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BEYOND ETHNIC DIFFERENCES IN CHILD SEXUAL ABUSE

Comparative study into child sexual abuse of youth with a non-Western ethnic and native Dutch background.

Pinar Okur
The studies described in this dissertation were performed at the International Victimology Institute Tilburg, Tilburg Law School, Tilburg University, The Netherlands

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CHAPTER 1

General introduction
INTRODUCTION

In the Netherlands, there are indications that Dutch youth with a non-Western ethnic background become more often victims of CSA. In a parliamentary paper from the Dutch House of Representatives (Tweede Kamer [Dutch House of Representatives], 2008, 29 220, nr. 12), it was noted that ethnic minority groups in the Netherlands faced more problems regarding sexuality (e.g., more often victims of sexual abuse and teenage pregnancies) than native Dutch youth. Kooistra (2006) reported an overrepresentation of Moroccan boys in the prostitution. Simultaneously, migrant organizations and practitioners working with ethnic minority groups assume that a higher prevalence among youth with a non-Western ethnic background is often overlooked or remains undiscovered because of taboos regarding sexuality among these minority groups (Volkskrant, 21 March 2011). To date, studies that investigate whether CSA is more common among non-Western ethnic minorities compared with native Dutch youths are limited and inconclusive. In many epidemiological studies, ethnicity is not taken into account in such a way that valid conclusions can be drawn. In general, analyses based on ethnicity are often excluded due to methodological limitations, such as small sample sizes and lack of representativeness. Heterogeneity in the forms of sexual abuse of minors that were included in the existing studies (child abuse within and outside families, peer abuse/dating violence, abuse of boys or girls, child prostitution), differences in definition and different ethnic groups (e.g., no distinction between non-Western ethnic groups or one single ethnic group in the sample), raise profound methodological and conceptual challenges that hamper any solid comparisons between existing studies or drawing valid conclusions. For instance, in a survey on sexual behavior among people younger than 25 years by De Graaf, Meijer, Poelman, and Vanwesenbeeck (2005), a higher prevalence of forced sexual activities was found among boys with a minority background compared to native Dutch boys. For Turkish and Moroccan girls, the results were reversed: these girls reported lower prevalence rates than native Dutch girls, whereas Surinamese and Dutch Antillean girls reported higher prevalence rates. In a survey among Amsterdam adolescents, Diepenmaat, Van der Wal, Cuijpers, and Hirasing (2006) found similar results: the lifetime prevalence of unwanted sexual activities was higher among Turkish, Moroccan, and Surinamese/Dutch Antillean boys than among native Dutch boys. On the contrary, girls of Turkish and Moroccan origin reported a significantly lower rate of
sexual coercion and force than native Dutch girls, while no prevalence rate was reported for Surinamese/Dutch Antillean girls. Lamers-Winkelman, Slot, Bijl, and Vijlbrief’s study (2007) did not distinguish between boys and girls but reported that minors (below 14 years) from ethnic minority groups had an almost two times higher risk of experiencing child abuse (i.e., no distinction was made between CSA and other forms of child abuse) than native Dutch adolescents. In a survey on sexual victimization (De Haas, 2012), however, no differences were found between women of Dutch origin and Turkish, Moroccan, Surinamese or Dutch Antillean women (the number of men was too small to allow quantitative analysis). Similarly, Van IJzendoorn et al. (2007) concluded that the prevalence of CSA of children with a non-Western ethnic background does not differ significantly from the prevalence rate of native Dutch children. In the follow-up study of Van IJzendoorn et al. (2007), conducted by Alink, Van IJzendoorn, Bakermans-Kranenburg, Pannebakker, Vogels, and Euser (2012) a few years later, higher prevalence rates of CSA were reported among ethnic minorities, but these differences disappeared after controlling for socio-demographic factors such as low socio-economic status and educational level. Despite the findings from above mentioned studies, to date, findings are ambiguous with regard to the prevalence rates of CSA among ethnic minorities.

International research failed to clarify the question whether ethnic differences exist in prevalence rates of CSA as well. There are a few studies indicating that CSA is more prevalent among ethnic minority groups (Sedlak, Mettenburg, Basena, Petta, McPherson, & Greene, 2010; U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect, 1997), but there are also studies that contest these differences (Russell, 1986; Wyatt, 1985).

To clarify the phenomenon of CSA in minority groups, prevalence rates, but also data on the nature (i.e., forms of abuse), context (i.e., contextual factors, including victim-perpetrator relationship, age of onset, frequency of abuse) and (cultural) attitudes toward sexuality and sexual abuse need to be included in academic research. These data will be relevant for the interpretation of the prevalence rates. To fill this gap in research, the current study examines the prevalence, nature and context of CSA among ethnic minorities in the Netherlands.
Help-seeking after CSA
In addition to the gap in knowledge about prevalence rates of CSA among ethnic minorities in the Netherlands, there is also a lack of insight in the ways in which victims of CSA with an ethnic minority background respond to and deal with CSA. What kind of support do they seek after CSA? In general, even though there are multiple options for victims of CSA in the support systems of Western countries—some support systems have actually established culturally sensitive structures by hiring professionals with similar cultural and ethnic background or who speak the preferred language of victims with non-Western backgrounds—studies with regard to regular mental health problems in the Netherlands report that ethnic minorities are underrepresented in formal mental health care (Bellaart, 2007; Boon, De Haan, & De Boer, 2010; Cauce et al., 2002). A growing body of studies suggests that there are cultural boundaries that restrain ethnic minority victims of CSA from seeking help after the abuse (Fontes & Plummer, 2010; Gilligan & Akhtar, 2006; Hamby, 2008; Lee & Law, 2001). Moreover, studies indicate that the process of help-seeking behavior after CSA is influenced by cultural attitudes toward sexuality and gender roles (Alaggia, 2002; Fontes, & Plummer, 2010): In cultures where talking about sexuality is a taboo, it can be difficult to disclose CSA to intimates or/and friends (Gilligan & Akhtar, 2006). Gender-related sexual scripts may accuse the victim of being responsible for provoking a forced sexual encounter (Caceres, 2005). In addition, perceptions with regard to effective help may differ between non-Western ethnic minorities and Western support systems. These perceptions are, in turn, shaped by the perception of what constitutes CSA and expected to differ among ethnic groups and cultures (Cauce et al., 2002). Yet, little is known about the attitudes and perceptions of ethnic minority victims of CSA, let alone how it influences their help-seeking behavior. In order to examine the prevalence rates of help-seeking after CSA and whether the use of mental health services by ethnic minority groups in response to CSA is associated with perceptions about CSA (McMahon, 2011), they must be considered within the social and cultural norms and attitudes ethnic minorities value. Not only to fill the gap in research but also because these social and cultural norms and attitudes may assist practitioners in providing appropriate and efficient services to victims of CSA with a non-Western ethnic background.
Aim of the dissertation
There is limited and mixed empirical evidence on whether ethnic differences exist in prevalence rates of CSA in the Netherlands and in help-seeking behavior after CSA. In order to understand the magnitude of the problem and the needs of ethnic minorities after CSA, and whether these needs differ in comparison with native Dutch victims of CSA, comparative research is required.

The aim of the current study is threefold: (a) developing a comparative perspective on the prevalence, nature and context of CSA among youth with a non-Western ethnic background and native Dutch background; (b) understanding where – in comparison with their native Dutch counterparts - non-Western ethnic minority victims of CSA turn to for help after CSA and what their experiences are with help-seeking behavior; and (c) gaining additional insight in the way victims of CSA cope with the abuse and the influence of attitudes toward sexuality and gender roles on coping; not only from an ethnic perspective, but also in broader terms, namely victims of CSA in general and male and female victims of CSA in particular.

Despite the fact that previous studies are ambiguous with regard to the prevalence rates of ethnic minorities, it is hypothesized –based on indications of Dutch society- that ethnic differences will be found, with ethnic minority groups reporting higher prevalence rates of CSA in comparison with native Dutch youth. Further, it is assumed that – based on the available literature described above – ethnic minority groups seek less help after CSA than their native Dutch counterparts and that their help-seeking behavior is influenced by (cultural) attitudes toward sexuality and gender roles.

Study design
To adequately address the complexity of a CSA study in a heterogeneous research population, a multi-method, multi-informant research design was designed. This design consisted of three parts and combined a quantitative approach and two qualitative approaches. Figure 1.1. illustrates the study design.
The first quantitative part of the study (survey with 3,697 participants) was comparative in design in order to establish whether non-Western minority participants differ from native Dutch youth in relation to the prevalence and nature of CSA. A self-report survey was developed in collaboration with a Dutch centre of expertise on sexual and reproductive health (Rutgers) and was based on the Sexual Experiences Survey (SES) of Koss et al. (2007).

To obtain a large community sample of young people (18-25 years), - specifically with a focus on participants with a non-Western ethnic background - participants were recruited from vocational schools and universities of applied science in the Netherlands. In 2011-2012, these schools catered to 60% of all 18 to 25-year-olds with a non-Western background and 56% of all native Dutch youth aged 18 to 25 (Central Bureau of Statistics (CBS) Statline, 2012). As a result, the student population in these schools includes a significant part of our target group. As the ratio of non-Western students to native Dutch students approaches 1:10, a large sample was needed to include a sufficient number of non-Western students to examine prevalence rates for different ethnic minority groups. In order to recruit a large sample of non-Western ethnic minorities, schools that teach the following programs in their curriculum were selected: Economics, Care & Welfare, and Technology. According to the CBS these are the three most popular programs among non-Western ethnic minorities (2012).
Data were collected during school hours as part of the regular lectures. In consultation with schools and teachers on how to introduce the topic, the survey was introduced during school lessons in computer classrooms, where students filled in the web-based survey. Students were asked for their informed consent and those who declined to participate in the study completed an alternative survey on study motivation: the Dutch-language Prestatie Motivatie Test (PMT) [Performance Motivation Test]. This survey was presented in the same layout as the survey on CSA. This way, students did not have to leave the classroom and privacy for all the students was safeguarded. The results of the alternative survey were deleted from the dataset after the data collection was finished. Data were collected between November 2011 and April 2012. Figure 1.3. illustrates the flowchart of participants.
The two qualitative parts of this study focused on respectively victims of CSA (25 interviews) and professionals from the various non-Western ethnic minority groups (4 focus groups). The participants for the interviews were recruited through the survey; participants who indicated to have experienced some form of CSA were asked in the survey to participate in a follow-up study. In total 164 participants agreed to participate. They provided their contact details that were subsequently stored in a file that was separated from the information about their reported abuse in order to ensure their privacy. The aim was to conduct 50 interviews in total, but due to time limits, unreachable participants and reservations of participants, a total of 25 interviews were planned and conducted. Prior to the interviews, each interviewer had an interview training at Pharos (the Dutch center of expertise on health disparities) about sensitive topics to be more aware in their approach to the participants. During the interviews, participants could decide if and how much they wanted to disclose about their abusive experience(s). Each participant received contact information for emergency services as well as a movie voucher as a token of gratitude for their participation. Out of the 25 interviews, two have not been used in further analyses, because two interviewees did not disclose their abuse during the interviews. Of the remaining 23 interviews, four participants had non-Western ethnic backgrounds; Surinamese, Moroccan, Turkish and Afghan respectively. It is of importance to note that for the scope of this dissertation only the interviews with these non-Western ethnic minority victims of CSA are included (i.e., four in total). The results from the total of 23 interviews are published in a Dutch professional journal (Okur, Van der Knaap, & Bogaerts, 2014) and have not been
included in this thesis. The data collection for the interviews took place from August 2012 to December 2012 and the participants chose the setting. The Psychological Ethics Committee (PETC) of Tilburg University approved the procedure. The interviews were conducted by the author and three interviewers and lasted an average of 45 to 90 minutes.

The focus groups followed after the online survey and interviews in order to gain a deeper insight from a professional’s perspective into the survey results and the interviews. The focus groups consisted of professionals from four different non-Western ethnic backgrounds: Dutch Antillean, Surinamese, Moroccan and Turkish. To qualify for inclusion in the focus groups, the participants had to work with ethnic minorities, preferably have the same ethnic background as one of the ethnic minority groups, and be involved with the topic of sexuality and/or CSA. Through a snowball sampling approach, a list of eligible people was generated. Eventually two to four experts were present in each focus group. Meetings were scheduled between May 2012 and June 2012 and lasted for an average of one to one and a half hours.

Definitions

Ethnic minority groups
According to the Statistics Netherlands definition (Centraal Bureau voor de Statistiek [Statistics Netherlands], 2012), a person is considered to belong to a non-Western ethnic minority group if that person was born in a country in Africa, South America or Asia (excl. Indonesia and Japan) or Turkey and has at least one parent who was born abroad (first generation non-Western background). Someone is also considered to belong to a non-Western ethnic minority group if he or she was born in the Netherlands, but has at least one parent who was born outside the Netherlands (second generation non-Western background). For a person with a second-generation non-Western background, the country where the mother was born determines the ethnic background. However, if the mother was born in the Netherlands, ethnic background is determined by the father’s country of birth.

Central to this dissertation were –aside from the native Dutch youth- the four traditional non-Western minority groups in the Netherlands: youth with a Dutch Antillean, Surinamese, Moroccan and Turkish background.
It should be mentioned that different terms have been used throughout this dissertation to describe the ethnic minority groups in the Netherlands. Interchangeably used terms - depending on the context of the study and the style of the journal the separate studies were published - are ethnic minority groups, minority ethnic groups, traditional non-Western migrant groups, youth with a non-Western ethnic background, young people of non-Western heritage and non-Western ethnic minorities.

**Child sexual abuse**

The difficulty when defining CSA is that it covers a broad spectrum of sexual abuse related behaviors. This spectrum of behaviors includes the form of abuse, the victim-perpetrator relationship and the age range of victims and perpetrators. In order to compare groups on the nature and context of the abuse, but also to be able to classify the abuse into different categories, we did not want to restrict ourselves by using a narrow definition. The definition of CSA in this study is:

*Any sexual experience of a person up to 18 years, involving bodily or non-bodily contact in real life, if that experience is subjectively qualified as involuntary by the subject, regardless of the age difference between subject and perpetrator.*

In the following section, the rationale for the definition of CSA in the current study is described.

**Children.** In this study, a child is defined as ‘a person encompassing the age range up to 18 years’ (UN Convention on the Rights of the Child, UNCRC, Nov. 20, 1989). With this definition, all sexually abusive events that have happened to a person before the age of 18 years are considered as CSA. What is considered as a sexually abusive event is defined below.

**Bodily and non-bodily contact experiences.** Sexually abusive experiences can involve bodily contact, but do not necessarily do so. Sexual abuse involving bodily contact covers the range from unwanted sexual touching, kissing, to vaginal or anal penetration with a penis or an object. Non-bodily contact sexual experiences can occur in real (social) life or virtually (on-
line). The first category includes experiences such as being forced to watch sexual activities of others or visual images of a sexual nature, or being forced to perform solitary sexual acts in the presence of other(s), while the second category applies to internet grooming. For the scope of this study, we focused on bodily and non-bodily contact experiences in real life.

**Relationship with the perpetrator**. In order to be as inclusive as possible, the following categories of perpetrators were distinguished:

- Family members (parental family, step parents/-siblings, other relatives)
- Partners/ex-partners
- Friends/peers
- Professionals (where the child is in a professional relationship of unequal power/dependency: teachers, social workers, therapists, guardians, religious officials/priests etc.)
- Social acquaintances
- Strangers

**Age range**. Sexual experiences of a child up to 12 year with a person at least 5 years older are widely accepted as constituting CSA, no matter whether there is coercion involved (cf. Pereda et al., 2009). However, as children become sexually active (e.g., adolescence), issues like coercion or consent become more complex and using an age difference of 5 years between perpetrator and victim (for example in case of a 15, or 16 year old adolescent with a young adult of 20 or 21) does not suffice to define CSA. The majority of adolescents voluntarily develop a repertoire of sexual consensual behaviors. In order to acknowledge the growing sexual agency of adolescents yet taking into consideration their vulnerability within this age group, the qualifying criteria for abuse was whether the sexual experience is subjectively defined as *against the participants’ will*, regardless of age. By systematically collecting information on the subjective evaluation of voluntariness and relationship with the sexual partner (see previous paragraph on relationship with the perpetrator), unwanted sexual experiences with peers and/or adults can be distinguished.
Outline of the dissertation

Chapter 2 and 3 describe the prevalence, nature and context of sexual abuse in the Netherlands; chapter 4 addresses the differences in help-seeking after CSA between ethnic minorities and native Dutch victims. Chapter 5 describes the perceptions of ethnic minorities regarding concepts of CSA and help-seeking in the Netherlands. Chapter 6 and 7 present the results of two studies on coping behavior after CSA; chapter 6 describes help-seeking behavior among boys and girls and chapter 7 examines the perceptions of victims of CSA regarding blame attributions. The final chapter (8) presents a summary, general discussion of the findings and implications for practice.
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Tweede Kamer [Dutch House of Representatives], 2008, 29 220, nr. 12.


CHAPTER 2

Prevalence and nature of child sexual abuse in the Netherlands: Ethnic differences?

ABSTRACT

In most epidemiological prevalence studies of child sexual abuse, the role of ethnicity remains unclear. This study examined the prevalence and nature of child sexual abuse in four non-Western ethnic minority groups and compared them with a native Dutch group. A sample of 3,426 young adults (aged 18–25) completed a structured, online survey on experiences of child sexual abuse. A total of 42.9% (n = 1,469) participants reported at least one form of child sexual abuse victimization before the age of 18. Surinamese and Turkish respondents’ prevalence rates did not differ from the native Dutch youth. However, the Dutch Antillean respondents reported significantly higher rates of child sexual abuse on specific forms of abuse, whereas the Moroccan respondents reported lower rates compared with their native Dutch peers. With this study, we have more insight into the differences—however small they may be—between ethnic groups and native Dutch youth regarding child sexual abuse.
INTRODUCTION

Child sexual abuse (CSA) occurs at all ages. A growing body of research on CSA shows the pervasiveness of this phenomenon (e.g., Moore et al., 2010; Pineda, Lucatero, Trujillo-Hernández, Millán-Gurerrero, & Vásquez, 2009; Stoltenborgh, Van IJzendoorn, Euser, & Bakermans-Kranenburg, 2011). A review of the international epidemiology of CSA between 1970 and 1994 conducted by Finkelhor (1994) revealed that at least 7% to 35% of women and 3% to 26% of men experienced sexual abuse in childhood. Pereda, Guilera, Forns, and Gomez-Benito (2009) extended Finkelhor’s (1994) review and examined the prevalence of CSA from 1994 to 2007 onward in 21 different countries as reported in epidemiological studies that were published in that timeframe. Their results showed that 19.7% of women and 7.9% of men had a history of CSA before the age of 18 years.

Unfortunately, the role of ethnicity is not taken into account in many epidemiological studies. This is most likely due to methodological limitations such as small sample sizes and lack of representativeness. As a result, even basic data on prevalence of CSA in different ethnic minorities is minimal. Meanwhile, there is reason to believe that CSA is more prevalent among ethnic minority groups (Sedlak et al., 2010; U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect, 1997).

Another issue is that the few studies regarding ethnic minorities and prevalence rates of CSA that have been conducted in the United States (Cappelleri, Eckenrode, & Powers, 1993; Ullman & Filipas, 2005). Ullman and Filipas (2005) found that Black students reported more CSA than other ethnic groups (i.e., Hispanics, Asians, and Whites). However, this study did not look at gender differences and used only female students in their sample. Cappelleri and colleagues’ (1993) study on the incidence and prevalence of child abuse and neglect found that ethnicity was a risk factor for CSA. Stoltenborgh and colleagues (2011) reported that in studies with samples from the United States and Canada, ethnicity moderates the CSA prevalence rates for boys but not for girls. Unfortunately, results from the United States cannot be generalized to European populations due to the fact that the immigration history of the United States and the origin of ethnic minorities is different than in Europe. Modern immigration in Europe started mostly in the second half of the 20th century (Heath, Rothon, & Kilpi, 2008). The quick economic rise after World War II required a specific type of labor force: workers with a low education level, mostly single males, willing to work in temporary
jobs. In countries such as the Netherlands, this led to the recruitment of guest workers from southern Europe, Turkey, and Morocco. At the same time, immigration of people from the former colonies (such as the Dutch Antillean islands and Surinam) increased due to adverse economic developments in their countries (Jennissen, 2013). Currently, these groups make up 11.7% of the Dutch population (Central Bureau of Statistics [CBS], 2014).

In the Netherlands, little is known about the prevalence and nature of CSA among ethnic minorities. Only a few Dutch studies have considered ethnic differences in prevalence rates of CSA. One of the most recent studies that touched on this topic found that Moroccan boys reported higher rates of CSA (Lalah, Van der Knaap, & Bogaerts, 2013). This study, however, focused only on Moroccan boys and used a narrow definition of CSA. More comprehensive studies that specifically investigated differences in the prevalence of CSA among several ethnic groups have found mixed results. For example, De Graaf, Meijer, Poelman, and Vanwesenbeeck (2005) concluded that boys with a non-Western ethnic background reported more forced sexually abusive acts than native Dutch boys. The opposite results were found for girls with a Turkish and Moroccan background, whereas girls with a Surinam and Dutch Antillean background reported higher prevalence rates than the native Dutch girls. Similar results were found in a study by Diepenmaat, Van der Wal, Cuijpers, and Hirasing (2006). Alternatively, research by Bakker and colleagues (2005) showed no ethnic differences between groups. A more recent study by De Haas (2012) showed similar results regarding ethnic differences in prevalence rates of CSA. Van IJzendoorn and colleagues (2007) also came to the conclusion that sexual abuse of children of non-Western origin does not occur more often than sexual abuse of native Dutch children. However, the follow-up study of Van IJzendoorn and colleagues’ study (2007), conducted by Alink and colleagues (2012) a few years later, did report ethnic differences in sexual abuse.

The reported differences can be attributed to the variations in methodology of the Dutch studies. The studies that have reported ethnic differences (De Graaf et al., 2005; Diepenmaat et al., 2006) have a number of limitations related to generalizability and representativeness (i.e., research with only respondents from Amsterdam and no further specification on the nature of the abuse). However, the studies with a stronger methodological design (i.e., Bakker et al., 2009; Van IJzendoorn et al., 2007) do not support
the assumption that ethnic differences exist, but both studies demonstrate differences in their methods (self-reports versus informant study, “lifetime” prevalence versus incidence in the past year). Therefore, it is difficult to draw conclusions on possible ethnic differences from the available literature.

To fill this gap in the literature, the current study has examined the prevalence and nature of CSA in four ethnic minority groups and a native Dutch group. The ethnic minorities in this study consist of the following four groups: young adults with either a Dutch Antillean, Surinamese, Moroccan, or Turkish background. To acquire a complete overview on the prevalence rates, a broad definition of CSA is chosen that concerns both hands-off and hands-on forms of abuse and where no specific age distinction between perpetrator and victim is assumed. At the same time, we have looked in detail at the nature of the abuse by asking about each form of abuse in concrete terms. Furthermore, considering the important differences between CSA prevalence rates among boys and girls in previous studies (Finkelhor et al., 1994; Pereda et al., 2009; Stoltenborgh et al., 2011), we analyzed gender differences between ethnic groups in our sample as well.

METHODS

Procedure

The respondents were recruited from vocational schools and universities of applied science. In 2011–2012, these schools catered to 56% of all native Dutch youth aged 18 to 25 and 60% of all 18- to 25-year-olds with a non-Western background (Central Bureau of Statistics, 2014). Multistaged sampling was used in order to recruit respondents. The schools were selected through stratified random sampling. Letters were sent to all the vocational schools and universities of applied science that taught economics, care and welfare, and technology programs (75 in total, after excluding those who did not offer one of the three selected programs). According to the Central Bureau of Statistics (CBS), these three were the most popular programs among ethnic minorities. The schools that replied favorably to our invitation (n = 5) were contacted by phone to schedule a meeting to explain the details of the study and agree on practical arrangements regarding the data collection. Second, the remaining 70 schools that did not reply to our initial letter of invitation were contacted by
phone through another stratified selected sample. Schools in cities with the highest number of ethnic minorities (Central Bureau of Statistics, 2014) were called back first, in order to oversample ethnic minority youth in the sample. The protocol was submitted to an ethics advisory board for advice, and all students completed an informed consent regarding their participation. Data were collected between November 2011 and April 2012. In consultation with schools and teachers on how to introduce the topic, the survey was introduced during school lessons in computer classrooms, where students filled in the survey online. The first author was present during the data collection, and privacy was guaranteed at all times. Students who refused to participate in the study completed an alternative questionnaire on study motivation: the Dutch-language Prestatie Motivatie Test (PMT) [Performance Motivation Test]. This test was presented in the same layout as the survey on sexual abuse in order to guarantee privacy for all the students. The results of the alternative questionnaire were deleted from the data set after the data collection was finished. This way none of the students had to leave the classroom.

Response rate
Nationwide, from the 52 vocational Dutch schools, 7 were excluded from the research study because the selected programs were not offered by these schools. From the remaining 45 vocational schools, 9 schools participated in the project yielding a response rate of 20%. Of the 41 Dutch universities of applied science, 11 were excluded from the research (the selected programs were not offered by these schools) and 4 participated. The response rate of the universities of applied science was 13.3%. The total response rate was 17.3%. Data were collected during school hours as part of the regular lectures. Random selection of groups was not possible because of organizational barriers (e.g., internships away from school during the data collection period). As a result, all groups that were available when the first author visited a school were included in the data collection.

Measures
CSA represents various forms of unwanted sexual acts against children. The United Nations Convention on the Rights of the Child (UNCRC, 1989) describes a child as any person under the age of 18 years. The difficulty when studying CSA is that it has various definitions and is
often used as an umbrella term to cover a wide spectrum of sexual abuse related behaviors. In this article, a broad definition of CSA was chosen that related to both hands-off and hands-on abuse and without any age limit between the perpetrator and the victim. At the same time, details of the nature of the abuse were known by inquiring about every form of abuse in concrete terms. For this study, CSA was defined as any sexual experience that happens in real life (offline), involves hands-on and/or hands-off contact, and is committed against the will of a minor (under age 18) by a peer or adult.

A self-report questionnaire was developed in collaboration with a Dutch center of expertise on sexual and reproductive health (Rutgers). The questionnaire was based on the Sexual Experiences Survey (Koss et al., 2007) and measures demographic characteristics of the respondents, prevalence of CSA, attitudes toward sexuality and gender roles, and help-seeking behavior. The CSA questions were preceded by general questions about sexuality to ensure respondents were accustomed with the topic. For this article we used demographic data as well as data on prevalence rates.

Respondents were asked to report on a number of specific unwanted sexual experiences that might have happened before they turned 18 years old and that cover all aspects of CSA as defined previously. The questionnaire consisted of 13 items, and the responses were on a 3-point scale: never, once, and more than once. The items for hands-off forms of CSA consisted of statements such as, “Someone forced you to watch pornographic images” and “Someone forced you to masturbate in his or her company”. The items on hands-on forms of CSA had statements ranging from “Someone touched you sexually against your will” to “Someone forced you to have sexual intercourse with him/her”. The latter consisted of two separate items, vaginal and anal intercourse respectively. However, these items have been grouped together in the analysis, because they both involve penetration of the body. If the answer once or more than once was given on any of the 13 items, this was scored as CSA. Follow-up questions were asked to gather information about the relationship with the perpetrator, the age of the respondent when the experience happened (before 12 years, between 12 and 18 years, or both), the severity of the abuse, and the help-seeking behavior (“Have you ever disclosed the abuse to someone in your close vicinity?” “Have you ever sought professional help?” and “Have you ever reported the abuse to the police?”).
Sample
A retrospective study was carried out among students aged 18 through 25 years. In total, 3,697 students engaged in the study: 97.1% \( (n = 3,590) \) participated in the survey on sexual abuse, and 2.9% \( (n = 107) \) refused to participate and completed the alternative survey about study motivation. After excluding the cases of respondents who did not meet the conditions of the target group (aged between 18 and 25 years), 3,426 cases were included in the data analysis (see Table 1). Two-thirds of the sample, 66.4%, was female \( (n = 2,204) \), and one-third, 31.6%, male \( (n = 1,083) \). More than three-quarters (77.3%) of the respondents were studying at a vocational school at the time of the data collection, while 22.4% were enrolled at a university of applied science. The mean age of the participants was 20 years \( (M = 19.99, SD = 1.88) \). The majority of the respondents who participated in the study were born in the Netherlands (88%).
TABLE 1. Demographic characteristics of the respondents (N = 3,426) in the sample and according to CBS

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>%</th>
<th>CBS (%)</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>1,083</td>
<td>31.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>2,204</td>
<td>66.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No answer</td>
<td>139</td>
<td>2.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dutch</td>
<td>2,269</td>
<td>66.2</td>
<td></td>
<td>74.0</td>
<td></td>
</tr>
<tr>
<td>Dutch Antillean</td>
<td>50</td>
<td>1.5</td>
<td></td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>Surinamese</td>
<td>133</td>
<td>3.9</td>
<td></td>
<td>2.4</td>
<td></td>
</tr>
<tr>
<td>Moroccan</td>
<td>207</td>
<td>6.0</td>
<td></td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>Turkish</td>
<td>240</td>
<td>7.0</td>
<td></td>
<td>3.4</td>
<td></td>
</tr>
<tr>
<td>‘Other’</td>
<td>357</td>
<td>11.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No answer</td>
<td>170</td>
<td>4.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age (mean)</td>
<td></td>
<td></td>
<td>19.99</td>
<td>1.88</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocational school</td>
<td>2,797</td>
<td>77.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of applied science</td>
<td>740</td>
<td>22.4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Among the 3,426 respondents, 66.2% (n = 2,269) were Dutch, 1.5% (n = 50) Dutch Antillean, 3.9% (n = 133) Surinamese, 6% (n = 207) Moroccan, 7% (n = 240) Turkish, and 11% (n = 357) other. The “other” group consisted of new immigrant groups (e.g., Somali, Afghan, Iraqi, and Iranian), other non-Western minorities (e.g., Asian and African) and other Western minorities (e.g., American and Canadian). The percentage of Dutch Antillean (1.5%) respondents in this study corresponds to the relative size of Dutch Antillean youth in the Netherlands (1.5%). The other three groups (Surinamese, Moroccan, and Turkish) are overrepresented: According to CBS, the ratio of Surinamese young adults between the ages of 18–25 living in the Netherlands is 2.4%, 2.9% for Moroccan young adults, and 3.4% for Turkish minorities. The distribution by gender among the five ethnic groups was 67.2% girls and 32.8% boys. A similar distribution by gender occurred in the separate ethnic groups,
except for the Moroccan sample, where Moroccan boys were underrepresented (21.3%) in the total sample and Moroccan girls were overrepresented (78.7%), compared with the total sample. See Table 2 for further details.

**TABLE 2. Distribution by gender between ethnic groups (N = 2,899)**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Girls</th>
<th></th>
<th>Boys</th>
<th></th>
<th>X²</th>
<th>p</th>
<th>V</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1948</td>
<td>67.2</td>
<td>951</td>
<td>32.8</td>
<td>20.80***</td>
<td>.00</td>
<td>.09</td>
</tr>
<tr>
<td>Dutch</td>
<td>1504</td>
<td>66.3</td>
<td>765</td>
<td>33.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dutch Antillean</td>
<td>26</td>
<td>52.0</td>
<td>24</td>
<td>48.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surinamese</td>
<td>97</td>
<td>72.9</td>
<td>36</td>
<td>27.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moroccan</td>
<td>164***</td>
<td>78.7</td>
<td>44***</td>
<td>21.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turkish</td>
<td>158</td>
<td>65.8</td>
<td>82</td>
<td>34.2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: missing values are not included in the analysis. *p < .05, **p < .01, ***p < .001.

**Statistical analyses**

Rates of CSA were calculated for all groups with a non-Western ethnic background and the native Dutch group. Chi-square analyses were conducted to analyze differences between groups. The effect sizes were calculated with Cramer’s V, distinguishing between marginal differences (Cramer’s V < .10) and differences with a small effect (Cramer’s V > .10).

**RESULTS**

**Prevalence of overall childhood sexual abuse**

Among the 3,426 participants, the overall prevalence rate of any form of CSA ever experienced was 42.9% (n = 1,496) (see Table 3). This included all forms of abuse: both hands-off and hands-on contact experiences. We found a significant relationship between ethnicity and prevalence rates of CSA (χ² (4) = 15.41, p = .000, Cramer’s V = .07), in which the Moroccan respondents reported significantly lower prevalence rates compared to the native Dutch group. The Dutch Antillean, Surinamese, and Turkish respondents reported almost equal rates of CSA as their native Dutch peers.
TABLE 3. Prevalence of CSA among ethnic groups, aged 18–25 years (experienced at least one form of abuse)

<table>
<thead>
<tr>
<th>Specific form of CSA</th>
<th>TOTAL (n = 2,269)</th>
<th>Dutch (n = 50)</th>
<th>Antillean (n = 133)</th>
<th>Suri-namese (n = 207)</th>
<th>Moroc-can (n = 240)</th>
<th>Turkish (n = 240)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSA (in percentages)</td>
<td>42.9</td>
<td>47.2</td>
<td>48.0</td>
<td>48.1</td>
<td>32.6**</td>
<td>45.0</td>
</tr>
<tr>
<td>CSA-Hands-off</td>
<td>22.0</td>
<td>23.3</td>
<td>28.0</td>
<td>30.0</td>
<td>17.6</td>
<td>21.6</td>
</tr>
<tr>
<td>CSA-Hands-on</td>
<td>36.2</td>
<td>40.8</td>
<td>38.0</td>
<td>37.0</td>
<td>23.2**</td>
<td>37.4</td>
</tr>
<tr>
<td>Someone forced you to undress</td>
<td>6.5</td>
<td>6.9</td>
<td>10.2</td>
<td>6.3</td>
<td>5.8</td>
<td>6.2</td>
</tr>
<tr>
<td>Someone made pictures or recordings of you while undressing</td>
<td>2.3</td>
<td>2.4</td>
<td>6.0</td>
<td>3.1</td>
<td>1.6</td>
<td>0.4</td>
</tr>
<tr>
<td>and/or being naked.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Someone forced you to watch pornographic images</td>
<td>2.8</td>
<td>2.7</td>
<td>6.0</td>
<td>3.1</td>
<td>1.0</td>
<td>1.7</td>
</tr>
<tr>
<td>Someone showed you, against your will, his/her genitals</td>
<td>16.2</td>
<td>17.7</td>
<td>22.0</td>
<td>23.1</td>
<td>12.6</td>
<td>14.3</td>
</tr>
<tr>
<td>Someone masturbated in front of you, against your will</td>
<td>5.7</td>
<td>5.4</td>
<td>8.0</td>
<td>10.9</td>
<td>5.7</td>
<td>6.6</td>
</tr>
<tr>
<td>Someone forced you to masturbate</td>
<td>3.5</td>
<td>3.3</td>
<td>10.0*</td>
<td>4.7</td>
<td>1.6</td>
<td>4.8</td>
</tr>
<tr>
<td>Someone kissed you against your will</td>
<td>23.4</td>
<td>25.6</td>
<td>30.0</td>
<td>22.3</td>
<td>16.1</td>
<td>24.2</td>
</tr>
<tr>
<td>Someone touched you sexually against your will</td>
<td>21.9</td>
<td>25.2</td>
<td>18.0</td>
<td>24.2</td>
<td>13.0**</td>
<td>19.6</td>
</tr>
<tr>
<td>Someone forced you to touch his/her genitals</td>
<td>8.2</td>
<td>8.7</td>
<td>18.0*</td>
<td>8.7</td>
<td>5.2</td>
<td>11.1</td>
</tr>
<tr>
<td>Someone forced you to masturbate him</td>
<td>5.0</td>
<td>5.2</td>
<td>8.0</td>
<td>3.9</td>
<td>4.1</td>
<td>6.1</td>
</tr>
<tr>
<td>Someone forced you to have oral sex</td>
<td>4.4</td>
<td>4.6</td>
<td>12.0</td>
<td>6.3</td>
<td>3.1</td>
<td>3.5</td>
</tr>
<tr>
<td>Some forced you to have sexual intercourse (vaginal/anal)</td>
<td>5.5</td>
<td>6.1</td>
<td>10.0</td>
<td>7.7</td>
<td>1.5**</td>
<td>3.0</td>
</tr>
</tbody>
</table>

*p < .05, **p < .01 compared to the native Dutch group
**Hands-off versus hands-on experiences**

Percentages of CSA were calculated and split into hands-off and hands-on CSA. A total of 22% \((n = 753)\) experienced hands-off CSA. There was no significant relationship between ethnicity and hands-off CSA \((p = .110)\).

Regarding hands-on CSA experiences, 36.2% \((n = 1,241)\) of the respondents reported to have experienced this at least once before the age of 18 years. The most frequently reported types of hands-on abuse were “being kissed against your will” (23.4%) and “being touched sexually against your will” (21.9%). The association between hands-on CSA and ethnicity was significant \((\chi^2(4) = 23.52, p = .000,\) Cramer’s V = .09), with the Moroccan group reporting significantly lower rates than the native Dutch group.

Approximately 15% (15.3%) of all the respondents reported to have experienced both hands-off and hands-on experiences of sexual abuse, but there were no significant differences between the groups \((p = .40)\) (not in Table 3).

**Ethnic differences in various forms of sexual abuse**

To understand the extent to which various forms of sexual abuse are prevalent among ethnic minorities, all individual forms of sexual abuse were tested (see Table 3). “Someone kissed you against your will” and “Someone touched you in a sexual way against your will” were mentioned most often across all ethnic groups. In both forms of abuse, there was a significant ethnic difference \((\chi^2(4) = 9.71, p = .046,\) Cramer’s V = .06, respectively, \(\chi^2(4) = 18.13, p = .001,\) Cramer’s V = .08), whereby Moroccan respondents reported significantly less victimization than native Dutch respondents. Other forms of abuse that differed significantly from the native Dutch group were, “Someone forced you to masturbate” \((\chi^2(4) = 10.27, p = .036,\) Cramer’s V = .06) and “Someone forced you to touch his or her genitals” \((\chi^2(4) = 9.93, p = .042,\) Cramer’s V = .06), whereby the Dutch Antillean group reported higher prevalence rates than the Dutch group. Finally, there was also a significant difference in the form “Someone forced you to have sexual intercourse with him/her” \((\chi^2(4) = 12.90, p\)
= .012, Cramer’s V = .07), in which the Moroccan group scored significantly lower than the native Dutch group.

**Gender differences in the prevalence of CSA**

Results indicated that the CSA prevalence rates were higher for girls (53%, n = 1,126) than for boys (32.9%, n = 343). Girls were one and a half times more likely to become victims of CSA than boys ($\chi^2(1) = 112.99, p = .000$, Cramer’s V = .18). The results of the Dutch, Dutch Antillean, and Surinamese boys and girls emphasized this finding. Moroccan boys, however, reported an equally high prevalence of CSA as Moroccan girls (32.9% and 31.7% respectively). Turkish boys (50.0%) reported even more CSA than Turkish girls (42.5%). However, these gender differences in the Turkish group were not significant ($p = .282$). Regarding gender differences in hands-off and hands-on forms of abuse, the results were similar. Girls were one and a half times more likely to become victims of hands-off forms of abuse than boys ($\chi^2(1) = 35.01, p = .000$, Cramer’s V = .11) and almost twice as likely to become a victim of hands-on forms of abuse compared with boys ($\chi^2(1) = 130.37, p = .000$, Cramer’s V = .20). Due to small sample sizes, it was not possible to make further gender distinctions between hands-off and hands-on forms of abuse among the ethnic minority groups. Ethnic differences among girls showed the following results: Moroccan and Turkish girls reported significantly lower prevalence rates than the native Dutch girls ($\chi^2(1) = 27.72, p = .000$, Cramer’s V = .18 and $\chi^2(1) = 9.41, p = .002$, Cramer’s V = .08 respectively). Results for ethnic differences among boys showed that the Turkish boys reported significantly higher prevalence rates compared to the native Dutch boys ($\chi^2(1) = 11.56, p = .001$, Cramer’s V = .12).

**DISCUSSION**

This study adds to the small body of research on prevalence rates of CSA among minority groups that are characterized by a recent immigration history (Dutch Antillean, Surinamese, Moroccan, and Turkish) in the Netherlands. The overall (both hands-off and hands-on) CSA prevalence rate was above 40%. This is a high percentage compared with previous research on prevalence rates of CSA (Baker &
Duncan, 1985; Finkelhor, Hotaling, Lewis, & Smith, 1990; Perez-Fuentes, Olfson, Villegas, Morcillo, Wang, & Blanco, 2013). The higher prevalence rates that are reported in this study may be related to any one of three factors. First, multiple detailed questions were asked about the specific forms of abusive sexual behavior, and the explicit questions with concrete descriptions might have made it easier to recall an event. Second, the broad definition of CSA used, in comparison with other studies, may have led to the endorsement of a larger number of sexually abusive events as episodes of CSA. Finally, the high number of girls in the sample may have also contributed to the higher prevalence rate. This is supported by research, which suggests that being a girl is a risk factor for CSA (Fergusson, Lynskey, & Horwood, 1996; Finkelhor, 1993). See the limitations of this study for a discussion about the higher rates of participating girls.

Our results showed rather small differences in prevalence rates among ethnic minorities in the Netherlands. No differences on overall prevalence rates of CSA were found between the native Dutch and the Dutch Antillean, Surinamese, and Turkish groups. Only the Moroccan group reported lower rates in overall CSA prevalence as well as hands-on CSA. This is in contrast with recent research of Lahlah and colleagues (2013) who found much higher prevalence rates of CSA among Moroccan boys compared with native Dutch boys. Again, methodological implications may account for these differences. In Lahlah and colleagues’ (2013) study, only two items were included on sexual abuse, and these items did not ask if the abuse was against the respondents’ will, which may lead to confusion in whether it was considered sexual abuse. Moreover, our sample (young adults) did not correspond with the sample of Lahlah and colleagues’ study (adolescent boys), which may have resulted in different perceptions regarding what is considered a sexually abusive event.

Consistent with previous studies (Huston, Parra, Prihoda, & Foulds, 1995; Moghal, Nota, & Hobbs, 1995; Siegel, Sorensen, Golding, Burnam, & Stein, 1987), girls reported more CSA than boys. Two groups in our sample differed regarding this finding. Moroccan boys and girls reported equal prevalence rates of CSA, and Turkish boys reported even more CSA than Turkish girls. Although the latter result was not
found to be significant, the fact that there were no gender differences in these groups warrants further research. Regarding gender differences compared with the native Dutch group, this study showed that Moroccan and Turkish girls reported less CSA, while Turkish boys reported higher prevalence rates of CSA than their native Dutch peers.

**Limitations of the present study**

Lifetime prevalence of CSA was studied via retrospective research. In any retrospective design, memory effects might hamper adult respondents’ ability to report. This is even more likely to occur when studying a sensitive topic such as sexual abuse. However, if biased memory effects occurred, this would apply for all respondents. Therefore, no differences were expected among the subgroups in this research since the ability to remember when something has happened (source memory) is transcultural (Gutchess & Indeck, 2009). However, we need to take into account that young adulthood might increase underreporting due to intense shame that may lead to secrecy (Schönbucher, Maier, Mohler-Kuo, Schnyder, & Landolt, 2012). Measures to counter underreporting require careful attention. We tried to achieve this by carefully structuring the questions so that those regarding CSA were preceded by general questions about sexuality instead of asking directly about CSA experiences. As a result, participants could get used to the sensitive topic. Moreover, the fact that only school-going respondents could participate in the survey, even though approximately 60% of our target group is attending these forms of education, means that we have no data from non-school-going youth. In addition, coordinators of several specific educational programs were less willing to cooperate. Specifically, program coordinators from technological and, to a lesser extent, economic programs were reluctant to participate. Some program coordinators indicated they did not wish to participate because they did not consider CSA to be a problem among their students. As a result, the number of boys in our sample is lower than the number of girls, because these non-participating programs are specifically popular among boys. Although it is difficult to establish whether this
might have affected the CSA prevalence rates we found for boys, it does diminish the generalizability of these results.

Furthermore, for this article, CSA included all forms of sexual abuse. This may have confused the respondents, as there are many gradations within this kind of abuse, including sexual assault, sexual harassment, and sexual violence. Last, despite the fact that some ethnic differences were found in the prevalence rates of CSA, caution is required in interpreting these differences, because the observed effect sizes are relatively small.

Notwithstanding these limitations, we have tried to overcome the shortcomings of previous studies by choosing a large, psychological operationalization of the concept of child sexual abuse by asking detailed and specific questions about various forms of sexual abuse among a school population of a non-Western ethnic background. We aimed to gather a school population that was as representative as possible. Overall, this study has given more insight to the differences between ethnic groups and native Dutch youth regarding CSA.

**Policy implications and recommendations**

Although previous studies on CSA and the role of ethnicity reported that ethnicity is a moderator or risk factor for CSA (Stoltenborgh et al., 2011; Ullman & Filipas, 2005), our results from self-reports did not find ethnic differences in prevalence rates. Our results imply that practitioners should exercise caution when treating children from different ethnic groups and avoid thinking in stereotypes that assume that ethnic minority groups are at a greater risk for CSA than native Dutch youth. Also the two systematic reviews on the prevalence of CSA (Finkelhor, 1994; Pereda et al., 2009) mention significant differences among continents or countries but not within countries. It seems that CSA is a universal phenomenon affecting children in a way that is not related to their ethnicity.

However, equal prevalence rates of CSA between various ethnic groups do not have to lead to the same help-seeking patterns. It may very well be that help-seeking after CSA is influenced by cultural values and attitudes, which in turn may be different among various ethnic groups. Intervention programs for victims of CSA should focus
more on those cultural aspects that differentiate groups rather than looking at ethnicity as a factor in itself.
REFERENCES


Printing Office.


CHAPTER 3

Differences in contextual factors in childhood sexual abuse between victims with a native Dutch and non-Western ethnic background

This chapter is under review as: Okur, P., Van der Knaap, L. M., & Bogaerts, S. Differences in contextual factors in childhood sexual abuse between victims with a native Dutch and non-Western ethnic background.
ABSTRACT

The literature on differences in contextual factors in childhood sexual abuse (CSA) among ethnic minorities in the Netherlands is limited. The purpose of this study was to document differences in the context of CSA experiences and assess whether these differences may be explained by family environmental factors. Native Dutch and non-Western ethnic minority youth with a history of CSA (N = 1,496) participated in a retrospective study on sexually abusive experiences. On a univariate level, victim-perpetrator relationship was the only contextual factor that was significantly associated with ethnicity. In comparison with native Dutch victims, more Dutch Antillean victims reported that the abuse was perpetrated by a (step)family member, while more Turkish victims reported that the perpetrator was a partner/ex-partner. Ethnic groups differed significantly on several family environmental factors (i.e., household composition, education and employment parents). Compared with native Dutch victims of CSA, more Dutch Antillean and Surinamese victims reported that they were raised in one-parent households and; more Moroccan and Turkish respondents reported to have parents with a low educational background. All ethnic minority groups reported unemployment of their parents more often than their native Dutch peers. However, none of the family environmental factors were associated with the victim-perpetrator relationship. Ethnicity continued to be the significant predictor of the victim-perpetrator relationship; the odds of Turkish respondents reporting a ‘close’ relationship with the perpetrator (i.e., family or partner) instead of a stranger/other were twice as high compared with native Dutch victims.
INTRODUCTION

Although there is an increasing number of studies focusing on ethnic differences in prevalence rates of child sexual abuse (CSA) (Okur, Van der Knaap, & Bogaerts, 2015; Sedlak et al., 2010), in many epidemiological studies, ethnicity is excluded from the analyses due to methodological limitations, such as small sample sizes. However, a small body of research suggests that the contextual factors with regard to CSA vary among ethnic minorities (Katerndahl, Burge, Kellogg, & Parra, 2005; Sanders-Philips Sanders-Philips, Moisan, Wadlington, Morgan, & English, 1995; Shaw, Lewis, Loeb, Rosado, & Rodriguez, 2001). Sanders-Philips et al. (1995) demonstrated that sexually abused Hispanic girls were in comparison to black girls more likely to be abused at a younger age and more often abused by the biological father. Shaw et al.’s study (2001) compared African-American and Hispanic girls who were sexually victimized and found that Hispanic girls reported a greater number of sexual abuse experiences and that their abusers were older than the abusers of the African-American girls. Katerndahl et al. (2005) found that Hispanic victims were more likely to report a family member as the perpetrator and to experience more self-blame as a result of the abuse.

Katerndahl et al. (2005) also reported that ethnic differences in contextual factors could be predicted by socio-demographic variables or family environmental factors. Katerndahl et al. (2005) stated:

‘Low socioeconomic status may explain differences in household size and the perpetrator living in the victim’s home, because shared living space may be a reflection of that low socioeconomic status.’ (p. 91).

Sanders-Philips et al. (1995) also reported ethnic differences in family environmental factors, namely lower maternal support among Hispanic girls in comparison with black girls, but this factor was not studied in relation to the differences in contextual factors of the abuse.

The identification of the determinants of possible ethnic differences in contextual factors of the abuse is important to the development of successful interventions for
ethnic minority groups (Derezotes & Snowden, 1990; Tzeng & Schwarzin, 1990). Therefore, this study investigated whether differences exist in contextual factors of CSA between ethnic minority groups and native Dutch victims of CSA and if so, if these differences can be explained by family environmental factors such as household composition and socio-economic status (SES).

**METHOD**

**Sample**
More than 3,600 participants with a non-Western ethnic and native Dutch background \((N = 3,696)\), aged 18-25, completed a web-based survey about unwanted sexual experiences. More than 40% of the participants \((N = 1,496)\) reported to have experienced at least one form of CSA. More details on the prevalence rates can be found in Okur, Van der Knaap, and Bogaerts (2015). The current study used data from the subsample of participants with a history of CSA. Among them, 71.1% \((n = 1,044)\) had a Dutch, 1.6% \((n = 24)\) a Dutch Antillean, 4.2% \((n = 62)\) a Surinamese, 4.2% \((n = 62)\) a Moroccan, and 7.0% \((n = 103)\) a Turkish background. From 11.8% \((n = 174)\) of the participants information about their ethnic background was missing and they were subsequently deleted from the analyses. The distribution by gender was 76.7% girls and 23.3% boys. A similar distribution by gender occurred in the separate ethnic groups, except for the Turkish sample, where Turkish boys were overrepresented (36.9%) in the sample and Turkish girls were underrepresented (63.1%), compared with the total sample of respondents with a history of CSA \((\chi^2 (4) = 15.57, p =.00, \text{Cramer's } V = .11)\).

**Measures**
In order to measure CSA experiences, a self-report questionnaire was developed in collaboration with a Dutch centre of expertise on sexual and reproductive health (Rutgers). The questionnaire was based on the Sexual Experiences Survey (Koss et al., 2007). Respondents were asked to report on a number of specific unwanted sexual experiences that might have happened before they turned 18 years old and 48
that cover all aspects of CSA. CSA is defined as ‘Any sexual experience of a child, involving bodily or non-bodily contact in real life, if that experience is subjectively qualified as involuntary by the child, regardless of the age difference between subject and perpetrator.’

The questionnaire consisted of 13 items including all forms of abuse (hands-off, hands-on with and without penetration), and the responses were given on a 3-point scale: never, once, and more than once. If the answer once or more than once was given on any of the 13 items, this was scored as CSA. Follow-up questions were asked to gather information about the abuse characteristics, namely the relationship with the perpetrator (from ‘close’ to more ‘distant’ relationship: family/stepfamily; partner/ex-partner, friend/peer; stranger/other), the age of the respondent when the experience happened (before 12 years, between 12 and 18 years, or both), the frequency of the abuse (once; 2-10 times; more than 10 times), and feelings of blame ((mostly) the perpetrator; both; (mostly) me).

Family environment characteristics were measured with the following three variables: household composition (one-parent versus two-parent households); education level of parents (low, middle, high education, in which the highest degree from both parents has been selected as the education level); and employment status of parents (both unemployed; father unemployed/mother working; mother unemployed/father working; and both employed).

**Analysis**

As a first step, bivariate analyses (i.e., chi-square and t-test) were performed to determine whether ethnic differences existed in abuse characteristics and family environment characteristics. Second, to assess whether differences in childhood sexual abuse experiences were related to differences in family environment, stepwise logistic and ordinal regressions were performed for each abuse experience variable that showed significant ethnic differences on the bivariate analysis, using family environment factors and ethnicity as independent variables.

**RESULTS**
As the first step, bivariate analyses were conducted to examine significant differences between the ethnic groups. Table 1 presents differences in abuse characteristics between native Dutch and non-Western ethnic groups. Victim-perpetrator relationship was the only variable that was significantly associated with ethnicity ($\chi^2 (12) = 34.90, p = .00$, Cramer’s V = .20). More Dutch Antillean victims than their native Dutch peers reported that the abuse was perpetrated by a (step)family member, while more Turkish victims than native Dutch victims reported that the perpetrator was a partner/ex-partner.
Table 1. Differences in abuse characteristics among victims of CSA with a native Dutch and non-Western ethnic background
(N = 1,496)

<table>
<thead>
<tr>
<th></th>
<th>Native Dutch</th>
<th>Dutch Antillean</th>
<th>Surinamese</th>
<th>Moroccan</th>
<th>Turkish</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Relationship with perpetrator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family/Stepfamily</td>
<td>38</td>
<td>5.0</td>
<td>4</td>
<td>28.6</td>
<td>3</td>
</tr>
<tr>
<td>Partner/ex-partner</td>
<td>152</td>
<td>20.1</td>
<td>3</td>
<td>21.4</td>
<td>5</td>
</tr>
<tr>
<td>Other peers</td>
<td>102</td>
<td>13.5</td>
<td>1</td>
<td>7.1</td>
<td>4</td>
</tr>
<tr>
<td>Stranger/others</td>
<td>465</td>
<td>61.4</td>
<td>6</td>
<td>42.9</td>
<td>13</td>
</tr>
<tr>
<td>Age of onset</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before 12 years</td>
<td>50</td>
<td>5.0</td>
<td>3</td>
<td>14.3</td>
<td>2</td>
</tr>
<tr>
<td>After 12 years</td>
<td>949</td>
<td>95.0</td>
<td>18</td>
<td>85.7</td>
<td>54</td>
</tr>
<tr>
<td>Frequency of abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once</td>
<td>444</td>
<td>66.3</td>
<td>7</td>
<td>53.8</td>
<td>16</td>
</tr>
<tr>
<td>2-10 times</td>
<td>192</td>
<td>28.7</td>
<td>3</td>
<td>23.1</td>
<td>9</td>
</tr>
<tr>
<td>More than 10 times</td>
<td>34</td>
<td>5.1</td>
<td>3</td>
<td>23.1</td>
<td>3</td>
</tr>
<tr>
<td>Feelings of blame</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Mainly) perpetrator</td>
<td>611</td>
<td>81.1</td>
<td>12</td>
<td>75.0</td>
<td>25</td>
</tr>
<tr>
<td>Both</td>
<td>96</td>
<td>12.7</td>
<td>1</td>
<td>6.2</td>
<td>2</td>
</tr>
<tr>
<td>(Mainly) me</td>
<td>46</td>
<td>6.1</td>
<td>3</td>
<td>18.8</td>
<td>2</td>
</tr>
</tbody>
</table>

Note. missing values are not included in the table. * p < .05, ** p < .01, *** p < .001
Table 2 presents the differences in family environmental factors between native Dutch and non-Western ethnic groups. More Dutch Antillean and Surinamese victims of CSA than native Dutch CSA victims reported that they were raised in one-parent households ($\chi^2 (4) = 109.29, p = .00$, Cramer’s $V = .29$). With regard to the education level of parents, more Moroccan and Turkish victims of CSA than native Dutch CSA victims reported to have parents with a low educational background ($\chi^2 (4) = 143.00, p = .00$, Cramer’s $V = .36$). In addition, less Turkish respondents than native Dutch youth reported that their parents had a high educational background. Finally, employment situation differed among the ethnic groups as well; more ethnic minority groups than the native Dutch group reported that they had parents who were both unemployed ($\chi^2 (12) = 118.15, p = .00$, Cramer’s $V = .31$). Furthermore, more Moroccan and Turkish respondents than native Dutch youth reported that their mothers were unemployed. In addition, more Moroccan and Turkish youth than native Dutch youth reported that both of their parents were employed.
Table 2. Family environmental characteristics of the participants (N = 1,496)

<table>
<thead>
<tr>
<th></th>
<th>Native Dutch</th>
<th>Dutch Antillean</th>
<th>Surinamese</th>
<th>Moroccan</th>
<th>Turkish</th>
<th>( \chi^2 )</th>
<th>( p )</th>
<th>V</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Household level</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two-parent household</td>
<td>864</td>
<td>83.7</td>
<td>10</td>
<td>47.6</td>
<td>19</td>
<td>32.2</td>
<td>41</td>
<td>70.7</td>
</tr>
<tr>
<td>One-parent household</td>
<td>168</td>
<td>16.3</td>
<td>11</td>
<td>52.4</td>
<td>40</td>
<td>67.8</td>
<td>17</td>
<td>29.3</td>
</tr>
<tr>
<td><strong>Education parents</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>17</td>
<td>1.8</td>
<td>0</td>
<td>0.0</td>
<td>2</td>
<td>4.8</td>
<td>6</td>
<td>14.6</td>
</tr>
<tr>
<td>Moderate</td>
<td>493</td>
<td>53.6</td>
<td>9</td>
<td>52.9</td>
<td>25</td>
<td>59.5</td>
<td>21</td>
<td>51.2</td>
</tr>
<tr>
<td>High</td>
<td>410</td>
<td>44.6</td>
<td>8</td>
<td>47.1</td>
<td>15</td>
<td>35.7</td>
<td>14</td>
<td>34.1</td>
</tr>
<tr>
<td><strong>Employment Parents</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both parents unemployed</td>
<td>31</td>
<td>3.1</td>
<td>4</td>
<td>18.2</td>
<td>6</td>
<td>11.8</td>
<td>11</td>
<td>20.0</td>
</tr>
<tr>
<td>Father unemployed</td>
<td>49</td>
<td>4.9</td>
<td>4</td>
<td>18.2</td>
<td>8</td>
<td>15.7</td>
<td>3</td>
<td>5.5</td>
</tr>
<tr>
<td>Mother unemployed</td>
<td>234</td>
<td>23.4</td>
<td>2</td>
<td>9.1</td>
<td>8</td>
<td>15.7</td>
<td>25</td>
<td>45.5</td>
</tr>
<tr>
<td>Both parents employed</td>
<td>686</td>
<td>68.6</td>
<td>12</td>
<td>54.5</td>
<td>29</td>
<td>56.9</td>
<td>16</td>
<td>29.1</td>
</tr>
</tbody>
</table>

Note. missing values are not included in the table. * \( p < .05 \), ** \( p < .01 \), *** \( p < .001 \)
To establish whether there was any significant relationship between the explanatory variables (i.e., family environmental factors) and the probability of reporting a close(r) relationship with the perpetrator, an ordinal regression was performed. The victim-perpetrator relationship was entered as the dependent (ordinal) variable, while household composition, education level of parents and employment status of parents were entered as the independent variables. The family environmental factors accounted for 3% (Nagelkerke $R^2 = .03$, $p = .05$) of the variance in victim-perpetrator relationship (see table 3). The results of this analysis indicated that ethnicity was the only variable that was significantly associated with the victim-perpetrator relationship. Specifically, the odds of Turkish respondents having a more distant perpetrator (i.e., strangers/others) were 2.5 times smaller (OR: 0.39, 95% CI: -1.26 – 0.00) than for the native Dutch respondents.
Table 3. Ordinal regression of ethnicity and family environment factors on victim-perpetrator relationship

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>SE</th>
<th>p</th>
<th>Odd Ratio (O.R.)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity (ref: native Dutch)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dutch Antillean</td>
<td>-.81</td>
<td>.71</td>
<td>.25</td>
<td>0.66</td>
<td>[-2.20, 0.57]</td>
</tr>
<tr>
<td>Surinamese</td>
<td>-.74</td>
<td>.47</td>
<td>.11</td>
<td>0.55</td>
<td>[-1.66, 0.17]</td>
</tr>
<tr>
<td>Moroccan</td>
<td>-.57</td>
<td>.50</td>
<td>.26</td>
<td>0.32</td>
<td>[-1.55, 0.42]</td>
</tr>
<tr>
<td>Turkish</td>
<td>-.63</td>
<td>.32</td>
<td>.05*</td>
<td>0.39</td>
<td>[-1.26, 0.00]</td>
</tr>
<tr>
<td>Household level (ref: one-parent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two-parent household</td>
<td>.05</td>
<td>.21</td>
<td>.83</td>
<td>0.00</td>
<td>[-0.37, 0.47]</td>
</tr>
<tr>
<td>Education parents (ref: high)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>-.02</td>
<td>.41</td>
<td>.96</td>
<td>0.00</td>
<td>[-0.83, 0.78]</td>
</tr>
<tr>
<td>Moderate</td>
<td>.02</td>
<td>.15</td>
<td>.86</td>
<td>0.00</td>
<td>[-0.28, 0.32]</td>
</tr>
<tr>
<td>Employment Parents (ref: both parents employed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both parents unemployed</td>
<td>-.78</td>
<td>.43</td>
<td>.07</td>
<td>0.61</td>
<td>[-1.61, 0.06]</td>
</tr>
<tr>
<td>Father unemployed</td>
<td>-.22</td>
<td>.35</td>
<td>.54</td>
<td>0.04</td>
<td>[-0.91, 0.47]</td>
</tr>
<tr>
<td>Other unemployed</td>
<td>.28</td>
<td>.18</td>
<td>.12</td>
<td>0.08</td>
<td>[-0.07, 0.62]</td>
</tr>
</tbody>
</table>

Note. missing values are not included in the table. * p < .05, ** p < .01, *** p < .001
CONCLUSION

The primary focus in this study was to explore ethnic group differences in abuse characteristics, and if these existed, to try and understand whether these differences could be explained by family environment factors. First of all, on a univariate level, the results showed that the victim-perpetrator relationship was the only contextual factor that differed significantly between the ethnic groups; more Dutch Antillean respondents than native Dutch respondents reported a family/stepfamily member as the perpetrator of the abuse, while more Turkish respondents than their native Dutch peers reported a partner/ex-partner as the perpetrator. Second, several family environmental factors were related with ethnicity; Compared with native Dutch victims of CSA, more Dutch Antillean and Surinamese victims of CSA reported that they were raised in one-parent households. Further, more Moroccan and Turkish victims of CSA appeared to have parents with a low educational background. Also, in comparison with the native Dutch group, more ethnic minority groups reported that they had parents who were both unemployed, and more Moroccan and Turkish respondents reported that their mothers were unemployed. 

Third, adding the explanatory variables (family environment factors) to the regression model did not predict the ethnic differences found for victim-perpetrator relationship. Ethnicity continued to remain -after controlling for family environmental factors- the only significant predictor of differences in the victim-perpetrator relationship; Turkish respondents were, compared to native Dutch youth, more likely to report that the perpetrator was someone they had a ‘close’ relationship with, rather than a stranger/other. The findings of the study do not support the assumptions of a relationship between family environmental characteristics and victim-perpetrator relationship. An explanation why Turkish respondents are more likely to report the perpetrator as someone they had a ‘close’ relationship with, in comparison with native Dutch victims of CSA, might have to do with the environment Turkish respondents (specifically girls) grow up in. According to Haw (2009) Asian girls are raised in a very protective and controlling environment. This strict control from the home culture might reduce the chances of these girls on
encounters with strangers and increase the probability of experiencing CSA by someone in their ‘close’ environment. An association that has not been examined in this study, but that could explain the outcome, is related with the age of onset of the abuse. CSA at an earlier age of onset enhances the risk of experiencing CSA at the hands of family members, while CSA at a later age is more related to CSA by peers (Young, Grey, & Boyd, 2009). Yet, further analysis into age of onset and victim-perpetrator relationship is necessary to confirm these assumptions. Furthermore, another explanation for this difference could be sought in other family environmental factors that have not been studied in this study, such as maternal support (Faust, Runyon, & Kenny, 1995). Research of Ferrari (2002) has identified risk factors for child abuse, such as low maternal support, that are specifically prominent among ethnic minority families. The study of Faust, Runyon, and Kenny (1995) showed that a lack of maternal support enhances the risk of experiencing CSA by the hands of family members.

**Limitations**

Even though the study is unique in examining differences in childhood sexual abuse characteristics among ethnic minority victims and the possible relationship with family environmental factors, some precautions need to be made. First of all, the small sample sizes within certain groups (such as the Dutch Antillean sample) require being careful in drawing conclusions from the results. Secondly, only 2.7% of the variance in the model is explained, indicating that a high percentage of variance remains unexplained. It seems unlikely that ethnicity is the only distinguishing factor for the difference in victim-perpetrator relationship between Turkish and native Dutch youth. Therefore, this study should not be thought of as complete yet. This short report makes a contribution to answer the question ‘Are there contextual differences in CSA among ethnic minorities and if so, are these explained by family environmental factors?’ Further research into the correlations between contextual factors would be welcomed to support the differences in ethnicity on victim-perpetrator relationship.
REFERENCES


CHAPTER 4

Ethnic differences in help-seeking behavior following child sexual abuse: A multi-method design

ABSTRACT

In Western societies, groups with a minority ethnic background are under-represented in formal mental health care. However, it is unknown if minority ethnic victims of child sexual abuse differ from majority ethnic victims regarding help-seeking behavior. This study used a multi-method design to investigate the prevalence of (in)formal help-seeking after child sexual abuse and the role of attitudes toward gender roles and sexuality among the Dutch minority ethnic and majority ethnic victims. We also examined differences in reasons not to seek help. Quantitative survey data on help-seeking patterns among 1,496 child sexual abuse victims were collected. Four qualitative focus groups were conducted with professionals working in the field of child sexual abuse and minority ethnic groups to explore help-seeking behavior. No significant ethnic differences emerged in help-seeking rates. A main effect for gender role attitudes appeared: respondents with more liberal gender role attitudes were more likely to disclose than conservative respondents. Additionally, there was an interaction effect between ethnicity and gender role attitudes, indicating that, contrary to the main effect, young people of Moroccan and Turkish heritage with more liberal gender role attitudes were less likely to disclose the abuse. Reasons for not seeking help differed among groups. Focus group members emphasized the mistrust toward counselors and perceptions that inhibit minority ethnic youth from seeking help.
INTRODUCTION

In Western countries, such as the Netherlands, youth with a minority ethnic background are underrepresented in formal mental health care (Barksdale & Molock, 2009; Bellaart, 2007). In a study by Grinstein-Weiss, Fishman, & Eisikovits (2005) on ethnic differences in (in)formal help-seeking in times of distress among young people in Israel, results revealed that youth of Arab heritage have a more negative attitude toward formal care than native Israeli youth. According to the authors, this relates to a perception among minority ethnic groups that formal help is intended for the dominant culture. Grinstein-Weiss, Fishman, and Eisikovits (2005) also claim that distrust in formal care inhibits ethnic minorities to seek help. In Hamby’s (2008) extensive study of help-seeking patterns among Native Americans, similar results were reported and barriers to seeking formal help for mental health problems such as language problems, poverty, and prejudice were defined.

Seeking help after child sexual abuse

While seeking help for mental health issues is in general a complex process, the sensitive nature of child sexual abuse complicates the decision to seek help. Lack of trust or avoidance to burden others negatively influence disclosure (Crisma, Bascelli, Paci, & Romito, 2004; Schönbucher, Maier, Mohler-Kuo, Schnyder, & Landolt, 2012). Although research indicates that the process of formal and informal help-seeking after child sexual abuse is influenced by cultural attitudes toward gender roles and sexuality, little is known about the prevalence of help-seeking behavior after child sexual abuse among minority ethnic groups (Alaggia, 2002; Fontes & Plummer, 2010).

Cauce et al.’s (2002) help-seeking model offers a useful framework to understand underlying processes in the search for help of minority ethnic young people and what role their cultural background may play in this. Although the model focuses on help seeking in the mental health care system, similar processes may apply with respect to help seeking within a victim’s informal network.
Cauce et al.’s (2002) help-seeking model distinguishes between three different phases in help-seeking: 1) recognising the problem; 2) deciding whether seeking help is the right choice or not; 3) deciding what kind of help is the most appropriate. According to Cauce et al. (2002), culture and context affect all three phases of this model. Definitions and perceptions of child sexual abuse (first phase) can differ among ethnic groups and cultures. For instance, sexual violence in one study can be defined exclusively as rape and in another study can include a wide spectrum of behaviors. The differences in definition of what constitutes sexual abuse may result from differing views of the causes of child sexual abuse, that are culturally dependent (McMahon, 2011). Regarding the second phase, cultural attitudes concerning shame, taboos and modesty, women’s status, honour and patriarchy may impede seeking help after child sexual abuse (Fontes & Plummer, 2010; Nguyen, 2012). In cultures where talking about sexuality is a taboo, it can be difficult to disclose child sexual abuse to close others (Gilligan & Akhtar, 2006). Moreover, in some cultures, the best way to deal with psychological problems is to avoid talking about them (Barksdale & Molock, 2009; Ting & Hwang, 2009). Caceres (2005, 134) described how gender-related sexual scripts may accuse the abused girl of being responsible for provoking a forced sexual encounter. The third phase is influenced by cultural differences in family networks (Tata & Leong, 1994). In the presence of strong family networks, individuals may not seek out formal help because their needs are met within the informal network. Simultaneously, members of those minority ethnic groups may be more concerned about potentially negative relational consequences if help is sought outside this close informal network (Kim, Sherman, & Taylor, 2008). Fontes and Plummer (2010) addressed cultural norms that affect the willingness of victim’s families to report child sexual abuse to the authorities. For instance, in some Asian cultures outside help is regarded as a source of shame or loss of face (Shin, 2002; Ting & Hwang, 2009). Minority groups with strong family and community ties are at risk of being rejected by their communities when child sexual abuse is disclosed. At the same time, disclosing personal matters to strangers outside the inner group can attract unwanted attention (Fontes & Plummer, 2010). However, it is unclear whether victims of child sexual abuse seek help with the
informal network, since cultural attitudes about virginity can make it difficult for abused girls to disclose to members of their own social network out of fear of no longer being eligible for marriage (Yüksel, 2000, 153–162).

**Current study**

As indicated above, we do not know to what extent minority ethnic youth who have experienced child sexual abuse differ in (in)formal help-seeking behavior compared with majority ethnic youth. Most studies on cultural norms affecting help-seeking behavior focused on general mental health problems (Constantine, 2002; Grinstein-Weiss, Fishman, & Eisikovitz, 2005; Hamby, 2008), and studies that have investigated help-seeking behavior after child sexual abuse have frequently used a qualitative design. Therefore, in this study, we quantitatively assessed and compared ethnic differences in prevalence rates of (in)formal help-seeking after child sexual abuse and investigated if attitudes toward gender roles and sexuality play a role in the decision to seek help after child sexual abuse. Method triangulation is advocated as a strategy to achieve more comprehensive understanding of phenomena (Lambert & Loisselle, 2008), yet until now no research used a multi-methods approach to examine the role of attitudes that may inhibit help-seeking behavior. Therefore, we combined quantitative research among young adults with varying ethnic backgrounds and qualitative research with minority ethnic professionals working in the field of child sexual abuse enabling us to provide insight in whether minority ethnic youth have reasons for not seeking help different than the reasons majority ethnic youth have.

The following research questions informed the study. First, do ethnic differences exist in help-seeking rates and are they different for formal and informal help? Second, if ethnic differences with regard to help-seeking behavior exist, do attitudes toward gender roles and sexuality explain these differences? Third, what reasons may prevent minority ethnic youth from seeking help from professionals and/or their social network and are these different than for ethnic Dutch youth. If so, what differences exist? Fourth, what are the views of professionals working in the field of
child sexual abuse and ethnic minorities on the reasons for (not) seeking helpseeking given by the victims of child sexual abuse?

METHODS

Participants and procedures

Survey
For the quantitative component, all vocational and higher vocational schools in the Netherlands that teach Economics, Care & Welfare and Technology courses were invited to participate in the study (75 in total). According to the Central Bureau for Statistics (CBS Statline, 2012), these three studies were the most popular programmes among ethnic minorities and ethnic Dutch youth between 18 and 25 years old. Therefore, the sample can be characterised as a broad community sample.

The total response rate of the schools was 17.3% (n = 13).

Data collection took place in computer classrooms during class hours between November 2011 and April 2012. All participants provided informed consent before starting the survey. Students refusing to participate in the study completed an alternative questionnaire on study motivation: the Dutch-language Prestatie Motivatie Test (PMT) [Performance Motivation Test] and remained in the classroom. The study protocol was submitted to an ethics advisory board for advice and approval.

In total, 3,697 students engaged in the study, 97.1% (n = 3,590) participated in the survey on sexual abuse and 2.9% (n = 107) declined to participate and completed the alternative survey. After excluding the cases of respondents who did not meet the conditions of the target group (i.e., aged between 18-25 years), 3,426 cases were included in the data analysis. Two thirds of the sample, 66.4%, was female (n = 2,204) and one-third, 31.6%, male (n = 1,083). The mean age of the participants was 20 years (\(M = 19.99, SD = 1.88\)). More than 65% of the respondents were of majority ethnic Dutch (66.2%), 5.3% Dutch Antillean/Surinamese, 13% Moroccan/Turkish heritage, and 11% other.
Among the 3,426 participants, the overall prevalence rate of child sexual abuse, including hands-off and hands-on contact experiences, was 42.9% (n = 1,496). This is a high percentage compared to previous research on prevalence rates of child sexual abuse (Finkelhor, Hotaling, Lewis, & Smith, 1990; Perez-Fuentes et al., 2013). The higher prevalence rates may be related to the multiple detailed questions that might have made it easier to recall an event. Almost 40% of the Moroccan/Turkish respondents (39.4%) reported experiencing at least one form of child sexual abuse, whereas the Dutch Antillean/Surinamese respondents reported almost equal rates of child sexual abuse as their ethnic Dutch peers, 48% and 47.2% respectively (Okur, Van der Knaap, & Bogaerts, 2015).

The current study used data from the subsample of participants with a history of child sexual abuse (n = 1,496). More than 70% of the sample (71.1%) was of ethnic Dutch, 5.9% Dutch Antillean/Surinamese and 11.2% Moroccan/Turkish heritage (see table 1 for additional demographic information).

**TABLE 1.** Demographic characteristics of the participants (N = 1,496)

<table>
<thead>
<tr>
<th></th>
<th>NL (n = 1,044)</th>
<th>Ant/Sur (n = 86)</th>
<th>Mar/Tur (n = 165)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>227</td>
<td>21.7</td>
<td>21</td>
</tr>
<tr>
<td>Women</td>
<td>817</td>
<td>78.3</td>
<td>65</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocational school</td>
<td>737</td>
<td>70.6</td>
<td>78</td>
</tr>
<tr>
<td>Univ. of applied science</td>
<td>307</td>
<td>29.4</td>
<td>8</td>
</tr>
<tr>
<td>Age (mean,SD)</td>
<td>20.05</td>
<td>19.96</td>
<td>20.22</td>
</tr>
<tr>
<td></td>
<td>(1.96)</td>
<td>(2.17)</td>
<td>(2.02)</td>
</tr>
</tbody>
</table>

**Focus groups**

In order to achieve more understanding about help-seeking behavior of minority ethnic child sexual abuse victims, four focus groups were organised with
professionals in the field of (child) sexual abuse and ethnic minorities. These professionals were grouped to four minority ethnic groups. To qualify for inclusion in the focus groups, participants had to work with ethnic minorities, preferably have the same ethnic background as one of the minority ethnic groups and be involved with the topic of sexuality and/or (child) sexual abuse. A snowball sampling approach was employed to make use of the initial contact’s social network to recruit further possible focus group members. Because of incompatible agendas and a lack of funding, a limited number of invited professionals participated. Eleven professionals and experts participated across four focus groups, each group consisting of two to four participants. Meetings were video recorded for transcription purposes and lasted for one to two hours. The meetings were in Dutch and chaired by the first author.

Measures

The measures used in this study were identical to the ones used in a previous study on the prevalence rates of child sexual abuse, causing the description of the measures in the current study to be largely identical to the description provided in Okur, Van der Knaap, and Bogaerts (2015).

Survey

Respondents were asked to report on a number of specific unwanted sexual experiences - adopted from the Sexual Experiences Survey of Koss et al. (2007) - that might have occurred before they turned 18 years and that cover all aspects of child sexual abuse. The Sexual Experiences Survey has a reliability score (Cronbach alpha) of .74 (women) and .89 (men) (Koss & Gidycz, 1985). The questionnaire consisted of 13 items and the responses were on a three point scale: ‘Never’, ‘Once,’ and ‘More than once’. Items included statements such as, ‘Someone forced you to watch pornographic images’ (hands-off forms) and ‘Someone forced you to have sexual intercourse with him/her’ (hands-on forms). If the answer ‘Once’ or ‘More than once’ was given on any of the 13 items, this was scored as child sexual abuse.
To assess whether participants sought help for their abusive experiences, two forms of help-seeking have been asked for: Have you ever told someone in your personal network about what has happened to you in the past?’ and ‘Have you ever sought formal help to help you with the abusive experiences? With formal help we mean a doctor, a psychologist, a social worker etc.’ Participants could answer with ‘Yes’, ‘No’ or ‘I don’t want to answer this’.

When participants indicated that they did not seek formal help, they could indicate their reason for not seeking help by selecting several out of ten items, such as ‘I found it difficult to ask for help’. If participants indicated they had another reason for not seeking formal help, they were asked to specify this reason. Likewise, when participants indicated that they did not disclose the abuse to someone in their close network, they could indicate why by choosing out of 12 items, such as ‘I was afraid of the reaction’ or choose not to answer the questions.

In order to measure attitudes that are likely to differ among ethnic groups with regard to sexual behavior and may influence help seeking patterns, two particular attitudes were measured: attitudes toward sexuality and attitudes toward gender roles. Attitudes toward sexuality consisted of ‘I think that it is okay if you are not a virgin before marriage’ and ‘I think that there is nothing wrong with a one-night stand’. The responses were scored on a five-point scale ranging from 1 (‘I totally agree with this’) to 5 (‘I do not agree with this at all’) and had total scores between 2 (very traditional) and 10 (very liberal). The attitudes toward gender roles consisted of four statements ranging such as ‘I think that the family honour is violated if a girl is not a virgin before marriage’. The responses were also scored on a five-point scale and had total scores between 4 (very traditional) and 20 (very liberal). The inter-item correlation of the items addressing attitudes toward sexuality was .57 and the internal consistency among the items measuring attitudes toward gender roles was .79 (Cronbach’s alpha).

*Focus groups*

To address the fourth research question, the focus group members were asked the questions: 1). What place does sexual education have within the Dutch
Antillean/Surinamese/Moroccan/Turkish culture? 2). How are suspicions of child sexual abuse being dealt with within the Dutch Antillean/Surinamese/Moroccan/Turkish culture? 3). Does available formal help in the Netherlands meet the needs of the culture?

**Analyses**

**Survey**
First, chi-square analyses were executed to test for significant ethnic differences in help-seeking patterns. Pearson r correlations were calculated to assess the relation between cultural attitudes and help-seeking patterns. Next, one-way ANOVAs were conducted to examine differences in cultural attitudes among the ethnic groups, followed by Games-Howell post hoc tests. Second, a logistic regression was conducted in order to estimate the effects of ethnicity and cultural attitudes on help-seeking patterns. Finally, reasons not to seek formal help or disclose to informal networks were compared between ethnic groups through chi-square analyses.

**Focus groups**
To analyse the qualitative data of the focus groups, the recordings were transcribed and analyzed through qualitative content analysis (Hsieh & Shannon, 2005). The analysis included the following steps: (1) reading the transcriptions several times (2) identifying codes (3) transforming codes into categories (4) comparing the categories of each individual text (case-by-case comparison) and (5) identifying categories.

**RESULTS**

**Survey**
With regard to seeking formal help, 6.9% (n = 102) of the 1,496 participants with child sexual abuse experiences reported seeking formal help, 70.8% (n = 1,040) did not, and 22.3% (n = 327) declined to answer. More than two fifths (41.7%, n = 600) of the participants disclosed the abuse to someone in their network, while 38.5% (n
(n = 566) did not and 19.8% (n = 291) declined to answer. The formal help seeking rates were 2 times higher for women than men (9.9% versus 5.0% respectively) and 1.5 times higher with regard to informal disclosure (55.8% for women and 35.7% for men).

Fewer minority ethnic youth sought formal help than ethnic majority youth: 7.1% of the Dutch Antillean/Surinamese, 5.2% of the Moroccan/Turkish and 9.1% of the ethnic Dutch sought formal help. With regard to informal help, the results showed that Moroccan/Turkish participants (45.6%) disclosed less to someone in their network than the ethnic Dutch (53.0%) and the Dutch Antillean/Surinamese group (54.2%). However, no statistically significant ethnic differences existed in the prevalence rates of help-seeking patterns after child sexual abuse (table 2).

**TABLE 2. Help-seeking behavior among ethnic groups (N = 1,496)**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Native Dutch (n = 1,044)</th>
<th>Ant./Sur. (n = 86)</th>
<th>Mor./Tur. (n = 165)</th>
<th>χ²</th>
<th>p</th>
<th>V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal help</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No prof. help</td>
<td>786</td>
<td>90.9</td>
<td>52</td>
<td>92</td>
<td>94.8</td>
<td>.04</td>
</tr>
<tr>
<td>Formal help</td>
<td>79</td>
<td>9.1</td>
<td>4</td>
<td>7</td>
<td>5.2</td>
<td></td>
</tr>
<tr>
<td>Informal help</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No disclosure</td>
<td>416</td>
<td>47.0</td>
<td>27</td>
<td>56</td>
<td>54.4</td>
<td></td>
</tr>
<tr>
<td>Disclosure</td>
<td>469</td>
<td>53.0</td>
<td>32</td>
<td>47</td>
<td>45.6</td>
<td></td>
</tr>
</tbody>
</table>

Note. missing values are not included in the table. *p < .05, **p < .01, ***p < .001

To assess the correlations between the attitudes and help-seeking patterns, Pearson r correlations were calculated. Attitudes toward gender roles were significantly correlated with informal help, indicating that respondents with more liberal attitudes toward gender roles were more likely to disclose than respondents with more conservative attitudes (table 3).
TABLE 3. Correlations between attitudes and help-seeking

<table>
<thead>
<tr>
<th></th>
<th>Attitude Gender Roles</th>
<th>Attitude Sexuality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal help</td>
<td>.046</td>
<td>-.032</td>
</tr>
<tr>
<td>Informal help</td>
<td>.079**</td>
<td>.014</td>
</tr>
</tbody>
</table>

Note. *p < .05, **p < .01, ***p < .001

Lastly, in order to assess whether gender role and attitudes toward sexuality were related to ethnicity, one-way ANOVAs have been conducted. Attitudes toward gender roles differed significantly between the groups (F(2,1292) = 427.46, p < .01). Note that the degrees of freedom have been adjusted, due to the violation of homogeneity of variance. The Games-Howell test revealed that youth of Moroccan/Turkish heritage (M = 12.37, SD = 2.49) had more traditional attitudes toward gender roles than their ethnic Dutch (M = 18.85, SD = 2.22) and peers of Dutch Antillean/Surinamese heritage (M = 16.59, SD = 4.27). Likewise, the young adults of Dutch Antillean/Surinamese background had more traditional attitudes toward gender roles than the ethnic Dutch group.

A statistically significant difference between groups was also found for attitudes toward sexuality (F(2,164) = 235.12, p < .01). Again, Games-Howell tests revealed that the Moroccan/Turkish respondents (M = 4.37, SD = 2.49) held the most traditional attitudes toward sexuality. Likewise, the young people of Dutch Antillean/Surinamese heritage (M = 6.94, SD = 2.23) had more traditional attitudes toward sexuality than the ethnic Dutch group (M = 7.83, SD = 1.73).

Logistic regression

Because no significant ethnic differences existed with regard to help-seeking behavior, the second research question -Do cultural attitudes toward gender roles and sexuality explain these ethnic differences in help-seeking behavior- lost its relevance. The bivariate analyses, however, showed that gender role attitudes are related to both informal help-seeking behavior and ethnicity. In order to test whether ethnicity moderates the relation between attitudes toward gender roles and informal help-seeking behavior, we conducted a regression analyses with gender
role attitudes and the interaction between this attitude and ethnicity as independent variables (table 4).

**TABLE 4.** Logistic regression (method = ENTER) of ethnicity and attitudes on help-seeking patterns (informal help) with interaction effects

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>SE</th>
<th>p</th>
<th>Exp B</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Included</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constant</td>
<td>0.09</td>
<td>0.06</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnicity (ref: native Dutch)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dutch Antillean/Surinamese (1)</td>
<td>0.77</td>
<td>1.33</td>
<td>.57</td>
<td>2.15</td>
<td>[0.16, 29.35]</td>
</tr>
<tr>
<td>Moroccan/Turkish (2)</td>
<td>2.30</td>
<td>0.92</td>
<td>.01**</td>
<td>10.01</td>
<td>[1.64, 61.04]</td>
</tr>
<tr>
<td>Attitudes Gender roles</td>
<td>0.10</td>
<td>0.03</td>
<td>.01**</td>
<td>1.10</td>
<td>[1.03, 1.18]</td>
</tr>
<tr>
<td>Ethnicity X Attitudes Gender roles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnicity (1) X Attitudes Gender roles</td>
<td>-0.03</td>
<td>0.08</td>
<td>.69</td>
<td>.97</td>
<td>[0.84, 1.12]</td>
</tr>
<tr>
<td>Ethnicity (2) X Attitudes Gender roles</td>
<td>-0.16</td>
<td>0.06</td>
<td>.01**</td>
<td>.85</td>
<td>[0.76, 0.96]</td>
</tr>
</tbody>
</table>

Note: Missing values have not been included in the analysis. *p < .05, **p < .01, ***p < .001

The results from the regression analysis showed a significant main effect for gender role attitudes: Respondents with more liberal attitudes were more likely to disclose their experiences than respondents with more conservative attitudes. In addition, a significant interaction effect existed between ethnicity and attitudes toward gender roles. Further inspection of this interaction indicated that, contrary to the main effect, youth of Moroccan/Turkish heritage with more liberal attitudes toward gender roles were less likely to disclose to others. Remarkably, a significant main effect also existed for ethnicity: When controlling for the effect of gender role attitudes as well as for the interaction between gender role attitudes and ethnicity, Moroccan/Turkish respondents were more likely to disclose than ethnic Dutch respondents. In total, the model explained 1.7% of the variance (Nagelkerke $R^2 = .017$) and classified model 55.1% of the 1,047 cases correctly.
Reasons for not seeking help

The final analyses regarding reasons for not seeking help indicated significant differences between the groups for both formal and informal help settings. On average, 1.1 and 1.5 reasons per respondent were selected for not seeking formal and not seeking informal help respectively. With regard to the reasons not to seek formal help, child sexual abuse victims with a non-Western minority ethnic background reported more often than their ethnic Dutch counterparts that they did not find the abuse severe enough to seek formal help ($X^2 (2) = 12.40, p = .00$, Cramer’s $V = .10$). Minority ethnic groups also mentioned more often that they did not trust counsellors, specifically the Dutch Antillean/Surinamese group, compared with ethnic Dutch participants ($X^2 (2) = 6.62, p = .04$, Cramer’s $V = .07$) (table 5).
### TABLE 5. Reasons not to seek formal help among 3 ethnic groups (N = 1,040)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Native Dutch (n = 786)</th>
<th>Ant./Sur. (n = 52)</th>
<th>Mor./Tur. (n = 92)</th>
<th>χ²</th>
<th>p</th>
<th>V</th>
</tr>
</thead>
<tbody>
<tr>
<td>I did not need formal help</td>
<td>566 54.2</td>
<td>34 39.5</td>
<td>58 35.2</td>
<td>25.40***</td>
<td>.00</td>
<td>.14</td>
</tr>
<tr>
<td>I found it difficult to ask for help</td>
<td>41 3.9</td>
<td>6 7.0</td>
<td>3 1.8</td>
<td>4.12</td>
<td>.13</td>
<td>.06</td>
</tr>
<tr>
<td>I did not dare to seek formal help</td>
<td>36 3.4</td>
<td>7 7.0</td>
<td>3 1.8</td>
<td>4.50</td>
<td>.11</td>
<td>.06</td>
</tr>
<tr>
<td>I thought it was not severe enough</td>
<td>185 17.7</td>
<td>6 7.0</td>
<td>16 9.7</td>
<td>12.40***</td>
<td>.00</td>
<td>.10</td>
</tr>
<tr>
<td>I did not trust formal health counselors</td>
<td>20 1.9</td>
<td>5 5.8</td>
<td>2 1.2</td>
<td>6.62*</td>
<td>.04</td>
<td>.07</td>
</tr>
<tr>
<td>I did not know where to seek help</td>
<td>18 1.7</td>
<td>4 4.7</td>
<td>0 0.0</td>
<td>7.34*</td>
<td>.03</td>
<td>.08</td>
</tr>
<tr>
<td>I found it too expensive</td>
<td>4 0.4</td>
<td>1 1.2</td>
<td>1 0.6</td>
<td>1.13</td>
<td>.57</td>
<td>.03</td>
</tr>
<tr>
<td>The insurance did not cover any expenses</td>
<td>2 0.2</td>
<td>0 0.0</td>
<td>0 0.0</td>
<td>.48</td>
<td>.79</td>
<td>.02</td>
</tr>
<tr>
<td>There was a long waiting list for mental care</td>
<td>2 0.2</td>
<td>0 0.0</td>
<td>0 0.0</td>
<td>.48</td>
<td>.79</td>
<td>.02</td>
</tr>
<tr>
<td>I do not want to answer this question</td>
<td>46 4.4</td>
<td>3 3.5</td>
<td>9 5.5</td>
<td>.58</td>
<td>.75</td>
<td>.02</td>
</tr>
<tr>
<td>Other</td>
<td>59 5.7</td>
<td>4 4.7</td>
<td>7 4.2</td>
<td>.66</td>
<td>.72</td>
<td>.02</td>
</tr>
</tbody>
</table>

Note. Only the % of the selected reasons has been presented, in order to keep the table readable.

Missing values have not been included in the analyses. *p < .05, **p < .01, ***p < .001
The reasons not to seek informal help differed significantly between the Dutch Antillean/Surinamese group and the ethnic Dutch and Moroccan/Turkish groups. More Dutch Antillean/Surinamese participants reported being afraid of the reactions of others and that they did not want their family and friends to know ($\chi^2 (2) = 6.66, p = .04$, Cramer’s V = .07 and $\chi^2 (2) = 8.14, p = .02$, Cramer’s V = .08 respectively). Dutch Antillean/Surinamese participants also reported more often than ethnic Dutch and Moroccan/Turkish participants that they were afraid of being blamed ($\chi^2 (2) = 8.88, p = .01$, Cramer’s V = .08) and reported more often that they did not find their experiences severe enough to disclose ($\chi^2 (2) = 7.24, p = .03$, Cramer’s V = .08) (table 6).
<table>
<thead>
<tr>
<th>Variable</th>
<th>Native Dutch (n = 416)</th>
<th>Ant./Sur. (n = 27)</th>
<th>Mor./Tur. (n = 56)</th>
<th>χ²</th>
<th>p</th>
<th>V</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was afraid of the reaction</td>
<td>31 3.0</td>
<td>7 8.1</td>
<td>7 4.2</td>
<td>6.66*</td>
<td>.04</td>
<td>.07</td>
</tr>
<tr>
<td>I did not want my family and friends to find out</td>
<td>34 3.3</td>
<td>8 9.3</td>
<td>6 3.6</td>
<td>8.14*</td>
<td>.02</td>
<td>.08</td>
</tr>
<tr>
<td>I was afraid that people would not believe me</td>
<td>13 1.2</td>
<td>3 3.5</td>
<td>2 1.2</td>
<td>2.96</td>
<td>.23</td>
<td>.05</td>
</tr>
<tr>
<td>I was afraid to be blamed</td>
<td>10 1.0</td>
<td>4 4.7</td>
<td>2 1.2</td>
<td>8.88**</td>
<td>.01</td>
<td>.08</td>
</tr>
<tr>
<td>I thought it was unnecessary</td>
<td>197 18.9</td>
<td>10 11.6</td>
<td>24 14.5</td>
<td>4.24</td>
<td>.12</td>
<td>.06</td>
</tr>
<tr>
<td>I thought it was not severe enough</td>
<td>95 9.1</td>
<td>1 1.2</td>
<td>11 6.7</td>
<td>7.24*</td>
<td>.03</td>
<td>.08</td>
</tr>
<tr>
<td>I took care of it myself</td>
<td>84 8.0</td>
<td>4 4.7</td>
<td>6 3.6</td>
<td>5.05</td>
<td>.08</td>
<td>.06</td>
</tr>
<tr>
<td>I found it too much hassle</td>
<td>41 3.9</td>
<td>1 1.2</td>
<td>3 1.8</td>
<td>3.36</td>
<td>.19</td>
<td>.05</td>
</tr>
<tr>
<td>I did not know what to do</td>
<td>24 2.3</td>
<td>3 3.5</td>
<td>5 3.0</td>
<td>.71</td>
<td>.70</td>
<td>.02</td>
</tr>
<tr>
<td>I did not want it to have negative consequences for the perpetrator</td>
<td>4 0.4</td>
<td>1 1.2</td>
<td>1 .06</td>
<td>1.31</td>
<td>.57</td>
<td>.03</td>
</tr>
<tr>
<td>I was afraid of gossip</td>
<td>14 1.3</td>
<td>4 4.7</td>
<td>3 1.8</td>
<td>5.50</td>
<td>.06</td>
<td>.07</td>
</tr>
<tr>
<td>I do not want to answer this</td>
<td>57 5.5</td>
<td>2 2.3</td>
<td>9 5.5</td>
<td>1.59</td>
<td>.45</td>
<td>.04</td>
</tr>
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</table>

Note. Only the % of the selected reasons has been presented, in order to keep the table readable. Missing values have not been included in the analyses.

*p < .05, **p < .01, ***p < .001
Focus groups

All participants of the focus groups answered the question about the role of sexual education within their culture saying that sexuality, if discussed at all, is only talked about in an indirect manner. A member of the Dutch Antillean focus group illustrated this, saying:

“Children, but especially girls, learn what NOT to do when it comes to sexuality. (...) Children are taught about sexuality in a very oblique way; girls learn that they should not sit on someone’s lap with their legs wide, but parents do not tell why.” (Male, Dutch Antillean focus group member).

According to a member of the Moroccan focus groups, sexual education is a taboo.

“Even if there is a kiss on television, the channel will be changed. This still happens nowadays” (Male, Moroccan focus group member).

During the focus groups it became clear there is a double standard for girls and boys from religious (Islamic) cultures. Boys are being told to be careful and not to do things they are not ready for, but girls are advised about possible disadvantages if the family honour is being violated.

The question regarding suspicions of child sexual abuse within the culture, led to the result that sexual abuse is mostly kept secret. In the Dutch Antillean and Surinamese focus groups, members stressed the issue of being (financially) dependent on family members and partners, making it harder to disclose the abuse to someone. According to Moroccan and Turkish focus group members, sexual issues –specifically incest- are kept hidden. The victim risks being blamed for the abuse and it will be difficult to find an eligible partner later.
All members of the focus groups expressed their concern regarding the cultural sensitivity of formal help in the Netherlands. Turkish members were more optimistic about the development of cultural sensitivity among counsellors; regardless there is still a long way to go:

“On the one hand, some (counsellors) know about the sexual abuse, but there is an inadequacy in providing support, because of a lack of cultural knowledge. On the other hand, some (counsellors) do have cultural knowledge, but do not see the complexity of the situation.” (Female, Turkish focus group member)

The reason for not seeking help that focus group members mentioned most was the struggle of ethnic minorities between their ‘own’ (collectivistic) culture from their country of origin and the ‘new’ (individualistic) culture of their country of residence.

“Because of the “us-culture”, no one wants to wash one’s dirty linen in public; it’s not about the individual” (Female, Turkish focus group member).

Additionally, there is a lack of trust among ethnic minorities toward mental health care providers because they fear that mental health care providers will tell others or force them to report to the police. Focus groups discussions suggested that long-term efforts and commitment is required to gain the trust of ethnic minorities to talk about sexual child abuse and proposed more cooperation between migrant organizations and formal mental health care providers as a solution in overcoming the mistrust that ethnic minorities seem to have against professional counsellors.

**DISCUSSION**

In order to draw conclusions with regard to the prevalence of help-seeking rates among child sexual abuse victims from minority ethnic youth compared with majority ethnic youth, comparative research was required. We expected ethnic differences would exist in help-seeking behavior after child sexual abuse and
Furthermore expected these differences to be related to ethnic differences in gender role and attitudes toward sexuality. However, the results did not support our expectations. Instead, we found that ethnicity moderates the relation between gender role attitudes and (informal) help-seeking behavior. The finding that no significant differences existed in the prevalence of help-seeking behavior between ethnic groups is not in line with existing research on minorities and mental health care showing that minority groups are underrepresented in formal mental health care (Bellaart, 2007; Cauce et al., 2002). The existing research mainly focused on health care for general mental health problems, our results indicate that this underrepresentation does not exist among victims of child sexual abuse.

Our results revealed that more liberal gender role attitudes were positively related to informal help-seeking behavior. The main effect for gender role attitudes seems valid at face value. Victims with liberal gender role attitudes can, in general, be assumed to live in a social environment sharing these attitudes, possibly making it easier for them to disclose the abuse to their social network. This explanation is supported by findings from Lefkowitz, Boone and Shearer (2004) who reported that youth with liberal attitudes toward sexuality engage more frequently in conversations about sex and rate these conversations as more comfortable than youth with more conservative attitudes. However, this effect did not exist for youth with a Moroccan/Turkish background. Contrary to ethnic Dutch youth with liberal gender role attitudes, victims of Moroccan/Turkish heritage with liberal gender role attitudes disclosed less to others in their own network. Possibly non-Western minority ethnic youth might not share their gender role attitudes with the people in their social environment. As a result, victims of Moroccan/Turkish heritage with liberal attitudes might think that their environment will be more judgmental toward them because they might be thought of as taking risks, voluntarily engaging in sexual activities. In other words, they may experience a conflict between the sexual discourses of the home and those that are prevalent more generally in Dutch society (Cense, 2014). Research by Caceres (2005), pointed out that in cultures with more gender-related sexual scripts girls are blamed for provoking a forced sexual
encounter, which may make it more difficult to seek help (i.e., phase two of Cauce et al.’s model). Simultaneously, more conservative minority youth will find themselves supported by an equally conservative environment. We would hypothesise that if these youth suffer sexual violence, they will trust that their close social environment will believe they did not engage in specifically risky behavior and will therefore be less likely to blame the victim. However, more (qualitative) research in the context of the abuse is therefore necessary to describe the mechanisms behind the moderating effect of ethnicity on the relation between gender role attitudes and informal help-seeking behavior after child sexual abuse, to truly interpret the interaction-effect.

Significant differences were also found in reasons for not seeking help. Regarding formal help, Dutch Antillean/Surinamese participants reported that they did not seek formal help because of a lack of trust in counsellors. Focus group members also mentioned this issue of mistrust. According to our focus group results, the secrecy of the community in which Dutch Antillean and Surinamese minorities live, in which there is a constant struggle in an us-versus-them-culture, inhibits victims from seeking help. In line with this, Grinstein-Weiss, Fishman, and Eisikovits (2005) attribute this form of mistrust to the idea that formal help is only for the dominant culture, to which the ethnic minorities do not belong. Furthermore, compared to ethnic majority victims, ethnic minority victims reported more often that they did not disclose because they felt the child sexual abuse was not severe enough. It could be that the perceptions regarding the severity of child sexual abuse differ (Cauce et al.’s (2002) first phase). Further research should clarify perceptions of child sexual abuse victims with regard to help seeking.

Both Dutch Antillean and Surinamese minority ethnic groups reported that they did not feel the need to seek formal help. For this to be understood, the concept of resilience should be recognised. This indicates that in collectivistic cultures, the importance of preserving relationships with family and community are highly valued (Roland 1996). As Tummala-Narra (2007, 37-38) states:

“Cultural attitudes and ideals play an important role in fostering and helping to maintain resilience in the aftermath of trauma. (...) A particular trait or
circumstance that is seen as promoting resilience in one cultural context may actually be seen as a liability in a different cultural context. (...) In cultures with a collectivistic orientation (...) an individual’s reliance on coping strategies that exclude family wishes and obligations as guides for coping with interpersonal violence, such as rape or domestic violence, can be experienced as isolating to the individual and stressful to both the individual and his/her communities of reference.”

Therefore, like members from the focus groups expressed, long-term commitment and supportive response to disclosure is crucial. In order to reach out to these victims, professionals need to be sensitive to cultural norms regarding family relationships.

Finally, participants of Dutch Antillean/Surinamese heritage stated that they did not know where to seek help, while none of the participants of Moroccan/Turkish heritage reported this reason. Dutch Antillean and Surinamese focus group members mentioned that sexuality is not something that is discussed at home because people supposedly assume that the children will understand without explicit discussion. This may leave victims of Dutch Antillean/Surinamese heritage in a helpless situation, while at the same time they may feel restricted in asking for help outside the home because it is uncommon for them to talk about this topic.

In summary, although we did not find statistically significant differences in the rates of help-seeking behavior between minority and majority ethnic youth, we did find an interaction effect between ethnicity and cultural attitudes toward gender roles in seeking informal help after child sexual abuse. Attitudes toward gender roles, that are generally more conservative among minority ethnic youth, play a role when seeking informal help. Moreover, reasons for not seeking help also proved to differ between minority ethnic and majority ethnic youth. Our results can be integrated into Cauce et al.’s (2002) help-seeking model. The specific dynamics behind these differences remain to be studied in follow-up research.
Limitations
Despite the contributions of the study to literature, there are limitations. First, information about help-seeking patterns has been collected through retrospective reports. The time frame in which the help-seeking took place after the child sexual abuse was not included in the analyses and even though there were no ethnic differences in help-seeking rates, there may be ethnic differences in disclosure time that we are now unaware of. Second, the items for the attitudes toward sexuality and gender roles were created specifically for this study and have yet to be validated. Third, the total response rate among the schools invited was 17.3% (n = 13). It was difficult to convince schools to participate. Specifically, programme coordinators from technological and, to a lesser extent, economic programs were reluctant to participate. Some programme coordinators indicated they did not wish to participate because they did not consider child sexual abuse to be a problem among their students. Because these programmes are specifically popular among boys, the number of boys in our sample is lower than the number of girls. It is difficult to establish whether this has affected the child sexual abuse prevalence rates we found for boys, but it does diminish the generalisability of these results. In addition, there may be ethnic differences between the participating and not participating schools that have affected the results as well. For instance, schools from Rotterdam, a city with a high number of Dutch Antillean and Surinamese youth, did not participate. Furthermore, there may be gender differences regarding cultural attitudes within the ethnic groups that will influence the help-seeking rates. The reason for excluding analyses based on gender within the groups is due to methodological limitations, such as a small sample size. Finally, logistical limitations, such as the size of the focus groups, sets limits on the validity of what may be concluded.

In conclusion, this study should not be thought of as complete yet. The article makes a contribution to answer the question ‘What is the relationship between ethnicity and help-seeking behavior and do attitudes play a role in this relation?’ However, the regression analysis only explained 1.7% of the variance, leaving a high
percentage of variance unexplained and as such many questions unanswered. At the same time, this article opened the door for further research regarding the context of disclosure and more specific cultural aspects and possible gender differences.

As far as we know, this study is the first to quantitatively investigate the prevalence of both formal and informal help-seeking after child sexual abuse among sexually abused victims with a non-Western minority ethnic background that also included the role of cultural attitudes in help-seeking behavior. In addition, the use of a multi-method design to look at differences in reasons for not seeking help, by combining quantitative and qualitative methods is an innovative aspect.

Implications for practice
Although there was no ethnic difference in formal help-seeking rates, prevalence rates of child sexual abuse victims who seek help are in general low and reasons for not seeking help differ between ethnic groups. Therefore, with regard to victims with minority ethnic backgrounds, members of the focus groups suggested a better cooperation with mental health care providers and migrant institutions that last longer than the current projects in order to gain trust of the victims. The focus group members also acknowledged the fear among victims that family or friends find out. In order to provide sustainable help, interventions that are informed and shaped by what is known to be culturally acceptable in these cultures are best. Thus solid cooperation should be set up between regular health care institutes and specific migrant organizations in order to reach and provide appropriate support to minority ethnic victims. At the same time, migrant organizations may wish to find ways of ensuring that child sexual abuse is more easily discussed among their members, for instance, by organising low key (cultural) events in which experts with the same cultural background talk about the issues involved.

Because Dutch Antillean/Surinamese participants reported being afraid that their family would learn of the abuse and their lack of knowledge about where to seek formal help, the importance of sexual education is underlined. Schools could adopt
programs that not only increase students’ knowledge about issues related to sexuality, but also provide clear information about where to go if help is needed and what to expect from mental health care institutes. For instance, having counsellors talking in class about privacy issues and reporting may diminish a part of the mistrust and ignorance that exists among young victims.
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CHAPTER 5

Non-Western ethnic minority victims of child sexual abuse (CSA) in Western support systems: Victims’ narratives on perceptions of CSA and help-seeking
ABSTRACT
This article used the narratives of victims of CSA with a non-Western ethnic background to examine the complex interplay between the specific nature of culture in perceptions of CSA and help seeking in the Western support systems. Four ethnic minority victims of CSA participated in semi-structured interviews. Four themes emerged from the analyses: narratives of virginity, narratives of marriage, narratives of relational responsibility toward parents and narratives of perceptions regarding Western help. The paradox of culture with regard to help seeking is that the barriers to seek help are only present in the culture itself.
INTRODUCTION

A growing body of studies indicates that there are cultural barriers regarding help seeking after child sexual abuse (CSA) by ethnic minority victims (Fontes & Plummer, 2010; Gilligan & Akhtar, 2006; Hamby, 2008; Lee & Law, 2001). These cultural barriers may prohibit victims from seeking professional help (McMahon, 2011), even though there is a range of multi-faceted options in the support systems of Western countries for CSA victims. Some support systems have actually established culturally sensitive structures by hiring professionals with the same cultural and ethnic background or who speak the preferred language of victims with non-Western backgrounds. However, in certain minority groups, rumors of sexual abuse may negatively influence a girl’s marriage prospects because she may not be a virgin (Fontes & Plummer, 2010). This influence may lead girls who have been sexually abused to avoid seeking help (Fontes & Plummer, 2010). Furthermore, the decision to disclose CSA is not made solely by the victim; victims are aware that others within their culture expect certain actions and behaviors, for instance, victims may be expected to keep their ‘dirty laundry’ inside, which may make it difficult for them to seek help (Fontes & Plummer, 2010). In one of the earlier studies on sexual violence among college students with an ethnic minority background conducted at the University of Hawaii-Manoa (Mills & Granoff, 1992), results showed that none of the Japanese participants in the study sought help despite the fact that 17% of these students had experienced rape. In addition, the study of Gilligan and Akhtar (2006) on cultural barriers to the disclosure of CSA in Asian communities in Britain revealed that victims did not seek professional help because they felt they would bring shame to the family and were thus fearful of seeking outside help. Because of the importance of collectivity and family in traditional Asian cultures, many Asian American women tend to be silent about the problems of sexual violence for fear of shaming the family name and/or losing face, regardless of who inflicted the sexual abuse (Lee, 1996). According to Lee and Au (1998, in Lee & Law, 2001), these women develop an ‘instigator mentality’; they see themselves as bad women who shamed their families (or themselves) instead of the more common Western ‘survivor
mentality’, whereby the victim can understand that it was not her fault and that she deserves to be helped (p. 8).

Expectations regarding effective help may differ between non-Western ethnic minorities and the Western world. Reynolds (1989) argued that self-expression through language and confrontation appears to be highly valued in Western cultures, while ethnic minorities may simply not rely on speaking out about CSA as a primary means for coping with the abuse. In addition, various studies have indicated that ethnic minorities do not see ‘talk therapy’ as being useful (Gong, Gage, & Tacato, 2003; Lorenzo & Adler, 1984). Consequently, ethnic minority victims of CSA, as influenced by cultural and contextual factors, may appear to be “passive, secretive, and not open to outside professional help” (Lee & Law, 2001, p. 9).

However, little is known about the perceptions of sexual violence among various ethnic and cultural groups (Lira, Koss, & Russo, 1999; McMahon, 2011). It may be unsubstantiated to connect ethnic minorities’ avoidance of help seeking after CSA to cultural barriers when their perceptions about CSA are unknown. In general, there are grounds to believe that there is a gap in what constitutes CSA between mental health care practitioners and other key players in the field of sexual violence and the general public (McMahon, 2011). This gap may even be larger among ethnic minorities who have perceptions about CSA that are further distanced from the perceptions of the general public. In other words, in order to understand whether the use of health services by ethnic minorities in response to sexual violence has to do with perceived cultural barriers or whether it is more related to different perceptions about CSA and the effectiveness of help after CSA, it must be examined within the social and cultural norms they value. Narratives of ethnic minority victims of CSA would contribute to a better understanding of how culture affects the perceptions of CSA and the support systems in Western countries.

**Narratives**

Narrative approaches have become more popular as a methodology in the field of (child) sexual violence (Gill & Tutton, 1999; Hunter, 2010b; Sorsoli, Kia-Keating, & Grossman, 2005). Narrative inquiry is an umbrella term within qualitative research
that captures narratives (written, oral, visual) to understand how individuals create meaning in their lives and, at the same time, takes into account the relationship between individual experiences and cultural context (Clandinin & Connelly, 2000). Furthermore, narratives explain mismatches between the exceptional and the ordinary (Bruner, 1991). After all, when something ordinary happens (e.g., victim seeks help after CSA), explanations are not required. Therefore, knowing how people perceive certain ‘exceptional’ behaviors and attitudes - in other words, knowing what their reality is - creates room for understanding how and why people act the way they do. This ‘meaning-making’ is the basis for Bruner’s (1991) functional approach, a form of analysis within narrative analysis that focuses more on perceptual processes than specific actions. According to Katz (1960), the power of a functional approach lies in its ability to overcome the error of oversimplification. In other words, by comparing the different perceptions of ethnic minority victims toward CSA, the error of attributing a single cause to certain behaviors and inhibition of behaviors can be prevented.

METHODS

Procedure
This study was part of a larger research project studying the prevalence of and help seeking behavior after CSA among 3,697 students from vocational schools and universities of applied science in the Netherlands who completed an anonymous online survey about sexually abusive experiences (Okur, Van der Knaap, & Bogaerts, 2015). Another part of the study included 25 in-depth interviews with students from the total sample who had reported some form of CSA before 18 years of age. To ensure the privacy of the participants who agreed to participate in this follow-up study, their contact details were stored in a separate database, which made it impossible to link personal details with the reports about abuse. With this precaution, participants could decide for themselves if and what they wanted to share about their abusive experience(s) during the interview. In this article, the interviews with victims with a non-Western ethnic background have been used.
The data collection for the interviews took place from August to December 2012 and the participants chose the setting. The interviews were conducted by the author and three trained interviewers and lasted an average of 45 to 90 minutes. Prior to the interviews, each interviewer had interview training at Pharos (the Dutch center of expertise on health disparities) about sensitive topics to be more aware in their approach to the participants. Participants received contact information for emergency services as well as a voucher as a token of gratitude for their participation. The Psychological Ethics Committee (PETC) of Tilburg University approved the procedure.

Participants
For the purpose of this study, the narratives of four victims with a non-Western ethnic background have been used. The ethnic backgrounds of these participants are Surinamese, Moroccan, Turkish and Afghan. All four participants were studying at a vocational school at the time of the interview and were between 18 and 21 years of age. The participants’ names have been changed to ensure their privacy.

Measures
The semi-structured interviews contained five themes: (1) demography/childhood history (including relationship with parents and family and role of culture), (2) sexual communication at home, (3) sexually abusive experiences, (4) respondents’ perceptions about the abuse, and (5) perceptions of and experiences with (professional) help. Each theme consisted of one or two key questions that came up in every interview and several follow-up questions in case the interviewer wanted to know more about a particular theme. After two interviews the results have been evaluated and adapted to the language based on the interaction with the participants.

Analyses
All interviews were audio taped with the written consent of participants and then transcribed verbatim and analyzed according to the principles of narrative analysis
(Gelissen, 2012) and folded into Bruner’s functional approach. This analysis included the following steps: (a) reading the interviews several times (b) creating a summary for each life history (c) noting thematic ideas and structural points (d) forming different types of narratives, (e) comparing the narratives of each individual text (case-by-case comparison) and (f) identifying similar narratives and identifying all remaining contrasting narratives.

RESULTS

From the stories of the four victims, four narratives emerged through the analyses of the interviews. Their stories unraveled how their perceptions of CSA and Western help were shaped by their culture. The first theme is primarily related to perceptions about CSA, while the last three are predominantly about perceptions of help seeking and disclosure. Each theme is presented independently, but, at the same time, is intertwined with the other themes. However, to understand the different backgrounds and perceptions of these participants, their childhood history and their experiences with CSA are described first.

Childhood history and CSA experience(s)

Aysun, a Turkish girl, talked about her childhood as very pleasant, with caring and free-spirited parents who were not too strict in controlling her. She sees her parents as her examples, and one day, she hopes to be like her mother. She was dating boys, but at age 16, a former boyfriend raped her in a car. Petrified by the fact that she had lost her virginity to him, she did everything in her power to make him marry her as soon as possible. This idea ended abruptly when he told her that he did not love her and did not want to marry her. She still hoped he would change his mind and did everything he wanted until she was forced to have sex with one of his friends. This event was the turning point for her and she began looking for professional help to ensure her prospects for marriage in the future.

Lucia, an 18-year-old Surinamese girl, shared a very tragic story. Her parents divorced when she was 13 years old; she never had a stable relationship with her parents and did not get along with her little brother. Her father forbade her to have
a social life and started abusing her at a very young age. This abuse continued and became inescapable when she had to live with him from her 14th until 17th year; during this time, the abuse occurred several times a week. Due to a chronical illness, she went to the hospital for regular check-ups, which made it possible for her to disclose the abuse. This in turn caused a chain of reactions from both the regular support systems in the Netherlands and her Surinamese family. This disclosure happened just a few months before the interview.

Nadia, an Afghan girl, came to the Netherlands when she was three years of age. She describes her childhood as carefree and loving and spent a great amount of time her family. Her teenage years were easy for her, and she has a good relationship with her parents. The abuse occurred when she was 17 years old. She was physically forced to have sex with and perform oral sex to a boy she was dating. When she refused, he hit her, and she is still not sure if she remained conscious throughout the experience and does not know exactly what happened. However, she did not have her period for a long time after the event, which caused her to fear a pregnancy, even though she was sure that he did not rape her. She has never disclosed the abuse to anyone.

Leila is the daughter of a Moroccan father and a native Dutch mother. She grew up in a little village where she had many friends with a native Dutch background. Later, when she went to high school, she was drawn into friendships with peers with an ethnic minority background because they would ‘understand her better.’ Due to her parents’ ‘disappointment’ in her sister’s choice of a marriage candidate, she felt pressure to be ‘perfect’ all the time. The abuse, which occurred at age 16, was committed by a previous boyfriend; she felt pressured to perform sexual acts because he threatened to have sex with someone else if she did not. She has not disclosed the abuse to anyone.

**Narrative of virginity**

A remarkable narrative that was evident three of the four interviewees was about virginity. Preserving virginity or pretending to be a virgin appeared to be more important than anything else for Leila, Aysun and Nadia. As Leila explained:
“I would say, do what feels good, but stay a virgin until your marriage, because it is not worth losing it before. You can wait easily until you’re married and then you have your whole life for sex.”

These girls were afraid that their family and friends would not make a distinction between forced sexual intercourse and having sex out of free will, which shaped their perception of CSA as well; being or pretending to be a virgin until their marriage seemed a vital issue for their happiness, regardless of any experience with CSA. Leila captured this sentiment by saying:

“That’s the only thing that matters to them (their family and friends, PO). They won’t see how wrong it is if someone gets raped. They only see that you are not a virgin anymore.”

The participants who did not experience penetrative CSA (Leila and Nadia) appeared to be even relieved that they were still virgins despite the abuse. Leila started the interview by saying:

“I am telling you up front, I am still a virgin.”

Later on, when she opened up about a friend who was raped and had disclosed this fact to her, she specifically mentioned that this friend is still pretending to be a virgin and has said nothing about the trauma this abuse may have caused her.

“She can tell me anything, but she won’t tell anyone else. She is still walking around with her head held high, claiming to be a virgin.”

The abusive experience itself does not appear to trouble them as much, as long as the consequences are not ‘visible’. These stories imply that what these participants perceive as CSA is rape. Other, non-penetrative forms of CSA are not considered to
constitute ‘real’ CSA, since these forms will not negatively influence their position in their culture, hence their happiness.

Help seeking was also related to the issue of virginity. One of the participants, Aysun, was raped by her ex-partner and sought various forms of professional help. She did this to obtain advice regarding her future marriage prospects:

“I told her (the psychologist, PO.) I had problems with sex and then she told me: “You should tell your partner what you like and what you don’t like in bed.” I thought: “No, this is not what I need, I need to know how to deal with this situation in my culture.””

Nadia, who thought she might have gotten pregnant through the abuse, had searched for information regarding abortion:

“\ I had really thought about abortion. I had searched through all these websites regarding abortion; I knew everything about how to get rid of the baby.”

Talking about the abuse with someone, about the stress that this idea of being pregnant caused her did not appear to her to be a plausible solution. Leila explained that if she had lost her virginity through the abuse, she would seek professional help from a medical doctor to obtain a hymen-repair surgery,

“Yes, I would go to the hospital to get hymen-repair surgery. I don’t want to lose my virginity before my marriage, so if it had happened— regardless of the situation—I would like to forget that it happened. So, I would do anything that’s necessary to let someone else believe that I am still a virgin, that nothing has happened before.”
These narratives show that these girls truly believed that their happiness depends on their virginity and that everything else is a minor issue that is not worth sharing, disclosing or seeking help for.

**Narrative of marriage**
Three participants kept referring back to one theme in regard to help seeking: marriage. In this respect, victims of CSA with an ethnic minority background feel as though they are being held back by their own culture. Aysun feels the need to disclose her history to her future husband, but she is held back by her own doubts,

“And every time I started a new relationship, I had the need to tell, but I also feared that he would leave me...I still have that, with my current boyfriend. What if he finds out? Even though he is more mature than my previous boyfriends, I still wonder whether he would leave me if he would find out? I am afraid that this feeling will stay forever…”

Leila has doubts about telling her boyfriend the true story about her abuse as well,

“He kind of believes that I left my previous boyfriend. Well, if he believes this, I am not going to change his mind. It just didn’t feel good to tell him that he (ex-partner, PO) left me after abusing me.”

The fear of disclosure should be seen in the light of being criticized and mistrusted:

“What would others think of the abuse? And what would the man I want to marry think? Would he accept it, or would he not believe me?”

Aysun recalled what her psychologist, with the same ethnic background, had said about this issue:
“She told me not to tell my future husband ever because he would keep using this abuse against me.”

The paradox of the situation with help seeking lies in the ethnic and cultural network: there appear to be barriers within their own culture that keep victims of CSA from disclosing the abuse to someone in their family and/or friend network but not from professionals. For instance, Leila said:

“Well, I think that I would never tell my parents (about a potential rape case, ed.), to be honest, even though it is a shame that I can’t talk about it.”

She expressed a similar feeling about telling her current boyfriend:

“No, I am telling you honestly, I haven’t told my current boyfriend either. He also didn’t ask, because he assumes that I have no experience with sex, in any manner whatsoever.”

**Narrative of relational responsibility toward parents**

Nadia’s story indicates that her family is more important than her own mental well-being, not only because she was told this, but because her parents’ well-being is what really matters to her:

“The only thing that worried me was the disappointment I would cause my parents by telling them what happened to me (being pregnant by her perpetrator, PO). As you know from my story, I love my parents more than anything and I would never be able to hurt them by telling them what has happened to me.”

This story shows that there is a thin line between non-disclosure due to cultural barriers and non-disclosure out of love (i.e., thinking that non-disclosure would be in the best interest of both the victim and the family). Conflicting responsibilities made
it difficult for these victims to tell their parents about the abuse. On the one hand, the participants felt strengthened by the fact that they were keeping their parents away from their sorrow; on the other hand, they were struggling to balance their conflicting feelings of responsibility. In the case of Lucia, this responsibility was even more evident, even though it was her father who abused her. In a letter that she wrote to him, she explained to him the following:

“I wrote him a letter as a reaction to his lecture that I would hate him, because I never dropped by anymore. In that letter, I told him that I don’t hate him but that I am really disappointed in him.”

On the question of why she did not think of reporting the abuse, she answered:

“It’s my dad, so I think it is wrong to do that to him.”

One of the psychologists Aysun spoke with suggested she tell her parents about the abuse. Aysun replied that that would make her mother really sad, something that she strongly wished to avoid because she thinks her mother has suffered enough already:

“My mother is already very emotional, and she has endured enough during her marriage already.”

**Narrative of perceptions on Western help**

Leila and Nadia believed that talking to a mental health professional about their abuse was unnecessary and would not lessen the burden of their experience. Leila thought other ethnic minority girls also held this perspective:

“They (ethnic minority victims of CSA, PO) won’t go anywhere (to a professional, PO). If I would get raped, or would experience any other kind of
sexual abuse, then I would not think: “Well, let me talk about this, to get this off my mind (...).”"

The same story was also told by Nadia, who did not see the added value of disclosing her story to a professional, even if it was anonymous:

“No, it didn’t attract to me as something necessary. I wouldn’t think: “Ok, I have finally told it to someone and that was such a relief.”"

She also added that going to a professional seemed useless to her:

“No, I never felt the need to talk with someone about the abuse. I really thought, this is something personal, it’s no one’s business and no one should know. This is something that has happened to me and that is very private. Even if someone would know about it (the abusive experience, PO), what can they do for me?!”

The issue of mistrust seeps through the narratives, but it has nothing to do with any supposed cultural insensitivity of Western support services. To the contrary, participants would rather speak to someone from a different background than their own ethnic background. When the possibility of speaking to a professional from her own culture was raised, Nadia exclaimed in anguish:

“No! No, on the contrary! No!”

Aysun, who did seek professional help, admits that her Turkish psychologist helped her very little in her quest for help:

“She has the same cultural ethnic background as I have, but her perspective of looking at things and the way I looked at it was too different. I had to do things that she thought were right, but I wasn’t feeling good with it.”
However, her native Dutch school mentor was of great support to her:

“She has been a great support for me. Although she didn’t have the same background as I have, the things she told me then have been a big comfort for me.”

The mistrust is not related to the idea of talking to someone in person or out of fear that this person could tell others either. In fact, if there was any mistrust, it was more related to apparently easily accessible and anonymous help, such as online help. Nadia states:

“I have not trusted anyone online (...) you never know who is behind the screen.” Lucia explains: “To be honest, I don’t know...It doesn’t seem like something that could help me, but the psychologist told me that it may help me to cope with the abuse.”

**DISCUSSION**

Contrary to the current literature on cultural barriers to help seeking among ethnic minority victims of CSA, the narratives of these four participants revealed that the disuse of mental health care has little to do with cultural barriers. In this light, separating help seeking in the regular support systems in the Netherlands from disclosure to the social and cultural network gave more insight in the issue. First of all, the paradox of culture with regard to help seeking behavior is that – based on these results - the barriers to seek help are only present in the culture itself. The four participants reported that it was more difficult to disclose the abuse to someone in their own network than to a professional. Cultural barriers within their culture keep victims of CSA from disclosing the abuse to someone in their family and/or friend’s network. This tendency is in contrast with available literature about cultural minorities who may not seek out formal help because their needs are met within the informal network (Soorkia, Snelgar, & Swami, 2011; Tata & Leong, 1994).
Secondly, in line with the first finding, the perceptions of help seeking after CSA must be carefully understood with respect to the importance of virginity and marriage for women in these ethnic minority cultures. Virginity and marriageability are interconnected and a part of the cultural norms, hence constructing gender. If female ethnic minority victims choose not to disclose CSA because of these cultural reasons, these reasons seem to act as a cultural ‘barrier’, but only within their own culture. Women who are sexually violated are basically not ‘pure’ anymore, which depreciates their personal value or renders them valueless (Lee & Au, 1998). Losing your virginity before marriage, even by forced intercourse, can drastically decrease one’s prospects of marrying. This fact is of the highest importance to three of the four ethnic minority victims, and seeking professional help to talk about the abuse is not on their minds. It is not that these girls are unable to find professional help; they acknowledge the abuse and they know where to seek help. In fact, one participant who held strong feelings about virginity spoke to mental health care professionals, but she only did this in regard to her future marriage prospects and not about the abusive event per se. Furthermore, there are conflicting issues at stake because the participants are at the same time trying to balance their responsibilities toward their parents’ well-being and their own, making it even more challenging for victims to ‘burden’ their parents by disclosing the abuse. Notwithstanding the fact that these feelings of responsibility toward parents may also be present among native Dutch victims, this narrative does not stand on its own and serves to illustrate the various factors that ethnic minority victims are taking into account in their decision to seek help or not.

Finally, respondents did not have specifically negative perceptions of regular Western support systems; in fact, the participants had more trust issues with professionals of their own ethnic cultural background than with Western professionals. The narratives showed no signs of cultural insensitivity on the part of Western professionals. The need to talk about the abuse, however, was regarded as unnecessary and, in some cases, even useless. Furthermore, the many options in the regular Western support systems also meant the possibility of having a hymen-repair operation or an abortion. In other words, the participants believed that professional
help needed to be practical. This perception may be related to the previous findings of Reynolds (1989), who suggested that ethnic minorities may simply not rely on speaking out about CSA as a primary means for coping with the abuse. To conclude, this study served to explore the complex interplay of culture and perceptions of abuse that shape the perceptions and experiences of help seeking in the regular Western support systems among ethnic minority victims of CSA. Based on these results, the act of CSA is not perceived as ‘severe’, unless the consequences of the abuse are negatively influencing their beliefs about virginity and marriage. Consistent with this finding, professional help may be sought, but not because of the victim’s possible personal trauma; instead, victims seek help to address their fear of decreased chances of marriage. If their virginity is still intact, then help is not considered. All participants felt that they were held back from disclosing the abuse within their own network, partly from a fear of criticism and partly because of a sense of responsibility toward their parents’ well-being, which they perceived as more important than their own.

Limitations of the study

There are limitations to this study that are inherent in any qualitative research project, such as the small sample size (i.e., four respondents) and the difficulty with generalizations from the study. Therefore, the results from this study should be interpreted very carefully. These interviews, though by no means representative, are set up to enhance our understanding of complex phenomena and hard to reach groups, such as non-Western ethnic minority victims of CSA. Furthermore, many distinctions exist between the four cultural ethnic backgrounds of the participants in this study that have not been addressed. Further insight into these cultures, with the use of separate case studies, would be helpful in creating a more nuanced image of the specific cultural perceptions regarding help seeking. Any retrospective study has to deal with issues regarding the reliability of memories about past experiences. Nevertheless, this study provided valuable information on how victims perceive their experiences and their views of current Western support for victims. The functional approach identified exactly what this study aimed to
address, that is, finding the ‘reality’ of the victims instead of looking simply at the actual events that occurred.

Policy implications
The recommendations based on the results are fourfold. First, if we want to reach these participants and stimulate them to disclose the abuse within their social network, the first thing to do is to start discussing about the moral values protected by ideals of virginity and the different ways a person can lose it and the different consequences this should have. A more nuanced understanding of virginity would allow these girls to disclose the abuse. In this regard, ethnic minority organizations should commit themselves to improving the communication on this topic between parents and children. This will eventually allow young people to feel comfortable when asking their parents for help. Second, schools can fill an important role by providing ethnic minorities with more practical information regarding help after CSA by suggesting other options beyond talking to a professional that better suit their needs. This practical information also means educating young people that bleeding during the first intercourse is a myth, which could prevent ethnic minority victims from seeking hymen-repair surgery. Third, not only schools but also ethnic minority organizations should play a role in developing information campaigns about virginity myths to reach the parents of these victims as well. Finally, to diminish the suspicions youngsters have against online help, education about sex should target this form of help. Online assistance has the advantage of easy access and can act as a stepping-stone to professional help. It would be a shame if this type of assistance were not fully utilized.
REFERENCES


CHAPTER 6

A quantitative study on gender differences in disclosing child sexual abuse and reasons for non-disclosure

This chapter is under review as: Okur, P., Van der Knaap, L. M., & Bogaerts, S. A quantitative study on gender differences in disclosing child sexual abuse and reasons for non-disclosure.
ABSTRACT

Despite the available literature on disclosure of child sexual abuse (CSA), little is known about how gender affects disclosure. This article aims to quantitatively examine whether gender differences exist in formal and informal disclosure of CSA and if so, to assess whether this relation is associated with abuse characteristics and attitudes toward gender roles. The study also aimed to examine whether gender differences exist in reasons not to disclose CSA. Data of a sample of 586 participants, who reported to have experienced CSA committed by a single person, has been used for the analyses. There were no gender differences for formal disclosure, but the informal disclosure rate of CSA was 2.4 times higher for women than men and this effect remained significant after controlling for abuse characteristics and attitudes, even though the gender difference decreased slightly. Furthermore, women and men reported different reasons for not disclosing CSA in their personal network. Women were more worried than men that family and friends would discover the abuse and reported more insecurity of what to do in this situation. Professionals in the field of CSA should consider a gender perspective when developing guidelines. Men have rarely been the subject of studies of disclosure after CSA. Professionals should focus more on general mental health outcomes of men that are not related with CSA directly, but where the effects of CSA may exert more indirectly through associations with other problems in life.
INTRODUCTION

In the past decades extensive research has been conducted on the process of disclosure of experiencing child sexual abuse (CSA) (Fontes & Plummer, 2010; Goodman-Brown, Edelstein, Jones, & Gordon, 2003; Kogan, 2004; Paine & Hansen, 2002; Sauzier, 1989). Several victim and abuse characteristics have been related to the likelihood of disclosure. Kogan (2004), for instance, found that age of onset, a known perpetrator and a history of drug abuse in the household were related with the timing of the disclosure. Kogan’s results showed that very young victims of CSA (0-6 years) were five times more likely to delay disclosure compared to older victims at age of onset (14-17 years). Schönbucher, Maier, Mohler-Kuo, Schnyder and Landolt (2012) also reported a relationship between victim age and victim disclosure with disclosure occurring more often among victims who were twelve years or older at the time of the abuse. Having parents who were living together made disclosure more likely (Schönbucher et al, 2012), as well as positive parental support (Hershkowitz, Lanes, & Lamb, 2007). Schönbucher et al. (2012) also found that a lack of trust among family members or not wanting to burden the parents were reasons to delay disclosure or not tell at all. In addition, the authors reported that victims who knew their perpetrator were more than three times as likely to delay disclosure or not disclose at all in comparison with victims who did not know the offender. Lastly, Schönbucher et al. (2012) found that victims who lived with a household member with a drug problem were also less likely to disclose. Sauzier (1989) found that children who experienced more moderate forms of sexual abuse were more likely to disclose compared to children who experienced more invasive forms of abuse. Various studies (Goodman-Brown et al., 2003; Smith, Letourneau, Saunders, Kilpatrick, Resnich, & Best, 2000) showed that intrafamilial abuse is associated with a decreased likelihood of disclosure in comparison to instances of abuse by a perpetrator who was no family member or a stranger.

Gender differences in disclosing

Despite the available literature on disclosure of CSA, little is known about how gender affects disclosure (Alaggia, 2005). CSA of women has been a widely
investigated topic for years and in relation to this, disclosure in women is a much researched topic (Kogan, 2004; Mullen, Martin, Anderson, Romans, & Herbison, 1993; Vogeltanz, Wilsnack, Harris, Wilsnack, Wonderlich, & Kristjanson, 1999). CSA suffered by men, on the other hand, is less frequently examined and only a handful of quantitative studies exist that have investigated disclosure by male victims of CSA (McGee, Garavan, deBarra, Byrne, & Conroy, 2002; Priebe & Svedin, 2008; Ullman & Filipas, 2005). In addition, most of these few studies with male respondents (Hershkowitz, Lanes, & Lamb, 2007; Paine & Hansen, 2002; Schönbucher, Maier, Mohler-Kuo, Schnyder, & Landolt, 2012) have not been able to control for gender differences, as a result of methodological issues (e.g., small qualitative samples, not representative of the population etc.). There are grounds to believe that male and female CSA victims experience different forms of abuse (Goldberg & Freyd, 2006) and may therefore have different reasons to (not) disclose CSA (Alaggia, 2005; DeVoe & Faller, 1999; Ullman & Filipas, 2005). For instance, a clinical study by Faller (1989) on gender differences in CSA characteristics showed that boys were more likely than girls to be abused outside the family. However, when boys were abused by family members, this happened at a younger age than with extra-familiar perpetrators. Girls were more likely to be abused by their biological father than boys. Boys were more likely than girls to be victimized by both women and men. In Ullman and Filipas’ study (2005) female students reported greater prevalence and severity of CSA than male students. As discussed earlier, each of these characteristics are related to disclosure: Abuse at a younger age, abuse by a family member and more severe forms of CSA are associated with lower rates of disclosure, (Kogan, 2004; Hershkowitz et al, 2007; Schönbucher et al., 2012).

In addition to abuse characteristics, cultural values and attitudes may play a role in disclosure of CSA by male and female victims. Although it is not possible to define culture by a single value that is held in high regard within a given culture, specific cultural values can enhance the understanding of non-disclosure to a certain degree. In masculine cultures, the fear of being regarded as a homosexual or victim may be a specific reason for male CSA victims to delay disclosure or not to disclose at all - while this fear is not considered to play a role for women (Alaggia, 2005). In line with
this, in Paine and Hansen’s review study (2002) results showed that men tend to withhold disclosure because society does not allow them to show weaknesses or reveal doubts and fears. On the one hand, there is the taboo of homosexuality to overcome if the perpetrator is a male. On the other hand, if the perpetrator is a woman, men are faced with societal norms that endorse sexual relationships between older women and younger men. Furthermore, men may also be afraid to be regarded as a possible abuser when they decide to disclose (Alaggia, 2005).

Simultaneously, cultural influences do not apply solely to men when it comes to disclosure of CSA. Certain taboos for women may be stronger in one culture than in the other. For instance, in cultures where (talking about) sexuality is a taboo and modesty is the norm (e.g., no sexual relationships before marriage), it might be more difficult for girls and women to disclose CSA than for girls and women in cultures that hold fewer gender-based expectations about virginity (Fontes & Plummer, 2010; Gilligan & Akhtar, 2006). A similar issue can be identified in cultures in which women are regarded as male ‘property’ and women have fewer rights than men (Gupta & Ailawadi, 2005). Other reasons for women not to disclose CSA may be related to feelings of responsibility for what has happened or the fear of not being believed (Alaggia, 2005). Women may also be afraid to disclose out of fear to get blamed for what has happened. Jewkes, Penn-Kekana and Rose-Junius (2005) argue that blame may be put more on female victims than male victims, because of their alleged seductiveness and encouragement. This depends on the way a culture regards sexual norms and values. According to Jewkes et al. (2005) society may question the role of the woman in the abuse as the victim and may tend to see her as a seducer, which can make it harder for women to disclose abusive events.

As argued before, most of the existing research on disclosure of CSA has used female samples, while male victims have been left undiscussed. The studies in which male victims were included have mostly used clinical or forensic samples. In a clinical context, some suspicion or even evidence of CSA has already been found and that might increase the disclosure rate. However, these disclosure rates are not generalizable to the larger population because many victims of CSA will not disclose to professionals, but rather choose to disclose to family members or peers (Priebe &
Svedin, 2008). Most studies with clinical samples do not consider disclosures to family or friends despite the fact that support from family and friends can be very important in the victim’s healing process (Roesler & Wind, 1994). Finally, the majority of the studies were based on qualitative research. The few studies that have conducted quantitative research including both sexes, have not looked at possible gender differences between abuse characteristics that may influence disclosure as well. This represents a serious gap because boys and men might experience different forms of abuse compared to girls and women, and may also have different reasons (not) to disclose. Without knowledge on the characteristics and reasons that may play a role in disclosing CSA, differences in the rates of disclosure between men and women cannot be (solely) assigned to gender differences. Quantitative studies are needed to distinguish a collective pattern in society about factors related to abuse, disclosure and reasons for non-disclosure.

Seeking to address the gaps in the existing literature on disclosure of CSA by male and female victims, this study aimed to quantitatively examine whether gender differences exist in disclosure (both formal and informal) of CSA and if so, to assess whether the relation between gender differences and disclosure is associated with abuse characteristics and values regarding gender. Lastly, we examined whether gender differences exist in reasons not to disclose CSA.

METHODS

Sample
Nearly 3,700 students ($N = 3,697$) from vocational schools and universities of applied sciences in the Netherlands completed a survey about sexually abusive experiences, disclosure, and help seeking behavior. Almost 60% of all Dutch youth between 18 and 25 years old attends such a school (Central Bureau for Statistics (CBS) Statline, 2012); therefore, the sample can be characterized as a broad community sample. After excluding respondents who did not meet the conditions of the target group (i.e., aged between 18 and 25 years), 3,248 respondents were left, of whom two thirds (66.4%, $n = 2,204$) were women and one-third (31.6%, $n = 1,083$) men. More
than 40% (45.2%, \( n = 1,469 \)) of them reported to have experienced at least some form of CSA before the age of eighteen. Results indicated that the CSA prevalence rates were higher for girls (53 %, \( n = 1,126 \)) than for boys (32.9 %, \( n = 343 \)). Girls were one and a half times more likely to become victims of CSA than boys. A more detailed description of the data collection process as well as the forms of CSA reported by respondents is given in Okur, Van der Knaap, and Bogaerts (2015). Nearly 600 respondents (39.0%) indicated that the same person has committed these abusive event(s). The current article is based on data from this sub-sample (\( n = 586 \)) of the entire group of respondents, in order to measure (among other abuse characteristics) the impact of the victim-perpetrator relationship on disclosure. Respondents who were abused by two or more perpetrators could not be included in this study due to software limitation. The software does not allow to assign the specific forms of abuse to a specific abusers from in case of multiple abusers.

Four-fifth of the sub-sample included in our analyses were women (81.1%; \( n = 475 \)) and one fifth (18.9%) were men (\( n = 111 \)). More than two thirds (70.5%) of this sub-sample of respondents was studying at a vocational school at the time of the data collection while 29.5% was enrolled at a university of applied science. The mean age of the participants was 20 years (\( M = 20.06, SD = 1.83 \)) (see table 1). These demographics did not differ from the total group of respondents who reported CSA (Okur, Pereda, Van der Knaap, & Bogaerts, submitted for publication).

**TABLE 1.** Demographic characteristics of the respondents (\( N = 586 \))

<table>
<thead>
<tr>
<th>Gender</th>
<th>%</th>
<th>( N )</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>18.9</td>
<td>111</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>81.1</td>
<td>475</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Age (mean) | 20.06 | 1.83 |

<table>
<thead>
<tr>
<th>Education</th>
<th>%</th>
<th>( N )</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vocational school</td>
<td>70.5</td>
<td>413</td>
<td></td>
</tr>
<tr>
<td>University of applied science</td>
<td>29.5</td>
<td>173</td>
<td></td>
</tr>
</tbody>
</table>
Measures
A self-report questionnaire was developed in collaboration with a Dutch centre of expertise on sexual and reproductive health (Rutgers). The questionnaire was based on the Sexual Experiences Survey (Koss et al., 2007), and addresses demographic characteristics of the respondents, the prevalence of CSA, attitudes toward gender roles, disclosure and help seeking behavior. For the current study, data on characteristics of the abuse, disclosure, and responses to items regarding attitudes toward gender roles were used.

Disclosure can have several dimensions: accidental, purposeful, and prompted/elicited (Alaggia, 2004). In this study, disclosure is defined as the fact that a victim of CSA told others (purposefully) about his or her unwanted sexual experiences. We have made a distinction between formal (i.e., a professional working with victims of CSA) and informal (i.e., a family member, a peer, or someone else (other) in the close informal network) disclosure.

Characteristics of the victim
To examine whether family composition was associated with disclosing, respondents were asked to indicate with whom they lived together in their childhood. The answers included “I lived with both of my parents” (no matter whether these were your biological parents or stepparents), “I lived with my father”, “I lived with my mother”, “I alternated between my father and mother” or “Other”. The first answer was categorized as two-parent households, while all the other answers were coded as one-parent households.

Feelings of blame were assessed with the question “Who would be, in your opinion, the most to blame for the unwanted sexual events in the past?” Answers were measured through the following five items “Only the other (= the perpetrator)”, “Mainly the other”, “Both you and the other”, “Mainly yourself”, “Only you” or “Other, namely”. Respondents could also indicate that they did not want to answer this question. Afterwards, responses were divided into three categories: “(Mainly) the perpetrator”, “Both” and “(Mainly) me”.

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Because values about gender behavior may be a reason for non-disclosure, attitudes toward gender roles were measured with the following four items; “I think that the family honor is violated if a girl is not a virgin before marriage”, “I think a married woman should always be available for her husband if he wants sex”, “I think that the family honor is violated if a boy is not a virgin before marriage” and “I think that religion and homosexuality are incompatible”. The responses were scored on a five point scale ranging from 1 (“I totally agree with this”) to 5 (“I do not agree with this at all”) and had total scores between 4 (very traditional) and 20 (very liberal). Respondents answered these questions toward gender roles both for themselves as well as for their parents. They had to indicate what they thought their parents would think. The scale “attitudes toward gender roles” had acceptable internal consistency with Cronbach’s alpha .77 for the questions they answered for themselves and .85 for their parents.

Characteristics of the abuse
The questionnaire consisted of 13 items regarding sexually abusive experiences before the age of 18 years and the responses were given on a three point scale: “Never”, “Once” and “More than once”. Severity of the abuse was measured by three forms of abuse: “Only hands-off contact”, “Hands-on contact without penetration” and “Penetrative CSA”. The items for hands-off forms of CSA consisted of statements such as “Someone forced you to watch pornographic images” and “Someone forced you to masturbate in his/her company”. The items on hands-on forms of CSA had statements such as “Someone touched you sexually against your will” and “Someone kissed you against your will”. The items for penetrative forms of CSA included the statement “Someone forced you to have sexual intercourse with him/her”. If the answer “Once” or “More than once” was given on any of the thirteen items, this was scored as CSA and ordered in one of the three categories by choosing for the most invasive form if several forms of CSA were reported.

Age of onset was asked after each form of sexual abuse that was reported. Respondents could answer the question “When did this happen?” with the following answers; “Before the age of twelve”, “Between the age of twelve and eighteen”,

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“Both before and after the age of twelve”. All the answers to all thirteen items were then added to compute one single answer (e.g., if a respondent answered that she had been forced to watch pornography “Before the age of twelve” and was also kissed against her will “Between the age of twelve and eighteen”, age of onset was coded as “Before the age of twelve”). The relationship between the victim and the perpetrator was computed into five categories: 1. Family/Stepfamily, 2. Partner/Ex-partner (romantic), 3. Peer (friend/acquaintance), 4. Stranger, and 5. Other.

Disclosure
To assess whether respondents had disclosed their abusive experiences, two questions were asked. The first question was “Have you ever told someone in your personal network about what has happened to you in the past?” The second question was “Have you ever sought professional help to help you with the abusive experiences? With professional help we mean a doctor, a psychologist etc.” Respondents could answer with “Yes”, “No” or “I don’t want to answer this”.

Reasons for non-disclosure
When respondents indicated that they did not disclose, they could indicate for what reason they chose not to disclose. The respondents could select multiple reasons for non-disclosure. Items regarding formal non-disclosure ranged from “I did not need formal help” to “I found it difficult to ask for help”. Respondents could also choose not to answer the question. Items regarding informal non-disclosure ranged from “I was afraid of the reaction” to “I thought it was unnecessary”. Respondents could also choose not to answer this question. Due to the fact that respondents could choose multiple reasons every reason was analyzed separately.

Statistical analysis
To test the relationship between gender and disclosure (i.e., both formal and informal), chi-square analyses were performed. Next, chi-square analyses and
independent samples t-tests were conducted to compare means and percentages between men and women on abuse characteristics and attitudes toward gender roles (both children and parents). Furthermore, to test the association between abuse characteristics and disclosure, correlational analyses were performed. To answer our main research question -examining gender differences for disclosure controlling for abuse characteristics- logistic binary regressions were executed. Lastly, chi-square analyses were conducted to test for differences between gender in reasons not to disclose CSA (again, both formal and informal).

RESULTS

Gender differences in disclosing and abuse characteristics

With regard to formal disclosure, 8.7% \( n = 51 \) of the 586 respondents reported to have disclosed the CSA to a professional, 85.8% \( n = 503 \) reported not to have disclosed the abuse and 5.5% \( n = 32 \) was missing. Regarding informal disclosure, 54.3% \( n = 318 \) of the participants disclosed the abuse to someone in their personal network, while 42.5% \( n = 249 \) did not tell anyone and 3.2% \( n = 19 \) was missing. As a first step in our analysis we examined the disclosure rates by gender. Our results showed that an almost equal percentage of women and men disclosed the abuse to a professional: 9.7% of the women and 7.1% of the men respectively (n.s.). There was a significant gender difference in the informal disclosure rate of CSA, indicating that women disclose more than men. Sixty percent of the women \( n = 278 \) who experienced some form of CSA reported to have disclosed the abusive experience(s) to their informal network, whereas only 38.5% of the men \( n = 40 \) reported to have disclosed informally \( \chi^2 (1) = 16.06, p = .00, \text{Cramer’s V} = .17 \).

As a second step we examined gender differences in characteristics of the abuse. chi-squares and t-tests showed that there was a significant difference between men and women on age of onset \( \chi^2 (1) = 5.62, p = .02, \text{Cramer’s V} = .10 \), feelings of blame \( \chi^2 (2) = 6.33, p = .04, \text{Cramer’s V} = .11 \), severity of the abuse \( \chi^2 (2) = 13.66, p = .00, \text{Cramer’s V} = .15 \), relationship with the perpetrator \( \chi^2 (4) = 33.44, p = .00, \text{Cramer’s V} = .25 \), and attitudes toward gender role (both child and parent; \( t (584) = \))
4.62, \( p = .00 \) and \( t (584) = 2.63, \ p = .01 \) respectively). Only family composition seemed to have no significant relationship with gender, \( p = .49 \) (see table 2).
### TABLE 2. Scores on characteristics of abuse for men and women (N = 586)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Men (n = 111)</th>
<th>Women (n = 475)</th>
<th>(\chi^2)</th>
<th>p</th>
<th>V</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Categorical</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age of onset</td>
<td></td>
<td></td>
<td>5.62**</td>
<td>.02</td>
<td>.10</td>
</tr>
<tr>
<td>Before 12 years</td>
<td>14</td>
<td>13.9</td>
<td>31</td>
<td>6.8</td>
<td></td>
</tr>
<tr>
<td>After 12 years</td>
<td>87</td>
<td>86.1</td>
<td>427</td>
<td>93.2</td>
<td></td>
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<td>.04</td>
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<tr>
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<tr>
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<td>.15</td>
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<tr>
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<td>.00</td>
<td>.25</td>
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<td>(N)</td>
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<td>18.51 (475)</td>
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<td>Attitudes toward gender roles – Parents</td>
<td>13.23 (111)</td>
<td>6.91</td>
<td>15.04 (475)</td>
<td>6.48</td>
<td>2.63***</td>
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</table>

Note. missing values are not included in the table. * p < .05, ** p < .01, *** p < .001
First of all, the results showed that men were abused at a younger age (i.e., before the age of twelve) than women. Almost 14% of all men (13.9%) who had reported some form of CSA, were abused before the age of 12 years, whereas the percentage for women who were abused at this age (6.8%) was half of the men’s proportion. Secondly, men blamed both themselves and the perpetrator almost twice as much (20.3%) as women (11.3%) did. Thirdly, men reported more hands-off forms of CSA (25.2%) than women (13.9%), and significantly less forms of penetrative CSA (5.4%) than women (15.2%). The relationship with the perpetrator differed significantly for men and women. Men (34.0%) reported three times more often than women (11.3%) to have been abused by peers, but less often by (ex-)partners (13.0%) compared to women (22.3%). Lastly, regarding the cultural attitudes, independent t-tests showed that on average, women had more liberal attitudes about gender roles than men. Also, women assumed that their parents had more liberal attitudes toward gender roles than men.

**Relationship between abuse characteristics, gender attitudes and (informal) disclosure**

As a third step, we examined the relationship between abuse characteristics and disclosure. Because no significant gender differences existed with regard to formal help seeking, the research question regarding formal disclosure lost its relevance. Therefore, only the relationship between abuse characteristics and informal disclosure were measured. The results showed that invasiveness of the abuse ($\chi^2(2) = 10.27$, $p = .01$, Cramer’s V = .14), relationship with the perpetrator ($\chi^2(4) = 19.57$, $p = .00$, Cramer’s V = .19), and attitudes toward gender (both child and parent; $t$ (567) = 4.45, $p = .04$ and $t$ (567) = 4.52, $p = .03$ respectively) differed significantly (see table 3). These results indicate that in case of informal disclosure, disclosure increased when the abusive event was reported as more invasive (penetrative CSA). There was also more disclosure reported when the perpetrator was a family/stepfamily member and/or intimate (ex-)partner. Regarding cultural attitudes toward gender, victims with more liberal attitudes and victims who thought their parents had more
liberal attitudes, disclosed more often that those with more conservative attitudes (see table 3).
<table>
<thead>
<tr>
<th>Variable</th>
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<th>Disclosure (n = 318)</th>
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<th>p</th>
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<tr>
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<td>51.4</td>
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<tr>
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<td>3.23</td>
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<td>.04</td>
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<td>Attitudes toward gender roles – Parents</td>
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<td>4.52*</td>
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</tbody>
</table>

Note. missing values are not included in the table. *  \( p < .05 \), **  \( p < .01 \), ***  \( p < .001 \)
**Logistic binary regression**

The abuse characteristics and attitudes toward gender roles that were significantly related with gender *and* informal disclosure were entered in to a binary logistic regression model (see table 4) to test whether these variables influenced the difference in informal disclosure rates between men and women.
<table>
<thead>
<tr>
<th></th>
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<th>95% CI</th>
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<td>.00***</td>
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<tr>
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<td>.23</td>
<td>.00***</td>
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<td>[0.27, 0.67]</td>
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<td>Gender</td>
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<td>.01**</td>
<td>.50</td>
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<td>.89</td>
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<td>.11</td>
<td>1.81</td>
<td>[0.87, 3.79]</td>
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<td>Relationship with perpetrator (ref: family)</td>
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<tr>
<td>(ex-) partner (romantic)</td>
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<td>.39</td>
<td>.66</td>
<td>[0.25, 1.71]</td>
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<tr>
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<td>.02*</td>
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<td>.48</td>
<td>.01**</td>
<td>.28</td>
<td>[0.11, 0.71]</td>
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<tr>
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<td>.46</td>
<td>.03*</td>
<td>.38</td>
<td>[0.15, 0.92]</td>
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<td>Attitudes gender – Child</td>
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<td>.03</td>
<td>.53</td>
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<td>[0.96, 1.11]</td>
</tr>
<tr>
<td>Attitudes gender – Parents</td>
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<td>.02</td>
<td>.11</td>
<td>1.02</td>
<td>[0.99, 1.06]</td>
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</tbody>
</table>

Note: Missing values have not been included in the analysis. *p < .05, ** p < .01, *** p < .001
In the first model (step 1), gender differences in disclosure were found. The odds ratio for the gender coefficient is 0.42 with a 95% confidence interval of [0.27, 0.67]. This suggests women are more than 2.4 times more likely to disclose than men. The main effect of gender accounts for 3.5% of the variance in disclosure (Nagelkerke $R^2 = .04, p = .00$). Through the subsequent entry of child and abuse characteristics (step 2), the total explained variance increased to 10.0% (Nagelkerke $R^2 = .10, p = .00$). The main effect of gender remained, but the odds ratio for gender increased from 0.42 to 0.50 (95% CI = 0.31 - 0.81) after entering the child and abuse characteristics in the model. This means that women were more than 2.4 times more likely to disclose than men when only gender is included in the model, but this difference decreased to 2 times after the second step. In addition, relationship with the perpetrator were predictive of disclosure. This final model classifies 59.5% of the 536 cases correctly. Regarding victim-perpetrator relationship, results showed that if the perpetrator was a peer, stranger or other, respondents were on average three times less likely to disclose than respondents who reported that the perpetrator was a family member.

**Differences in reasons not to disclose for men and women**

In order to examine whether gender differences existed in the reasons for not disclosing, two chi-square analyses were conducted. As calculated before, 85.5% of the respondents did not disclose to a professional, while 42.5% ($n = 248$) of the respondents reported that they had not disclosed the abuse to anyone in their personal network. On average, 1.5 reasons per respondents were chosen for non-disclosure, both formal and informal. Although comparable proportions of men and women reported ‘neutral’ reasons for non-disclosure (e.g., “I thought it was not bad enough” or “I thought it was unnecessary”), men and women did differ significantly with regard to several more emotionally charged reasons.
<table>
<thead>
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<th>Variable</th>
<th>Men</th>
<th>Women</th>
<th>χ²</th>
<th>p</th>
<th>V</th>
</tr>
</thead>
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<td>I did not need formal help</td>
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<td>286 69.6</td>
<td>.68</td>
<td>.41</td>
<td>.04</td>
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<td>I found it difficult to ask for help</td>
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<td>24 5.8</td>
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<td>.15</td>
<td>.06</td>
</tr>
<tr>
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<td>2 2.2</td>
<td>24 5.8</td>
<td>2.06</td>
<td>.15</td>
<td>.06</td>
</tr>
<tr>
<td>I thought it was not severe enough</td>
<td>22 23.9</td>
<td>100 24.3</td>
<td>.01</td>
<td>.93</td>
<td>.00</td>
</tr>
<tr>
<td>I did not trust formal health counselors</td>
<td>1 1.1</td>
<td>7 1.7</td>
<td>.18</td>
<td>.67</td>
<td>.02</td>
</tr>
<tr>
<td>I did not know where to seek help</td>
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<td>8 1.9</td>
<td>.02</td>
<td>.89</td>
<td>.01</td>
</tr>
<tr>
<td>I found it too expensive</td>
<td>0 0.0</td>
<td>1 0.2</td>
<td>.22</td>
<td>.64</td>
<td>.02</td>
</tr>
<tr>
<td>The insurance did not cover any expenses</td>
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<td>1 0.2</td>
<td>.22</td>
<td>.64</td>
<td>.02</td>
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<td>I do not want to answer this question</td>
<td>8 8.7</td>
<td>20 4.9</td>
<td>2.10</td>
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<td>.07</td>
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<td>10 10.9</td>
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<th>n</th>
<th>%</th>
<th>χ²</th>
<th>p</th>
<th>V</th>
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<td>4.7</td>
<td>17</td>
<td>9.2</td>
<td>1.33</td>
<td>.25</td>
<td>.07</td>
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<td>21</td>
<td>11.4</td>
<td>3.88*</td>
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<td>2.7</td>
<td>.27</td>
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<td>I thought it was unnecessary</td>
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<td>93</td>
<td>50.5</td>
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<td>61</td>
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<td>----</td>
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</tr>
<tr>
<td>I took care of it myself</td>
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<td>30</td>
<td>16.3</td>
<td>.03</td>
<td>.87</td>
<td>.01</td>
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<tr>
<td>I found it too much hassle</td>
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<td>7.6</td>
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<td>.05</td>
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<td>3.8</td>
<td>.10</td>
<td>.76</td>
<td>.02</td>
</tr>
<tr>
<td>I do not want to answer this</td>
<td>9</td>
<td>14.1</td>
<td>16</td>
<td>8.7</td>
<td>1.51</td>
<td>.22</td>
<td>.08</td>
</tr>
</tbody>
</table>

Note. Only the % of the selected reasons have been presented, in order to keep the table readable.

Missing values have not been included in the analyses. *p < .05, ** p < .01, *** p < .001
There were no significant differences between men and women on reasons for formal non-disclosure. However, regarding informal disclosure, women reported significantly more often than men that they did not want their family and friends to find out about the abuse as a reason for non-disclosure ($\chi^2 (1) = 3.88, p = .05$, Cramer’s V = .13). Moreover, women reported the reason “I did not know what to do with the situation” significantly more often than men ($\chi^2 (1) = 5.16, p = .02$, Cramer’s V = .14) (see table 5).

DISCUSSION

The aim of this study was to address the gaps in the existing literature on gender differences in disclosure of CSA. First, we quantitatively examined gender differences in disclosure of CSA and answered the question whether specific victim and abuse characteristics were related to such gender differences. Second, the study aimed to examine whether gender differences existed in reasons not to disclose CSA. This study adds to the existing body of literature in several ways. First of all, on a univariate level, several abuse characteristics that were related with gender differences were found. Men reported to have experienced CSA at a younger age than women, they reported more hands-off forms of abuse than women, and blamed both themselves and the perpetrator more than women did. Also, men reported more often than women that the perpetrator was a peer (friend), whereas women reported more often than men that the perpetrator was an (ex-)partner. No differences existed in the proportions of men and women who suffered abuse at the hands of family members or strangers. Second, we found a clear gender difference in disclosure of CSA, but only in informal settings: A larger proportion of women than of men disclosed their experiences to someone in their personal network. In fact, women were 2.4 times more likely to disclose than men. Third, although adding abuse characteristics slightly reduced the strength of the gender effect on disclosure, gender remained significant. This indicates that the effect of gender is a strong predictor of informal disclosure, hereby supporting previous assumptions about this relationship (Gries, Goh, & Cavanaugh, 1996; Paine & Hansen, 2002; Schönbucher et al, 2012). Despite clear gender differences in abuse experiences as well as in
attitudes toward gender roles, none of these characteristics remained associated with informal disclosure when controlled for in the logistic regression model. Although it was expected that attitudes toward gender roles would explain gender differences in disclosure (Fontes & Plummer, 2010; Gilligan & Akhtar, 2006), reasons for this difference were not found. On a related note, abuse characteristics did not explain the gender difference either. This is surprising, because according to Banyard, Williams and Siegel (2001), men’s mental health problems are associated with the number of CSA incidents and with having a caretaker as the perpetrator. Since the men in our sample reported more hands-off forms of abuse and peers as the perpetrator it would be in line with our expectations to have the lower disclosure rate by men (partly) explained by these facts. Instead, these characteristics did little to reduce the effect of gender on the prediction of disclosure.

Finally, the results showed no significant differences in formal disclosure. According to a recent study by Lev-Wiesel et al (2014), children preferred to disclose to their nuclear family members (parents and siblings) in comparison with professionals. This may explain why there were no differences in formal disclosure; findings suggest that in general respondents are not keen on talking to professionals about their abuse. Additionally, their reasons for not disclosing the abuse to a professional did not differ either.

**Gender differences in reasons for non-disclosure**

Regarding gender differences in reasons for not disclosing (informal), women emphasized more often than men that they did not want their close family and friends to find out and that they did not know what to do after the abuse. Women may be more sensitive toward negative social reactions from their environment than men, due to the fear not to be believed (Alaggia, 2005), or to get blamed for what has happened (Jewkes et al., 2005). Also, the reason that they did not know what to do with the situation might have to do with a taboo on sexuality in some cases, which may have made it more difficult for women to know where to seek help (Fontes & Plummer, 2010).
Limitations
The study has a number of limitations. Child and abuse characteristics only explained 10.0% of the variance, which means that a large proportion of differences in disclosure is not yet known. This may have to do with the topic itself. Disclosure may have to do with many other factors, such as the context in which disclosure was possible, or the general approach of family and friends to victims that influence the respondent’s choice to disclose or not (Hershkowitz, et al., 2007; Ullman, 2002). These conditions may be difficult to measure with quantitative research only. Furthermore, although the sample represents a large part of Dutch 18 to 25-year-old youth, it is limited to respondents attending two specific forms of higher education. Young adults who are working or studying at a university were not included in the study. In addition, the fact that we could only include those respondents who had indicated that the sexually abusive experiences were committed by one perpetrator is a shortcoming, which led us to leave a valuable group of victims out of the analyses. Lastly, this study examined a sensitive topic and literature shows that disclosure may be (too) difficult and/or painful for victims of CSA (London, Bruck, Ceci, & Shuman, 2005). Therefore, it may be possible that respondents who were not ready to talk about what happened, or did not want to talk about it will also have chosen not to do so during this survey. Also, existing literature shows that 30% to 80% of victims of CSA only disclose their experiences years later in adulthood (Alaggia & Kirshenbaum, 2005; Paine & Hansen, 2002). The average time to disclosure varies between three to eighteen years after the experience (Kogan, 2004; Lamb & Edgar-Smith, 1994). In this regard, it might be possible that respondents, who did not yet disclose their abusive experience(s), may do so in the future. However, because of the cross-sectional design of this study, it is not possible to follow up on the relation between disclosure and gender.
Despite the limitations of this study, the results do contribute to a more comprehensive understanding of gender and disclosure. It is often assumed that gender can influence disclosure rates (DeVoe & Faller, 1999; Ullman & Filipas, 2005). However, there is limited empirical research to support this assumption, because studies using quantitative samples that include male victims from a community
sample are lacking. Moreover, the factors that are thought to influence this link between gender and disclosure have not been widely investigated. We surveyed a broad community sample of young adults in higher education and managed to include a large group of both female and male victims of CSA in our study.

**Practical implications**

The results of the current study are highly relevant and compellingly show that gender differences in disclosure of CSA certainly exist (i.e., women do indeed disclose CSA more often than men) and that adding child and abuse characteristics slightly reduces the strength of the gender effect on disclosure, but gender remains a strong predictor of disclosure after CSA. Gender differences in disclosure and in the reasons for not disclosing CSA indicate that professionals and scientists working in the field of child sexual abuse should consider a gender perspective when developing guidelines and/or conducting research. For instance, there should be more research on other background factors of male CSA victims, who have rarely been the subject of studies of disclosure. Mental health practitioners should be aware of the fact that the general mental health outcomes of men may be not related with CSA directly, but these effects of CSA may appear more indirectly through associations with other problems in life (Browning & Laumann, 1997). Therefore, they may need different types of intervention to help them disclose.

Finally, since disclosure to someone in the personal network is the most common form of help-seeking, programs for supporting friends and family ought to be emphasized. Schools could pay more attention to sex education to students and inform parents about what to do in case of CSA disclosure of their children.
REFERENCES


CHAPTER 7

Attributions of blame among victims of child sexual abuse: Findings from a community sample

This chapter is under review as: Okur, P., Pereda, N., Van der Knaap, L. M., & Bogaerts, S. Attributions of blame among victims of child sexual abuse: Findings from a community sample.
ABSTRACT

According to the Attribution Theory, negative outcomes of child sexual abuse (CSA) are thought to vary depending on whether CSA victims attribute the abuse to internal (i.e., self-blame) or external factors (i.e., perpetrator-blame). Therefore, the purpose of this study was to identify abuse characteristics and attitudes that influence blame attributions among CSA victims from a community sample. Data from respondents with a history of CSA ($N = 1,496$) have been used in predicting blame attributions (perpetrator-blame, self-blame or both). Results from a multinomial logistic regression analysis showed that attitudes toward gender roles had a significant effect on blame: Victims were more likely to blame themselves when they had more conservative gender role attitudes than victims with more liberal attitudes. Implications for this finding are discussed.
INTRODUCTION

According to the Attribution theory, that describes how individuals explain causes of behavior and events (Janoff-Bulman & Frieze, 1983), the (long-term) negative outcomes of child sexual abuse (CSA) are thought to vary depending on whether victims attribute CSA to internal (i.e., self-blame) or external factors (i.e., perpetrator-blame). The attribution that victims assign to the abuse is equally important as the specific characteristics of the abuse experience in determining the impact that the abuse has on the victim (Cohen & Mannarino, 2002). Self-blame after CSA is associated with symptoms of depression, interpersonal problems, self-alienation and intrusive experiences (Feiring & Cleland, 2007; Kunst, Winkel, & Bogaerts, 2012; Lev-Wiesel, 2000; Quas, Goodman, & Jones, 2003), whereas perpetrator-blame is associated more with mistrust of non-malevolent others, sense of powerlessness and sexual anxiety (Feiring, Taska, & Chen, 2002; Hazzard, 1993; Shapiro, 1989).

From a treatment perspective, more insight in the various characteristics that are associated with specific blame attributions is needed, since these are amenable to revision through therapeutic interventions (Cohen & Mannarino, 2002). However, a small body of research has focused on different forms of blame attributions (Zinzow, Seth, Jackson, Niehaus, & Fitzgerald, 2010), and most studies have focused on self-blame, or internal attributions, primarily. Therefore, little is known about the influence of abuse characteristics and attitudes on attributational content.

Blame attributions among victims of CSA

Studies on blame attributions that recruited victims of CSA have focused primarily on the association between blame attributions and psychological outcomes, rather than on personal and abuse characteristics that may have led to the blame attributions (see review by Valle & Silovsky, 2002). The few studies on the relationship between abuse characteristics and blame attributions showed mixed results regarding the association between blame and the relationship with the perpetrator. In a study by Wyatt and Newcomb (1990), a distant (i.e., stranger) child-perpetrator relationship was associated with more self-blame, while another study found an opposite effect.
in which a close relationship (i.e., parental caregiver) between the victim and the perpetrator was related to a higher level of self-blame of the victim (Quas, Goodman, & Jones, 2003). However, external attributions of blame were not measured. In Hoagwood’s study (1990) a longer period of CSA was associated with higher levels of self-blame than perpetrator-blame. Results from Quas, Goodman and Jones (2003) showed similar findings but the relationship between the duration of CSA and self-blame was not found in other studies of adult survivors of CSA (Coffey, Leitenberg, Henning, Turner, & Bennett, 1996; Wyatt & Newcomb, 1990). Furthermore, Hunter Jr., Goodwin and Wilson’s (1992) study across three age groups indicated that adult survivors of CSA developed more self-blame than child victims of CSA (who blamed the perpetrator). This result is in contrast with other studies (Barker-Collo, 2001; Hazzard, Celano, Gould, Lawry, & Webb, 1995) in which attribution of blame among adult survivors tended to be externally directed.

Two consistent research conclusions on blame attributions turn out to be related to gender and the use of force. First, female victims of CSA attributed more self-blame than male victims (Ullman & Filipas, 2005; McGee, Wolfe, & Olson, 2001). Second, adult victims with a history of CSA reported more perpetrator-blame when the level of force increased (Hunter Jr., Goodwin, & Wilson, 1992; Wyatt & Newcomb, 1990).

In addition to abuse characteristics, several researchers have studied the influence of social and cultural attitudes on the attribution of blame after CSA. Attitudes toward sexuality may influence the way society reacts to victims of CSA as well as to how victims perceive themselves (Lee, Pomeroy, Yoo, & Rheinboldt, 2005). Studies show that victims of CSA with a conservative perspective on sexuality experience higher levels of self-blame as a result of ‘engaging’ in any sexual activity, even if this activity was against their will and/or forced. For instance, sexual chastity before marriage is a highly valued tradition in many Asian cultures (Chan & Leong, 1994). In these cultures, parents instill guilt and shame on their children in order to control their (sexual) behavior (Sue, 1997). Instilled guilt and shame may also influence victims’ interpretations (self-blame or external blame) of their negative sexual experience (Nayak, Byrne, Martin, & Abraham, 2003). After all, strong self-blame has
been most frequently found among victims in cultures where virginity is strongly emphasized (Fischbach & Herbert, 1997; Shalhoub-Kevorkian, 1999).

In patriarchal cultures characterized by gender inequalities in which men are empowered and women are oppressed, responses to events of CSA often show that strong action against perpetrators often lacks and that girls may be equally, or predominantly blamed (Jewkes, Penn-Kekana, & Rose-Junius, 2005). According to feminist theory, these patriarchal systems often ignore and justify sexual coercion, thereby indemnifying perpetrators (mostly men) of their blame and devaluing women which may lead to more self-blame (Boakye, 2009). A study by Shalhoub-Kevorkian (1999) on social reactions to rape victims in Palestinian society showed that victims blame themselves more if rape is considered a personal and female problem instead of a public problem.

Apart from the above-mentioned studies on attributions of blame, most of the research in this field has used vignette studies (Davies, Patel, & Rogers, 2013; Esnard & Dumas, 2012; Sherrill, Renk, Sims, & Culp, 2011) or (small) clinical samples (Feiring & Cleland, 2007; Ney, Moore, McPhee, & Trought, 1986). These studies differ methodologically to such an extent that the results leave too many questions unanswered. Furthermore, studies that have examined the negative psychological outcomes of (self-)blame after experiencing CSA have not studied the characteristics that may have led to blame attributions of victims in the first place, and the ones that did, have focused only on single factors and not on the influence of multiple factors on attributions of blame (Coffey, Leitenberg, Henning, Turner, & Bennett, 1996; Filipas & Ullman, 2006; Quas, Goodman, & Jones, 2003; Ullman, 2007).

The purpose of the current study is to assess which factors (abuse characteristics and attitudes) are associated with attributions of blame in a non-clinical sample of young adult respondents who have experienced sexual violence before age 18. It seems likely that abuse characteristics and attitudes play a role in determining attributional content which can lead to negative psychological outcomes. Data obtained from a community sample of CSA victims will help in drawing a more comprehensive picture.
of the various conditions that are associated with different attributions of blame in a community sample.

METHODS

Participants
As part of a larger retrospective study on prevalence of CSA and help-seeking behavior among young adults (N = 3,426, aged 18-25 years) from vocational schools and higher vocational schools (i.e., so called ‘universities of applied sciences’) in the Netherlands, participants filled in an online survey about their sexually unwanted experiences. This study focused on the data of participants who reported a history of CSA (N = 1,496). This sub-sample consisted of 1,126 women (76.7%) and 343 men (23.3%), with a mean age of 20 years (M = 20.13, SD = 2.06). CSA prevalence rates were higher for girls (53%, n = 1,126) than for boys (32.9 %, n = 343), which is consistent with previous studies (Huston, Parra, Prihoda, & Foulds, 1995; Moghal, Nota, & Hobbs, 1995; Siegel, Sorensen, Golding, Burnam, & Stein, 1987). Seventy-five percent of the participants were enrolled at a vocational school at the time of the data collection while 25% were studying at a university of applied science. For more detailed information regarding the sample characteristics, see table 1.
TABLE 1. Characteristics of the respondents (N = 1,496)

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>%</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>343</td>
<td>23.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>1,126</td>
<td>76.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td>20.13</td>
<td>2.06</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocational school</td>
<td>1,109</td>
<td>75.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of applied science</td>
<td>356</td>
<td>24.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>0.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native Dutch</td>
<td>1,044</td>
<td>71.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Western ethnic background</td>
<td>251</td>
<td>17.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>174</td>
<td>11.8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Procedure**

Multistaged sampling was used in order to recruit participants. The schools were selected through stratified random sampling. Meetings were scheduled with the participating schools (November 2011 – April 2012). In consultation with schools and teachers on how to introduce this study, the first author introduced the survey during regular classes, using computer classrooms. All students signed an informed consent regarding their participation before starting the survey. Students who refused to participate in the study completed an alternative questionnaire on study motivation: the Dutch-language *Prestatie Motivatie Test* (PMT) [Performance Motivation Test]. This test was presented in the same layout as the survey on sexual abuse in order to prevent that students who did not want to participate had to leave the classroom. This way, privacy was guaranteed for all the participants. The results of the alternative questionnaire (n = 106, 3.1%) were deleted from the dataset after
the data collection was finished. The study protocol was submitted to an ethics advisory board for advice and approval.

**Measures**

A self-report questionnaire was developed in collaboration with a Dutch centre of expertise on sexual and reproductive health (Rutgers). The questionnaire was based on the Sexual Experiences Survey (Koss et al., 2007) and measured demographic characteristics of the respondents, prevalence of CSA, attitudes toward sexuality and gender roles, and help-seeking behavior. For this study, we examined attitudes (i.e., attitudes toward sexuality and gender roles), sexually abusive experiences and perceptions of blame (for an elaborate description of the full survey, see Okur, Van der Knaap, & Bogaerts (2015).

**Child sexual abuse.** Child sexual abuse was defined as ‘any sexual experience of a person up to 18 years, involving bodily or non-bodily contact in real life, if that experience is subjectively qualified as involuntary by the subject, regardless of the age difference between subject and perpetrator.’ The age range of 18 has been chosen according to the definition of the United Nations Convention on the Rights of the Child (UNCRC, 1989) that describes a child as ‘any person under the age of eighteen years’.

**Blame.** All participants were asked to indicate who they thought was to blame for the sexually abusive events using the options: (a) ‘Only the perpetrator’; (b) ‘Mostly the perpetrator’; (c) ‘Both myself and the perpetrator’; (d) ‘Mostly me’; (e) ‘Only me’; and (f) ‘Someone else, namely ...’. In addition, participants were offered the possibility to indicate they did not want to answer this question. Most of the open answers on ‘Someone else, namely ...’ (n = 68) could be recoded into the existing five response categories. These five categories were then recoded into three categories ‘Perpetrator’ (a, b), ‘Both’ (c) and ‘Me’ (d,e). In addition, the open answers yielded two new responses, namely ‘Nobody’ and ‘Someone else than the perpetrator’ and many unique answers, such as ‘I don’t know’, ‘The booze’ or ‘The girl’ (in which case it was not clear who was meant by this answer). Because of the small sample size for
these new categories (i.e., \( n = 20 \) for option ‘Nobody’ and \( n = 2 \) for ‘Someone else than the perpetrator’), and the many miscellaneous answers that were not relevant in answering the research question, they were not entered into the analyses. Furthermore, since it was not possible to assign a blame attribution to the respondents who chose not to answer this question \( (n = 221) \), they were left out of the analyses as well. For comparison reasons, the excluded group \( (n = 487) \) was compared with the sub-sample \( (n = 976) \) for further analyses. These groups differed significantly on several characteristics, namely gender (more men than women in the excluded group compared with the sub-sample), relationship with the perpetrator (more strangers as perpetrator in the excluded group than in the sub-sample), and the attitudes toward gender roles (the excluded group has more conservative attitudes toward gender roles than sub-sample). See table 2 for more details. The implications of these differences on the results will be discussed in the discussion section.
TABLE 2. Comparison between sub-sample and excluded sample on child and abuse characteristics (N = 1,496)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Sub-sample (n = 976)</th>
<th>Excluded sample (n = 487)</th>
<th>χ²</th>
<th>p</th>
<th>V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Categorical</td>
<td></td>
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<tr>
<td>Gender</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Men</td>
<td>155 15.9</td>
<td>185 38.0</td>
<td>89.00</td>
<td>.00</td>
<td>.25</td>
</tr>
<tr>
<td>Women</td>
<td>821 84.1</td>
<td>302 62.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age of onset</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before 12 years</td>
<td>60 6.4</td>
<td>18 4.2</td>
<td>2.66</td>
<td>.10</td>
<td>.04</td>
</tr>
<tr>
<td>After 12 years</td>
<td>884 93.6</td>
<td>414 95.8</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Invasiveness of the abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only hands-off</td>
<td>105 14.0</td>
<td>24 20.0</td>
<td>4.93</td>
<td>.09</td>
<td>.08</td>
</tr>
<tr>
<td>Hands-on without penetration</td>
<td>540 72.1</td>
<td>86 71.7</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Penetrative CSA</td>
<td>104 13.9</td>
<td>10 8.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship with perpetrator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relative</td>
<td>236 28.5</td>
<td>34 23.6</td>
<td>17.99</td>
<td>.00</td>
<td>.14</td>
</tr>
<tr>
<td>Friend</td>
<td>113 13.7</td>
<td>26 18.1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Acquaintance</td>
<td>351 42.4</td>
<td>44 30.6</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Stranger</td>
<td>127 15.4</td>
<td>40 27.8</td>
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<thead>
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<th>SD</th>
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<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Attitudes toward gender roles</td>
<td>18.34</td>
<td>3.01</td>
<td>16.48</td>
<td>4.14</td>
<td>8.83</td>
<td>.00</td>
<td>0.52</td>
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<td></td>
<td>(976)</td>
<td></td>
<td>(487)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitudes toward sexuality</td>
<td>7.37</td>
<td>2.09</td>
<td>7.14</td>
<td>2.45</td>
<td>1.72</td>
<td>.09</td>
<td>0.11</td>
</tr>
<tr>
<td></td>
<td>(951)</td>
<td></td>
<td>(478)</td>
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</tbody>
</table>
Abuse characteristics

Age of onset. Age of onset was measured after every item of CSA that was answered affirmatively. Participants could indicate whether the abuse had occurred before the age of 12, between 12 - 18 or both. All the answers to all 13 items were then collapsed into one single answer: If a respondent answered that someone made him/her watch pornography against his/her will “before the age of 12” and was also kissed against his/her will “between the age of 12 - 18”, age of onset was coded as “before the age of 12”.

Invasiveness of the abuse. CSA was measured through thirteen items of which six items were classified as hands-off forms of abuse and included statements such as “Someone forced you to watch pornographic images” and “Someone forced you to masturbate in his/her company”. Five questions were about hands-on forms of CSA (without penetration), with statements ranging from “Someone touched you sexually against your will” to “Someone forced you to have oral sex with him/her”. The last two items were on penetrative CSA only and consisted of statements such as “Someone forced you to have sexual intercourse with him/her” and “Someone forced you to have anal sex with him/her”. When the answer “once” or “more than once” was given on any of the thirteen items, this was scored as CSA and ordered in one of the three categories by choosing for the most invasive form (with ‘hands-off forms’ as the least invasive and ‘penetrative CSA only’ as the most invasive form of CSA) if several forms of CSA were reported.

Perpetrator-victim relationship. The victim-perpetrator relationship was categorized into four categories, ordered on the basis of (emotional) closeness (Ullman, 2007); 1. Relative (family/partner/stepfamily), 2. Friend, 3. Acquaintance (someone you know), and 4. Stranger. If participants reported more than one perpetrator, responses referring to the emotionally closest relationship were chosen.

Attitudes toward sexuality and gender roles

Attitudes toward sexuality. Attitudes toward sexuality were measured with two statements “I think that it is fine if you are not a virgin before marriage” and “I think
that there is nothing wrong with a one-night stand”. The responses were scored on a
five point scale ranging from 1 (“I totally agree with this”) to 5 (“I do not agree with
this at all”) and had total scores between 2 (very traditional) and 10 (very liberal).
Inter-item correlation between the two items was $r = .80$.

**Attitudes toward gender roles.** Attitudes toward gender roles were assessed with
four items including the following statements “I think that the family honor is
violated if a girl is not a virgin before marriage”, “I think a married woman should
always be available for her husband if he wants sex”, “I think that the family honor is
violated if a boy is not a virgin before marriage” and “I think that religion and
homosexuality can’t go together”. The responses were scored the same way as the
attitudes toward sexuality and had total scores between 4 (very traditional) and 20
(very liberal). The internal consistency of the four items was acceptable with
Cronbach’s alpha of .79.

**Statistical analysis**

In order to assess the relationship between the abuse characteristics and attitudes
and attributions of blame, Pearson chi-square analyses and one-way ANOVA’s were
conducted. Next, a multinomial (logistic) regression analysis was performed to
estimate the effect of abuse characteristics and attitudes in the prediction of blame
attributions. Due to list-wise deletion of cases with missing values, the regression
model was based on a slightly reduced sample.

**RESULTS**

More than half of the participants (53%) of the total sample of 1,496 reported to
blame the perpetrator for the abusive events in the past, 8.2% blamed both and
5.2% blamed himself or herself. Over 30% (33.6%) of the respondents did not answer
this question.

Pearson’s chi-square analyses showed that gender and the victim-perpetrator
relations were significantly related with blame attributions (see table 3).
<table>
<thead>
<tr>
<th>Variable</th>
<th>Perpetrator-blame (n = 779)</th>
<th>Both (n = 121)</th>
<th>Self-blame (n = 76)</th>
<th>χ²</th>
<th>p</th>
<th>V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Categorical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td>21.03</td>
<td>.00</td>
<td>.15</td>
</tr>
<tr>
<td>Men</td>
<td>103</td>
<td>13.2</td>
<td>30</td>
<td>24.8</td>
<td>22</td>
<td>28.9</td>
</tr>
<tr>
<td>Women</td>
<td>676</td>
<td>86.8</td>
<td>91</td>
<td>75.2</td>
<td>54</td>
<td>71.1</td>
</tr>
<tr>
<td>Age of onset</td>
<td></td>
<td></td>
<td></td>
<td>3.46</td>
<td>.18</td>
<td>.06</td>
</tr>
<tr>
<td>Before 12 years</td>
<td>51</td>
<td>6.8</td>
<td>3</td>
<td>2.6</td>
<td>6</td>
<td>8.2</td>
</tr>
<tr>
<td>After 12 years</td>
<td>703</td>
<td>93.2</td>
<td>114</td>
<td>97.4</td>
<td>67</td>
<td>91.8</td>
</tr>
<tr>
<td>Invasiveness of the abuse</td>
<td></td>
<td></td>
<td></td>
<td>1.43</td>
<td>.84</td>
<td>.03</td>
</tr>
<tr>
<td>Only hands-off</td>
<td>88</td>
<td>14.6</td>
<td>10</td>
<td>10.8</td>
<td>7</td>
<td>12.7</td>
</tr>
<tr>
<td>Hands-on without penetration</td>
<td>428</td>
<td>71.2</td>
<td>71</td>
<td>76.3</td>
<td>41</td>
<td>74.5</td>
</tr>
<tr>
<td>Penetrative CSA</td>
<td>85</td>
<td>14.1</td>
<td>12</td>
<td>12.9</td>
<td>7</td>
<td>12.7</td>
</tr>
<tr>
<td>Relationship with perpetrator</td>
<td></td>
<td></td>
<td></td>
<td>25.95</td>
<td>.00</td>
<td>.13</td>
</tr>
<tr>
<td>Relative</td>
<td>189</td>
<td>28.5</td>
<td>25</td>
<td>24.5</td>
<td>22</td>
<td>35.5</td>
</tr>
<tr>
<td>Friend</td>
<td>76</td>
<td>11.5</td>
<td>29</td>
<td>28.4</td>
<td>8</td>
<td>12.9</td>
</tr>
<tr>
<td>Acquaintance</td>
<td>286</td>
<td>43.1</td>
<td>39</td>
<td>38.2</td>
<td>26</td>
<td>41.9</td>
</tr>
<tr>
<td>Stranger</td>
<td>112</td>
<td>16.9</td>
<td>9</td>
<td>8.8</td>
<td>6</td>
<td>9.7</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Continuous</th>
<th>M (N)</th>
<th>SD (N)</th>
<th>M (N)</th>
<th>SD (N)</th>
<th>M (N)</th>
<th>SD (N)</th>
<th>t</th>
<th>p</th>
<th>η²</th>
</tr>
</thead>
</table>

158
<table>
<thead>
<tr>
<th>Attitudes toward gender roles</th>
<th>18.48</th>
<th>2.84</th>
<th>18.12</th>
<th>3.36</th>
<th>17.22</th>
<th>3.86</th>
<th>4.24</th>
<th>.02</th>
<th>0.01</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(779)</td>
<td></td>
<td>(121)</td>
<td></td>
<td>(76)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitudes toward sexuality</td>
<td>7.29</td>
<td>2.09</td>
<td>7.85</td>
<td>1.97</td>
<td>7.36</td>
<td>2.21</td>
<td>3.63</td>
<td>.03</td>
<td>0.01</td>
</tr>
<tr>
<td></td>
<td>(759)</td>
<td></td>
<td>(118)</td>
<td></td>
<td>(74)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: missing values are not included in the analyses
Significantly more men than women blamed themselves or both the perpetrator and themselves ($\chi^2 (2) = 21.03, p = .00$ with Cramer’s $V = .15$). Furthermore, if the perpetrator was a friend, significantly more participants blamed both (i.e., both the perpetrator and themselves) than when the perpetrator was a relative, acquaintance or stranger ($\chi^2 (6) = 25.95, p = .00$ with Cramer’s $V = .13$).

Next, ANOVAs were computed to examine the relationship between attitudes and attributions of blame. Participants’ attributions of blame were significantly related with attitudes toward gender roles ($F(2,140.31) = 4.24, p = .02$). In this case, the degrees of freedom have been adjusted due to the violation of homogeneity of variance, and therefore, the Welch F-ratio is reported. The test revealed that victims with more conservative attitudes reported more self-blame than perpetrator-blame compared to victims with less conservative attitudes. Attitudes toward sexuality were also significantly correlated with blame ($F(2,948) = 3.63, p = .03$) with victims who have more liberal attitudes more often blaming themselves and the perpetrator (option ‘both’) rather than blaming the perpetrator.

**Multinomial logistic regression**

After including the variables with a significant bivariate relationship in the regression model, several variables showed to have significant relationships with attributions of blame: attitudes toward sexuality, attitudes toward gender roles, and the relationship with the perpetrator ($\chi^2 (2) = 11.68, p = .00$, $\chi^2 (2) = 8.81, p = .01$ and $\chi^2 (6) = 16.32, p = .01$ respectively).

However, further inspection of parameter estimates revealed that attitudes toward gender roles was the only predictor that was statistically significant in differentiating between specific attributions of blame; Attitudes toward gender roles played a statistically significant role in differentiating the perpetrator-blame group from the self-blame group ($b = .11$, Wald $\chi^2 (1) = 7.09, p = .01$). This indicates that respondents are more likely to blame the perpetrator if they have more liberal attitudes toward gender roles and less likely to blame themselves (see table 4).
TABLE 4. Multinomial logistic regression (forward) of child- and abuse characteristics on attributions of blame

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>SE</th>
<th>Exp B</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Perpetrator-blame vs. Self-blame</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intercept</td>
<td>.855</td>
<td>.84</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>.679</td>
<td>.35</td>
<td>1.97</td>
<td>[0.99, 3.92]</td>
</tr>
<tr>
<td>Attitudes gender roles</td>
<td>.109**</td>
<td>.04</td>
<td>1.12</td>
<td>[1.03, 1.21]</td>
</tr>
<tr>
<td>Attitudes sexuality</td>
<td>-.067</td>
<td>.07</td>
<td>0.94</td>
<td>[0.82, 1.07]</td>
</tr>
<tr>
<td>Relationship with perpetrator (ref: stranger)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relative</td>
<td>-.689</td>
<td>.49</td>
<td>0.50</td>
<td>[0.19, 1.30]</td>
</tr>
<tr>
<td>Friend</td>
<td>-.511</td>
<td>.57</td>
<td>0.60</td>
<td>[0.20, 1.84]</td>
</tr>
<tr>
<td>Acquaintance</td>
<td>-.566</td>
<td>.47</td>
<td>0.57</td>
<td>[0.23, 1.43]</td>
</tr>
<tr>
<td><strong>Both vs. Self-blame</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intercept</td>
<td>-.1526</td>
<td>1.09</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>.361</td>
<td>.42</td>
<td>1.44</td>
<td>[0.63, 3.26]</td>
</tr>
<tr>
<td>Attitudes gender roles</td>
<td>.029</td>
<td>.05</td>
<td>1.03</td>
<td>[0.94, 1.14]</td>
</tr>
<tr>
<td>Attitudes sexuality</td>
<td>.142</td>
<td>.09</td>
<td>1.15</td>
<td>[0.97, 1.37]</td>
</tr>
<tr>
<td>Relationship with perpetrator (ref: stranger)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relative</td>
<td>-.199</td>
<td>.61</td>
<td>0.82</td>
<td>[0.25, 2.71]</td>
</tr>
<tr>
<td>Friend</td>
<td>.899</td>
<td>.67</td>
<td>2.46</td>
<td>[0.66, 9.15]</td>
</tr>
<tr>
<td>Acquaintance</td>
<td>.001</td>
<td>.59</td>
<td>1.00</td>
<td>[0.32, 3.16]</td>
</tr>
</tbody>
</table>

Note. CI = confidence interval. $R^2 = .058$ (Nagelkerke). Model $\chi^2$ (12) = 48.161, $p < .001$. * $p < .05$, ** $p < .01$, *** $p < .001$

**DISCUSSION**

Blame is an important factor in the development of negative outcomes among victims of CSA, but results reported in the existing literature have been contradictory regarding the attributions of blame that victims of CSA may develop and how these attributions affect the individual. In this regard, the present study assessed which abuse characteristics and attitudes (i.e., attitudes toward sexuality and toward gender roles) are associated with differing attributions of blame. Rather than using clinical samples or vignette studies to assess if abuse characteristics are associated with attributions of blame as has been previously done (e.g., Broussard & Wagner,
1988; Davies, Patel, & Rogers, 2013; Esnard & Dumas, 2012; Sherrill, Renk, Sims, & Culp, 2011), this study used a large community sample to differentiate between various conditions and specific attributions of blame. Three forms of blame were differentiated: perpetrator-blame, self-blame and both (both the perpetrator and self are to blame). Attitudes toward gender roles were significantly associated with self-blame; victims are more likely to blame themselves when they have more conservative attitudes toward gender roles than victims with more liberal attitudes. Our results build upon the extant literature in several ways. First, contrary to literature portraying child victims who blame themselves more than the perpetrator (Damon, Card, & Todd, 1992; Hazzard, Celano, Gould, Lawry, & Webb, 1995), most of the victims in the current study blamed the perpetrator. We found age differences between our sample and the samples from previous studies which may account for these differing results; studies that support the assumption that children report more self-blame than adults mostly refer to research with children younger than 12 years old (e.g., Hazzard, Celano, Gould, Lawry, & Webb, 1995), whereas most respondents in the current sample experienced sexual abuse at a later age (after 12 but before 18 years). However, although our group of respondents who experienced CSA before 12 years old was significantly smaller than the group after 12 years old, there were no significant changes in attributions of blame. Both groups reported equal levels of perpetrator- and self-blame. Even when the retrospective nature of the current study is taken into account - introducing a possible recollection bias that might obscure attributions of blame that occurred right after the abuse - the large proportion of respondents blaming the perpetrator contributes to the current literature and seems to support previous research. In the study of Barker-Collo (2001) it was also found that adulthood attributions of blame tended to be externally directed. Perhaps respondents did blame themselves right after the abuse, but have shifted their blame attributions to the perpetrator over time and have reported their current feelings, as has been reported by Barker-Collo’s study (2001) as well. Feiring and Cleland (2007) have reported that changes of blame attributions occur over time.
Second, in relation to abuse characteristics, none of them were related to the attributions of blame. Previous studies have shown that objective variables related to the abuse experience, such as its severity, are not related to psychological distress (i.e., possible negative outcomes) (Hazzard, Celano, Gould, Lawry, & Webb, 1995, Manion, Firestone, Cloutier, Ligezinska, McIntyre, & Ensom, 1998; Naar-King, Silvern, Ryan, & Sebring, 2002), and indicate that subjective aspects are stronger predictors of victims’ adjustment. In this sense, it seems that subjective aspects such as individual attitudes have a stronger relationship with the development of blame, as our results from a community sample have shown.

Third, there is a distinction between the results of studies that have used vignettes with participants who assigned blame to abuse involving hypothetical third parties and those that have asked CSA victims’ own attributions about blame. The results reported by previous authors in vignette studies have shown that several victim and abuse characteristics are predictive for the differentiation between attributions of blame. Although we did find a relationship for the victim-perpetrator relationship and attitudes toward sexuality on blame, these factors did not statistically differentiate between the three attributions of blame. Possibly, in a hypothetical situation it may be easier to differentiate between perpetrator-blame and self-blame, while our results showed that in a community sample, characteristics may be more dynamic and context may play a greater role, making it more difficult to point out who is to blame.

Limitations
Several limitations of the study should be discussed. Most importantly, caution is required in interpreting these results, due to the exclusion of respondents whose perceptions on blame attributions were unknown, but who appear to differ in comparison with the sub-sample on gender differences (more men in the excluded group); victim-perpetrator relationship (more stranger perpetrators in the excluded group) and; attitudes toward gender roles (lower scores on gender role attitudes for the excluded group). If these respondents would have been included in the analyses, the results could have been different; Men blamed themselves more than women.
did, therefore, with a higher percentage of men in the sub-sample, levels of blame attributions could have been directed more toward self-blame. This result could have been strengthened by the fact that there would also be more victims with more conservative attitudes toward gender roles who reported more self-blame than the victims with less conservative attitudes. This loss of information on variables is inherent to the sensitivity of the subject. We have chosen to give respondents the freedom to decide for themselves how much information they wanted to disclose, with the risk of losing information. Second, this study looked at various abuse characteristics, but has not examined the interaction between them, which may influence the direction of the blame. Unfortunately, it was not possible to associate certain features with each other (i.e., we do not know the identity of the perpetrator and details of the abuse in the case of multiple perpetrators), even though these kinds of relationships may predict the attribution of blame more than two factors independently. Third, the measures that have been used for the attitudes were not standardized instruments. According to Valle and Silovsky (2002), the use of standardized instruments is of great benefit in eliciting the victim’s true attributional beliefs. Fourth, we have distinguished between abusive events that happened ‘before 12 years old’ and/or ‘between 12 and 18 years old’. However, we have not looked at the impact of childhood sexual abuse in the younger years on the development of sexual behavior and possible revictimization in later childhood. As children become sexually active (e.g., adolescence), issues like coercion or consent become more complex and therefore, the dynamics of dating violence or youth sexual aggression (Krahé, 2008) deserve more in-depth analyses. Lastly, on the long term, levels of support after disclosing the abuse to someone may affect attributions of blame as well (Ullman, 1996; Ullman, Towsend, Filipas, & Starzynski, 2007). Ullman, Towsend, Filipas and Starzynksi (2007) found that negative social reactions contributed to feelings of self-blame, but we did not analyze factors that could have influenced blame attributions after the abuse. Further research into this relationship is needed.

Although future research with more emphasis on non-response, interaction effects and the use of standardized instruments is necessary, this study provided a broad
overview and new insights on relevant factors that may influence the attributions of blame, both from an academic as well as treatment perspective. These insights can be used to help eliminating the associated negative outcomes of CSA.

Practical implications
Correction for the negative cognitions associated with self-blame may be more difficult for victims who have more traditional attitudes toward gender roles due to their higher levels of self-blame. Since gender is socially constructed (Bussey & Bandura, 1999) the sociocultural tendency to blame victims for their victimization is likely to happen more in patriarchal cultures characterized by gender inequalities, resulting in more self-blame (Jewkes, Penn-Kekana, & Rose-Junius, 2005). Professionals in the field should be aware of this social mechanism that can play a role in attributing blame to one-self.
REFERENCES


CHAPTER 8

Summary and general discussion
SUMMARY

In the Netherlands, there are indications that Dutch youth with a non-Western ethnic background more often become victims of CSA in comparison with their Dutch peers; In a parliamentary paper from the Dutch House of Representatives (Tweede Kamer [Dutch House of Representatives], 2008, 29 220, nr. 12), it was noted that ethnic minority groups in the Netherlands faced more problems regarding sexuality (e.g., sexual abuse and teenage pregnancies) than native Dutch youth. Kooistra (2006) reported an overrepresentation of Moroccan boys in the prostitution. Simultaneously, migrant organizations and practitioners stressed that higher prevalence rates among youth with a non-Western ethnic background are overlooked or remains undiscovered because of taboos regarding sexuality among these minority groups (Volkskrant, 21 March 2011). To date, studies that examined whether non-Western individuals significantly differ in comparison to native Dutch individuals with respect to victimization of CSA are limited and inconclusive. In addition to the gap in knowledge about prevalence rates of CSA among ethnic minorities in the Netherlands, there was also a lack of knowledge about the ways ethnic minority youth respond to and deal with CSA. In general, studies about common mental health problems in the Netherlands report that ethnic minorities are underrepresented in formal mental health care (Bellaart, 2007; Boon, De Haan, & De Boer, 2010; Cauce et al. 2002). A growing body of studies suggests that there are cultural boundaries that restrain ethnic minority victims of CSA from seeking help after the abuse (Fontes & Plummer, 2010; Gilligan & Akhtar, 2006; Hamby, 2008; Lee & Law, 2001)

In order to understand possible differences in prevalence rates, in the nature and context of CSA and in help-seeking behavior between ethnic minorities and native Dutch victims of CSA, comparative research was required. The aim of the current study was threefold: (a) developing a comparative perspective on the prevalence, nature and context of CSA among youth with a non-Western background and native Dutch background; (b) understanding where, in comparison with native Dutch youth, non-Western ethnic minority victims of CSA turn to for help after CSA and what their
experiences are with help-seeking behavior; and (c) gaining additional insight in the way victims of CSA cope with the abuse and the influence of attitudes toward sexuality and gender roles on coping; not only from an ethnic perspective, but also in broader terms, namely victims of CSA in general and girls on the one hand and boys on the other.

Based on indications from society and on findings from the literature, we hypothesized that ethnic minority groups report higher prevalence rates of CSA in comparison with native Dutch youth; ethnic minority groups seek less help after CSA than their native Dutch counterparts and that their help-seeking behavior is influenced by (cultural) attitudes toward sexuality and gender roles. With regard to gender differences in help-seeking, we assumed that more girls seek help than boys.

To adequately address the complexity of the research questions and the different forms of sexual abusive experiences in a heterogeneous research population, a multi-method, multi-informant research design was set up. This research design consisted of three parts and combined a quantitative and two qualitative approaches. Central to this dissertation were – alongside the native Dutch group – the four ‘traditional’ non-Western minority groups in the Netherlands, namely: youth with a Dutch Antillean, Surinamese, Moroccan and Turkish background.

To examine prevalence rates of CSA and help-seeking (i.e., the quantitative part), respondents were recruited from vocational schools and universities of applied science in the Netherlands providing programs on Economics, Care & Welfare and Technology (CBS, 2012). These are the three most popular programs among ethnic minorities in the Netherlands. Students that were 18 to 25 years old were included in the study. In total, 3,967 students participated in the study and answered questions about a number of specific forms of sexual abuse that might have happened before they turned 18 years old. Students who declined to participate (n = 107) completed an alternative questionnaire on study motivation. Data for this quantitative part of the study were collected between November 2011 and April 2012. Respondents who reported some form of CSA were asked to participate in a follow-up in-depth interview. In total, 164 respondents indicated their initial
willingness to cooperate in the follow-up study. Eventually, 25 of these respondents were interviewed. Out of the 25 interviews, two have not been used in further analyses, because two interviewees did not disclose their abuse during the interviews. It is of importance to note that for the scope of this dissertation only the interviews with non-Western ethnic minority victims of CSA are included (i.e., four in total). The results from the total of 23 interviews are published in a Dutch professional journal (Okur, Van der Knaap, & Bogaerts, 2014). The data collection for the interviews was between August and December 2012. For the second qualitative study, between May and July 2013, four focus groups were organized with professionals in the field of ethnic minorities and sexuality and/or (child) sexual abuse. The focus groups were organized in order to gain a deeper insight into the survey results and the interviews.

The studies described in the current dissertation start with the complete sample of students that we were able to recruit (chapter 2). The subsequent chapters are – depending on the research question- based on subsamples (chapter 3, 4, 6 and 7) of the quantitative and qualitative part (chapter 4 and 5 respectively). The first aim of this dissertation is addressed in chapter 2 and 3. **Chapter 2** examined the prevalence rates and nature of CSA in the four ethnic minority groups that are central to this dissertation and compared the CSA rates with the native Dutch group. CSA was measured through 13 items, of which 6 items were hands-off (e.g., ‘Someone forced you to watch pornographic images) and 7 items hands-on forms (e.g., ‘Someone forced you to have sexual intercourse with him/her’) of abuse. Results showed that more than 40% (42.9%) of all respondents reported at least one form of CSA. Surinamese and Turkish respondents’ prevalence rates did not differ from the prevalence reported by native Dutch youth. Only Moroccan youth reported significantly lower rates of CSA in comparison with their native Dutch peers. Regarding the nature of the abuse, Dutch Antillean respondents reported significantly higher rates of CSA than native Dutch respondents on the following forms of abuse; ‘Someone forced you to masturbate in his/her company’ and ‘Someone made you touch his/her genitals against your will’, whereas Moroccan respondents reported lower rates on two other forms of CSA (i.e., ‘Someone kissed
you against your will’ and ‘Someone touched you in a sexual way against your will’) compared with their native Dutch peers. Overall, these findings seem to suggest that ethnic minority groups are not more at risk than native Dutch youth.

**Chapter 3** continued with a closer examination on the contextual factors of CSA (i.e., victim-perpetrator relationship; age of onset; frequency of the abuse and; feelings of blame). The purpose of this study was to document contextual differences in CSA experiences among ethnic minority groups and native Dutch group who reported a history of CSA ($N = 1,496$) and assess whether these differences may be explained by family environmental factors (household composition, education of parents and employment of parents). First of all, on a univariate level, there were significant ethnic differences in contextual factors of the abuse; Dutch Antillean victims reported more often than their native Dutch peers that they were abused by a (step)family member, while Turkish victims reported more often that the perpetrator was a partner/ex-partner. Second, the results showed a strong association between ethnicity and family environmental factors: in comparison to victims of CSA with a native Dutch background, more victims with a Dutch Antillean and Surinamese background reported that they were raised in one-parent households; more victims with a Moroccan and Turkish ethnic background appeared to have parents with a low educational background; and all ethnic minority groups reported more often that they had parents who were both unemployed. Third, the regression analysis showed that, although the (ethnic) groups differed significantly in both victim-perpetrator relationship and family environmental factors, these family environmental factors did not contribute significantly to the prediction of the victim-perpetrator relationship. Controlling for family environmental factors, ethnicity continued to be a significant predictor of abuse characteristics; compared to the native Dutch youth, Turkish respondents were more likely to report that the perpetrator was someone they had a ‘close’ relationship with, rather than a stranger/other.

The second aim of this dissertation is addressed in **chapter 4**. In this chapter, data are given about to what extent ethnic minority youth who experienced CSA would differ regarding their rate of both formal and informal help-seeking rates. With the
use of a multi-method design, the prevalence of formal and informal help-seeking after CSA and the role of attitudes toward sexuality and gender roles in help-seeking behavior among victims with a non-Western ethnic background in comparison with native Dutch victims (N = 1,496) was investigated. Quantitative survey data on help-seeking patterns were collected and four qualitative focus groups with professionals working in the field of CSA and ethnic minorities explored attitudes toward help-seeking behavior. The results from the survey data showed that there were no ethnic differences in help-seeking rates, but there was a significant main effect for gender role attitudes: Respondents with less traditional gender role attitudes were more likely to disclose their experiences than traditional respondents. Surprisingly, a significant interaction-effect between ethnicity and gender attitudes existed, indicating that, contrary to the main effect, Moroccan/Turkish youth with less traditional gender role attitudes were less likely to disclose the abuse. Furthermore, the results also showed that ethnic minority victims had different reasons not to seek help. More CSA victims with a non-Western minority ethnic background than their ethnic Dutch counterparts reported that they did not find the abuse severe enough to seek formal help. They also mentioned more often that they did not trust counselors; this was especially true for the Dutch Antillean/Surinamese group. In relation to this, focus members emphasized the lack of trust toward counselors and the impact of cultural attitudes that influences ethnic minority youth in seeking help. The reasons not to seek informal help also differed but only between the Dutch Antillean/Surinamese group and the native Dutch and Moroccan/Turkish groups. More Dutch Antillean/Surinamese respondents reported being afraid of the reactions of others and that they did not want their family and friends to know. They also reported more often than ethnic Dutch and Moroccan/Turkish respondents that they were afraid of being blamed and reported more often that they did not find their experiences severe enough to disclose.

Chapter 5 provided insight in the way ethnic minority victims of CSA experience CSA and cope with the abuse within their broader social context. This study was set up to enhance our understanding of complex phenomena and to give hard to reach groups—such as non-Western ethnic minority victims of CSA—a voice. This qualitative and
illustrative study used the narratives of victims of CSA with a non-Western ethnic background (N = 4) to explore the complex interplay between the specific role of culture on perceptions of CSA and help-seeking in the Western support systems. With Bruner’s functional approach to narrative inquiry, four themes emerged from the analyses: narrative of virginity, narrative of marriage, narrative of relational responsibility toward parents and narrative of perceptions regarding Western help. These narratives revealed that cultural barriers did not hinder seeking professional help after CSA as such but, rather, that help-seeking hinged on victims’ perceptions of what constitutes CSA, their cultural and social norms and their relative position in their respective culture. The respondents in this study all acknowledged what had happened and knew where to seek help. Nevertheless, for three of the respondents, the sexual abuse was not perceived as a traumatic event in itself nor did they feel the need to talk about it. Their decision to seek professional help was more dependent on the possible consequences of the abuse regarding their marriage prospects. Surprisingly, culturally triggered restraints to seek help are only present within the culture itself. Barriers in their culture kept these victims of CSA from disclosing the abuse to someone in their family and/or friend’s network.

Chapter 6 contributed to the third aim from a gender perspective. In this chapter, we investigated whether gender differences exist in formal and informal disclosure of CSA and if so, to assess whether this relation is associated with abuse characteristics and attitudes toward gender roles. The study also aimed to examine whether or not gender differences exist in reasons not to disclose CSA. Data of a sample of 586 respondents who reported to have experienced CSA committed by a single person were used in the analyses. There were no gender differences for formal disclosure, but the informal disclosure rate of CSA was 2.4 times higher for girls than for boys and this effect remained significant after controlling for abuse characteristics and attitudes, even though the gender difference decreased slightly. Furthermore, girls and boys reported different reasons for not disclosing CSA in their personal network. Girls were more worried than boys that family and friends would discover the abuse and reported more insecurity on what to do in this situation.
Finally, **chapter 7** presented data from all respondents who have reported some form of CSA ($N = 1,496$). The aim of this chapter was to identify which abuse characteristics and attitudes influenced the attributions of blame (i.e., ‘Blaming the perpetrator’, ‘Blaming him/herself’ and ‘Blaming both’) among victims of CSA, regardless of their ethnic background. The victim-perpetrator relationship, attitudes toward sexuality and gender roles had main effects on blame. However, attitudes toward gender roles was the only factor that differentiated between the various attributions of blame, indicating that victims are more likely to blame themselves when they have a more conservative attitude toward gender roles than victims with more liberal attitudes.

**DISCUSSION**

This was the first extensive study that specifically focused on ethnic differences in CSA in the Netherlands. Based on the findings in this study, the following conclusions can be reached.

Regarding the first aim of this dissertation, the results do not confirm significant ethnic differences in the prevalence of CSA. This finding is in line with the Dutch studies from De Haas, (2012), Van IJzendoorn et al. (2007) and Alink et al. (2012) on CSA among ethnic minorities. The only exception on this finding is the prevalence rate of the Moroccan group. However, this group reported - contrary to our hypothesis - lower prevalence rates of CSA in comparison with native Dutch youth. This finding is in contrast with recent research of Lahlah, Van der Knaap, and Bogaerts (2013) who found much higher prevalence rates of CSA among Moroccan boys compared with native Dutch boys. Methodological implications may account for these differences. In Lahlah et al.’s (2013) study, only two items on sexual abuse were included and these items did not ask if the abuse was against the participant’s will, which may lead to confusion in whether it was considered sexual abuse. Moreover, our sample (youth aged 18-25 years) did not correspond with the sample of Lahlah et al.’s study (adolescent boys), which may have resulted in different perceptions regarding what is considered a sexually abusive event. Young adults may consider the past events, in retrospect, as less abusive than adolescents.
Regarding the specific nature of CSA, significant ethnic differences were found for Dutch Antillean youth, who reported slightly higher rates for ‘Being forced to masturbate’ and ‘Being forced to touch the genitals of the perpetrator’ than the native Dutch youth. A plausible explanation could be given by De Graaf, Kruijer, Van Acker, and Meijer (2012) regarding sexual health among youth. De Graaf et al. (2012) reported that youth with a Dutch Antillean background engage at an earlier age in sexual contact than their native Dutch peers. Early sexual activity has been associated with a higher risk for CSA (De Graaf et al., 2012).

With regard to the reported prevalence rates in this dissertation, it was noticed that our rates are higher in comparison with previous research on prevalence rates of CSA, in both international (Finkelhor, Hotaling, Lewis, & Smith, 1990; Baker & Duncan, 1985; Perez-Fuentes, Olsson, Villegas, Morcillo, Wang, & Blanco, 2013) and national studies (Diepenmaat, Van der Wal, Cuijpers, & Hirasing, 2006; Lamers-Winkelman, Slot, Bijl, and Vrijbrief, 2007; Van Ijzendoorn et al., 2007). The exception is the ‘Seksuele gezondheid in Nederland 2011’ [Sexual health in the Netherlands 2011] study (2011), which used the same survey (i.e., the Sexual Experiences Survey (SES)) by Koss et al. (2007). The higher prevalence rates reported in the current study may be related to any one of the following three explanations. First of all, multiple and detailed questions were asked about a number of specific forms of abusive sexual behavior. The explicit questions with concrete descriptions may have made it easier to recall an event. Second, the broad definition of CSA used, in comparison with other studies, may have led to the endorsement of a larger number of sexually abusive events as episodes of CSA. As stated in the introduction, we have chosen this broad definition in order to make detailed comparisons between groups; the broad definition enables to compare the results on any type of CSA (i.e., bodily and non-bodily contact abuse and specific forms of abuse, such as sexual intercourse), and also with other studies. Finally, the high number of girls in the sample may cause an overall higher average prevalence rate. Previous studies have reported higher rates of CSA for girls than boys (Fergusson, Lynskey, & Horwood, 1996; Finkelhor, 1993; Pereda, Guilera, Forns, & Gomez-Benito, 2009), implying that a sample with more
girls than boys, as in this study, might be accountable for increasing the prevalence rates of CSA.

Another important result from this study that contributed to the first aim of the study was about contextual factors regarding the abuse. Ethnic minority victims of CSA reported differences in the victim-perpetrator relationship. Victims with a Dutch Antillean background reported more often than their native Dutch peers that the abuse was perpetrated by a (step)family member, while victims with a Turkish background reported more often than native Dutch respondents that the perpetrator was a partner/ex-partner. There were also ethnic differences in family environmental factors. However, despite these differences, none of the family environmental factors predicted the ethnic differences in contextual CSA factors; ethnicity continued to be the significant predictor of the victim-perpetrator relationship. It seems unlikely that ethnicity is the only distinguishing factor for the difference in victim-perpetrator relationship between Turkish and native Dutch youth. Possible explanations for this difference could be sought in other family environmental factors that have not been studied in this dissertation, such as maternal support (Ferrari, 2002). Previous research showed that a lack of maternal support enhances the risk of experiencing CSA by family members (Eversorn, Hunter, Runyon, Edelsohn, & Coulter, 1989). Another explanation could be related with the age of onset of the abuse. CSA at an earlier age of onset enhances the risk of experiencing CSA at the hands of family members, while CSA at a later age is more related to CSA by peers (Mennen & Meadow, 1995; Putnam, 2002). Further research into the correlations between contextual factors would be welcomed to support the differences in ethnicity on victim-perpetrator relationship.

With regard to the second aim of the dissertation: the results contributed to our understanding whereto non-Western ethnic minority victims of CSA turn for help after CSA and what their experiences with help-seeking behavior are. Victims of CSA prefer to disclose the abuse rather to someone in their informal network, rather than seek help from a formal mental health care provider. Contrary to findings from previous studies that reported an underrepresentation of ethnic minorities in formal mental health care, our results do not support our second hypothesis; no ethnic
differences were found in prevalence rates of formal help-seeking behavior among victims of CSA. Native Dutch youth and ethnic minority groups reported equal formal help-seeking rates. This finding may be explained by a sense of shame CSA victims may experience, regardless of ethnicity (Feiring, Taska, & Lewis, 2002; Kendall-Tackett, Williams, & Finkelhor, 1993). It seems that seeking formal help after CSA is difficult for victims regardless of their ethnic background. We also studied the relation between attitudes toward gender roles and disclosure. The results suggest that, on average, respondents with less traditional attitudes toward gender roles are more likely to disclose their experiences than respondents with more traditional attitudes. Interestingly, there was an interaction effect between ethnicity and attitudes toward gender roles in informal help after CSA, indicating that, contrary to the main effect of gender attitudes, Moroccan/Turkish youth with more liberal gender attitudes were less likely to disclose than their native Dutch counterparts. This could imply that Moroccan/Turkish victims with liberal attitudes think that their environment will be more judgmental toward them because they could be thought of as taking risks, voluntarily engaging in sexual activities, being promiscuous, or in short, getting themselves in trouble. Because of this perceived judgement, Moroccan/Turkish victims with liberal attitudes may experience a conflict between the sexual discourses of the home and those that are prevalent more generally in Dutch society (Cense, 2014). Simultaneously, more conservative minority youth may find themselves supported by an equally conservative environment. It may very well be that if these youth suffer sexual violence, they will trust that their close social environment will believe they did not engage in specifically risky behavior (e.g., voluntarily engaging in sexual relationships) and will therefore be less likely to blame the victim (Fontes & Plummer, 2010).

Ethnic differences in reasons for not seeking help differed between the ethnic minority groups and native Dutch counterparts. Regarding formal help, Dutch Antillean/Surinamese respondents reported that they did not seek formal help because of a lack of confidence in counselors, which is in line with results from previous studies by Cauce et al., (2002) and Grinstein-Weiss, Fishman, and Eisikovits (2005). In addition, compared to native Dutch victims, ethnic minority victims
reported more often that they did not disclose because they felt that the abuse was not severe enough. This perception of the ‘severity’ of the abuse was further explored in chapter 5 and the results addressed the third research aim in more detail.

Addressing the third aim of the study, it can be concluded that victims of CSA have very personal ways of coping with the abuse, and attitudes influence their coping behavior. With the findings from chapter 5, an initial understanding of what constitutes CSA according to ethnic minorities was established. The results from this qualitative study, though by no means comprehensive, shed some light into how ethnic minority victims of CSA may define CSA and how their help-seeking behavior depends on the importance of virginity and marriage in their culture. Girls from cultures that hold virginity before marriage in high regard and who have lost theirs, even by forced intercourse, may see their marriage prospects decrease. In this light, the severity of the abuse is related to the consequences it may have for their marital future. It is this potentially negative consequence that might play a role in deciding whether or not to seek help.

Further contributions to the third aim of the dissertation are that clear gender differences exist in disclosure of CSA; girls report more informal disclosure than boys. This finding is in line with previous research indicating that the effect of gender is a strong predictor of informal disclosure (Gries, Goh, & Cavanaugh, 1996; Paine & Hansen, 2002; Schönbucher et al., 2012). However, the results showed no significant differences in formal disclosure. According to a recent study by Lev-Wiesel et al. (2014), children preferred to disclose more to their nuclear family members (parents and siblings) in comparison with professionals. This may explain why there were no differences in formal disclosure; in general, victims do not feel invited to talk to professionals about their abuse. In addition to the gender difference in informal disclosure, it was expected that attitudes toward gender roles would explain the gender differences (Fontes & Plummer, 2010; Gilligan & Akhtar, 2006). However, evidence for a difference based upon attitudes toward gender roles was not found.

The final chapter that contributed in addressing our third aim showed that, in line with previous research (Barker-Collo, 2001), a large proportion of respondents with
a history of CSA blamed the perpetrator, rather than him/herself. This finding was associated with attitudes toward gender roles; victims with more traditional attitudes toward gender roles were more likely to blame themselves than victims with less traditional attitudes. A possible explanation for this finding could be derived from the concept of patriarchy. In patriarchal cultures that are characterized by gender inequalities and consequently, by more conservative attitudes toward gender, the tendency to blame victims for their victimization is likely to happen more at the expense of female victims (Jewkes, Penn-Kekana, & Rose-Junius, 2005). Yet, our finding did not distinguish between genders which would be necessary in order to support this assumption. Further research into gender differences in blame attributions would be welcomed.

Limitations of the study

Despite the academic relevance of the results, there are several limitations with regard to the study design and validity that need to be discussed.

Study design

The primary aim of the study was to investigate the prevalence of both CSA and help-seeking behavior after CSA. This has resulted in a data set with information on prevalence rates regarding different types of CSA. The fact that only respondents from vocational schools and universities of applied science have participated in the study, limits the representativeness of the study. Despite the fact that the types of schools that were contacted for this study attract approximately 60% of the target group (i.e., 18-25 years old), we do not have data from youth who are already working, unemployed or attending university. This has implications for the generalizability of the results to non-school going youth, college students and young people who work.

The proportion of boys in the sample was smaller than the proportion of girls. This was the result of reluctance to participate among coordinators of several educational programs that are specifically popular among boys. Particularly, coordinators of Technology programs, in which approximately 75% of the students are boys (Kennisbankbetatechniek 2012-2013), declined to cooperate in the
research. Although it is difficult to establish whether this might have affected the CSA prevalence rates we found for boys, it does diminish the generalizability of these results.

The low response rate from schools (17.3%) in general was a limitation in itself. It was difficult to convince schools to participate; specifically programme coordinators from technological and, to a lesser extent, economic programs, were reluctant to participate. Some programme coordinators indicated they did not wish to participate because they did not consider CSA to be a problem among their students. Apart from the fact that the results from this dissertation, but also previous studies, have shown that the prevalence of CSA is not absent or rare in any subgroup, a higher response rate would have decreased the limitation of generalizability of the results to the entire educational system in the Netherlands.

To answer the question on perceptions of CSA among ethnic minorities, only the results of victims of CSA with a non-Western ethnic background have been selected for this dissertation, rather than the whole sample of 25 respondents. We are aware of the fact that this is a select group of respondents and that their results are by no means representative for the perceptions of other victims of CSA. However, the reason for portraying these narratives is because personal stories of victims with a non-Western ethnic minority background enrich the understanding of how ethnic minorities cope with CSA.

Validity and reliability

No standardized attitude scales to assess attitudes toward sexuality and gender roles were used. Keeping the ethnic background of the sample in our mind (non-Western ethnic minorities), we chose to survey attitudes that are – according to the literature (Fontes & Plummer, 2010) – topical to the sample and, more specifically, are expected to differ among ethnic groups while at the same time could be hypothesized to relate to perceptions of abuse. To our knowledge, no standardized attitude scales were available to measure attitudes toward sexuality and gender roles related to CSA in the examined minority groups. However, this implies that caution is required when interpreting the results regarding the attitudes.
Another issue is the reliability of retrospective studies. The reliability of recalled events in the past declines as time passes. Unfortunately, lifetime prevalence of CSA can only be studied via retrospective research. Furthermore, surveying children about CSA is ethically controversial and requires permission from parents, who might be the perpetrator of the abuse. Retrospective research among young adults is easier to organize and offers the possibility to survey respondents about experiences during their entire childhood and adolescence. Nevertheless, in a retrospective design, memory effects might hamper adult respondents’ ability to report. However, if biased memory effects occurred, this would apply for all respondents, regardless of ethnicity. Therefore, no differences were expected among the subgroups in this research since the ability to remember when something has happened (source memory) is transcultural (Gutchess & Indeck, 2009). Nonetheless, we need to take into account that young adulthood might enhance underreporting due to repression of severe sexual victimization only to be retrieved at a later age (Cantón - Cortés, Cantón, Justicia, & Cortés, 2011).

Definition issues
The Statistics Netherlands definition of a person from a non-Western ethnic minority group cannot distinguish between different migrant groups from the same country of origin. This is particularly a concern for respondents with a Surinamese background, where a classification can be made between Surinamese Creole and Surinamese Hindu. Both ethnic groups have a different cultural background (i.e., the Surinamese Creoles are descendants of African slaves, while the Surinamese Hindus are descendants of Indian contract workers) (Centrum voor de Geschiedenis van Migranten (CGM) [Center for the history of migrants], 2012). With the Surinamese sample including both cultural backgrounds, it may have cancelled out possible differences between these groups.

Implications for practice
In addition to the academic value of this dissertation, the findings of this dissertation are also of societal importance. By filling the research gaps on the prevalence of CSA among ethnic minorities and their need for support after the abuse, this study
offered tools to reach out to these victims and make interventions more efficient. The following section will address practical implications of the research.

First, even though no significant ethnic differences in formal help-seeking rates were found, the proportion of CSA victims who sought help is in general low, and reasons not to seek help did differ between ethnic groups. To reach out to these ethnic minority victims, a better cooperation with mental health care providers and migrant institutions should be supported. Migrant institutions, such as Samenwerkingsverband Marokkaanse Nederlanders (SMN) [Cooperative of Moroccan Dutch] and Stichting Hindustani [Hindustani foundation], are more frequently in touch with ethnic minority youth than mental health care providers because these organizations engage with ethnic minorities on broader levels than ‘mental health issues’ and organize events that are fun for these youngsters to attend, such as dinners and get-togethers with peers. This implies that migrant organizations can have a bridging function between formal mental health care and ethnic minority youth and might take away minority victims’ trust issues toward counselors.

Apart from bridging the gap between ethnic minority victims and formal health care institutes, migrant organizations should also try to include the families of victims in order to make topics as sexuality and sexual abuse more discussable within the own network. The results from this study showed that there is fear among victims with a non-Western ethnic background about their family or friends finding out and despair of getting blamed, putting them in a vulnerable position. In order to gain the trust of these victims, interventions that are informed and shaped by what is known to be culturally acceptable in these cultures are the most efficient. Migrant organizations understand these socio-cultural environments of the victims. Furthermore, migrant organizations should commit themselves to improving the communication regarding sexuality and sexual abuse between parents and children. For instance, migrant organizations could start organizing small-scale events by and for ethnic minorities to tackle the taboos surrounding sexual abuse and the moral values that are being held regarding virginity.
Lastly, because Dutch Antillean/Surinamese respondents reported being afraid of their family finding out about the abuse, while at the same time expressing their lack of knowledge on where to seek formal help, the importance of sexual education should be underlined. For ethnic minority groups who may not receive sexual education at home, the standard sexual education programs may not be sufficient enough. Since the results from our study showed that CSA already happens at an early age, it is suggested to facilitate a more prominent role for sexual education in elementary schools (i.e., adjusted to the understanding and capacity of these children attending), in order for children to develop healthy sexual boundaries. Further support should be given to programs that do not only increase students’ sexual knowledge, but that also explain the procedures at mental health care institutes. For instance, by inviting counselors to the class for a Q&A session. These sorts of encounters may diminish the mistrust and ignorance among young victims toward mental health care.

Valorization

At the start of the study, a comprehensive proposal for the valorization of the results was drafted. The aim of the plan was to disseminate information about results through publications and presentations at conferences for professionals and to develop tailored training programs for professionals regarding prevention, detection (i.e., recognizing risk factors and vulnerable groups) and care (i.e., empowerment of youngsters and increased engagement of parents of CSA victims). This valorization plan was based on consultations between the International Victimology Institute Tilburg (INTERVICT), Pharos1 and Movisie2. The plan was also supported by other national organizations, including Rutgers WPF3, Vereniging tegen Seksuele Kindermishandeling4 (Association against child sexual abuse (VSK)) and De Waag

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1 Pharos and are national centers of expertise on health disparities  
2 Movisie is the Netherlands center for social development  
3 Rutgers is the international center of expertise on sexual and reproductive health and rights  
4 VSK is a (former) association that supported adult victims of CSA. VSK has been abolished in 2014, but they have been actively involved in the dissemination of the results for the first three years of the study.
foundation\textsuperscript{5}. In the following paragraphs we summarize the activities that took place to disseminate the results to a wider audience.

Among the dissemination activities was an expert meeting that took place after the data for the quantitative part of the project was collected. During this meeting, experts reflected on the preliminary results from the survey gave valuable advice as a preparation for the qualitative part of the data collection, and posed questions that were useful and relevant for their daily practice. These questions were integrated in the interview schedules with victims of CSA. By reporting the results of the interviews back to the practitioners – by means of an article in a journal for professionals (Okur, Van der Knaap, & Bogaerts, 2014) and a conference (see next paragraph)- they were better informed on the needs of the victims.

Once the data collection was completed, Pharos and Mavisie organized a conference in which the main findings and implications for current policy developments were presented to an audience of experts and professionals in the field. Opportunities for prevention and pre-conditions for adequate support for CSA victims with a non-Western ethnic background were discussed. Another dissemination activity was the implementation of the results from this study into the latest factsheet of Mavisie (2015) regarding sexual violence. This online factsheet is available to a large audience of victims, practitioners and experts in the Netherlands. In addition, the results of the study have also been implemented into a project on sexual violence in migrant families (i.e., Aanpak seksueel misbruik in migrantenfamilies [Addressing sexual abuse in migrant families]. This research project is set up by Pharos, Mavisie, VSK and local migrant organizations and aimed to train key figures from the Moroccan, Turkish and Surinamese communities to inform migrant families on sexual abuse issues within the family. Finally, in 2015, a short movie will be recorded, based on the main findings of this study. The movie will address the issues raised by ethnic minority victims of CSA and inform them where to seek help after the abuse. To reach the target group, the movie will be distributed through Facebook.

\textsuperscript{5} De Waag is a center for outpatient forensic psychiatry.
Suggestions for further research

We highlighted the academic and societal relevance of this study, as well as the limitations that we encountered. Based on these findings, several suggestions for further research can be made.

The main ethnic differences found were in the nature and context of the abuse and in perceptions and attitudes that influenced help-seeking behavior. Some speculations regarding possible explanation of these differences have been made but future research should focus on the mechanisms behind these differences to truly test the speculations.

This study focused on the ‘traditional’ migrant groups, but research among ‘new’ migrant groups (including refugees) has not yet been conducted. Research on CSA among these ‘new’ migrant groups would enhance our understanding of the prevalence of CSA and help-seeking after CSA among non-Western ethnic minorities even better.

With regard to the data collection, we recommend cooperation with school boards - especially in the cities with large proportions of ethnic minorities- in order to recruit ethnic minority groups and boys. That way, participation of schools could be implemented, resulting in higher response rates and thus enabling further comparisons (e.g., on gender differences within the ethnic groups themselves). In this study, the Dutch Antillean group was rather too small to make comparisons.

As previously mentioned, data from non-school going youth and college students is missing in this study. According to a study by Edgardh and Ormstad (2007) non-school going youth are more at risk for CSA than their school going peers and report higher rates of sexual abuse. Therefore, further research on this part of the population may influence the results.

Next, more research could be done after the effect and reach of interventions through the use of social media, the so-called E-health interventions. Children spend a substantial amount of time online and therefore, this medium may be an efficient way to help victims of CSA.
Finally, it is of importance to study the severity of the abuse in accordance with the perceptions of victims themselves regarding concepts of CSA. Understanding these perceptions will likely clarify coping behavior of victims on the long-term.

**OVERALL CONCLUSION**

Considering all the above, the results paint a nuanced picture regarding ethnic differences in CSA. It can be concluded that there are fewer differences than expected between youth with a non-Western ethnic background and native Dutch background. In general, no major significant ethnic differences in prevalence rates, nor in help seeking rates were found. Referring to Finkelhor (1993) who stated: ‘The prevalence of sexual abuse is widespread enough, and in no subgroup is it clearly absent or rare’ (p. 67), we can conclude that our results are consistent with previous studies that CSA is a worldwide problem, regardless of ethnic background. However, looking beyond ethnic differences, we found perceptions of child sexual abuse to differ among victims. Therefore, we strongly suggest to focus future research on the perceptions of victims of CSA regarding the severity of the experience, which is likely to determine their coping behavior. These perceptions exceed ethnic borders and should be the way forward.
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Tweede Kamer [Dutch House of Representatives], 2008, 29 220, nr. 12.

Nederlandse samenvatting
Er zijn signalen uit de maatschappij dat jongeren in Nederland met een niet-westerse etnische achtergrond, een grotere kans lopen om slachtoffer te worden van seksueel misbruik in de kindertijd dan autochtone leeftijdsgenoten. In een Tweede Kamerstuk (2008, 29 220, nr. 12), is aangekaart dat etnische minderheden in Nederland meer seksueel gerelateerde problemen (e.g., seksueel misbruik en tienerzwangerschappen) ervaren dan de autochtoon Nederlandse jeugd. Kooistra (2006) rapporteerde een oververtegenwoordiging van Marokkaanse jongens in de prostitutie. Tevens benadrukten migrantenorganisaties dat hogere prevalentiecijfers van seksueel misbruik onder jongeren met een niet-westerse etnische achtergrond over het hoofd worden gezien of niet ontdekt, vanwege taboes rondom seksualiteit onder deze etnische groepen (Volkskrant, 21 maart 2011).

Er is echter zeer weinig bekend over de aard en omvang van seksueel misbruik in de kindertijd van Nederlandse jongeren met een niet-Westere etnische achtergrond. Naast de beperkte kennis over prevalentie van seksueel misbruik in de kindertijd onder deze groep, is er ook weinig bekend over de wijze waarop etnische minderheden omgaan met het misbruik. Over het algemeen is bekend dat etnische minderheden ondervertegenwoordigd zijn in de reguliere geestelijke gezondheidszorg (Bellaart, 2007; Boon, De Haan, & De Boer, 2010; Cauce et al., 2002). Enkele studies suggereren dat slachtoffers van seksueel misbruik die behoren tot een etnische minderheid te maken hebben met culturele barrières. Deze barrières beperken hen om hulp te zoeken na het misbruik (Fontes & Plummer, 2010; Gilligan & Akhtar, 2006; Hamby, 2008; Lee & Law, 2001).

Voor een beter inzicht in de mogelijke verschillen tussen niet-westerse etnische minderheden en autochtone jongeren in de prevalentie, aard en context van seksueel misbruik (in de kindertijd) en hulpzoekgedrag achteraf is vergelijkend onderzoek noodzakelijk. Het doel van dit proefschrift was drieledig: (a) de prevalentie en aard van seksueel misbruik van jongeren uit minderheidsgroepen in kaart brengen en inzicht bieden in de context van dit misbruik; (b) antwoord geven op de vraag in hoeverre jongeren uit minderheidsgroepen hulp zochten en vonden bij het tegengaan of verwerken van het misbruik; en (c) verdergaand inzicht vergaren
over de wijze waarop slachtoffers van seksueel misbruik in de kindertijd omgaan met het misbruik en de invloed van opvattingen ten opzichte van seksualiteit en gender rollen op deze omgang. Dit laatste doel is niet alleen vanuit een etnisch perspectief bekeken, maar ook vanuit een bredere zin; slachtoffers van seksueel misbruik in de kindertijd in het algemeen en onderscheid makend tussen jongens en meisjes.

Gebaseerd op signalen uit de maatschappij en op wetenschappelijke literatuur, was de hypothese dat etnische minderheidsgroepen een hogere prevalentie van seksueel misbruik in de kindertijd rapporteren dan autochtoon Nederlandse jongeren; dat etnische minderheidsgroepen minder hulp zoeken dan hun autochtoon Nederlandse leeftijdsgenoten; en dat hun hulpzoekgedrag wordt beïnvloed door opvattingen ten opzichte van seksualiteit en gender rollen. Wat betreft gender verschillen, was de hypothese dat meisjes meer hulp zoeken dan jongens.

Gezien de complexiteit van het onderzoek en de verschillende vormen van seksueel misbruik die voorkomen in een heterogene onderzoekspopulatie, is een ‘multi-method, multi-informant’ onderzoeks design opgezet. Het eerste deel van de studie bestond uit een online survey onder jongeren van 18 tot 25 jaar oud. Het tweede, kwalitatieve deel van het onderzoek bestond uit diepte-interviews met slachtoffers enerzijds en focusgroepen met professionals uit verschillende culturele minderheidsgroepen anderzijds. De doelgroep voor dit proefschrift was – naast de autochtoon Nederlandse groep – de vier ‘traditionele’ niet-westerse etnische minderheidsgroepen in Nederland; jongeren met een Antilliaanse, Surinaamse, Marokkaanse en Turkse achtergrond.

Om het onderzoek naar de prevalentie van CSA te kunnen uitvoeren, is geworven onder leerlingen uit het middelbaar en hoger beroepsonderwijs in Nederland. Meer dan 60% van de 18-25 jarigen geniet onderwijs aan deze instellingen (CBS Statline). De sectoren Economie, Techniek en Zorg & Welzijn zijn uitgenodigd voor deelname aan het onderzoek, omdat zij het meest populair zijn onder zowel de autochtoon Nederlandse jeugd als jeugd met een niet-Westere etnische achtergrond (CBS, 2012). In totaal hebben 3.967 respondenten deelgenomen aan de studie.
Respondenten die niet deel wilden nemen aan het onderzoek naar seksueel misbruik (n = 107) hebben een alternatieve vragenlijst naar studiemotivatie ingevuld (i.e., de Prestatie Motivatie Test (PMT)). De data voor dit kwantitatieve deel van het onderzoek zijn verzameld tussen november 2011 en april 2012. Respondenten die een vorm van seksueel misbruik in de kindertijd hadden gerapporteerd werden gevraagd om deel te nemen aan een vervolgstudie in de vorm van diepte-interviews. In totaal waren 164 respondenten hiertoe bereid en er zijn uiteindelijk 25 interviews afgenomen. Van de 25 interviews, zijn er twee niet meegenomen in de analyses, omdat twee respondenten niet over hun misbruik hebben gesproken tijdens de interviews. Het is belangrijk om op te merken dat voor het doel van dit proefschrift alleen de interviews van respondenten met een niet-westerse etnische achtergrond (n = 4) zijn gebruikt. De resultaten van alle 23 interviews zijn gepubliceerd in een Nederlandstalig vakblad (Okur, Van der Knaap, & Bogaerts, 2014). De dataverzameling voor de interviews vond plaats tussen augustus en december 2012.


Het proefschrift begint met de volledige steekproef van respondenten die deel hebben genomen aan de survey (hoofdstuk 2). De daaropvolgende hoofdstukken zijn -afhankelijk van de onderzoeksvraag- gebaseerd op sub-samples (hoofdstuk 3, 4, 5, 6 en 7) van de dataset uit zowel het kwantitatieve als kwalitatieve deel. Het eerste doel van dit proefschrift is behandeld in hoofdstuk 2 en 3. In hoofdstuk 2 is de prevalentie en de aard van seksueel misbruik in de kindertijd onderzocht onder vier allochtone groepen en vergeleken met de autochtoon Nederlandse groep. Seksueel misbruik voor het achtende jaar is gemeten via 13 items over verschillende vormen van misbruik die betrekking hadden op misbruik met en
zonder lichamelijk contact. De resultaten toonden aan dat meer dan 40% (42,9%) van alle respondenten ten minste één vorm van seksueel misbruik had meegemaakt. Dit percentage omvat alle vormen van misbruik: zowel misbruik zonder als met lichamelijk contact. De Antilliaanse, Surinaamse en Turkse respondenten rapporteerden, in vergelijking met de Nederlandse respondenten, ongeveer even vaak minstens één vorm van seksueel misbruik mee te hebben gemaakt, maar Marokkaanse jongeren rapporteerden significant minder seksueel misbruik dan de Nederlandse groep.

Voor een aantal specifieke vormen van seksueel misbruik (i.e. ‘leemand dwong je om te masturberen’ en ‘leemand dwong je om zijn/haar geslachtsdelen aan te raken’) hebben Antilliaanse jongeren significant hogere percentages gerapporteerd dan de Nederlandse jongeren, terwijl Marokkaanse jongeren een lagere prevalentie rapporteerden op twee andere vormen van seksueel misbruik (i.e., ‘leemand zoende je tegen je wil’ en ‘leemand raakte je op een seksuele manier aan tegen je wil’). Deze resultaten suggereren dat etnische minderheden niet een hoger risico lopen om seksueel misbruik mee te maken dan autochtoon Nederlandse jongeren.

In **hoofdstuk 3** is dieper ingegaan op de context van het misbruik (i.e., slachtoffer-dader relatie; beginleeftijd van het misbruik; duur van het misbruik; en schuldgevoelens). Het doel van dit onderzoek was om eventuele contextuele verschillen in misbruikervaringen onder etnische minderheden en autochtone jongeren (N = 1.496) te achterhalen en te onderzoeken of deze verschillen verklaard kunnen worden door familie omgevingsfactoren (gezinssamenstelling, opleiding ouders en werk van ouders).

Ten eerste, er zijn significante etnische verschillen gerapporteerd in de context van het misbruik; meer Antilliaanse slachtoffers dan autochtoon Nederlandse slachtoffers rapporteerden dat het misbruik is gepleegd door een (stief)familielid, terwijl meer Turkse slachtoffers dan hun autochtone leeftijdsgenoten aangaven misbruikt te zijn door hun partner/ex-partner. Ten tweede, er is een significante relatie tussen etniciteit en familie omgevingsfactoren gevonden; in vergelijking met autochtoon Nederlandse slachtoffers zijn meer Antilliaanse en Surinaamse slachtoffers opgegroeid in één-ouder gezinnen. Meer slachtoffers met een
Marokkaanse en Turkse achtergrond dan autochtone achtergrond hebben laagopgeleide ouders en bij alle etnische minderheidsgroepen is werkloosheid onder beide ouders vaker gerapporteerd dan bij autochtone slachtoffers. Ten derde, uit de regressie analyse kwam naar voren dat, ondanks etnische verschillen in slachtoffer-dader relatie en familie omgevingsfactoren, deze familie factoren geen invloed hadden op de slachtoffer-dader relatie. Wanneer gecontroleerd werd voor familie omgevingsfactoren, bleef etniciteit de significante voorspeller voor de slachtoffer-dader relatie. Meer Turkse slachtoffers rapporteerden, in vergelijking met hun autochtone leeftijdgenoten, dat het misbruik gepleegd was door iemand die ‘dichter’ bij ze stond dan een vreemdeling/ander.

Het tweede doel van het proefschrift is in hoofdstuk 4 aan bod gekomen. In dit hoofdstuk is ingegaan op de ondervertegenwoordiging van allochtonine jongeren in de geestelijke gezondheidszorg. Echter, gegevens over in hoeverre allochtonine jongeren met seksueel misbruik ervaringen gebruik maakten van zowel formele als informele hulp ontbraken. Door middel van een ‘multi-method design’ is de prevalentie van formeele en informele hulpzoekgedrag na seksueel misbruik in kaart gebracht. Allereerst is door middel van een kwantitatieve survey (N = 1.496) data over hulpzoekgedrag verzameld. Daarnaast is -door middel van focusgroepen met professionals in het veld van seksualiteit en seksueel misbruik- gekeken naar de rol van opvattingen ten opzichte van seksualiteit en genderrollen onder slachtoffers met een niet-westerse etnische achtergrond. De resultaten toonden aan dat er geen etnische verschillen in formeele hulpzoekgedrag waren, maar opvattingen ten opzichte van genderverhoudingen hadden een significant resultaat op informeel hulpzoekgedrag: Respondenten met meer liberale opvattingen vertelden vaker wat hen was overkomen dan respondenten met meer conservatievere opvattingen. Verrassend genoeg was er tevens een significant interactie-effect tussen etniciteit en deze opvattingen. De resultaten van dit interactie-effect suggereren dat, in tegenstelling tot het hoofdeffect, Marokkaanse/Turkse jongeren met meer liberale opvattingen minder vaak aan anderen vertelden wat ze was overkomen in vergelijking met Marokkaanse/Turkse jongeren met meer conservatievere opvattingen. Bovendien bleek uit de resultaten ook dat slachtoffers met
Antilliaanse/ Surinaamse achtergrond verschillende redenen hadden om geen hulp te zoeken ten opzichte van de autochtone en Marokkaans/Turkse groep. Antilliaans/Surinaamse slachtoffers gaven vaker aan dat ze niet wilden dat hun familie en vrienden achter het misbruik kwamen. Daarnaast rapporteerden ze ook vaker dat ze de hulpverleners niet vertrouwden en bang waren de schuld te krijgen van hetgeen ze was overkomen. Hiermee samenhangend benadrukten focusgroepleden het gebrek aan vertrouwen ten opzichte van hulpverleners en de invloed van culturele opvattingen wat allochtone jongeren hindert om hulp te zoeken.

In hoofdstuk 5 is de complexe wisselwerking tussen de specifieke rol van cultuur in de perceptie van seksueel misbruik in de kindertijd en het zoeken naar hulp in de reguliere westere hulpverlening onderzocht. Vier slachtoffers van seksueel misbruik in de kindertijd met een niet-westere etnische achtergrond hebben deelgenomen aan semi-gestructureerde interviews. Door middel van Bruner’s functionele benadering van narratief onderzoek zijn vier thema’s uit de analyses naar voren gekomen: het thema ‘maagdelijkheid’, het thema ‘huwelijk’, het thema ‘verantwoordelijkheid ten opzichte van ouders’ en het thema ‘percepties ten aanzien van westere hulp’. Uit deze verhalen bleek dat het zoeken van professionele hulp na seksueel misbruik niet als een culturele barrièrer als zodanig werd beschouwd, maar dat het gerelateerd was met hun percepties over wat seksueel misbruik inhield, hun culturele en sociale normen en hun relatieve positie in hun gemeenschap. De deelnemers aan dit onderzoek erkenden wat er was gebeurd en wisten waar ze hulp konden vinden. Toch werd, voor drie van de vier deelnemers, het seksueel misbruik niet gezien als een traumatische gebeurtenis, noch was er een behoefte om erover te praten. Hun beslissing om professionele hulp te zoeken was afhankelijk van de gevolgen van het misbruik ten aanzien van hun huwelijkskansen. Verrassend is dat de paradox van de situatie naar het zoeken van hulp binnen de cultuur zelf lag. Barrières binnen hun cultuur weerhielden deze slachtoffers van seksueel misbruik hun ervaring te vertellen aan iemand in hun familie en/of vriendennetwerk.
**Hoofdstuk 6** heeft bijgedragen aan de beantwoording van het derde doel van de studie, maar dan vanuit een gender perspectief. In dit hoofdstuk is onderzocht of er sekseverschillen bestaan in hulpzoekgedrag van slachtoffers van seksueel misbruik in de kindertijd. En zo ja, of deze verschillen te maken hebben met kenmerken van het misbruik of met opvattingen ten opzichte van genderverhoudingen. Daarnaast is ook gekeken of er gender verschillen bestaan in de redenen om geen hulp te zoeken. Ondanks de beschikbare literatuur over hulpzoekgedrag van seksueel misbruik in de kindertijd, was er weinig bekend over de manier waarop mannen en vrouwen hierin verschillen. De resultaten van dit hoofdstuk toonden aan dat er geen significante verschillen zijn in formeel hulpzoekgedrag, maar wel in informeel hulpzoekgedrag. Vrouwen vertellen 2,5 keer vaker dan mannen wat ze is overkomen aan iemand in hun persoonlijke omgeving. Dit effect bleef significant na gecontroleerd te hebben voor misbruik kenmerken en gender opvattingen, ook al was het sekseverschil licht gedaald. Bovendien, de resultaten lieten zien dat vrouwen onzekerder waren over hoe ze met de situatie om moesten gaan en ze maakten zich ook meer zorgen over het risico dat hun familie en vrienden het misbruik zouden ontdekken.

Voor **hoofdstuk 7** is aan alle respondenten, die een vorm van seksueel misbruik hadden gerapporteerd (N = 1.496), gevraagd wie volgens hen de meeste schuld had voor de seksueel ongewenste ervaringen in hun kindertijd. Het doel van dit hoofdstuk was om te bepalen welke misbruik kenmerken en opvattingen ten opzichte van genderrollen en seksualiteit van invloed waren op het toeschrijven van de schuld op de dader dan wel het slachtoffer. De slachtoffer-dader relatie, opvattingen ten opzichte van genderverhoudingen en seksualiteit hadden een significant effect op de schuldvraag. Echter, alle de variabele opvattingen ten opzichte van genderverhoudingen maakte onderscheid tussen de verschillende schuldigen wat suggereert dat slachtoffers vaker zichzelf de schuld geven als ze een meer conservatieve houding ten opzichte van genderverhoudingen hebben.

Tenslotte is in **hoofdstuk 8**, naast de samenvatting, een discussie over de implicaties van de bevindingen weergegeven, evenals de valorisatie van de resultaten. Dit is de eerste studie die zich specifiek heeft gericht op etnische verschillen in de prevalentie
van seksueel misbruik en hulpzoekgedrag na het misbruik. Gebaseerd op de resultaten van deze studie, valt te concluderen dat er minder verschillen zijn tussen niet-westerse etnische minderheden en autochtone jongeren wat betreft seksueel misbruik in de kindertijd dan verwacht. In het algemeen zijn er geen (grote) significante etnische verschillen gevonden, noch in de prevalentie van het misbruik, noch in het hulpzoekgedrag daarna. We kunnen stellen dat seksueel misbruik een wereldwijd probleem is, ongeacht etnische achtergrond. Niettemin, er zijn verschillen tussen slachtoffers gevonden wat betreft percepties omtrent seksueel misbruik. Daarom raden we aan om in vervolgonderzoek de nadruk te leggen op deze percepties, die wellicht de omgang met het misbruik bepalen. Deze percepties overstijgen etnische verschillen en is waar onderzoek zich op zou moeten richten.
REFERENTIELIJST


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About the author
Pinar Okur studied psychology and criminology at the University of Utrecht. In 2007, she attended the National University of Singapore (NUS) where she wrote her bachelorthesis on friendship values in collectivistic and individualistic cultures; her first steps in comparative research. After receiving her BSc she started with the master of criminology in 2007. In 2009, after a year of traveling, Pinar continued with a master in developmental psychology. During this master, she interned at a closed youth institution in Den Dolder and wrote her thesis at the University of California Los Angeles (UCLA) in Los Angeles on romantic relationships among adolescents with an ethnic minority background.

All the while she has worked as a research assistant for a PhD-project on bilingual language development among Turkish-Dutch todlers at the University of Utrecht.

Upon her return from the States, she started her PhD research at the International Victimology Institute Tilburg (INTERVICT), Tilburg University in November 2010. She conducted her research on ethnic differences in child sexual abuse in the Netherlands, which is the subject of this dissertation.

Currently, she works as a researcher for Rutgers on sexual and reproductive health and rights at the international programme. Besides this, she is a board member of Mukomeze, a foundation that improves the conditions of life of women and girls who survived different forms of sexual violence during the Rwandan genocide of 1994. She is also a board member of the ‘Seksualiteit & Diversiteit’ section of the The Dutch Association of Psychologists (Nederlands Instituut van Psychologen, NIP).
List of publications
International publications (accepted and under review)


Okur, P., Van der Knaap, L. M., & Bogaerts, S. (under review). Differences in contextual factors in childhood sexual abuse between victims with a native Dutch a non-Western ethnic background.


Okur, P. (under review). Non-Western ethnic minority victims of child sexual abuse (CSA) in Western support systems: Victim’s narratives on perceptions of CSA and help-seeking.

National publications (accepted and under review)


**Book**


**Newspaper**

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Pinar Okur
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