants to solicit their comments on my findings from the initial interviews, as a check on the "truth value" of the themes I had identified, (Bloor, 1983; Patton, 1990). Their comments were uniformly confirming of the findings, including, "I think you've said it all right there," and "I hope this can help someone." I am not sure why there was such uniform agreement with the findings. I hope it is because the way I presented the findings included diverse viewpoints. One participant suggested that I had missed a cultural characteristic which she believes constitutes an important obstacle to disclosure. When I returned to my data, I found that other participants had mentioned this
factor as well, and so I incorporated it into the next version.

I conducted the initial and second interviews in Spanish and/or English depending on the participants’ preferences. I transcribed the interviews in their entirety in their original languages, translated the sections that were used here, and checked the accuracy of these translations with native speakers of Puerto Rican Spanish.

Findings

Systemic Factors Hindering Disclosure

**Discrimination.** Participants indicated that experiences of racial discrimination lead some Puerto Ricans in the United States to mistrust and fear the very organizations which are charged with protecting and caring for them—such as the schools, the police, the courts and the social service system. One Puerto Rican therapist described the multiple burdens of her clients in this way:

El cliente (puertorriqueño) está respondiendo a un sistema totally unfair; respondiendo a un sistema bien injusto y bien apático en la escuela, de que porque está en bilingue es bruto. O porque habla los dos lenguajes pero no habla bien bien bien el inglés, es bruto. Y entonces en ese sentido tienes que entender que impide—no solamente las limitaciones sicológicas o la dinámica sicológica del cliente—
The (Puerto Rican) client is responding to a system which is totally unfair, responding to a really unfair and apathetic system in the school— that because he’s in bilingual classes he’s stupid. Or because he speaks two languages but he doesn’t speak English so well he’s stupid. And so you have to understand that it prevents—not only the psychological limitations of the client—but this, too, prevents him from getting ahead. The concept of hope, when you have a whole oppressive system on top of you.

For many children, school personnel are the only adults outside the family with whom they have regular contact, and therefore school staff can be key players in the prevention and detection of child abuse (Bridgeland & Duane, 1990). If the schools are perceived as alien or even hostile, it is unlikely that a child would trust a member of a school staff with the secret that he or she is being abused.
Several participants described Puerto Rican students as being subjected to intense racial discrimination in schools in the United States. One non-Hispanic therapist described the attitudes in his local schools in this way:

The schools tended to be very negative toward the Puerto Rican population....The attitude is kind of, "What are you doing here? You're supposed to be out in the street doing drugs."

One participant who grew up in the United States described her belief that she was more isolated with the secret that she was being sexually abused than she would have been if she had not been Hispanic, or if her school had been more supportive of its Hispanic students:

There's so much emphasis put on the white people, I think they would have listened and done something with that if I was white....Maybe I would have got more attention, and maybe life at home wouldn't have been so hard.

This client spoke only Spanish at home, but had spent her entire life in the United States and was bilingual. She said that her teachers treated her as less-intelligent than her non-Hispanic peers, which led her to mistrust them.

One Puerto Rican therapist with experience working as a school psychologist in a district with a large Puerto Rican population suggested that Puerto Rican students would be unlikely to trust teachers with a disclosure of sex abuse because so many teachers are racist:
Teachers are sometimes racist because of their own backgrounds. And teachers sometimes become racist, or exacerbate their racist attitudes because of the situations they have to deal with in the school system. I mean, they have thirty-five children in the classroom, the majority of which don’t have the basic skills they should when they reach that classroom. They do not have supportive families because these are families that are dealing with so many issues that what’s happening in school cannot become one of the priorities....They can’t look to the future because they don’t have their present problems resolved....So the teachers are alone in their struggle with these kids. And because they themselves don’t have a lot of support from the school system, their anger has to go somewhere, and it goes to the kids. And the kids are victimized again. So the chances of a child feeling trust in a teacher under those circumstances--to which there are exceptions--are not very high.

The racist attitudes of a non-Hispanic school nurse caused one Puerto Rican participant to instill mistrust in her children:

Every time my kids go to her I always tell my kids, "Don’t go to the nurse. Don’t you dare go to that
Because you know, every now and then they complain about headaches or stomach aches or whatever—they go right to the nurse. And I go, "You go to the nurse and I'm going to ignore that phone call. I'm not going to pick you up." Because the way she treats them—and I always ask them, "How did she treat you? What did she say to you? In what tone of voice?" and all that stuff. And sometimes they say she was yelling, sometimes they say she was nice and I go, "Aha! She don't fool me!"

Racist attitudes have caused this mother not to trust a professional who is charged with caring for her children, and she has communicated her mistrust to her children. In this way, racism has contributed to the children's isolation and cut them off from a potential source of support.

Participants also reported that racist attitudes on the part of judges, police, and court-appointed lawyers make Puerto Ricans in the United States feel that the powers of the judicial system work against them, rather than in their favor. One non-Hispanic therapist described a child custody case involving a Puerto Rican family where "the court officers themselves were so awfully prejudiced, it was unbelievable. So that would not be a system that people would feel too comfortable in at all." She suggested that mistrust of the legal system is
communicated to children at an early age, making them wary of taking any steps which might put someone they care for—even if he has abused them—into its grasp.

Police brutality directed at members of the Hispanic community was reported by participants from a variety of cities and towns. Fears that they or someone they love will be hurt by the police appear to inhibit some children from disclosing sexual abuse, and may inhibit adults from reporting abuse to the authorities when they learn of its occurrence.

Migration. Migration can also have an isolating effect, as migrants are forced to leave behind friends and family whom they trust. The poor economic conditions faced by many Puerto Ricans both on the island and in the mainland United States force families to move a great deal, both back and forth from the island to the mainland, and from one mainland Puerto Rican community to another. Families move in search of better employment, education, housing, healthcare or social service benefits (Comas-Díaz, 1989). Children who are frequently uprooted are less likely to have strong ties with people they can trust in their communities.

One non-Hispanic therapist said that when he works with a child who has been molested he tries to identify a family member whom the child can trust, and uses this
person as an ally in therapy. He often finds this harder to do with Puerto Rican families:

For some people, if you are asking questions like, "Who can you turn to? Who can you talk to about this?" Sometimes it's the relative, the family member in Puerto Rico.

Most children who do disclose sexual abuse tell a relative, usually their mother, but often a member of the extended family (Herman, 1981; O'Neill, 1990/1991). In this study, participants repeatedly said they thought this trend to confide in family rather than professionals might be even more pronounced for Puerto Rican children because of a cultural preference for relying on family members and a general mistrust of outsiders stemming from discrimination. With extended families broken up by migration, many Puerto Rican children are cut off from these family members. Participants suggested that Puerto Rican families may prefer to be closely-knit, but migration often impedes this physical and emotional proximity (García-Preto, 1982). Therefore Puerto Rican children appear to be unusually isolated from adults whom they could trust with a disclosure of child sex abuse.

Poverty. Poverty also isolates children from potential sources of support, according to the participants in this study. Low-income families often lack telephones and many do not have cars or money for public transportation, so it is difficult for them to
contact friends and relatives. Some children are not allowed to visit even those friends and relatives who are within walking distance because they live in dangerous neighborhoods. One non-Hispanic therapist commented:

I have also found it increasingly true--and more true of the Puerto Rican population than others--that the streets are not safe. They are forced to live, because of their economics, in the poorer sections where there's more violence. A lot of the kids that I've worked with have seen shootings on the streets. And they know that two houses down, that's where they sell cocaine, or whatever. And so a lot of these kids are confined to the house....A lot of these kids are house-bound. And in a larger sense, it's very claustrophobic for them. And they don't have a lot of the same opportunities even to hang out with other kids in the neighborhood because it could be dangerous.

One Puerto Rican participant described how some offenders offer the promise of presents or "goodies" to gain power over children and buy their silence:

Muchos de los violadores las compran. Ofrecen dulces, ofrecen--y como son a veces pobres--ofrecen ropas, dulces, juguetes, cosas que ellas quieren y que, pues, creen que es normal. En cambio de eso, él
está dando todo eso, y ellas ven muchas veces como algo normal; que así es la sociedad y así es que tienen que ser.

Many of the offenders buy them. They give candy and—since sometimes the girls are poor—they give clothes, candy, toys, things which they want and, well, the girls think it’s normal. In exchange for this he’s giving all this, and often the girls see it as something normal; that’s how society is and that’s how they have got to be.

Another Puerto Rican therapist described a situation where a pizza deliveryman gave free pizza to a Puerto Rican grandmother in exchange for opportunities to fondle her six year-old granddaughter. Clearly, most people would never accept such an exchange, regardless of their income level! But this offender was able to tap into the grandmother’s vulnerability due to her lack of buying power, and used that to gain access to the child and keep both the child and the grandmother from disclosing.

Lack of health insurance often leads poor families to rely on emergency rooms rather than a family physician—thus cutting children off from another potential caring adult whom they might trust with a disclosure of sexual abuse.
Lack of Bilingual Services. Even if they are not ready to disclose, families with issues of child sex abuse frequently enter the social service system for other reasons. Puerto Ricans in the United States who seek help may find that appropriate help is hard to come by. Many Puerto Ricans—and particularly those who are less acculturated and have a lower income—speak Spanish better than English. However, in most communities—even communities with a large Puerto Rican population—there are limited services available to people who do not master the English language. The participants discussed the language barrier again and again, noting the lack of bilingual personnel throughout the social service, educational, medical and legal systems.

One Puerto Rican therapist described her frustration as the only Spanish-speaking therapist in her clinic:

Saber el idioma, yo creo que es una de las cosas principales, porque es la comunicación inmediata, ¿no? Si no sabes el idioma, ¿cómo te vas a comunicar? Cómo vas a hacer terapia? Cómo vas a hacer?...Las secretarias que tenemos no saben español. Si llama un cliente que está suicida, cómo le van a decir a este cliente, "Espérese un momento que el sicoterapista está en el baño, o está en la terapia, o ya viene?" si ellas no saben ni siquiera decir eso. Solamente estar al tanto del lenguaje, yo
creo que es lo principal, ... a parte de toda la cuestión cultural.

Knowing the language, I think is one of the key things, because it's direct communication, no? If you don't know the language, how are you going to communicate? How are you going to do therapy? What are you going to do?... And our secretaries don't know Spanish. If a suicidal client calls, how can they tell that client, "Hold on a moment because the therapist is in the bathroom, or is in therapy, or is coming?" if they don't even know how to say that? Just being up on the language, I think that's key.... besides the whole cultural question.

Another therapist noted that there are no Puerto Rican and few bilingual therapist trained to work on issues of child sex abuse in her city. She said that victims usually have to wait for months for appointments with any therapist, and the therapist may not even speak the same language or be qualified to work on the issue in question. She said that while there are local support groups for English-speaking adult and child victims of sexual abuse, and support groups for English-speaking mothers of children who have been sexually-abused, there are no such groups conducted in Spanish. A non-Hispanic therapist who lives in a city where half the schoolage population is Puerto
Rican said that there are no bilingual or Spanish-language services for sex offenders in his part of the state, making prison or probation without services the only options for Spanish-speaking adolescent and adult offenders.

A Puerto Rican therapist noted the lack of services for Spanish-speaking clients who abuse substances, and commented:

Algunas veces yo me pregunto, ¿realmente hay interés?....¿Tú no crees que los muchachos se dan cuenta de que había demasiado tropiezo? Es como que hay un poder más grande. Es importante mantener la clase. Mientras haya gente pobre y haya gente por debajo, va a haber un pequeño grupo que va a poder mantener y hacerse rico con eso....Eso es muy paranoico de mi parte.

Sometimes I wonder, is there really an interest?...Don’t you think that the kids realize that there were too many stumbling blocks? It’s like there’s a greater power. It’s important to keep the class. As long as there are poor people and people on the bottom, there is going to be a small group that can maintain itself and make itself rich off of it....It’s very paranoid on my part.
She went on to describe her frustration in working with adult clients who were sexually abused as children and now seem truly committed to ending their dependence on alcohol or drugs, and cannot obtain services in their native language.

One Puerto Rican therapist discussed the difficulties of a Puerto Rican client who was trying to regain legal custody of her children:

Todos los investigadores de la corte—court investigators—son americanos y no hablan español...Tuve que traducir y darle información al investigador de corte y al abogado, porque ninguno de los dos hablaba español....Aunque ella tenía confianza en mí, debía de haberse sentido un poquito incómoda en no poder ella misma expresar hacia al abogado y al investigador de la corte lo que ella quería expresar.

All the court investigators are American and don't speak Spanish....I had to translate and give information to the court investigator and the lawyer, because neither one spoke Spanish....Even though she trusted me, she must have felt a little uncomfortable in not being able to say what she wanted to the court investigator and the lawyer herself, directly.
A non-Hispanic therapist pointed out that the district attorney's office in her city has several counselors who assist victims and witnesses of violent crimes like sex abuse, but none of the counselors speak Spanish, although the city has a large Puerto Rican community.

One Puerto Rican therapist said that she believed cases of sexual abuse against Hispanic children are not investigated as vigilantly by the district attorney's office as similar cases with non-Hispanic victims. She has seen over a hundred cases of Puerto Rican victims of child sex abuse and said she cannot remember a single one where the offender stood trial or entered a guilty plea. This participant acknowledged that many factors together determine whether or not a case goes to court, and expressed her belief that lack of bilingual investigators, lawyers and judges, and less commitment on the part of prosecutors contribute to this problem.

Other systemic factors which participants identified as stumbling blocks to disclosure include: pressure on children to present themselves and their families as "model minorities"; alienation from professionals due to cultural differences; and oppression-induced hopelessness.

**Cultural Factors Inhibiting Disclosures**

In addition to the systemic factors outlined above, participants discussed a variety of factors within Puerto
Rican culture which may make it difficult for Puerto Rican children in the United States to disclose that they are being or have been abused sexually. Our discussion here will be limited to three: certain childrearing norms and practices; the high value placed on a young woman's virginity; and taboos around the discussion of sex.

Childrearing Norms and Practices. Numerous factors shape a Puerto Rican family's childrearing practices, including their class, their educational level, their degree of cultural assimilation, and the geographic origin of the family in Puerto Rico (García-Preto, 1982). At the same time we acknowledge this variability, we can also recognize that certain general ideologies of childrearing do exist within Puerto Rican culture, and certain practices follow from these ideologies.

Several participants drew links between Puerto Rican childrearing norms and sexual child abuse. One Puerto Rican client who grew up in a middle class family on the island and has worked with low-income Puerto Ricans in mainland schools described a general cultural expectation that children will always obey adults:

Tú eres un dummy para las personas mayores que tú. Todo lo que ellos digan, todo lo que ellos hagan---y que digan que digas y hagas---eso es lo que tienes que hacer.

You are a dummy for people who are older than you. Everything they say, everything they do---and
everything they say for you to say and do—that's what you have to do.

She said she believes that the emphasis on obedience might lead children to be reluctant to refuse adults' sexual advances or to disclose the abuse if an adult has forbidden disclosure. She went on to describe how she believes children are kept voiceless and marginalized in Puerto Rican culture:

Aquí [en los Estados Unidos] les dan mucho auge en especial a los niños en los problemas del hogar. Creen en ellos. El niño es parte de la sociedad. Para mí que en Puerto Rico los niños no son parte de la sociedad. O sea, tú llegas a formar parte de la sociedad cuando cumques quince, dieciseis años. Antes de tener eso, pues, como vulgamente nosotros decimos en Puerto Rico, "Tú hablas cuando las gallinas mean".... Significa eso que tú no puedes hablar.... Vamos a suponer que la familia tiene una visita en casa, los niños se tienen que ir. La visita está en frente. No pueden hablar, no pueden estar. So, están completamente aislados, rechazados, hasta que cumplen dieciseis años.

Here [in the United States] children are given a lot of weight in family problems. They are believed. A child is part of society. Whereas for me, in Puerto Rico children are not part of society. That is, you
become part of society when you turn fifteen or sixteen. Before that, well, as is commonly said in Puerto Rico, "You speak when the hens pee."...That means that you cannot speak....Suppose a family has a visitor, the children have to leave. The visitors come first. They cannot speak, they cannot be there. So, they're completely isolated, rejected, until they turn sixteen.

Several participants discussed how the ideology of unquestioning obedience to authority is commonly reinforced with corporal punishment:

El "child abuse" no es "child abuse," es el método que ellos usan para que los hijos sean unos buenos hijos y unos hijos perfectos en el futuro. O sea, si a tí te dan la correa, es porque lo mereciste, porque hiciste algo malo y de esta forma vas a aprender. Si a tí te dan contra una pared, es porque hiciste algo malo y de esta forma tú vas a aprender.

"Child abuse" is not "child abuse," it's the method they use so that their children will be good children and perfect children in the future. That is, if they give you a whipping it's because you deserved it, because you did something wrong and this is how you'll learn. If they throw you against a wall, it's
because you did something wrong and this is how you’ll learn.

Several participants suggested that the general acceptance of corporal punishment gives offenders great latitude in using physical violence or the threat of physical violence to intimidate their victims into silence. One participant who grew up on the island discussed being beaten by a sexual offender—her father—although she complied with his sexual demands and kept the secret of the abuse for ten years:

El me daba por cualquier cosa. Vamos a suponer, mira, mi hermana que estaba en la universidad tenía un novio. Entonces, mi padre me decía, "Tú tienes que ir de chaperona." Entonces, si él me veía después con mi hermana y con el novio, él me llamaba y me daba. Y si no me veía, me llamaba y me daba. O sea, no importaba de que forma, él siempre me estaba-todos los días, todos los días, todos los días yo coñía un cantazo.

He lit into me for anything. Suppose my sister who was at the university had a boyfriend. My father would say, "You have to go as a chaperone." So later if he saw me with my sister and her boyfriend, he’d call me and beat me. And if he didn’t see me he’d call me and beat me. So, no matter what, he was
always—every day, every day, every single day I got a whipping.

This participant described fleeing to neighbors' houses when her father's sexual demands became overwhelming and she was old enough to run away. She said her father managed to find her, beat her and humiliate her every time. Her mother and neighbors frequently witnessed the beatings but did not intervene because a father is considered entitled to punish his children as he sees fit. She believes that the ideology of total obedience to adults (and particularly fathers) and the wide acceptance of corporal punishment as discipline contributed to her victimization and to her reluctance to tell anyone that her father was molesting her.

Other victims described being afraid to disclose their abuse as children because of the likelihood that they themselves would be physically punished by their parents, as if they were responsible. When asked how she coped with years of abuse by an uncle which began before she reached puberty, one victim replied, "I kept it all in like I kept everything in when I was young." She told no one at all about the abuse for over ten years, including several therapists she saw to help her cope with a battering husband. After her fifth therapist finally asked her directly about sexual abuse, she began to discuss her past and eventually told her mother:
It was her brother, and she started crying and said, "Why didn’t you tell me?" And I go, "Because you were going to hit me and you were going to blame me." And she goes, "You have every right to feel that way. As far as I know, my brother is dead to me now."

Participants described instances where children were, in fact, punished for disclosing. One Puerto Rican four year-old who revealed to a social worker that she was being molested by a family member was forced by her stepfather to turn to face the wall with her arms outstretched as punishment. She recanted and never discussed the abuse again. Her case was closed.

**The Value of Virginity.** Shame has been identified as a factor in leading girls and woman who have been sexually abused to keep silent about the abuse (Bass & Davis, 1988; Resneck-Sannes, 1991). Participants in the study suggested that feelings of shame may be stronger for Latina victims of sexual abuse than for others because of the traditional cultural emphasis on controlling a woman’s sexuality through the high value placed on her virginity at the time of marriage. One Puerto Rican therapist gave an example of what she says is a typical response to a girl’s disclosure of sexual abuse:
"Ahora ella para conocer otros muchachos iba a ser un problema por haber empezado su vida sexual con un hombre viejo," y que tal y que cual. "Cualquier muchachito se iba a dar cuenta ahora que no era virgen. Y que si no eres virgen estás perdida."

"Now she would have a problem in getting to know other guys because she had started her sexual life with an old man," and all that. "Any boy would be able to tell now that she wasn’t a virgin. And if you’re not a virgin you are lost."

The participants agreed that the high value placed on virginity leads to a view of girls who have been abused sexually as bespoiled. One Puerto Rican therapist said she believed some girls and their families hide disclosures of sexual abuse and rape from authorities to escape the stigma of the abuse:

Muchas veces no sale de la familia por el miedo del chisme.... La gente tiene mucho miedo del qué dirán. Y la gente ve la virginidad de una mujer como algo tan y tan valioso, que aunque haya sido abuso--y no haya sido voluntario el hecho de que esta persona no sea virgen--dice algo del honor de la familia. Dice algo de la persona, de la víctima, algo negativo de
la víctima, aunque ella no haya tenido nada que ver con él.

Often it doesn’t leave the family because of fear of gossip....People are afraid of wagging tongues. And people see a woman’s virginity as something so, so valuable, that even though it was abuse--and the fact that this person is not a virgin was not voluntary, it says something about the family’s honor. It says something about the person, about the victim, something negative about the victim, even though it wasn’t her doing.

The critical comments confirm for a victim that not only is she damaged in her own eyes, but others see her that way, too.

One therapist described the shame instilled in a twelve year-old who became pregnant after being raped by a neighbor, and was forced to have an abortion:

Toda la vida después de eso le decían que no podía casarse de blanco porque ya no era virgen....Nunca nadie le preguntó o le ayudó ni nada.

All her life from then on they would tell her that she could not wear white to her wedding because she was no longer a virgin....No one ever asked her or helped her or anything.

The idea that sexual abuse--as a form of premarital sex--lessens a girl’s value as a bride was repeated again and again throughout the interviews. One Hispanic therapist (not Puerto Rican) suggested that the more acculturated a
family is, the less importance they place on girls' virginity. She attributed this to a greater acceptance of mainstream United States values.

One Puerto Rican therapist reported a general belief in Puerto Rican culture that girls who have suffered sexual abuse are likely to become promiscuous, and boys who have been sexually abused by men are likely to become homosexuals. It is as if once children get exposed to sexual activities with older men, they will develop a taste for it and "get hooked." The stigma for victims is so strong that victims and their families keep the secret and try to handle the abuse themselves, rather than risk exposure.

Taboos Around the Discussion of Sex. One Puerto Rican therapist characterized discussions of sex in low-income Puerto Rican families in this way:

"¡Chitón! De eso no se habla!"

"Hush! We don’t speak about that!"

Several participants suggested that the broad taboos around discussing sexuality in many low-income Puerto Rican families leads to a reluctance to disclose sexual abuse. They said it is as if the mere mention of sexual abuse is as taboo as the act itself. One Puerto Rican victim who suffered a single sexual assault which she revealed to no one until years later said:
La religión es una cosa tan importante, de que no se hablen las cosas, de que el pecado! ¿Para dónde vas a ir si no es para el cielo? Y si te coja Dios hablando, ¡ni siquiera pensando! ¿Y qué estás diciendo? Si te ocurre decir que tu tío te tocó, ¡mira!

Religion is something so important in making it so that things aren't spoken about, and sin! Where are you going to go if not to heaven? And what if God catches you speaking--or even thinking! And what are you saying? If it occurs to you to say that your uncle touched you, look out!

Several participants described coming from families where all discussion of sex was strictly prohibited. One Puerto Rican victim who came from such a home described how she tried to understand the sexual abuse by her father, which began when she was about six years old:

Al principio me decía, pues, "Eso es algo que pasa entre papás y nenas hijas, y mamás y nenes. Pero no se puede decir." O sea, y como eran tabús los que habían constantemente, cada vez que uno hacía una pregunta, "De eso no se puede hablar aquí"....Al principio yo creía que eso era lo que pasaba. Entonces, después....decía, "Duele! Me duele!" Y
entonces cuando yo empecé con estas acciones y a empujarlo y a tratar de correr y eso, pues entonces fue que empezó con "Yo te voy a matar, yo te voy a matar, yo te voy a matar....Si tú hablas y tú dices algo, yo te voy a matar."

At first he would tell me, well, "This is something that happens between fathers and their daughters, and mothers and sons. But we can’t speak about it." And since there were constantly so many taboos, and every time a question was asked, "That can’t be spoken about here"....At first I thought that was what was going on. Then, later...I would say, "It hurts! It’s hurting me!" And when I started with actions and pushing him and trying to run away and so on, that’s when he started with, "I’m going to kill you, I’m going to kill you, I’m going to kill you....If you speak up and you say something, I’m going to kill you."

After the assaults the father would return with his daughter to their home where cursing, raising one’s voice in anger, watching adult television programs including soap operas, and any mention of sexuality were forbidden. This victim said she only truly grasped what her father was doing to her when she was told the basics of reproduction in a health class in high school and suddenly
realized, "Eso es lo que Papi me hace!" "That's what Daddy does to me!"

Participants agreed that the general cultural taboos around discussion of sex may make revealing sex abuse difficult for Puerto Rican clients who are in therapy for other issues. A non-Hispanic therapist with years of working in a Puerto Rican community observed:

I think there’s somewhat more reluctance to name sexual parts among the Latino population of kids than the non-Hispanic population. But sometimes I can use their words. That tends to be my style. You know, with English-speaking families I might say, "What do you call a penis in your family?" and go with what their words are, so that I might say the same thing to a Puerto Rican family. The myth is that there’s much more reluctance to talk about sexual stuff among Latino kids. And among themselves, my guess is that they talk about it as much as anyone else does. Some of those kids I think have been more reluctant to tell me exactly what happened....I’m not sure whether it’s an inhibition to talk about sexuality, a cultural thing.

A Puerto Rican therapist had similar observations about her Puerto Rican clients:
Yo creo que en general hay más una renuencia a hablar de cosas sexuales. Eso es como decir malas palabras, algo así. Yo creo que eso es para todo el mundo, pero creo que es más para los hispanos. Sin embargo, yo diría que la diferencia mayor no es tanto bregando con el niño, o con el adolescente—hablar de esas cosas—pero con la familia. Yo diría que esto es difícil, más con puertorriqueños que con norteamericanos....Es una cuestión de vergüenza.

I think that in general there is more of a reluctance to speak about sexual things. It's like saying dirty words, something like that. I think that's true for everyone, but more true for Hispanics. Anyway, I'd say the greatest difference is not in dealing with the child or with the adolescent—speaking about these things—but with the family. I'd say that it's more difficult with Puerto Ricans than with North Americans....It's a question of shame.

Participants discussed cultural hindrances to disclosures of sexual abuse in addition to those named above. These include: expectations that men have little choice but to act on sexual impulses; the censuring of women who seek separation or divorce; victims' belief that disclosure will cause a family member to go into a rage
and kill the offender; and a cultural preference for resolving problems within the family.

Discussion

The unanticipated participation of therapists who had also been clients, and clients who also had an interest in human services, produced a great richness of information. One Puerto Rican psychologist who had been abused sexually as a child and was a former client of psychotherapy described what this multiple-identity in the interview was like for her:

Mi experiencia ha sido que a la misma vez que estoy hablando de la experiencia clínica, estoy pensando en la propia, no personal solamente sino de relación. Entonces están todas las cosas mezcladas, y es como si hubiera un canal en común con muchos hallways that go to there, and it all gets confounded.

My experience has been that at the same time that I'm speaking about my clinical experience, I'm thinking about my own experience—not just personal but also of people I know. So all the things are mixed, and it's as if there was a common channel with a lot of hallways that go to there, and it all gets confounded.
The participation of therapists from a variety of class backgrounds, ethnic backgrounds and clinical orientations also provided a certain amount of internal triangulation (Marshall & Rossman, 1989). The participants were in no way speaking in one voice, or even two voices--that of clients and that of therapists--but rather in a multiplicity of voices. Occasionally they sang in unison, agreeing on a point; often they harmonized, stressing different aspects of a question; and occasionally they were in discordance, disagreeing with each other. Because of the limited scope of this chapter, all the points of convergence and divergence in the data were not explored here. However, it is hoped that this chapter communicated some of the complexity of the data.

We have seen how discrimination, migration, poverty, and lack of bilingual services lead low-income Puerto Rican children to be unusually isolated, with potentially fewer people whom they might trust with the secret of the abuse. Additionally, we have seen that certain aspects of Puerto Rican culture including the expectation of unquestioning obedience to adults, the use of corporal punishment, the high value placed on a girl's virginity and taboos around the discussion of sex may make it even harder for Puerto Rican victims to disclose sexual abuse than for children from other groups. (Members of other
groups who share these characteristics would also face similar impediments to disclosure).

The literature supports the notion that social isolation can be a vulnerability factor in the occurrence of incest (Trepper & Barrett, 1989) since isolated families "do not fall under the scrutiny of the outside systems which usually provide a certain amount of control for deviant behavior" (p. 82). The findings of this study would add that isolation may also contribute to a decreased likelihood of disclosure and therefore greater potential for the continuation of sexual abuse.

These participants' characterizations of normative Puerto Rican childrearing practices are very much in agreement with the literature. Puerto Rican family therapist García-Preto (1982) described typical disciplinary practices in this way:

If children are not obedient, passive, and respectful, they are punished. Unlike WASP or Jewish families, Puerto Ricans do not see their children as individuals with minds of their own....Spankings are acceptable as discipline. (p. 172)

Why children's obedience should be so highly valued and physical punishment so generally accepted is unclear. Certainly Puerto Rico's history of colonization, slavery and violent oppression may have contributed to these norms (Payne, 1989).

The literature also supports participants' descriptions of the high value placed on a girl's
virginity as characteristic of Puerto Rican culture. Puerto Rican researchers Santos-Ortiz and Muñoz Vázquez (1989) describe "the predominance of the ideology that women should remain virgins until they marry, a conduct [which is] basically controlled by instilling guilt and maintaining women ignorant" (p. 158).

The literature also agrees with the participants' portrayal of the taboos around discussing sexuality in Puerto Rican culture, and particularly for people from the working and poor classes. In their study of Puerto Rican workers and managers, Santos-Ortiz and Muñoz Vázquez (1989) found that while half of the workers said they talked about sexual matters with friends, half said they talked about sexual matters with no one. They continued:

None of the women from the working class stated that they conversed about sexual matters with their husbands. Women from the working sectors usually expressed that they were kept ignorant of sexual matters while growing up. (p. 157)

They described how taboos around discussing sexuality led to lack of knowledge of their bodies and contraception, lack of pleasure in sexual relations, and general lack of control of their sexuality for Puerto Rican women, and particularly for working class and poor women. Taboos around the discussion of sexual matters and children's resultant ignorance about sex may also make disclosures of sexual abuse more difficult for Puerto Rican children, since they may lack the understanding to describe what is
happening to them as sexual abuse, and feel ashamed to talk about sex.

We can see that the layers of pressures on Puerto Rican children not to disclose sexual abuse are daunting, indeed. They are likely to face threats by the offender, family pressures not to rock the boat, cultural pressures not to bring shame upon themselves or discuss taboo matters, and social isolation and discrimination.

If disclosure is seen as the first step towards ending abuse and enabling victims and their families to heal from their trauma, how can disclosures be made easier for these children? Here we will discuss three interventions which could alleviate this added burden for Puerto Rican victims. The visible presence of larger numbers of bilingual personnel at all levels of the educational, social service, medical and legal systems would immediately give Puerto Rican children more people with whom they can communicate, thus reducing their isolation. Several participants pointed out that while speaking the same language is a necessary first step, it is not enough (just as the ability to speak English is not considered sufficient qualifications for a therapist to work on issues of child sex abuse with English-speaking clients!). Providers who are serving low-income Puerto Ricans--whether they are Puerto Ricans, other Latinos or non-Hispanics--need to be aware of and respectful towards
Puerto Rican history and culture, aware of their clients' socioeconomic context, and skilled in working with issues of sexual abuse. Without this training, they may speak the same language but may still fail to understand how to approach this issue with low-income Puerto Rican families.

More and improved sex education in the schools could help prevent sexual abuse and facilitate disclosures (e.g. Tharinger, Krivacska, Laye-McDonough, Jamison, Vincent & Hedlund, 1988). First, it would partially loosen the taboos around discussing sex. One participant commented that if sex education had been available in her school, she would have felt that the wall of silence around discussing sexual matters had been broken, and she would have disclosed. Second, sex education with specific information on sexual abuse would help girls and boys realize that coerced sex is not socially-condoned, and their participation is not obligatory (see Mulhern, 1990). One participant said that she believes she would have confided in any adult who appeared to be comfortable discussing sex. She said she wanted desperately to tell someone that her uncle was abusing her, but knew no one who she believed would respond without punishing her.

A third major suggestion involves promulgating educational programs for parents and people from "mediating structures"—like schools, churches, voluntary associations, faith healers and youth organizations—who
are in closest contact with low-income Puerto Rican children (Sims Gray & Nybell, 1990). These programs could provide information on sexuality in general, and on definitions of child sex abuse, ways to detect it, and how to proceed if they believe a child is being abused sexually (Conte, Wolf & Smith, 1989; Tharinger et al., 1988). With greater information on sexual abuse, these people could organize an anti-abuse network within a community which might be more responsive to community needs than a program imposed from outside the community. This training program would have to be designed and implemented by people knowledgeable about and trusted by low-income Puerto Ricans. And of course, the social service and legal providers who handle those abuse cases that are uncovered would have to be worthy of the community's trust. Community leaders are not going to help disclose to authorities if they perceive the authorities as intent on destroying or disgracing--rather than empowering--Puerto Rican families. (For an excellent discussion of some of the general issues related to disclosure, see Browne, 1991).

Further research is needed into all aspects of the occurrence, detection and treatment of child sex abuse among different cultural groups in the United States, including Puerto Ricans. Quantitative studies aimed at ascertaining the prevalence and type of sexual abuse in
different groups of people are certainly important. However, they are not sufficient. Detailed qualitative research into the ways members of specific groups experience and define sexual abuse, how they express their pain, where they turn for help and the meaning they make of the treatment currently available would have immediate implications for practitioners. Additionally, international research on what constitutes abuse in other countries, and the treatment approaches used to prevent and ameliorate the effects of abuse could enrich our own treatment practices in this country (see Finkelhor & Korbin, 1988).

This is a small sample and the data should be viewed with caution. A major limitation involves the gender of the victims. All the participant clients were female and most of the cases described by the therapists also involved female victims. This is not surprising, since most victims of sexual abuse appear to be female, and the overwhelming majority of victims who receive medical or psychological attention are female (see Cupoli & Sewell, 1988; Finkelhor, Hotaling, Lewis & Smith, 1990; Russell, 1986). However, the issues around disclosure for Puerto Rican male victims are apt to be somewhat different from those for females; and merit specific exploration (O’Neill, 1990).
This study also fails to address how the layers of pressures against disclosure might interact with each other, or the influence of those factors which free a child to disclose. It is important to remember, therefore, that there may be aspects of Puerto Rican culture which protect children from abuse and ease disclosure, mitigating the cultural and systemic factors which discourage a child from disclosing.

Finally, this article assumes that disclosing that they are being sexually-abused is a positive step for children, and leaves unanswered the important question: "What happens to low-income Puerto Rican children in the United States after they disclose that they are being abused sexually?" More information is needed on how the social service and legal systems handle disclosures from children of different groups.

Finally, the data presented above indicate the need for replication with low-income Puerto Ricans and with other groups in the United States (interview guides are available from the author). Although preliminary, the study described above provides the first systematic exploration of how culture and societal pressures may contribute to low rates of disclosure of sexual child abuse.
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