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Effects of Sexual Abuse and Cultural Coping on African American Parent-Child Relationships: Implications for Intervention

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EFFECTS OF SEXUAL ABUSE AND CULTURAL COPING ON AFRICAN AMERICAN
PARENT-CHILD RELATIONSHIPS: IMPLICATIONS FOR INTERVENTION

by

ALANA MILLER-CLAYTON

Under the Direction of Lisa P. Armistead

ABSTRACT

Few studies have been conducted to determine relationships between maternal childhood sexual abuse (CSA) history and parenting practices. Furthermore, no studies have attempted to understand how cultural coping methods dynamically impact the relationship between maternal CSA history and parenting outcomes. The purpose of this study is to understand if maternal coping mediates the relation between maternal CSA history and mother-daughter relational outcomes in a sample of African American mothers. The Strong Black Woman (SBW) Cultural Coping Scale, which consists of caretaking, affect regulation, and self-reliance factors, was used to represent maternal coping, and the Parent-Child Relationship Questionnaire (PCRQ) was used to assess warmth, personal relationship, possessiveness, and power assertion. Results showed

that maternal CSA history was significantly related to SBW Cultural Coping total scores in the positive direction (i.e., mothers with CSA history reported higher scores). Mediation and indirect effects analyses revealed maternal CSA history was associated with mother-daughter possessiveness and power assertion through SBW Cultural Coping total scores. Additional analyses revealed a significant relation between maternal CSA history and subscales of the SBW, specifically caretaking and self-reliance. The mediational analyses, utilizing SBW subscale scores, revealed significant relations between maternal CSA and maternal warmth in the inverse direction via SBW caretaking, CSA and possessiveness in the positive direction via SBW self-reliance, and CSA and power assertion in the positive direction via both SBW caretaking and self-reliance factors. The results of this study highlight that specific types of trauma (i.e., CSA) can have significant implications for familial functioning within minority populations based on culturally-driven coping.

INDEX WORDS: African American, Families, Childhood sexual abuse, Coping, Strong Black woman, Parenting

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CHILD RELATIONSHIPS: IMPLICATIONS FOR INTERVENTION

by

ALANA MILLER-CLAYTON

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in the College of Arts and Sciences

Georgia State University

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DEDICATION

I would like to dedicate this to two extremely important people in my life, my mother and my son. Mom, I learned what it meant to be strong from you early on in my life. You have been my rock no matter what, and your love and support are what made me think it was possible to complete this project and graduate school. Without you and your sacrifices, I would not have achieved many of my accomplishments in life, especially this one. To Alexander, without you, I would not be who I am. Every day you push me to be a better person, and I will always be grateful to you for saving my life. I love you both very much.

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS	v
LIST OF TABLES	vi
LIST OF FIGURES	vii
Introduction.....	1
Literature Review.....	4
Historical Context of the African American Family	4
Mother Daughter Relationship	5
Stereotypes	6
Strong Black Woman Cultural Coping	11
Theoretical Dynamics of Sexual Abuse	14
Parenting.....	16
Statement of Problem and Hypotheses	22
Methods.....	23
<i>Participants</i>	23
<i>Procedures</i>	26
<i>Measures</i>	28
Data Analysis	32
Discussion.....	53
Limitations and Considerations	61
References.....	65
Appendix A: Study Consent Forms	79
Appendix B: Study Measures	83

LIST OF TABLES

Table 1.	Sample Descriptive Statistics	25
Table 2.	Missing Data for Model Variables	32
Table 3.	Correlation Analyses of Demographic Variables with Model Variables for the Total Sample	34
Table 4.	Correlation Coefficients of Model Variables for the Total Sample	35
Table 5.	Correlation Coefficients of Model Variables for Mothers With No CSA History	36
Table 6.	Correlation Coefficients of Model Variables for Mothers With CSA History	37
Table 7.	Strong Black Woman Cultural Coping Item Means and Standard Deviations	39
Table 8.	Varimax Rotation of Strong Black Woman Cultural Scale	41
Table 9.	Summary of Mediation Results with Strong Black Woman Cultural Coping Total Score as the Mediator and Bootstrapping Indirect Effect Confidence Intervals for Mother-Daughter Warmth	46
Table 10.	Summary of Mediation Results with Strong Black Woman Cultural Coping Total Score as the Mediator and Bootstrapping Indirect Effect Confidence Intervals for Mother-Daughter Personal Relationship, Possessiveness, and Power Assertion	47
Table 11.	Summary of Mediation Results with Strong Black Woman Cultural Coping Three Factors as the Mediator and Bootstrapping Indirect Effects Confidence Intervals for Mother-Daughter Warmth	51

Table 12.	Summary of Mediation Results with Strong Black Woman Cultural Coping Three Factors as the Mediator and Bootstrapping Indirect Effects Confidence Intervals for Mother-Daughter Personal Relationship, Possessiveness, and Power Assertion	52
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LIST OF FIGURES

Figure 1. Scree Plot of Strong Black Woman Cultural Coping Items	40
Figure 2. Mediation Model	43

Introduction

According to the U.S. Department of Health and Human Services (2010), just over 70,000 children under the age of 18 were sexually abused in 2008. However, this figure is believed to be grossly underestimated due to high rates of non-disclosure by sexual abuse survivors (Bolen, 2001; Hanson, et al., 2003). Based on a meta-analysis of research findings, an estimated 25 to 30 percent of females and 13 percent of males experienced sexual abuse during childhood in the United States (Bolen, 2001). Rates of CSA among women of color are even higher than those typically reported for the general population (Champion, Shain, Piper, & Perdue, 2001; Women of Color Network, 2006). Perpetrators often use intimidation and coercion as means of keeping a child from disclosing sexually abusive behaviors, which typically results in feelings of powerlessness and culpability within the child (Finkelhor, 1988). Also, sexual abuse and its sequelae have been shown to decrease the child's ability to trust others and lower her/his feelings of self-worth (Wyatt & Powell, 1988). Consequently, research suggests that sexual abuse, particularly in childhood, fosters greater feelings of survivor shame and guilt when compared to other forms of child abuse, such as physical abuse or neglect (Trickett & McBride-Chang, 1995). Longstanding feelings of shame, guilt, powerlessness, and low self-worth for children may contribute to a variety of complex outcomes in adulthood, and this may be particularly salient within African American populations since they have additional devaluing experiences relevant to their minority status.

Various studies have shown women with a history of CSA, compared to women without a CSA history, report greater incidents of other stressors over the course of their lifetime as well as higher incidents of mental health symptomatology, such as depression and anxiety (Banyard, Williams, Siegel, & West, 2002; Finkelhor, 1994; Wright, Fopma-Loy, & Fischer, 2005; Wyatt,

et al., 2002). For African American women, these findings are complicated by their having to cope with lifelong stressors relevant to their race and gender (Thomas, Witherspoon, & Speight, 2008). Given the high prevalence of CSA, there is a strong chance that many African American women in the general population are not only survivors of CSA, but are also parents, and parenting in the context of a history of CSA, accompanied by discrimination and marginalization associated with their race and gender.

Research has shown that a maternal history of CSA results in greater risk for her child to also become a victim of sexual abuse (Putnam, 2003). This could not only have implications regarding the CSA survivors' mental health, but for her physical health as well. For African American women, CSA is a risk factor for contracting HIV (Myers, et al., 2006; Wyatt, et al., 2002), and African American adolescents are one of the groups most at risk for new HIV infection (Tinsley, Lees, & Sumartojo, 2004). Thus, given the higher prevalence rates of CSA among females, when compared to male populations, and increased risk for CSA victimization of daughters when her mother is a survivor of CSA, gaining a better understanding of the mother-daughter relationship in the context of maternal CSA history will likely be clinically relevant.

Recent findings suggest socio-cultural context is a significant predictor of outcomes resulting from CSA, such as psychological distress and risk of revictimization (Hanson, et al., 2003; Loeb, et al., 2002; Wyatt & Mickey, 1988). However, there is a dearth of research available to better understand outcomes for African American women who were sexually abused during childhood (Banyard, Williams, Siegel, & West, 2002). Specifically, there is limited literature assessing maternal functioning of CSA survivors (Rumstein-McKean & Hunsley, 2001). Enhanced understanding of the relationship between maternal history of CSA and the

mother-child relationship, in the context of race and gender related issues, will inform interventions designed for these families.

The goal of the current study is to examine the interplay between maternal history of CSA, the coping methods utilized by African American women developed in the societal context of gender and racially based stereotypes, and the mother-daughter relationship. Three specific aims serve to accomplish this goal. The first aim is to confirm the validity of the Strong Black Woman (SBW) Cultural Coping Scale, a measure of culturally specific coping, with a community sample. The second aim seeks to understand the impact mother's CSA history on her endorsement of SBW coping. The third aim is to explore whether SBW cultural coping mediates the relationship between maternal history of child sexual abuse and the mother-daughter relationship.

Literature Review

Historical Context of the African American Family

In order to better understand the impact of CSA on African American mother-daughter relationships, it is important to understand the unique historical context of African American families, and more specifically African American women, in which the dynamics of these relationships are grounded. Based on historical work by Mullings (1997) and Wallace (1990), there are distinct differences between African American women's experiences in United States culture, relative to women from other ethnic groups. Prior to the Civil War, and unlike most European American women, African American women were unwillingly brought to the United States without knowledge of the language or social norms. Additionally, it was uncommon, in this context, for women to remain with their family members because of the slavery trade. African American slaves had no civil rights, whereas many European women and their families initially migrated willingly with hope of gaining freedoms.

Although European women experienced gender discrimination grounded in laws and societal standards that established their male counterparts as supreme governors over their affairs, they still typically had greater access to resources than African American women through their husbands or fathers. Conversely, African American women were rarely viewed as different from African American men by majority society. Females were believed to be equivalent to males in physical strength and deemed capable of performing the job of any man. The sale of female slaves was subjected to a tax as a way to formalize their ability to perform labor similar to that of male slaves and to differentiate these women from non-African American indentured female workers (Hill, 2005). Moreover, African American women were cast as extremely fertile and able to bare and birth numerous children with ease, similar to that of animals, in order to

maintain a large labor force (Taylor, 1999). Thus, African American women, along with African American men, had no societal rights, were seen as laborers, and were legally unable to have governance over their own person (Mullings, 1997).

In the post-Civil War era, most African American women were consistently active participants in providing physical and economic stability to their households. Specifically, post-Civil War and beyond, African American women were required to work because many African American men lost skilled jobs to immigrant workers or had to travel long distances for work, due to racially based fears that African American men were likely to commit crimes (Hill, 2005). Thus, many African American women were counted on within the family for financial support and assumed more egalitarian roles within the household (Collins, 1993; King, 1988). Unfortunately, the perception of the female slave and the hard working African American woman were instrumental in the development and perpetuation of racial stereotypes and myths.

Mother-Daughter Relationship

Today within African American culture, motherhood is revered. In a survey of African American women about what defines one's identity as a woman, respondents said they considered motherhood to be more important than marital status or career (O'Reilly, 2000). An aspect fundamental to African American mother-daughter relationships is the need for mothers to teach their daughters ways to manage and circumvent systemic racial and gender oppression. In particular, African American mothers must, for themselves and their daughters, find ways to reject internalization of racial and gender stereotypes while maintaining a positive sense of self worth and cultural identity. For African American females, identification with African American gender roles is learned from interactions with their mothers (Collins, 1991). African American mothers determine whether or not behaviors will be reinforced and rewarded, thus helping to

shape Afrocentric female ideals (Collins, 1991). During adolescence, the need to have daughters identify with the mother is counterbalanced with the mothers' desire to see her daughter individuate and develop a positive sense of self; thus, a mother may act as a safe place to "refuel" and feel loved and protected as the adolescent becomes more aware of her experience of racism and sexism (Turnage, 2004). Racism and sexism are rooted in several stereotypes that persist from the years of slavery and Jim Crow laws.

Stereotypes

Racial Stereotypes

As a result of how African American women have historically been viewed and treated within the context of the majority culture in the United States, numerous negative stereotypes have developed. Devine (1989) revealed that, regardless of prejudice level (i.e., high or low), negative stereotypes about African Americans were activated in an automatic fashion. For African American women, many racial stereotypes are also gender based and include assumptions about sexuality, which could have implications for African American women with sexual abuse histories. Although racial stereotypes have evolved overtime, a common, consistent theme is the conceptualization of African American women as people with dichotomous sexuality, unworthy of empathy, and to blame for various societal problems.

One of the first stereotypes of African American women was that of the "mammy," which eventually evolved into the "matriarch" stereotype. The "mammy" image was idealized in antebellum Southern culture, but perpetuated a difficult reality for many African American women. This stereotype depicted an African American female who was opposite of what was considered beautiful and feminine. She was typically large in stature, which represented her physical strength, with a large chest, representative of her ability to nourish numerous children,

black skinned, and wearing a kerchief to cover her “ugly,” coarse hair (West, 2008). Caucasian household members demanded the “mammy” to work in their homes without complaint and lovingly raise their children. At the end of long work days, many African American women returned to their own homes to take care of their own families. Often, the master’s or employer’s children and family needs fell above their own (Schweitzer, 2000). The “mammy” stereotype evoked the notion of a physically and behaviorally strong black woman, capable of taking care of numerous people and void of her own needs (West, 2008). Ironically, historians have found little evidence of the existence of mammies in Southern tradition, and suggest Caucasian culture developed this asexual, nurturing female as more of a symbolic representation of racial sexual tension, and to pay homage to an idealized image of a perfect slave and mother (Schweitzer, 2000). This societal caricature conveyed strong messages to African American women that in order to be held in high esteem by the majority culture, they must be self-sacrificing, caretaking, subservient, and strong women capable of meeting extensive demands from others (Mullings, 1997; Taylor, 1999; Wallace, 1990).

Out of the “mammy” stereotype, the “matriarch” image evolved during the post WWII era (Taylor, 1999). The new stereotype saw African American women as independent, strong, unfeminine, and overly aggressive. Further, this new stereotype, coined “Sapphire”, involved the view of the African American woman as emasculating her male counterpart by being loud, animated, ready to fight, and verbally aggressive (West, 1995, 2008). The development of this stereotype perpetuated an image of strength that was externally expressed, and as a result drove others, inclusive of her spouse and children, away from her emotionally (West, 1995). Consequently, African American women who were seen as similar to this image were often scapegoats for ills of society, including African American poverty. Additionally, they were

viewed by majority society as being responsible for raising children who were low achieving and inclined to commit crimes (Mullings, 1997; Taylor, 1999; United States. Dept. of Labor. Office of Policy & Research, 1981; West, 2008). Thus, African American women who outwardly expressed or epitomized strength were demonized.

A racial stereotype that crossed over areas of both racial and sexual discrimination was that of the “Jezebel.” This term was used to describe African American women as hypersexual, aggressive beings who could easily entice men to have sexual encounters (Taylor, 1999). In both pre-and post-Civil War times, this stereotype was frequently utilized to justify sexual exploitation of African American women by males (Hill, 2005; Hooks, et al., 1981). As a result, African American women were seen as sexual objects responsible for sexually violent behaviors committed against them rather than as victims of sexual perpetration. In other words, the “Jezebel” stereotype perpetuated the notion that African American women always desired sex. In the eyes of society, any type sexual advance towards her was wanted, so it could not be considered a criminal act (West, 2008). Thus, African American women were relegated to a position of being silent about sexual victimization and the stress associated with it. Silence about sexual infractions committed against them may be particularly likely if the perpetrator is an African American male. Given that lynching of African American men accused of sexual infractions against Caucasian women was not uncommon prior the Civil Rights era (Hill, 2005), in modern day, African American women do not want to be responsible for “lynching” African American men. Thus, African American women often assume a supportive, silent role regardless of the infraction (Collins, 1998).

The last two stereotypes relevant to African American females are the “Welfare Queen” and “Black Lady Overachiever.” The “Welfare Queen” stems from pre-Civil War perception

that female slaves could easily reproduce multiple children (Taylor, 1999). This stereotype portrays poor African American women as lazy, yet cunning women who have numerous children so they can collect governmental funds (Collins, 1998). The seemingly opposite stereotype of this is that of the “Black Lady Overachiever.” This modern-day stereotype is believed to result from the impact of Affirmative Action. This construct supposes that middle-class African American women, who are seen as hardworking, have achieved what is deemed to be success in her career as well as individual, economic independence. However, they ultimately have their achievements devalued by society, because successes are attributed to Affirmative Action legislation rather than their own abilities (Collins, 1998). These women are upheld as role models for young girls within the African American community, but viewed as opportunistic and unworthy of their accomplishments by many in majority society (Taylor, 1999). Ultimately, women compared to this stereotype are expected to work harder without complaint to achieve the same successes as others, but are ultimately degraded by majority society regardless of their accomplishments. These paradoxical stereotypes condemn African American women whether they are perceived as lazy or hardworking, poor or middle-class, financially dependent or financially independent. This seemingly makes gaining acceptance within the greater society a near impossibility.

Throughout United States history, African American women have frequently been compared to these oppressive stereotypes. Monahan, Shtrulis, and Givens (2005) conducted a study revealing that the stereotypes described above can influence others’ judgments about African American women. Participants in the study expressed initial impressions of an African American female in a variety of scenarios, for example applying for a job. Even when the African American woman within a situation being observed was incongruent with the

stereotype, participants still reported their views were influenced by stereotypes of African American women. Furthermore, African American mothers have been given the task of ensuring their daughters are equipped to navigate the societal challenges they will face regarding these negative representations. Collins (1991) writes:

“...Black mothers have a distinctive relationship to White patriarchy, they may be less likely to socialize their daughters into...proscribed role as subordinates. Rather, a key part of Black girls' socialization involves incorporating the critical posture that allows Black women to cope with contradictions. For example, Black girls have long had to learn how to do domestic work while rejecting definitions of themselves as Mammies. At the same time they've had to take on strong roles in Black extended families without internalizing images of themselves as matriarchs.” (p. 53)

Sexual Abuse Survivor Stereotypes

Similarly to societal discrimination of African American women, CSA survivors also have to manage negative perceptions of others. Due to the secretive nature of CSA, conviction of sexual offenders can be difficult. One study found that perpetrators of violent crime are much more likely to be prosecuted than offenders of sex crimes against children, and 32% to 46% of convicted sexual abusers do not serve jail time (Finkelhor, 1994). A possible contributor to this observed discrepancy may be societal stereotypes about CSA survivors. One study revealed that the public tends to become skeptical of the veracity of a sexual abuse survivor's claims when the victim does not conform to stereotypical characteristics of a CSA survivor (Finkelhor, 1994). Specifically, if a child victim of sexual abuse is older (i.e., adolescent), the observer is male, and the observer perceives s/he is more dissimilar to the victim, the observer is more likely to view the abuse victim as culpable for the abuse (Back & Lips, 1998). This suggests ethnic minority

survivors of CSA are placed in a disadvantageous position regarding opinions of the general public since African Americans are more likely to differ from the majority of the population.

For African American women who have been sexually abused, they are in a unique position because not only are they compared to sexual abuse survivor stereotypes, but they are also subjected to common racial stereotypes. Research suggests over half of African American women never disclosed being a survivor of CSA (Wyatt, 1997). The cultural message within the African American community to “be strong,” and the internalization of cultural stereotypes has led to neglect of sexual abuse survivors’ mental health (Jackson, 2000). When the daily stress of racial and gender bias is combined with a traumatic stressor, such as a CSA history, this can have a significant impact on a woman’s self-efficacy. Wyatt (1990) supposed that due to systemic racism in United States culture, African American children typically have to “prove themselves of equal value” to their Caucasian peers via their abilities (e.g., intelligence, behavior), but for those who are also survivors of CSA, these children tend to see themselves as “tarnished” and “spoiled goods,” which results in greater internalization of racial stereotypes. Thus, for African American female CSA survivors, societal stereotypes potentially create a significant amount of daily stress.

Strong Black Woman Cultural Coping

Despite legislative progress towards reducing racial and gender based discrimination within the United States, research has shown that gender and racially based types of discrimination are still frequently experienced by African American woman and seem to be a significant contributor to psychological distress (Thomas, et al., 2008). In response to these stereotypes as well as societal racism and sexism, generations of African American women have made attempts to resist the acceptance of gender based racial stereotypes by promoting the

presentation of African American women as strong. Studies have shown that the historical context from which this coping method, specifically the need to appear strong, developed not only impacts African American women's perception of self, but others' perceptions and expectations of African American women (Taylor, 1999). The theme of strength has been perpetuated through African American literature via the romantization of stronger than life characters, who are portrayed as self-sacrificing pillars of strength regardless of the suffering endured, such as Toni Morrison's heroine in *Song of Solomon* and Maya Angelou's poem *And Still I Rise* (Harris, 1995). Literature and, more recently, clinical studies have illuminated a cultural phenomenon whereby African American women as a collective group seem to have a compulsion to appear strong, regardless of the type of stressor or demand (Amankwaa, 2003; Thomas, Witherspoon, & Speight, 2004; Wallace, 1990). In literature and research, this mode of operating in society has been referenced with such terms as Superwoman or Strong Black Woman (Amankwaa, 2003; Thomas, et al., 2004; Wallace, 1990). Thus, strength has become an idealized symbol of women within African American culture.

Although the image of strength is seemingly meant to be a positive way to cope with gender based racial stressors, there are also deleterious effects when societal stressors overload the African American woman's ability to counterbalance perceived stressors with her appearance of strength. As slaves, African American women were often physically and sexually exploited and were systemically discriminated against during the post-slavery era; nevertheless, these women needed to maintain a sense of resignation and dignity in order to provide support for their own families (Wyatt, 1997). Thompson's (2003) study of the Strong Black Woman construct revealed that the manner in which African American women's appearance of strength seems to manifest is as a defense against internalized feelings of racism. Moreover, these women seem to

be consciously trying to portray themselves as competent and in control even when their feelings are not congruent. Thomas, et al. (2008) revealed that in response to gender based racial stereotypes, African American women tend to utilize coping styles that are more closely related to avoidance rather than active-problem solving, which ultimately becomes associated with increased psychological distress. This seems consistent with the African American woman's portrayal of strength as a coping method. Thus, the African American woman is in the precarious position of having to maintain strength to avoid succumbing to internalization of gender based racial stereotypes, but too much strength could have negative implications for her health and well being (Romero, 2000). Given the supposition that this balancing act is much more difficult for sexually abused ethnic minorities (Wyatt, 1990), that is they are at greater risk to internalize these stereotypes, African American women with histories of CSA may have a greater propensity to rely on the appearance of strength as a way to cope.

Romero (2000) proposed a theoretical model to help explicate the defensive strategy observed within African American female populations. Later, Thompson (2003) and Hamin (2008) created a scale to validate Romero's theory regarding components involved in the presentation of strength within African American women. Romero (2000) supposed the presentation of the strong Black women is seemingly maintained by appearing to have high self esteem through three factors, 1) affect regulation, 2) care taking of others, and 3) self-reliance, regardless of the physical and emotional costs to herself. Empirical studies have upheld the validity of these three factors in the context of researching the Strong Black Woman (SBW) as a cultural construct. Thompson (2003) developed a clinical measure to better assess the presence of this phenomena within African American female populations. The psychometric properties of her measure were later strengthened and subjected to tests of convergent and discriminant

validity (Hamin 2008). The results of these analyses ultimately provided empirical support, demonstrating a relationship of cultural coping to racial identity and stress.

The coping methods represented in the Strong Black Woman construct are not only influential in the way African American women present themselves, but may also have implications within the realm of parenting. The above described three factor model, i.e., affect regulation, care taking of others, and self-reliance, has been related to African American women's racial identity. Hamin (2008) revealed African American women's endorsement of Strong Black Woman attitudes was positively correlated with their racial identity, which may have possible implications for parenting practices within African American populations, and this will be explored within the current study. Out of necessity, some goals of African American parents are to socialize their children to become members of the majority culture, which still maintains discriminatory practices, while instilling an internalization of values from their own heritage (Coard & Sellers, 2005; Littlejohn-Blake & Darling, 1993; Nobles, 2007). Furthermore, a strong ethnic identity among African American adolescent females has been shown to be associated with positive self-esteem (Carlson, Uppal, & Prosser, 2000). Thus, SBW coping may provide mothers with an ability to influence certain relational factors within the parenting relationship, which may help influence a mother's parental effectiveness in achieving her parental goals. Researchers have yet to consider the effect of the SWB coping strategy within the mother-daughter relationship. Thus, the current study will explore the effect of this coping strategy on mother/daughter relationship within the context of a CSA history.

Theoretical Dynamics of Sexual Abuse

In order to understand factors that may contribute to differences in parenting styles related to a CSA history, it is important to discuss the theoretical model most widely used to

conceptualize outcomes observed in adult CSA survivors. The traumagenic dynamics theoretical model developed by Finkelhor and Browne (1985) postulates sexual abuse is unique from other types of trauma. This theory supposes that three factors, specifically betrayal, powerlessness, and stigmatization, act in a dynamic fashion to mediate the relationship between sexual abuse history and maladaptive adult relationships as well as psychological distress. Specifically, betrayal can occur if the child ultimately feels mistreated by a known or unknown individual deemed trustworthy. Additionally, betrayal can occur if the individual perceives family members and/or trusted others were unable or unwilling to protect her, or if she perceives herself as being treated differently by these same people after disclosure of the abuse. Powerlessness seems to occur because the child's attempts to protect herself from being physically violated failed. This particular factor can become more problematic if manipulation was utilized as part of the abuse. Lastly, stigmatization is related to the shame felt because CSA is typically secretive and known only by the victim and perpetrator, whereas, physical abuse and neglect can often be seen by others due to physical indicators and/or experienced by others within the household. After the abuse is disclosed, further stigmatization can occur by non-perpetrators if the child is blamed for the abuse or perceived negatively (e.g., "damaged goods"). Finkelhor and Browne (1985) acknowledge betrayal, powerlessness, and stigmatization are not unique to sexual abuse, but the addition of traumatic sexualization is what makes sexual abuse trauma distinct from other types of trauma. This traumatic sexualization can ultimately result in poor sexual development. The result can be inappropriate and/or dysfunctional interpersonal relational perspectives. Specifically, depending on the means and severity, sexual abuse can result in distortion of the survivor's values and behavior related to sexual experiences. They may learn to associate sexuality with manipulation and/or fear.

Wyatt (1990) builds upon Finkelhor and Browne's traumagenic dynamics model, suggesting racism should be a fifth interactive dynamic included in the model for ethnic minority child survivors of sexual abuse. She suggests internalization of negative racial and ethnic stereotypes is more likely to occur when an individual is an ethnic minority CSA survivor. Thus, she surmised for ethnic minority CSA survivors, observed outcomes need to consider sexual victimization and traumatic experiences within the context of minority status. Consequently, within African American families, it is important to explore relationships with an appreciation of the historical and political context in which they developed.

Despite links shown between maternal history of CSA and increased risk for victimization of her child (Putnam, 2003), no known study has attempted to understand the potential impact of maternal CSA history on the mother-daughter relationship within African American families, specifically as it relates to parenting outcomes. Additionally, no study has looked at how cultural coping factors may mediate the relationship between maternal sexual abuse history and mother-child relationship outcomes. Understanding these relational influences will be vital for intervention research designed for African American families.

Parenting

Parental Power Assertion

Several studies have investigated differences observed within African American parenting styles compared to other cultures. However, early studies often developed standards of ideal parenting based on majority samples (Baumrind, 1968; Darling & Steinberg, 1993; Lamborn, Mounts, Steinberg, & Dornbusch, 1991). In a post-hoc method, African American families were compared to these standards in the absence of cultural context. Consequently, African American parents were stigmatized and viewed as authoritarian, harsh and both

physically and psychologically controlling, which was believed to be responsible for African American children exhibiting externalized behaviors (Radin & Kamii, 1965; Walters & Stinnett, 1971). More recently, studies have shown that African American parents tend to rely more on physical punishment as a source of discipline when compared to Caucasian samples, but this seems to be related to fewer externalizing behaviors for African American children, whereas externalizing behaviors seem to increase in Caucasian samples where parents are relying on physical punishment (Baumrind, 1996; Deater-Deckard, Dodge, Bates, & Pettit, 1996; Lansford, Deater-Deckard, Dodge, Bates, & Pettit, 2004). Other studies have shown that when physical discipline is considered culturally normative and/or viewed to be necessary for child safety, children seem to respond well to physical discipline techniques and do not display an increase in problem behaviors (Simons, et al., 2002).

Regarding other factors of parental power assertion, similar results have been revealed for African American families. One study showed parental psychological control had no significant impact on internalizing problems (e.g., depression), for African American children, whereas this has generally not been the case within Caucasian samples (Bean, Barber, & Crane, 2006). In a different study looking at demandingness, African American parents who were more demanding (i.e., “I expect my child to obey me without questioning.”) seem to yield better child adjustment, especially as environmental risk increased (McCabe, Clark, & Barnett, 1999). Specific to African American mother-daughters relationships, mothers are often left with the burden of ensuring daughters can survive within an oppressive culture; consequently, when compared to other mothers, African American mothers may appear to utilize harsh discipline and may be viewed as overly protective (Collins, 1991). However, the resulting child outcomes are not necessarily negative.

Some studies have examined parental power assertion within CSA survivors. One study revealed that mothers with a CSA history were more likely than those without a CSA history to utilize physical means to address high conflict situations with their children (Banyard, 1997). However, a study by Zuravin & Fontanella (1999) failed to replicate these findings. They supposed that differences in sample composition, specifically mothers within the former study had been officially reported for child maltreatment, whereas this was not the case in the latter study. Zuravin & Fontanella (1999) surmised that for mothers who are currently maltreating their children, a CSA history may create substantially greater difficulties with parenting. Another study utilizing analysis of parent-child interactions, revealed mother survivors utilized significantly more messages that were belittling and blaming compared to controls (Burkett, 1991). Some researchers supposed sexually abused mothers failed to receive positive parental modeling or endured attachment disruptions, which resulted in poor parental adjustment with their own child (Banyard, 1997; Cole & Woolger, 1989). Thus, given these equivocal findings, the role of maternal CSA history in power assertive behaviors within an African American community sample will be assessed within the current study.

Parental Possessiveness

When parental restrictive control is assessed, such as decreased autonomy, research with African American samples has shown this type of parenting tends to yield poor child outcomes. Mason, Cauce, Gonzales, Hiraga, & Grove (1994) revealed restrictive parental control was related to increased adolescent externalizing behaviors within an African American sample. Additionally, African American adolescent females reported an increase in sex risk behaviors when their mothers were seen as over-controlling (Kapungu, Holmbeck, & Paikoff, 2006). This construct should not be confused with parental monitoring and control, which is related to

parental knowledge of their child's whereabouts, activities, and who their child is with, and restricting the child's activities accordingly. Maternal monitoring and parental control have consistently yielded positive outcomes for African American children, and authors suppose this helps facilitate efforts to reduce risk situations (Brody, Flor, & Gibson, 1999; Kelly, Power, & Wimbush, 1992; Mason, et al., 1994). However, for the purposes of this study, the construct of possessiveness is consistent with restrictive control and overprotection constructs (Furman & Giberson, 1995).

In regards to sexually abused populations, one study revealed mothers who were incest survivors scored high on autonomy promotion for their children (Cole & Woolger, 1989) relative to mothers without an abuse history. The mothers with a history of CSA often seemed to have unrealistically high expectations regarding appropriate attainment of developmental milestones and autonomy. They suggest there may be disruption in formulation of appropriate expectations regarding child development due to the mother's early exposure to inappropriate sexual behavior. Disruptions in expectations may result in the mother's desire to ensure her child is prepared for early exposures to more mature issues and content. Therefore, she may present as restrictive and demanding of her child in an effort to help the child develop and reach milestones faster. In a study conducted by Burkett (1991), results showed that maternal survivors exhibited more smothering and over controlling behaviors compared to non-abused mothers. She suggests these mothers may be attempting to have their emotional needs met through the parent-child relationship as a result of poor parent-child relational boundary development. Therefore, mother's CSA seems to influence maternal expectations of her daughter and behaviors utilized to achieve these maternal expectations.

Parental Warmth and Personal Relationship

Parental warmth and overall positive feelings about the parent child relationship have consistently been shown to yield positive child outcomes (Lamborn, et al., 1991). Furthermore, the observed higher levels of strictness and control within African American families when accompanied by supportive, loving concern, is related to positive child outcomes (Bartz & Levine, 1978). Ultimately, research with African American families has been congruent with studies of other populations. High levels of parental warmth and positive parent-child relationships within African American pre-adolescent and adolescent female samples result in lower levels of psychological distress, lower sexual risk behaviors, and higher levels of self-esteem (Barber, Ball, & Armistead, 2003; Bynum & Kotchick, 2006; Carlson, et al., 2000; McCabe, et al., 1999; Moore & Chase-Lansdale, 2001). One study revealed parental warmth within African American parent-child relationships is directly related to adolescent self-reliance (Lamborn & Nguyen, 2004).

Studies with samples of mothers with a CSA history indicate that these mothers may have greater difficulty maintaining positive parent-child relationships. A study of incest survivors revealed overall means for mother survivors were significantly lower than control participants with respect to warmth and overall quality of the parent-child relationship (Cohen, 1995). Another study with incest survivors revealed mother survivors utilized significantly fewer behaviors representative of relational affirmation and understanding during a parent-child interaction task, relative to mothers without a CSA history (Burkett, 1991). Cole and Woolger's (1989) study of incest survivors suggests mothers who survive CSA tend to score lower in the areas of positive parental involvement because they did not have a parent-child model from which they could learn strategies to appropriately respond to the dependency demands of children, which may result in their feeling of anxious and angry in various childrearing

situations. Thus, these mothers may have more difficulty maintaining adequate levels of warmth and positive regard in their relationships with their children.

Although some parenting studies have been conducted with survivors of CSA, few have utilized a cultural context to help understand parenting differences observed within adult sexual abuse survivor populations. The CSA parenting studies discussed above were either conducted with majority populations or contained a small percentage of minorities within the study sample. An exception is a study by Banyard, Williams, Siegel, and West (2002). They reviewed results from one of the only longitudinal studies conducted with African American CSA survivors and reported that, contrary to other studies, CSA was not related to negative parenting for these women. Thus, they recommend future research explore the impact of childhood sexual abuse on the role of these women within the family context. The present study will attempt to address the gaps in the literature presented above.

Statement of Problem and Hypotheses

Rates of CSA suggest a substantial number of African American mothers are CSA survivors. Research has shown that a history of CSA and daily gender and racially based discrimination can have a negative impact on African American female populations (Banyard, Williams, & Siegel, 2001; Lawson, Rodgers-Rose, & Rajaram, 1999; Thomas, et al., 2008). In an effort to combat negative racial and gender based stereotypes, African American culture has encouraged women to utilize the embodiment of strength as a way to cope (Amankwaa, 2003; Romero, 2000; Thomas, et al., 2004; Wallace, 1990). However, no study has considered how culturally based coping and CSA history could impact maternal functioning. This study will utilize the SBW Cultural Coping Scale to ascertain levels of maternal endorsement of strength. Thus, Aim 1 of this study is to confirm the validity of the SBW Cultural Coping Scale, in particular the presence of the three theorized factors, caretaking, affect regulation, and self-reliance within the current community sample. The current sample is hypothesized to produce this three factor model, supporting prior research. For Aim 2, we anticipate that CSA history is related to maternal endorsement of SBW coping. Specifically, in the context of CSA and its concomitant stress, we hypothesize higher scores on the SBW for these mothers. Aim 3 is to explore whether SBW Cultural Coping mediates the anticipated relationship between maternal history of CSA and the mother-daughter relationship. Specifically, we hypothesize SBW Cultural Coping scores will partially mediate the relationship between CSA and parenting outcomes. Given the limited empirical evaluation of the SBW cultural coping, we do not hypothesize a direction for these effects.

Methods

Participants

Study participants were recruited from four sites. Initially, recruitment occurred at two of the Georgia Center for Child Advocacy (GCCA) sites. GCCA is a nationally recognized child advocacy center, specializing in providing services to children who have been sexually abused and their families, and data were collected at the Atlanta and Decatur locations. Twenty-five participants were recruited from this site. Additionally, forty-seven participants were recruited from The Center for Black Women's Wellness (CBWW), which focuses on issues relevant to African American women's health. Finally, thirty-four participants were recruited from The Center for Working Families, Inc. (TCWFI), which aims to facilitate economic success for families through vocational and educational training, as well as aiding companies with job recruitment. Both the CBWW and TCWFI are located in Atlanta, Georgia.

To qualify for inclusion, mothers had to be African American and have a biological daughter between the ages of 12 and 17 years old. If more than one child within the family met study inclusion criteria, the eldest was considered the target child, about whom mother reported information. The mother must have been the child's primary caregiver (i.e., involved in daily decision making about the child's upbringing for at least four days of the week). The child must have primarily resided with the mother at the time of the assessment for a minimum of three consecutive years directly prior to the assessment. This was in order to ensure the mother and daughter had an established relationship.

Data were collected from 106 mothers. One participant was excluded because she did not meet inclusion requirements, i.e., she identified as Caucasian, and two other participants were excluded because they failed to complete over 50% of the questionnaires. Thus, the final sample consisted of 103 participants. Of the total participants, 30 participants endorsed having a history of CSA, and 73 did not report a CSA history. Maternal survivors of sexual abuse were

not actively sought during recruitment, but consistent with national rates, 29% of the participants in the current sample disclosed a history of childhood sexual abuse. Consequently, rates of CSA (as determined via self-disclosure) within the current sample is consistent with national prevalence rates (Bolen, 2001). The majority of clients serviced at the four recruitment sites resided in low income communities, and the study sample was reflective of this in that the mean monthly household net income was reportedly \$1,314.56 (SD 1,253. 54). The large standard deviation resulted from 12 of the 86 participants who reported their income as \$0 per month and the one participant who reported an income of \$8,500 per month. Additional sample descriptive statistics, along with mean and standard deviation values for each study variable, are reported in Table 1.

Table 1 Sample Descriptive Statistics

	N	Mean (SD)
Demographics Variables		
Age	100	40.49 (8.08)
Living with Steady Partner ^a	75	1.51 (0.50)
People in Household	103	4.13 (1.49)
Total Children	100	2.93 (1.46)
Education ^b	101	3.82 (1.47)
Employment ^c	103	3.00 (2.06)
Monthly Income	86	1,314.56 (1,253.54)
Model Variables		
History of Sexual Abuse	30 (yes)/73 (no)	
SBW Total	103	62.35 (10.02)
SBW Caretaking	103	24.16 (6.37)
SBW Affect Regulation	103	23.33 (4.02)
SBW Self Reliance	103	14.56 (3.65)
PCRQ Possessiveness	103	10.59 (1.94)
PCRQ Warmth	103	13.46 (1.72)
PCRQ Personal Relationship	103	11.47 (1.99)
PCRQ Power Assertion	103	7.75 (1.80)

^aPossible range: 1= Living with Steady Partner; 2 = No Steady Partner

^bPossible range: 1=never attended high school; 2=attended high school but did not finish; 3=completed high school or GED; 4=some college; 5=technical, associates, or 2-year degree; 6=4-year college degree; 7=completed graduate or professional school;

^cPossible range: 1=work full-time; 2=work part-time; 3=work occasionally; 4=homemaker or stay-at-home parent; 5=unemployed; 6=student; 7=other

Procedure

Collaboration and Quality Assurance

A preliminary meeting with GCCA regarding this project was conducted in March 2006 to begin designing the study, and a meeting to describe the study and seek access to potential participants was conducted with the CBWW in May of 2009. The psychologists, counselors, and staff at GCCA, CBWW, and TCWFI aided in determining study procedures, e.g., the data collection space within each facility that best ensured participant confidentiality during the data collection process. There was a psychologist or therapist point of contact either on site or via pager who was available to help address any issues or clinical concerns that may have occurred during data collection. The research team (i.e., principle investigator (PI), interviewers, research assistants, etc.) had periodic meetings and weekly email updates during the data collection process. Throughout the entirety of the project, all members of the team were able to maintain additional contact via telephone and email.

Recruitment

Participants were recruited from all four sites. Fliers were placed in the waiting areas of the facilities with the PI's contact name and phone number. Additionally, the GCCA staff facilitated the mailing of letters that contained pre-stamped, PI addressed envelopes to clients and information about the study. In case a client's address had changed or someone other than the client read the letter, the recruitment letters did not provide any information that would have infringed upon a client's right to confidentiality regarding services they received at any of the recruitment sites. Additionally, index cards with spaces for clients to provide their name, daughter's age, and contact information were left with the front desk staff at both GCCA locations so potential participants could initiate interest in the project and be subsequently

contacted. At the CBWW and TCWFI, a research investigator was on site, and in addition to fliers, staff actively referred clients who were waiting for services; thus, participants were screened and assessed at that time.

When clients initiated contact when an investigator was not on site, the PI, project interviewers or research assistants followed up to provide clients with additional information about the study via the phone. First, verbal consent to hear more about the study was obtained from the potential participant, then the individual was screened for inclusion criteria. If the mother met criteria and was interested, a time to meet an interviewer was scheduled at one of the interviewing facilities or the participant's home.

Interviewer Training

All research assistants and interviewers underwent training. All interviewers had to be current clinical psychology graduate students enrolled in the PhD program or undergraduate psychology majors from Georgia State University. Given the sensitive nature of the research measures, all interviewers were female. Each research assistant and interviewer was required to undergo a background check and an interview with the GCCA Clinical Director per GCCA policies. Interviewers met with the PI in order to be trained regarding general information about sensitively administering the standardized questionnaires and to review study procedures and measures. They were also provided with a written version of this information and copies of the measures to allow them to familiarize themselves with the questions. Each research assistant and interviewer was also trained on debriefing procedures. Training sessions took approximately 1 day to complete.

Data Collection

Data collection began after all interviewers were trained. Upon arrival at the study location, the mother was greeted by an interviewer and led into a private room or quiet area. During this meeting, the mother provided written consent for study participation. The mother was informed that her responses were confidential to the extent permitted by law. Additionally, the mother was encouraged to notify the interviewer if she had any questions or felt any discomfort during the study.

Next, the interviewer provided the mother with the first measure and a pen to document her answers. The interviewer sat across from the participant with a different copy of the same measure and read each question out loud as needed upon the participant's request to account for literacy challenges. The order in which the measures were presented was randomized per participant, to reduce order artifacts. Upon completion of the measures, the interviewer conducted a debriefing session, assessing whether a participant felt discomfort or distress as a result of the interview questions. The interviewer relied on a script, as well as a checklist of critical items that should be reviewed on the psychological well being measure, the Brief Symptom Inventory (BSI; Derogatis & Melisaratos, 1983) (e.g., "Thoughts of ending your life," "Feeling hopeless about the future") prior to allowing the participant to leave. If it was determined that the participant was currently in crisis, the interviewer would walk the participant to a GCCA staff therapist or psychologist or contact the on call psychologist via pager to conduct an assessment of stress as well as provide as needed crisis counseling. This was required for 3 participants. Data collection required approximately one hour and, when completed, each participant was provided with a list of referrals for mental health services and a \$15 gift card or cash for participating.

Measures

Demographic Information: Mothers were presented with a measure to obtain her personal and familial demographic information. The information gathered included age, education level, number of dependents, income, and partnership status.

Culturally Specific Coping: The Strong Black Woman Cultural Coping Scale was used to measure the “Strong Black Woman” coping, which has been deemed culturally specific to African American women. The original Strong Black Woman Scale measure by Thompson (2003) was developed and validated with a convenience sample. Hamin (2008) revised the original scale based on a community sample, and her version will be utilized in the current study. Factor analysis indicated the presence of three subscales assessing affect regulation, caretaking, and self-reliance. Mothers were asked to rate their responses on a 5-point Likert scale (0 = Never, 2 = Rarely, 3 = Sometimes, 4 = Frequently, and 5 = Almost Always). Sample items include “I feel uncomfortable asking others for help” (Affect Regulation), “I take on others’ problems” (Caretaking), and “I am independent” (Self-Reliance). The Cronbach’s alphas for the original measure (Thompson, 2003) were .74 for the overall score, .66 for caretaking, .72 for affect regulation, and .69 for self-reliance. Hamin’s (2008) revised scale consisted of 22 items, but only 19 were utilized in the analyses. The items across the same three factors yielded adequate Cronbach’s alphas, .76 for the overall score, .75 for caretaking, .69 for affect regulation, and .62 for self-reliance. The current investigation will examine the scale structure of the SBW Cultural Coping Scale within this community sample.

Mother Sexual Abuse History: In order to assess for a history of childhood sexual abuse, four questions from the Life Stressors Checklist-Revised (LSC-R), developed by the National Center for PTSD (Wolfe, Kimerling, Brown, Chrestman, & Levin, 1996), were administered. This measure was initially developed and validated with a veteran population (Kimerling, Prins,

Westrup, & Lee, 2004). The interviewer stated to the participant to “Please answer these next questions by thinking events that have occurred over your whole life.” The questions were “*Before age 16, were you ever touched or made to touch someone else in a sexual way because he/she forced you in some way or threatened to harm you if you didn’t?*,” “*After age 16, were you ever touched or made to touch someone else in a sexual way because he/she forced you in some way or threatened to harm you if you didn’t?*,” “*Before age 16, did you ever have sex (oral, anal, genital) when you didn’t want to because someone forced you in some way or threatened to hurt you if you didn’t?*,” and “*After age 16, did you ever have sex (oral, anal, genital) when you didn’t want to because someone forced you in some way or threatened to harm you if you didn’t?*” Participants who answered any of these questions affirmatively were also asked to report the age(s) of the sexual abuse. This was to ensure that the sexual abuse occurred prior to 18 years of age. The variable was dichotomized, and all mothers that reported sexual abuse occurring prior to 18 years of age received a score of ‘1,’ and those not reporting sexual abuse prior to age 18 received a score of ‘0’.

The LSC-R was originally designed to assess life events that would meet DSM-IV criteria for post traumatic stress disorder (Kimerling, et al., 2004), and it has shown good discriminant validity when utilized with a comorbidly diagnosed female sample (Norris & Hamblen, 2004). Additionally, it has been shown to be particularly sensitive to female specific traumatic events, including sexual abuse, and yielded good criterion validity for PTSD events in diverse populations and differing languages, including low income and ethnic minority samples (Cusack, Falsetti, & Arellano, 2002; Kimerling, et al., 2004).

Mother-Daughter Relationship: The Parent Child Relationship Questionnaire – Parent Version (PCRQ; Furman & Giberson, 1995) is comprised of 57 items where parent perceptions

of the parent-child relationship are assessed on a 5-point Likert scale. This scale was developed with parents of preschool through sixth grade children, but the race and ethnicity of the sample was not reported. Each item is assigned to one of five relational factors. For the purposes of this study, only the warmth, personal relationship, possessiveness, and power assertion factors were utilized. The fifth factor, disciplinary warmth, was not correlated with Strong Black Woman Cultural Coping total score or mother childhood sexual abuse history; therefore, it was not used. Wording was changed for the measure to reflect the target child as the daughter. Sample items included, “How much do you and your daughter care about each other?” (warmth subscale); “How much do you play around with and have fun with your daughter?” (personal relationship subscale); “How much do you want your daughter to be around you all the time?” (possessiveness subscale); “How much do you spank your child when she misbehaves?” and “How much do you let your daughter know other children behave better than she does?” (power assertion subscale). The value of each item was summed to obtain a total score for the subscale. Higher scores reflected higher levels of the relational construct. For the current sample the Cronbach’s alpha for warmth was .89, personal relationship was .92, possessiveness was .68, and power assertion was .89.

The PCRQ has been utilized to assess aspects of the parent-child relationship in a variety of studies (Power, DuPaul, Shapiro, & Kazak, 2003). One particular study revealed acceptable convergent validity when comparing additional scales, as well as observational data, with the PCRQ warmth, personal relationship, and power assertion subscales (Johnston, Murray, Hinshaw, Pelham, & Hoza, 2002). However, this study focused on mother-son relationships, and only 25% of the sample was African American. Another study utilized the PCRQ with an African American sample assessing mother and adolescent daughter relationships (Cox,

Fasolino, & Tavakoli, 2008). This particular study utilized this measure to establish convergent validity with the development of a new measure. Previously reported Cronbach's alphas for all factors of this measure ranged from .68 to .88.

Data Analysis

Preliminary Analyses

Data collected from 106 mothers were entered into the Statistical Package for Social Sciences (SPSS) version 17.0. As previously reported, the final sample utilized for the current analyses consisted of 103 mothers. Missing data were replaced utilizing person mean substitution method, and Table 2 provides information about frequencies of missing data. The person mean substitution method takes the mean of all item responses measuring the same construct for the participant with missing data. Then this construct mean, based only on that participant's responses, is used to estimate missing items measuring the same construct (Roth, Switzer, & Switzer, 1999). This method has been shown to be very effective when several items within a scale are missing. Hawthorne and Elliot (2005) demonstrated when more than 50% of items for a particular scale were missing, person mean substitution outperformed listwise and item mean substitution methods because it is less likely to underestimate the sample variance.

Table 2 Missing Data for Model Variables

Variable	Total Scale Items	Number of Participants		
		Missing 1 – 2 Items	Missing 3 – 4 Items	Missing 5 – 6 Items
History of Sexual Abuse	4	2	0	0
SBW Cultural Coping	22	6	0	0
PCRQ	57	26	2	1

Once missing items were imputed, variable normality was assessed. Since the independent variable, mother's sexual abuse history, was dichotomized, normality analyses were not conducted for this variable. The total score on the Strong Black Woman (SBW) Cultural Coping Scale as well as its three factors, caretaking, affect regulation, and self reliance, met normal distribution criteria. The outcome variables, PCRQ Possessiveness and Personal Relationship subscales, also met normal distribution criteria. However, the PCRQ Warmth was negatively skewed, and PCRQ Power Assertion was positively skewed. Transformations were conducted, and PCRQ Power Assertion met normal distribution criteria. However, attempts to transform PCRQ Warmth subscale were unsuccessful. Thus, this variable was dichotomized based on a median split and logistic regression was utilized to test the hypothesis for this outcome variable.

Pearson product moment correlations were conducted in consideration of demographic variables that should serve as covariates for the study's primary analyses. No demographic variables were significantly correlated with SBW Cultural Coping total scores, or parent-child relational outcome variables, but maternal level of education was significantly correlated with the SBW caretaking subscale. Table 3 provides the correlations between demographic and study variables, whereas Table 4 provides the Pearson product-moment correlations depicting intercorrelations of variables utilized to test hypothesized models. For the total sample, maternal CSA history was significantly correlated with the Strong Black Woman Cultural Coping total score, as well as its Caretaking and Self-Reliance subscale scores, and the Warmth and Personal Relationship subscales of the PCRQ. Tables 4 and 5 provided Person product-moment correlations for mothers without and mothers with a history of CSA. Results suggest there are distinct differences in the model variable associations across each group. Specially, for mothers

without a history of CSA, SBW Cultural Coping total scores were significantly associated with maternal possessiveness and power assertion, whereas mothers with a CSA did not yield any associations with mother-daughter relational variables. For specific SBW Cultural Coping subscales, mothers without a CSA history reported significant associations between SBW caretaking and the warmth and power assertion relationship variables, whereas mothers with a CSA history yielded no significant correlations for this particular SBW subscale. However, the SBW self-reliance subscale yielded significant correlations for both groups of mothers. Specifically, mothers without a CSA history revealed significant correlations between SBW self-reliance and the mother-daughter personal relationship, whereas mothers with a CSA history yielded significant relationships between SBW self-reliance and the warmth, personal relationship and power assertion variables.

Table 3 Correlation Analyses of Demographic Variables with Model Variables for the Total Sample

Dependent Variable	Parent Age	Live with Steady Partner	Employment	Monthly Income	Education	People in Household	Number of Children
Total Sample							
1. SBW Total	-.091	-.041	.055	.032	-.133	.131	.138
2. SBW Caretaking	-.040	-.067	.004	-.029	-.221*	.074	.133
3. SBW Affect Regulation	-.132	.039	.055	.032	-.133	.131	.138
4. SBW Self-Reliance	-.067	-.095	.186	-.006	-.061	.158	.089
5. PCRQ Warmth	-.002	.120	-.069	.003	-.022	.013	-.002
6. PCRQ Personal Relationship	-.082	.140	-.150	.002	.038	-.023	-.144
7. PCRQ Possessiveness	.090	.155	.178	-.110	-.073	-.013	-.031
8. PCRQ Power Assertion	-.120	-.087	.057	.012	-.042	.035	-.058

* $p < .05$

Table 4. Correlation Coefficients of Model Variables for the Total Sample

Variable	1.	2.	3.	4.	5.	6.	7.	8.	9.
1. SBW Total	-								
2. SBW Caretaking	.824**	-							
3. SBW Affect Regulation	.585**	.187	-						
4. SBW Self Reliance	.739**	.515**	.175	-					
5. PCRQ Warmth	-.155	-.302**	.251*	-.258**	-				
6. PCRQ Personal Relationship	-.089	-.193	-.229*	-.222*	.711**	-			
7. PCRQ Possessiveness	.362**	.223*	.207*	.346**	.232*	.239*	-		
8. PCRQ Power Assertion	.441**	.436**	.130	.393**	.300**	-.272**	-.098	-	
9. Sexual Abuse History	.224*	.301**	-.080	.242*	.081	-.231*	-.262**	.132	-

* $p < .05$ ** $p < .01$

Table 5 Correlation Coefficients of Model Variables for Mothers With No CSA History

Variable	1.	2.	3.	4.	5.	6.	7.	8.
1. SBW Total	-							
2. SBW Caretaking	.816**	-						
3. SBW Affect Regulation	.594**	.183	-					
4. SBW Self Reliance	.700**	.452**	.175	-				
5. PCRQ Warmth	-.209	-.257*	.058	-.226	-			
6. PCRQ Personal Relationship	.051	-.090	.259*	-.075	.511**	-		
7. PCRQ Possessiveness	.343**	.215	.219	.343**	.142	.291*	-	
8. PCRQ Power Assertion	.497**	.463**	.230	.358**	-.228	-.019	.359**	-

* $p < .05$ ** $p < .01$

Table 6 Correlation Coefficients of Model Variables for Mothers With CSA History

Variable	1.	2.	3.	4.	5.	6.	7.	8.
1. SBW Total	-							
2. SBW Caretaking	.837**	-						
3. SBW Affect Regulation	.699**	.389*	-					
4. SBW Self Reliance	.790**	.604**	.270	-				
5. PCRQ Warmth	-.151	-.122	.063	-.417*	-			
6. PCRQ Personal Relationship	-.223	-.251	.125	-.367*	.455*	-		
7. PCRQ Possessiveness	.311	.211	.207	.325	.129	.232	-	
8. PCRQ Power Assertion	.284	.224	.006	.506**	-.191	-.185	.155	-

* $p < .05$ ** $p < .01$

Aim 1: Factor Analysis of the Strong Black Woman Cultural Coping Scale

Since the SBW Cultural Coping scale is a relatively new measure, aim one sought to verify consistency of the SBW Cultural Coping Scale, and in particular the caretaking, affect regulation, and self reliance factors within the current sample. Exploratory factor analyses were conducted to address this specific aim. The means and standard deviations for scale items are presented in Table 7. All 22 items were included, utilizing the principle axis factor analysis method. The varimax rotation method was used to maximize factor loadings and produce the simplest structure. Consistent with previous studies on the construction of the SBW Cultural Coping Scale; (Hamin, 2008; Thompson, 2003), the resulting scree plot of eigenvalues, shown in Figure 1, suggested a 3 factor model. However, when the items were run again as a 3 factor model, items 12, 15, and 19 loaded on more than one factor. Consequently, analyses were completed again with these items removed, and the final factor structure was determined. The resulting factors were utilized in analyses for the current study. Table 8 shows the varimax rotation factor loadings for each of the 3 factors, which explained 39.29% of the total model variance. In addition to the three items that did not consistently load on only one factor, the item “I need people to see me as always confident ,” which previously loaded on the caretaking factor within Hamin’s (2008) revision of the measure, loaded on the self-reliance factor for the current sample. Thus, this item was utilized on the self-reliance subscale for the current study. All remaining items consistently loaded on the same factors reported in the revised version of the scale. The Cronbach’s alphas for the current sample were adequate and yielded .80 for the total score and .81 for caretaking, .67 for affect regulation, and .75 for self-reliance factors.

Table 7 Strong Black Woman Cultural Coping Item Means and Standard Deviations

Item	Mean	SD
1. I believe that it is best not to rely on others.	3.05	1.04
2. I feel uncomfortable asking others for help.	2.96	1.18
3. I have difficulty showing my emotions.	2.36	1.14
4. I do not like to let others know when I am feeling vulnerable.	3.29	1.23
5. I believe that everything should be done to a high standard.	3.71	1.07
6. I am independent.	4.28	0.90
7. I take on more responsibilities than I can comfortably handle.	3.29	1.13
8. I believe I should always live up to other's expectations.	2.21	1.16
9. I should be able to handle all that life gives me.	3.71	1.13
10. I am strong.	4.22	0.91
11. I need people to see me as always confident.	3.57	1.14
12. I like being in control in relationships.	3.10	1.18
13. I cannot rely on others to meet my needs.	3.19	1.20
14. I take on others' problems.	2.90	1.19
15. I feel that I owe a lot to my family.	3.34	1.35
16. People think that I don't have feelings.	2.65	1.35
17. I try to always maintain my composure.	3.83	0.84
18. It is hard to say, "No," when people make requests of me.	3.07	1.17
19. I do not like others to think of me as helpless.	3.57	1.50
20. I do not let most people know the "real" me.	2.89	1.30
21. In my family I give more than I receive.	3.76	1.13
22. At times I feel overwhelmed with problems.	3.39	1.24

Figure 1 Scree Plot of Strong Black Woman Cultural Coping Items

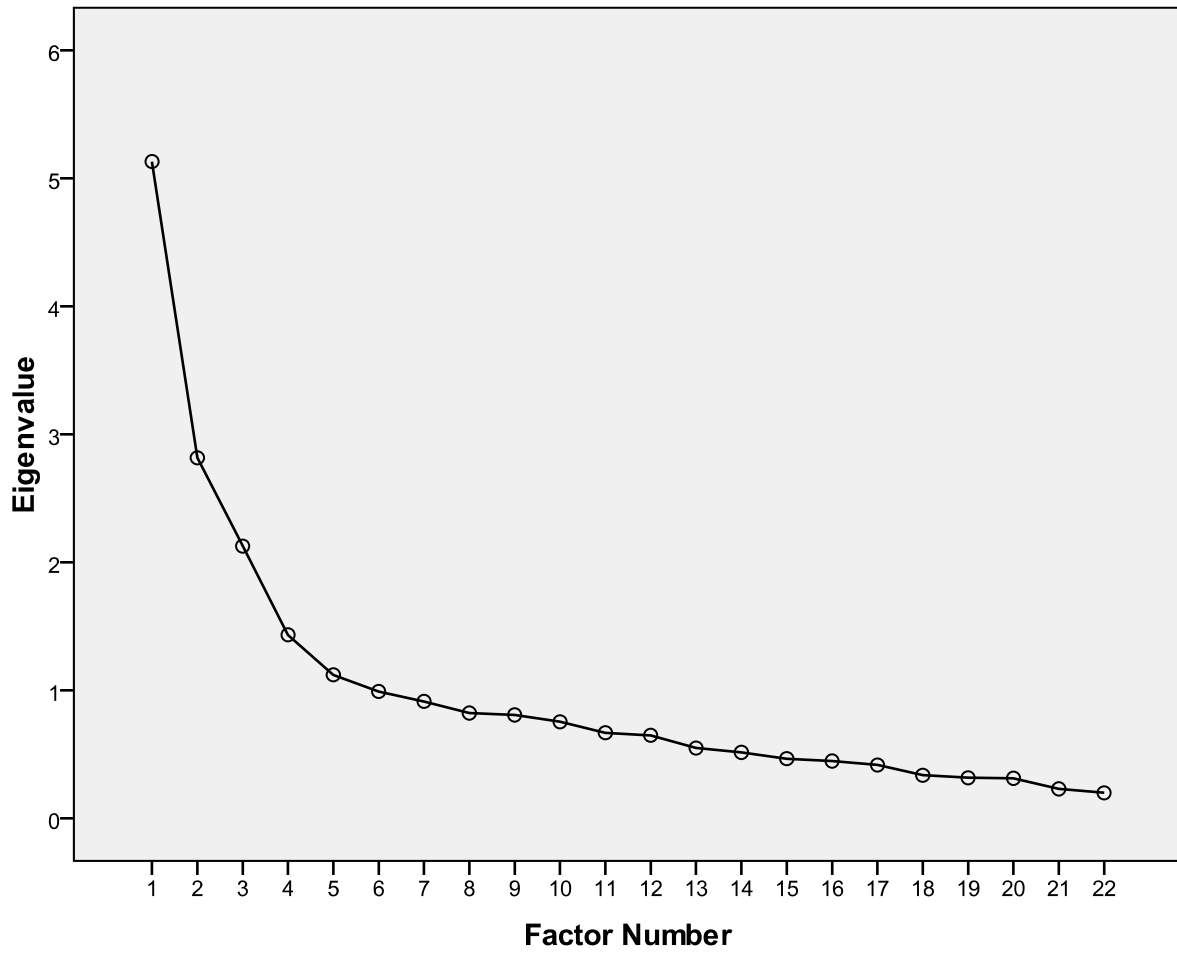


Table 8 Varimax Rotation of Strong Black Woman Cultural Scale

Item	Factor 1 Caretaking	Factor 2 Affect Regulation	Factor 3 Self-Reliance
22. At times I feel overwhelmed with problems	.734	.147	.089
18. It is hard to say, “No,” when people make requests of me	.709	-.079	.129
14. I take on others’ problems	.598	.144	.118
20. I do not let most people know the “real” me	.586	.183	-.110
7. I take on more responsibility than I can comfortably handle	.578	-.034	.240
8. I believe I should always live up to other’s expectations	.550	-.015	-.073
21. In my family I give more than I receive	.503	.045	.307
16. People think that I don’t have feelings	.451	.234	-.087
2. I feel uncomfortable asking others for help	.191	.586	-.021
4. I do not like to let others know when I am feeling vulnerable	.308	.564	.177
1. I believe that it is best not to rely on others	-.108	.553	.002
13. I cannot rely on others to meet my needs	-.037	.551	.151
3. I have difficulty showing my emotions	.303	.425	-.181
10. I am strong	-.124	-.055	.763
6. I am independent	-.147	-.189	.665
9. I should be able to handle all that life gives me	.108	.172	.618
5. I believe that everything should be done to a high standard	.065	.355	.536
11. I need people to see me as always confident	.231	.188	.526
17. I try to always maintain my composure	.197	-.045	.388
% of variance explained	19.98%	11.62%	7.68%

Note: Boldfaced items indicate highest factor loadings

Items 12, 15, and 19 were not included in the final factor analysis

Aim 2: Examining the Relation Between Maternal CSA History and SBW Cultural Coping

To address aims two and three, hierarchical multiple regression analyses were conducted. Aim two, examining the relation between maternal CSA history and maternal endorsement of SBW coping, was addressed in the first set of regression analyses. Regression analyses were also conducted for each SBW factor to assess relations of mothers' CSA history with caretaking, affect regulation, and self-reliance. All analyses assumptions were met.

Regressions examining the relations between maternal CSA history and the SBW Cultural Coping total score revealed a significant association. However, CSA history only accounted for a small portion of the variance in total SBW score, $\Delta R^2 = .050$, $F = 5.35$, $\beta = .224$, $p < .05$. Analyses of the individual SBW Cultural Coping factors required the control of demographic variables in one instance. For the SBW caretaking factor, mother education was entered in the first step, and maternal CSA history was entered into the second step. Results showed that maternal CSA history was significantly associated with SBW caretaking in the positive direction, $\Delta R^2 = .083$, $F = 7.419$, $\beta = .288$, $p < .01$. Maternal CSA history was also significantly related to the SBW self reliance factor in the positive direction, $\Delta R^2 = .059$, $F = 6.291$, $\beta = .242$, $p = .01$. Maternal CSA history was not significantly related to the SBW affect regulation factor, $\Delta R^2 = 0.006$, $F = .648$, $\beta = -.080$, $p = .423$.

Aim 3: Examining Relations Between Maternal CSA History and Mother-Daughter Relationship Outcomes through SBW Cultural Coping

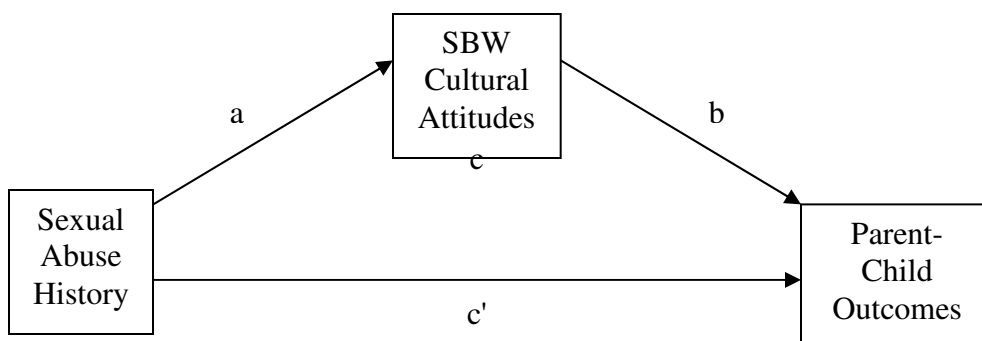


Figure 2 Mediation Model

Hierarchical multiple regression analyses were conducted to determine if mother CSA was associated with parent-child relational outcomes, specifically possessiveness, warmth, personal relationship, and power assertion, as mediated by SBW Cultural Coping total scores. Baron and Kenny (1986) developed the causal steps mediation strategy, which states the following three assumptions are required for mediation analyses: 1) the independent variable must affect the dependent variable, 2) the independent variable must affect the mediator, and 3) the mediator must affect the dependent variable. Additionally, the sample must adhere to a normal distribution pattern. Thus, analyses utilized a \log_{10} transformation for the PCRQ Power Assertion and the dichotomized PCRQ Warmth subscales.

Each of the three assumptions Baron and Kenny (1986) outlined regarding mediation criteria was tested to assess the third specific aim. Based on the standardized β coefficients, analyses revealed that maternal CSA history was significantly related to mother-daughter warmth and personal relationship outcomes in the inverse direction. However, maternal CSA history was not significantly related to possessiveness and power assertion outcomes, thus, Baron and Kenney's first criteria was not met for these models. For the second criteria, based on

previous analyses conducted for specific aim 2, maternal CSA history was significantly associated with higher SBW Cultural Coping scores, so the second assumption was met for all models. For the third criteria, maternal SBW Cultural Coping total scores was significantly related to mother's relational possessiveness and power assertion in the positive direction. However, SBW Cultural Coping total score was not related to warmth or personal relationship, thus, these outcomes failed to meet the third assumption criteria.

Overall, none of the hypothesized models fully met criteria for Baron and Kenny's causal steps mediation analyses. Thus, the third study aim was not supported via this method. However, despite the failure to meet assumption criteria, each total model hypothesized (see Figure 2) yielded levels of significance. Specifically, when mother's CSA history is entered as the independent variable and the SBW Cultural Coping total score was entered as a mediator, the following mother-daughter outcomes were significant, relational warmth (Cox & Snell $R^2 = .095$, and Nagelkerke $R^2 = .126$, $p < .05$), personal relationship ($R^2 = 0.069$, $F = 3.73$, $p < .05$), possessiveness ($R^2 = 0.131$, $F = 7.56$, $p < .001$), and power assertion ($R^2 = 0.196$, $F = 12.16$, $p < .001$), and each predicted a significant amount of the model variance. Thus, the variables within these models seem to have an impact on the relational outcomes, but this conservative analytical method may not be able to explicate the model effectively. Results are presented in Table 9 and 10.

Table 9 Summary of Mediation Results with Strong Black Woman Cultural Coping Total Score as the Mediator and Bootstrapping Indirect Effect Confidence Intervals for Mother-Daughter Warmth

Model Dependent Variable	Total Effect (Path c)		Sexual Abuse History (IV) → SBW Cultural Coping (M) → (DV)			Path c'		Indirect Effect (Path a x Path b) 95% CI
	B (SE)	χ^2	Path a B (SE)	Path b B (SE)	χ^2	B (SE)	χ^2	
PCRQ Warmth	-1.429** (.477)	8.963	4.921 (2.129)	-.012 (.021)	.332	-1.372** (.486)	7.967	-0.367 – 0.038

Note: IV = independent variable; M = mediator; DV = dependent variable; Path a = effect of IV on M; Path b = effect of M on DV; Path c = effect of IV on DV; Path c' = effect of IV on DV after accounting for effect of M; CI = confidence interval

* $p < .05$

** $p < .01$

Table 10 Summary of Mediation Results with Strong Black Woman Cultural Coping Total Score as the Mediator and Bootstrapping Indirect Effect Confidence Intervals for Mother-Daughter Personal Relationship, Possessiveness, and Power Assertion

Model Dependent Variable	Total Effect (Path c) β	Sexual Abuse History (IV)	Path a β	SBW Cultural Coping (M)	Path b β	(DV)	Path c' β	Indirect Effect (Path a x Path b) 95% CI
PCRQ Personal Relationship	-0.262**		.224*		-0.089		- .254* *	-0.323 – 0.140
PCRQ Possessiveness	0.081		.224*		0.362***		.000	0.091 – 0.821
PCRQ Power Assertion	0.132		.224*		0.441***		0.034	0.068 – 0.867

Note: IV = independent variable; M = mediator; DV = dependent variable; Path a = effect of IV on M; Path b = effect of M on DV; Path c = effect of IV on DV; Path c' = effect of IV on DV after accounting for effect of M; CI = confidence interval

* $p < .05$

** $p < .01$

*** $p < .001$

More recently, the causal steps meditation methodology has been shown to be one of the more conservative analytic methods for detecting mediation effects, especially for smaller samples, and is more likely to result in Type II error (Hayes, 2009; Mathieu & Taylor, 2006). Testing for indirect effects is a more robust method for determining variable relationships within mediational models (Hayes, 2009; MacKinnon, Lockwood, Hoffman, West, & Sheets, 2002; Mathieu & Taylor, 2006). The current study utilized the bootstrap methodology of Preacher and Hayes 2008, developed for SPSS, to test indirect effects of the SBW Cultural Coping Scale. Bootstrapping is a nonparametric statistical method that repeatedly takes a sample of cases from an available sample n times to generate distributions believed to approximate the sampling distribution of the indirect effects of interest. Ultimately, this bootstrap method is able to generate 95% lower and upper confidence interval estimates based on the resampling of the indirect effect, which is the interaction of unstandardized β weights between the independent variable affect on the mediator and the mediator affect on the dependent variable. Significance is attained if the confidence interval does not include the null hypothesis, specifically the interval range does not include zero. As a result, this method has greater statistical power and does not require samples have a normal distribution; thus it is better suited for smaller samples (Bollen & Stine, 1990; MacKinnon, et al., 2002). Consequently, the original form of the non-normally distributed PCRQ Power Assertion and Warmth were utilized for these analyses.

Based on 2,000 bootstrapped samples, SBW Cultural Coping total scores yielded significant indirect effects between mothers' CSA history and possessiveness and power assertion. Specifically, CSA history was positively associated with relational possessiveness and power assertion through the SBW total score, which provided support for the third study aim.

Analyses utilizing the parent-child warmth and personal relationship outcomes were not significant. Results are presented in Table 11 and 12.

In an effort to determine which of the three SBW Cultural Coping Scale factors, and in what direction, may be contributing to effects observed for the above analyses, additional analyses were conducted. The three factors, specifically SBW caretaking, SBW affect regulation, and SBW self-reliance, were utilized in analyses similar to methods used with the SBW Cultural Coping total score.

In order to detect mediation effects, Baron and Kenny (1986) causal steps mediation assumptions were assessed for each of the SBW Cultural Coping factors (i.e., caretaking, affect regulation, and self-reliance). Based on the causal steps mediation method, models for the SBW Cultural Coping factors did not have significant mediation effects. However similar to the SBW Cultural Coping total score results, each mediation model explicated significant levels of the variance. Specifically, the mediation models predicted a significant amount of model variance when all three SBW Cultural Coping factors were entered to assess a relationship between maternal CSA history and the PCRQ Warmth (Cox & Snell $R^2 = .186$, and Nagelkerke $R^2 = .248$, $p < .05$), Personal Relationship outcome ($R^2 = 0.163$, $F = 4.781$, $p < .01$), PCRQ Possessiveness ($R^2 = 0.143$, $F = 4.083$, $p < .01$), and PCRQ Power Assertion ($R^2 = 0.230$, $F = 7.335$, $p < .001$). Again, this conservative method may not be able to explicate these models effectively.

Preacher and Hayes (2008) bootstrapping method for multiple mediators was utilized to assess indirect effects. Based on 2,000 bootstrapped samples, the SBW Caretaking factor exhibited significant indirect effects. CSA history inversely affected relational PCRQ Warmth through the SBW total score; suggesting this factor was responsible for significant indirect

effects of the SBW Cultural Coping total score found for the SBW Cultural Coping total score. CSA history positively affected PCRQ possessiveness through the SBW Self-Reliance factor, which was consistent with results utilizing the SBW Cultural Coping total score. For the PCRQ Power Assertion outcome, CSA history positively affected PCRQ Power Assertion through the SBW Self-Reliance factor, which was consistent with results utilizing the SBW Cultural Coping total score. The PCRQ Personal Relationship outcome did not yield significance with any of the three SBW Cultural Coping factors. These results are presented in Table 11 and 12.

Table 11 Summary of Mediation Results with Strong Black Woman Cultural Coping Three Factors as the Mediator and Bootstrapping Indirect Effects Confidence Intervals for Mother-Daughter Warmth

Model Dependent Variable	Total Effect (Path c)		Sexual Abuse History (IV) → SBW (M) → (DV)				Path c'		Indirect Effect (Path a x Path b) 95% CI	
	B (SE)	χ^2	Path a B (SE)	Mediator (M)	Path b B (SE)	χ^2	B (SE)	χ^2		
PCRQ Warmth	-1.429** (.477)	8.963	4.196** (1.325)	Caretaking	-.062 (.043)	2.096	-1.023* (.477)	3.933	-0.722 – -0.079	
			-.703 (.874)	Affect Regulation	-.157** (.059)	6.997				-0.386 – 0.109
			1.933** (.771)	Self- Reliance	-.094 (.074)	1.598				-0.481 – 0.062

Note: IV = independent variable; M = mediator; DV = dependent variable; Path a = effect of IV on M; Path b = effect of M on DV; Path c = effect of IV on DV; Path c' = effect of IV on DV after accounting for effect of M; CI = confidence interval

* $p < .05$

** $p < .01$

Table 12 Summary of Mediation Results with Strong Black Woman Cultural Coping Three Factors as the Mediator and Bootstrapping Indirect Effects Confidence Intervals for Mother-Daughter Personal Relationship, Possessiveness, and Power Assertion

Model Dependent Variable	Total Effect (Path c) β	Sexual Abuse History (IV)	Path a β	SBW (M)	Path b β	(DV)	Path c' β	Indirect Effect (Path a x Path b) 95% CI
PCRQ Personal Relationship	-0.262**		.301**	Caretaking	-0.146		-0.167	-0.556 – 0.131
			-.080	Affect Regulation	0.291**			-0.407 – 0.103
			.242**	Self-Reliance	-0.198			-0.602 – 0.025
PCRQ Possessiveness	0.081		.301**	Caretaking	0.042		0.009	-0.212 – 0.381
			-.080	Affect Regulation	0.147			-0.281 – 0.047
			.242**	Self-Reliance	0.298**			0.044 – 0.746
PCRQ Power Assertion	0.132		.301**	Caretaking	0.314**		-0.017	0.082 – 0.886
			-.080	Affect Regulation	0.032			-0.170 – 0.046
			.242**	Self-Reliance	0.226*			0.019 – 0.637

Note: IV = independent variable; M = mediator; DV = dependent variable; Path a = affect of IV on M; Path b = affect of M on DV; Path c = affect of IV on DV; Path c' = affect of IV on DV after accounting for affect of M; CI = confidence interval

* $p < .05$; ** $p < .01$; *** $p < .001$

Discussion

The purpose of the current study was to gain a better understanding of the unique relational processes experienced within African American mother-daughter relationships when maternal sexual abuse history and coping are considered. Specifically, this study sought to reveal whether maternal history of CSA was associated with culturally relevant coping methods and the mother-daughter relationship. These coping methods, specifically the appearance of strength, were developed as a way to combat gender based racial stereotypes. However, this resulting desire to appear strong has generalized to general functioning and is significantly associated with stress (Amankwaa, 2003; Hamin, 2008; Romero, 2000; West, 2008).

The first aim involved factor analyses of the SBW Cultural Coping Scale to assess consistency of the measure when compared to prior empirical studies of the scale (Thompson, 2003; Hamin, 2008). The hypothesis for this aim suggested the three factor model of caretaking, affect regulation, and self reliance would also be demonstrated within the current sample, and this hypothesis was supported. Moreover, three items that loaded on more than one factor in previous studies (Hamin, 2008) also loaded on more than one factor in the current sample. Specifically, “I like being in control in relationships,” “I feel that I owe a lot to my family,” and “I do not like others to think of me as helpless,” were associated with multiple factors. For each of these statements, there are ways in which the question could be applicable to more than one method of coping. For example, being in control or not being helpless in a relationship would afford opportunities to caretake of others while also portraying the individual as someone who is self-reliant because she “has everything together.” Overall, the results provided support that the three factor model of strong Black woman coping is consistent with culturally bound theory as well as observed behaviors in a variety of African American female samples.

The second aim of this study sought to reveal whether or not there was a relationship between maternal CSA history and SBW Cultural Coping. Results revealed a significant relationship between maternal CSA and the SBW Cultural Coping total score in the positive direction, which provided support for the hypothesis related to this aim. Additional analyses suggest this relationship was mainly a result of the SBW caretaking and self-reliance factors. Women with a history of sexual abuse had higher scores on the caretaking and self-reliance factors than those without a CSA history. African American women who rely on caretaking combined with self-reliance give the appearance of being able to do anything, without support from others, while also being busy taking care of everyone else's needs to the detriment of her own (Romero, 2000). Self-reliance and caretaking may be particularly resourceful coping methods within sexually abused populations. African American women already experience feelings of being devalued within society (Wyatt, 1990). Devaluation combined with a CSA history could result in feelings of betrayal, stigma, and powerlessness, which often result in lower levels of self-esteem and self-efficacy (Finkelhor & Brown). Caretaking and self-reliance, as measured by the SBW Cultural Coping Scale, may provide these mothers with a sense of utility and independence that may be protective of self-esteem. This suggests maternal trauma history may be important in understanding how this particular coping style is utilized within African American female populations. There was not a significant relation between CSA and affect regulation, which is discussed further below.

The third study aim utilized Baron and Kenny's mediation and Preach and Hayes' bootstrapping analyses to better understand the association of maternal CSA history with mother-daughter relational warmth, personal relationship, possessiveness, and power assertion as mediated by maternal SBW Cultural Coping. Indirect effects analyses, utilizing SBW Cultural

Coping total scores, indicated that SBW Cultural Coping partially mediated the relations between maternal CSA history and mother-daughter relationship outcomes. Specifically, maternal history of CSA was related to two of the four relational outcomes, i.e., possessiveness and power assertion, in the positive direction via the SBW Cultural Coping total score. The results suggest that CSA history impacts aspects of the parent-child relationship as a result of a general coping style developed within the context of generations of gender and racially based stereotypes. Further mediation and indirect analyses were conducted to gain a better understanding of these results based on the use of the three SBW Cultural Coping factors.

SBW Caretaking

Indirect effect analyses revealed that the SBW caretaking factor was particularly important with respect to explicating the influence of maternal CSA history on various parenting outcomes. In the current study African American mothers with a CSA history had higher caretaking scores on the SBW Cultural Coping measure, and when SBW caretaking was utilized as a mediator, mothers with CSA histories reported lower levels of maternal warmth, when compared to mothers without a CSA history. Perhaps mothers with a history of CSA feel less worthy as a result of the stigma associated with this particular type of abuse (Finkelhor & Browne, 1985; Wyatt, 1990) and the resulting relationship between CSA and caretaking may enhance feelings of self-worth. Theoretically, the caretaking behaviors explicated by SBW Cultural Coping Scale suggest African American women use caretaking as a way to be perceived as loveable or worthy of love, but when this coping behavior is overly used, it can result in avoidance of intimacy because the woman's relational needs go unmet (Romero, 2000). Maternal feelings of low self-worth and feeling unlovable as a result of her CSA exacerbated by racially based stereotypes may encourage over-reliance on caretaking as a mother attempts to

achieve relational intimacy with her child. Unfortunately, the outcome may potentially be opposite of maternal intent. This finding is contrary to results found by Burkett (1991). Her study did not specify the racial or ethnic composition of the sample, but she concluded that maternal survivors of CSA attempt to have their emotional and companionship needs met through relationships with their children instead of utilizing adult relationships to fulfill this need. With the current sample of African American mothers, the lower levels of warmth for mothers with a CSA history suggest these mothers do not have inappropriate boundaries with their children regarding relationship intimacy. Perhaps these mothers utilize other methods of coping to convey warmth, or they may be better able to express relational warmth in other types of relationships. Previous studies have shown that African American youth tend to have better psychological outcomes when parents display higher levels of relational warmth (Armistead, Forehand, 2002 McCabe, Clark, & Barnett , 1999; Stern, Smith, et al, 1999). Programs aimed at enhancing parental warmth as an intervention strategy should take into consideration that there may be factors that are associated with a mother's ability to effectively convey this type of relational support. Specifically, cultural as well as historical factors within an idiographic context would be an important intervention design consideration. Therefore, future research should attempt to better understand the specific mechanisms involved with how the SBW caretaking factor is involved in this meditational process for mothers with and without a CSA in the context of parenting.

Analyses also revealed significant associations between maternal CSA history and possessiveness and power assertion in the positive direction through the SBW caretaking factor. Mothers with a CSA history report greater levels of caretaking, which, in turn, are associated with greater possessiveness and power assertion. Prior research has shown that from a very

young age, African American parents socialize their children to be respectful of authority; there tends to be a distinct power differential within the parent-child relationship. As daughters become adolescents, African American parents generally exhibit higher levels of control compared to Anglo-American parents (Bulcroft, Carmody, Bulcroft, 1996). Moreover, and contrary to studies with majority samples, power assertive behaviors within the parent-child relationship are considered culturally normative, and African American children typically do not display deleterious effects. In some cases African American children whose parents display more power assertion have better behavioral outcomes (Deater-Deckard, Dodge, Bates, & Pettit, 1996; Baumrind, 1996; Lansford, Deater-Deckard, Dodge, Bates, & Pettit, 2004; Simons, Lin, Gordon, Brody, Conger, 2002).

One might look to the cultural environment to understand the importance of maternal possessiveness and power assertion within African American mother-daughter relationships. Ethnic minority children tend to be subjected to as much racism as their parents (Wyatt, 2000), and African American mothers know that as their daughter matures, she will have to navigate various difficult societal challenges as a result (Tunage, 2004). Perhaps SBW caretaking provides a mother with a way to titrate her daughter's autonomy during this significant developmental period. Thus, mothers are able to determine how much they will do to meet their daughter's needs or how much they will allow their daughter to take care of her own needs. Caretaking may also provide mothers with an ability to keep their daughters close to them, in an effort to try and protect them from emotionally harmful experiences during this critical period of development, which may help preserve her daughter's self-esteem. For mothers with a history of CSA they have experienced significant feelings of powerlessness, thus, they may need to find additional ways to help them convey power assertion within the mother-daughter relationship in

order to help guide their daughter's development and they may have a greater desire to keep their daughters safe. Thus, via SWB caretaking, the use of possessiveness and power assertion within African American mother-daughter relationships may be deemed as essential, but may be particularly important when mothers have a history of CSA.

SBW Self-Reliance

The SBW self-reliance factor helps African American women defend against feelings of powerlessness and lack of control by fostering feelings of independence and power in personal and societal environments (Romero, 2000). This factor was important for better understanding the influence of maternal CSA history. Specifically, indirect effects analyses supported a significant association between maternal CSA history and possessiveness and power assertion outcomes in the positive direction via the SBW self-reliance factor. A possible reason is that parents and children tend to struggle with how to titrate the amount of autonomy given during adolescence. When a mother has a history of CSA, she has experienced a real physical threat, and this can have a significant impact on her feeling of self-efficacy and control (Finkelhor & Browne, 1985). Consequently, African American mothers with CSA histories may have a greater need to cope by exhibiting self-reliant behaviors and ultimately appearing less vulnerable to others (Wyatt, 1990) while appearing in control to her daughter. A perpetrator of CSA typically betrays the child victim's trust or utilized his physical and/or psychological power against the child (Finkelhor & Browne, 1985). Furthermore, numerous incidences of institutional racism, such as racial profiling and being mistaken for service workers in public places, as well as other stressors within their lives can create a unique dynamic that contributes to perpetuating feelings of powerlessness (Wyatt, 1990). Thus, these mothers would most likely have a greater sense that the world is unsafe, lower levels of self-efficacy, and feel that they are

“spoiled goods” (Finkelhor & Browne, 1985; Wyatt & Powell, 1988). This compounded with daily stressors and an unsupportive societal environment, may increase one’s sense of powerlessness and encourage increased levels of coping. Thus, for African American women with a history of CSA, the combined influence of physical and psychological threats may generate a strong, inherent desire to maintain control within her parent-child relationship and to also keep her child close for purposes of protection. This is consistent with previous studies of survivors of CSA where mothers may be perceived as being restrictive and overcontrolling (Cole & Woogler, 1989). As a result SBW self-reliance may be one way in which African American mothers are able to maintain distance from others, while keeping her child close and protected.

SBW Affect Regulation

Affect regulation is one of the ways in which African American women are able to prevent feelings like anger, fear, and shame, from becoming overwhelming in her relationships (Romero, 2000). However, the SBW affect regulation factor was not significantly associated with CSA history or the parenting outcomes. For both African American mothers with and without a history of childhood sexual abuse being able to regulate affect within the familial context is adaptive in preventing misplacement of these feeling onto loved ones who are often easier and/or safer targets than ones within her external environment (Romero, 2000). A possible explanation for the lack of significant relationships with affect regulation is that the SBW Cultural Coping questions for this factor are not particularly salient for the parenting context, but rather more appropriate within a context outside of parenting. For example, “I feel uncomfortable asking others for help,” or “I believe that it is best not rely on others.” Parents often ask children to actively participate in household duties or ask their children to help with various tasks and provide the child with feedback. It would be maladaptive for a mother to fail

to express concern or display affect if she believed her daughter was exhibiting behaviors that could potentially lead to a negative result. Additionally, if autonomy development and self sufficiency are some of the parental goals for their adolescent, mothers will most likely need to express feelings within their parental relationships to help provide feedback to their child.

African American mothers often have to determine whether or not behaviors will be encouraged to help develop Afrocentric female ideals (Hill, 1991). Perhaps appropriate levels of affect are utilized to accomplish this process within the parent-child relationship, but mothers may increase their affect regulatory behaviors within other types of relationships. Furthermore, given the hierarchical nature of African American parent-child relationships, a mother may feel there would be fewer deleterious repercussions if she expresses her feelings toward her child when compared to doing this with another adult.

Another consideration may be the limitations associated with this particular factor. The SBW Cultural Coping Scale is still in development, and has not been used with women known to have a sexual abuse history. Based on item loadings and review of the items historically included on the affect regulation subscale, affect regulation may not be accurately assessed. For example, “I feel uncomfortable asking others for help,” “I cannot rely on others to meet my needs,” and “I believe that it is best not to rely on others,” seem more theoretically consistent with the SBW self-reliance factor than SBW affect regulation, and yet, these items have been labeled affect reliance in the previous research on the SBW measure. Given the robustness of the other two factors compared to this one, revision of item phrasing or the addition or removal of items to empirically assess affect regulation may be necessary. The limitations of the subscale may explicate the lack of findings for this factor.

Summary of Findings

Overall, the current study revealed several important empirical findings and illuminate areas for additional research. This is the first study conducted that utilized an ecological model to better understand how historical trauma (i.e., CSA) and cultural factors may relate to parenting within African American populations. Mothers within the current study also revealed that parental warmth, possessiveness, and power assertion are important aspects of the mother-daughter relationship, and that coping methods are associated with a parent's ability to display these relational characteristics regardless of CSA trauma, but coping may be more salient for African American parents with a history CSA. African American parents tend to have more hierarchical relationships with their children, especially compared to majority cultures (Baumrind, 1996; Bean, Barber, & Crane, 2006), and African American mothers with a history of CSA may be more inclined to utilize culturally relevant coping to maintain these types of relational characteristics.

This study makes clear the need for further exploration of the way in which culturally relevant factors are associated with parenting within African American families. Based on the significant indirect effects found suggest one way maternal CSA history is related to parent-child relational outcomes, i.e., via culturally specific coping. Future research should be able to utilize the current findings to help ground work aimed at uncovering mechanism direction and associated strength of cultural coping as it relates to its role in associating CSA and parenting outcomes within African American populations.

Limitations and Considerations

Despite the potential significance of the findings within this study regarding influences on African American parenting, there are several limitations that should be recognized. First, only parent report was used, and maternal perception of the mother-daughter relationship may

not be congruent with daughter perception of their relationship. Fitzgerald et al's (2005) study of mothers with a history of sexual abuse revealed that during a parent-child interaction task, there were no observable differences in levels of support and confidence when comparing mothers with and without a CSA history. They suggest a possible explanation is mothers with a history of CSA may have a poor perception of their parenting, which may result in them feeling non-efficacious as parents, but in reality they are able to provide their children with adequate levels of warmth and support (Fitzgerald, Shipman, Jackson, McMahon, & Hanley, 2005). Having both parent and child report would help provide a better representation of what may be actually happening regarding the relational variables utilized in this study.

Second, information about sexual abuse severity was unknown. Studies have shown that severity of a child's sexual abuse experience can have a significant impact on long-term functioning outcomes (Loeb, et al., 2002; Merrill, Guimond, Thomsen, & Milner, 2003; Merrill, Thomsen, Sinclair, Gold, & Milner, 2001; Wright, Fopma-Loy, & Fischer, 2005). Related to sexual abuse severity is the number of lifetime traumas experienced, which would be a third study limitation. Adult female survivors of CSA have higher rates of revictimization throughout their lifetime when compared to non-clinical samples (Banyard, et al., 2002; Follette, Polusny, Bechtle, & Naugle, 1996; West, Williams, & Siegel, 2000; Wyatt, Guthrie, & Notgrass, 1992). Knowledge about sexual abuse history and additional traumas would enhance our understanding of the unique role of CSA on mother's coping and parenting.

A fourth limitation is the lack of a resilience factor to help explicate varying levels of endorsement of Strong Black Women cultural coping. Research with adults who were maltreated in childhood demonstrates that those who report the presence of a supportive parent or other adult have better outcomes, e.g., more years of education, higher rates of self-support,

decreased risk of persistent violent antisocial behavior, decreased likelihood of early parenthood, better parenting skills, and lower rates of problems in caring for their children (Houshyar & Kaufman, 2005). This could have a significant impact on how people responded regarding their current parenting behaviors.

A fifth limitation is development of some of the measures. The maternal group with a history of sexual abuse was not large enough to conduct separate factor analyses to confirm the existence of the Strong Black Woman Cultural Coping Scale three factor model within this specific group. This measure is grounded in clinical theory and a consistent pattern of factors has been replicated in other studies outside of this one. However, the pattern of item endorsement could potentially be different in light of a history of sexual abuse. Additionally, the PCRQ was not initially developed and validated for children within the age range utilized in the current study, nor was it developed with an African American female sample. Thus, each of the items developed for the parenting subscales may not be culturally consistent with the current population. Lastly, this study utilized regression analyses with a cross-sectional sample. Therefore, relationships between variables were reported and causality should not be inferred.

Due to the minority status of African American families within the United States, research needs to be sensitive to specific fundamental ways African American families may differ from other families (Vert Willie & Reddick, 2003). According to Nobles (2007) the family system is one way African American's instill an awareness of the unique racial oppression African Americans have endured as a people in the United States. Furthermore, he states the family serves to provide continued support via shared victimization, which instills an awareness that modern society is still racially unjust. This may provide insight as to why looking at the overall quality of the mother-daughter relationship, via the personal relationship

variable, did not provide significant findings. The parent-child relational bond is multifaceted, which may become more of an important consideration for within group research studies of ethnic minority families. Thus, for these families studies that utilize more overarching, generalized variables to capture understanding of parent-child relationships may be less fruitful. In order to work more effectively with African American populations, understanding events and relationships from an ecosystemic approach inclusive of the interrelated impact of family relationships, can be a powerful method to ultimately uncover potential strengths that can be maximized within families (Littlejohn-Blake & Darling, 1993). Thus, future research and clinicians need to be mindful of how psychological etiology is conceptualized when working minority populations.

Woods-Giscombe and Lobel (2008) revealed inclusion of race and gender related stress with global measures of stress better explicates higher levels of stress related distress found in African American populations. Therefore, culturally sensitive consideration of a variety of stressors should also be considered when working with minority populations. Furthermore, a variety of stressors could potentially impact a client's or research participant's perception of her parenting. Mothers who have been victims of CSA often report feeling less efficacious in their parental role (Cole & Woogler, 1989; Cohen, 1995). Perhaps African American mothers who were victims of CSA have found culturally sensitive mechanisms to cope with a variety of stressors that could impact their parenting. Future research examining other culturally relevant methods of coping would be beneficial to better understand factors that influence parenting within trauma populations, and would hopefully be utilized to inform clinical interventions.

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Appendix A

Georgia State University
Department of Psychology
Parental Consent Form

Title: Georgia State University Relationships Study

Principal Investigator: Lisa P. Armistead, Ph.D.

Student Investigators: Alana Clayton, M.A. & Irene Ngai, M.A.

I. Purpose:

You and if applicable, your daughter, are invited to be in a research study. The study is to understand how families with children/adolescents deal with stressful things. You are being asked to participate because you are the parent of a school aged child. About 100 female children/adolescents and their mothers will be recruited for this study.

II. Procedures:

You will both be asked to answer a lot of questions. You and your daughter will each be interviewed alone with a female interviewer at The Center for Black Women's Wellness, Center for Working Families, Georgia State University, or your home. It should take about 1½ hours to finish. You will be asked about a lot of different things. This includes stressful life events about bad things that might have happened to you, how you parent, your relationship with your daughter, relationships with friends and family, and about your feelings. You will also be asked about how your daughter is doing. Your daughter will be asked how she deals with difficult and stressful emotions and situations. She will also be asked about her relationships with family and friends and how she feels. You cannot see her answers and she cannot see yours. The limits to this rule are in the confidentiality section. At the end of all the questions, we will ask you and your daughter to talk about how you feel. We want to make sure that you and your daughter do not leave the interview really upset. To thank you for time and effort, you and your daughter will receive movie passes.

III. Risks:

This study may make you or your daughter feel sad or angry. If you or your daughter says these feelings are too much to handle, or if the interviewer thinks you are too upset, the interview will be stopped. In case you want to see someone to help you and/or your daughter work through any of these difficult feelings, The Center for Black Women's Wellness and the Center for Working Families can give you information for counseling services and we will also provide you with a list of low cost counseling options.

IV. Benefits:

Being in this study may not benefit you or your child personally. We hope to understand how

adolescents and their families handle stressful life events. What we find will be shared with various agencies in the Atlanta region. This can help improve programs for youth who have experienced sexual abuse and/or assault.

V. Voluntary Participation and Withdrawal:

Participation in the study is voluntary. You and your child do not have to be in this study. If you or your child changes your mind, you can drop out at any time. You or your child may skip questions or stop answering questions at any time. Neither of you will lose any benefits to which you are otherwise entitled.

VI. Confidentiality:

We will keep you and your child's records private to the extent allowed by law. But, if you or your child reveals any intent to harm yourselves, another person, or are being harmed, the authorities must be contacted. By law we also have to report incidents of child or elder abuse. We will use identification numbers instead of your names on the questionnaires. Only the principal and student investigators will see the information you provide. Answers from you and your child will be kept in locked cabinets and on both password- and firewall-protected computers. If we use a key to keep track of participant identities, this key will be securely stored separately from the questions to protect you and your child's privacy. This key will be destroyed within five years of the end of data collection, which is expected to end in May 2009. You and your child's name and other things that might point to either of you will not appear when we present this study or publish its results. The findings will be summarized and reported in group form. You and your child will not be identified personally.

VII. Contact Persons:

Please call Dr. Lisa Armistead, Alana Clayton, or Irene Ngai at 404-413-6315 if you have questions about this study. If you have questions or concerns about your rights as a participant in this research study, you may contact Susan Vogtner in the Office of Research Integrity at 404-413-3513 or svogtner1@gsu.edu.

VIII. Copy of Consent Form to Subject:

We will give you a copy of this consent form to keep.

If you are willing to volunteer and allow your child to volunteer for this research study, please sign below.

Name of Parent/Guardian/Legally Authorized Representative

Date

Signature of Parent/Guardian/Legally Authorized Representative

Date

Using language that is understandable, I have discussed this consent form with the client and have witnessed the signature. I have given the client a copy of this consent form.

Name of Principal Investigator or Researcher Obtaining Consent

Date

Signature of Principal Investigator or Researcher Obtaining Consent

Date

Appendix B

Demographic Information -P

Please answer the following questions. If you are not sure of an answer, choose the one that seems the best to you, or ask for help.

1. Are you a woman or transgendered?
 - female
 - transgendered

2. How old are you? ____ years

3. What do you identify as your race/ethnic identity:
 - Black or African American
 - American Indian or Alaskan Native
 - Asian
 - Hispanic or Latino
 - Native Hawaiian or other Pacific Islander
 - Biracial
 - Other

4. Which of the following best describes your family's religious affiliation?

Baptist	Pentecostal
Methodist	Jewish
Catholic	Christian (Non-denominational)
Episcopal	Seventh Day Adventist
Lutheran	Jehovah's Witness
Presbyterian	None
Muslim	Other _____

5. How often does your family attend religious activities, including services?
 - never
 - a few times a year
 - once or twice a month
 - once a week
 - more than once per week

6. How important are your religious beliefs to you?
 - not at all important
 - slightly important
 - moderately important
 - very important

7. Do you have a steady partner that you have been with for at least 3 months? Yes/No
 - a. Do you live with this person? Yes/No

8. Have you ever been married? Yes/No
If yes,
 a. Are you currently married? Yes/No

If yes, How many years have you been married to your current spouse? ____ years
9. Is your current spouse your daughter's biological (opposite sex parent)? Yes/No
10. How many different romantic relationships that have lasted 3 or more months have you had in the past five years? _____
11. Which of the following best describes your current employment status?
 1=work full-time
 2=work part-time
 3=work occasionally
 4=homemaker or stay-at-home parent
 5=unemployed
 6=student
 7=other
12. What is your total family income per month? (include earnings from all the people in your household)? _____
13. How far did you go in school?
 never attended high school
 attended high school but did not finish
 completed high school or GED
 some college
 technical, associates, or 2-year degree
 4-year college degree
 completed graduate or professional school

Family Composition and Relationships

1. Including you, how many people currently live in your household? _____
2. How many biological children do you have? Enter 0 if none _____
 What are their ages and gender: Age Gender
 _____ _____
 _____ _____
 _____ _____

_____	_____
_____	_____

Is your daughter your biological daughter? _____

If no, specify your relationship _____

3. How many of your biological children live with you? _____
4. Do other children who are not your biological children live with you in your household?
Yes/No

If yes, What are their ages and gender:

Age	Gender
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What is your relationship to your non-biological children who live with you?

- 1=Step parent
- 2=Adoptive parent
- 3=Grandparent
- 4=Aunt or uncle
- 5=Brother or sister
- 6=Not related
- 7=Other

5. How many years have you lived in the same house with your daughter? _____

6. *If not biological parent*:

How often does your daughter see her biological mother?

- 1=Never
- 2=A few times a year
- 3=A few times a month
- 4=A few times a week
- 5=Every day or almost every day

7. How often does your daughter see her biological father?

1=Never

2=A few times in his/her life

3=A few times a year

4=A few times a month

5=A few times a week

6=Every day or almost every day

8. Is your daughter involved in any afterschool or weekend activities, like school clubs, sports teams, music or dance groups, church groups, girl scouts or boy scouts, or girls club or boys club? Yes/No

If yes,

a. Over a typical school year, how many activities is she involved in? _____

b. How long has your daughter participated in after school or weekend activities?

_____years

SBW Cultural Construct Scale

Instructions – Please rate how often you think that each of the following statements apply to you.

- | | | | | | |
|------------|---|--------|-----------|------------|---------------|
| 1. | I believe that it is best not to rely on others. | | | | |
| | Never | Rarely | Sometimes | Frequently | Almost Always |
| 2. | I feel uncomfortable asking others for help. | | | | |
| | Never | Rarely | Sometimes | Frequently | Almost Always |
| 3. | I have difficulty showing my emotions. | | | | |
| | Never | Rarely | Sometimes | Frequently | Almost Always |
| 4. | I do not like to let others know when I am feeling vulnerable. | | | | |
| | Never | Rarely | Sometimes | Frequently | Almost Always |
| 5. | I believe that everything should be done to a high standard. | | | | |
| | Never | Rarely | Sometimes | Frequently | Almost Always |
| 6. | I am independent. | | | | |
| | Never | Rarely | Sometimes | Frequently | Almost Always |
| 7. | I take on more responsibilities than I can comfortably handle. | | | | |
| | Never | Rarely | Sometimes | Frequently | Almost Always |
| 8. | I believe I should always live up to other's expectations. | | | | |
| | Never | Rarely | Sometimes | Frequently | Almost Always |
| 9. | I should be able to handle all that life gives me. | | | | |
| | Never | Rarely | Sometimes | Frequently | Almost Always |
| 10. | I am strong. | | | | |
| | Never | Rarely | Sometimes | Frequently | Almost Always |

- 11. I need people to see me as always confident.**
 Never Rarely Sometimes Frequently Almost Always
- 12. I like being in control in relationships.**
 Never Rarely Sometimes Frequently Almost Always
- 13. I cannot rely on others to meet my needs.**
 Never Rarely Sometimes Frequently Almost Always
- 14. I take on others' problems.**
 Never Rarely Sometimes Frequently Almost Always
- 15. I feel that I owe a lot to my family.**
 Never Rarely Sometimes Frequently Almost Always
- 16. People think that I don't have feelings.**
 Never Rarely Sometimes Frequently Almost Always
- 17. I try to always maintain my composure.**
 Never Rarely Sometimes Frequently Almost Always
- 18. It is hard to say, "No," when people make requests of me.**
 Never Rarely Sometimes Frequently Almost Always
- 19. I do not like others to think of me as helpless.**
 Never Rarely Sometimes Frequently Almost Always
- 20. I do not let most people know the "real" me.**
 Never Rarely Sometimes Frequently Almost Always
- 21. In my family I give more than I receive.**
 Never Rarely Sometimes Frequently Almost Always
- 22. At times I feel overwhelmed with problems.**
 Never Rarely Sometimes Frequently Almost Always

	Hardly at All	Not too Much	Somewhat	Very Much	Extremely Much
8. How much do you order your daughter around?	1	2	3	4	5
9. How much do you and your daughter tell each other everything?	1	2	3	4	5
10. How much do you spank your daughter when she misbehaves?	1	2	3	4	5
11. How much do you admire and respect your daughter?	1	2	3	4	5
12. How much does your daughter admire and respect you?	1	2	3	4	5
13. Some parents take away privileges a lot when their children misbehave, while other parents hardly ever take away privileges. How much do you take away your daughter's privileges when she misbehaves?	1	2	3	4	5
14. How much do you show your daughter how to do things that she doesn't know how to do?	1	2	3	4	5
15. How much do you yell at your daughter for being bad?	1	2	3	4	5
16. How much do you ask your daughter for his or her opinion on things?	1	2	3	4	5
17. How much do you and your daughter go places and do things together?	1	2	3	4	5
18. How much do you make your daughter feel ashamed or guilty for not doing what she is supposed to do?	1	2	3	4	5
19. Some parents talk to their children a lot about why they're being punished, while other parents do this a little. How much do you talk to your daughter about why she is being punished or not allowed to do something?	1	2	3	4	5

	Hardly at All	Not too Much	Somewhat	Very Much	Extremely Much
20. How much do you want your daughter to do things with you rather than with other people?	1	2	3	4	5
21. How much do you not let your daughter do something she wants to do because you are afraid she might get hurt?	1	2	3	4	5
22. How much do you and your daughter love each other?	1	2	3	4	5
23. How much do you and your daughter get mad at and get in arguments with each other?	1	2	3	4	5
24. How much do you and your daughter give each other a hand with things?	1	2	3	4	5
25. Some parents and children have a lot of things in common, while other parents and children have a little in common. How much do you and your daughter have things in common?	1	2	3	4	5
26. How much do you tell your daughter that she did a good job?	1	2	3	4	5
27. How much do you tell your daughter what to do?	1	2	3	4	5
28. How much do you and your daughter share secrets and private feelings with each other?	1	2	3	4	5
29. How much do you hit your daughter when she has been bad?	1	2	3	4	5
30. How much do you feel proud of your daughter?	1	2	3	4	5
31. Some children feel really proud of their parents, while other children don't feel very proud of their parents. How much does your daughter feel proud of you?	1	2	3	4	5

	Hardly at All	Not too Much	Somewhat	Very Much	Extremely Much
32. How much do you forbid your daughter to do something she really likes to do when she has been bad?	1	2	3	4	5
33. How much do you help your daughter with things she can't do by herself?	1	2	3	4	5
34. How much do you nag or bug your daughter to do things?	1	2	3	4	5
35. How much do you listen to your daughter's ideas before making a decision?	1	2	3	4	5
36. How much do you play around and have fun with your daughter?	1	2	3	4	5
37. Some parents make their children feel bad about themselves a lot when they misbehave, while other parents do this a little. How much do you make your daughter feel bad about herself when she misbehaves?	1	2	3	4	5
38. How much do you give your daughter reasons for rules you make for her to follow?	1	2	3	4	5
39. How much do you want your daughter to be around you all of the time?	1	2	3	4	5
40. How much do you worry about your daughter when she is not at home?	1	2	3	4	5
41. How much do you and your daughter have strong feelings of affection (love) toward each other?	1	2	3	4	5
42. How much do you and your daughter argue with each other?	1	2	3	4	5
43. Some parents and children do special favors for each other a lot, while other parents and children do special favors for each other a little. How much do you and your daughter do special favors for each other?	1	2	3	4	5

	Hardly at All	Not too Much	Somewhat	Very Much	Extremely Much
44. How much are you and your daughter alike?	1	2	3	4	5
45. How much do you tell your daughter you liked what she did?	1	2	3	4	5
46. How much do you make your daughter do things?	1	2	3	4	5
47. How much do you and your daughter talk to each other about things that you don't want others to know?	1	2	3	4	5
48. How much do you punish your daughter by giving her a paddling when she has done something wrong?	1	2	3	4	5
49. How much do you think highly of your daughter?	1	2	3	4	5
50. Some children think very highly of their parent, while other children don't think so highly of their parent. How much does your daughter think highly of you?	1	2	3	4	5
51. How much do you punish your daughter by sending her to his or her room making her stay home?	1	2	3	4	5
52. How much do you teach your daughter things that she doesn't know?	1	2	3	4	5
53. How much do you pick on your daughter when she doesn't deserve it?	1	2	3	4	5

	Hardly at All	Not too Much	Somewhat	Very Much	Extremely Much
54. How much do you respect your daughter's opinion?	1	2	3	4	5
55. Some parents and children spend a lot of free time together, while other parents and children spend a little free time together. How much free time do you and your daughter spend together?	1	2	3	4	5
56. How much do you let your daughter know that other children behave better than she does?	1	2	3	4	5
57. Some parents give their children reasons for their decisions about what they can and can't do a lot, while other parents do this a little. How much do you give your daughter reasons for decisions about what she can or can't do?	1	2	3	4	5

LSC - R

READ THIS FIRST: Now we are going to ask you some questions about events in your life that are frightening, upsetting, or stressful to most people. Please think back over your whole life when you answer these questions. Some of these questions may be about upsetting events you don't usually talk about. Your answers are important, but you do not have to answer any questions that you do not want to. Thank you.

1. Have you ever been in a serious disaster (for example, an earthquake, hurricane, large fire, explosion)?	YES	NO
a. How old were you when this happened? _____		
c. At the time of the event did you believe that <i>you or someone else</i> could be <i>killed</i> or seriously <i>harmed</i> ?	YES	NO
d. At the time of the event did you experience feelings of <i>intense helplessness, fear, or horror</i> ?	YES	NO
e. How much has this affected your life in the past year?	(1) (2) (3) (4) (5)	
	not at all	some extremely
2. Have you ever seen a serious accident (for example, a bad car wreck or an on-the-job accident)?	YES	NO
a. How old were you when this happened? _____		
c. At the time of the event did you believe that <i>you or someone else</i> could be <i>killed</i> or seriously <i>harmed</i> ?	YES	NO
d. At the time of the event did you experience feelings of <i>intense helplessness, fear, or horror</i> ?	YES	NO
e. How much has this affected your life in the past year?	(1) (2) (3) (4) (5)	
	not at all	some extremely
3. Have you ever had a very serious accident or accident-related injury (for example, a bad car wreck or an on-the-job accident)?	YES	NO
a. How old were you when this happened? _____		
c. At the time of the event did you believe that <i>you or someone else</i> could be <i>killed</i> or seriously <i>harmed</i> ?	YES	NO
d. At the time of the event did you experience feelings of <i>intense helplessness, fear, or horror</i> ?	YES	NO
e. How much has this affected your life in the past year?	(1) (2) (3) (4) (5)	
	not at all	some extremely
4. Was a close family member ever sent to jail?	YES	NO
a. How old were you when this happened? _____		
b. When it ended? _____		
e. How much has this affected your life in the past year?	(1) (2) (3) (4) (5)	
	not at all	some extremely
5. Have you ever been sent to jail?	YES	NO
a. How old were you when this happened? _____		
b. When it ended? _____		
e. How much has this affected your life in the past year?	(1) (2) (3) (4) (5)	
	not at all	some extremely
6. Were you ever put in foster care or put up for adoption?	YES	NO
a. How old were you when this happened? _____		
b. When it ended? _____		
e. How much has this affected your life in the past year?	(1) (2) (3) (4) (5)	
	not at all	some extremely
7. Did your parents ever separate or divorce while you were living with them?	YES	NO
a. How old were you when this happened? _____		
b. When it ended? _____		
e. How much has this affected your life in the past year?	(1) (2) (3) (4) (5)	
	not at all	some extremely
8. Have you ever been separated or divorced?	YES	NO
a. How old were you when this happened? _____		
b. When it ended? _____		
e. How much has this affected your life in the past year?	(1) (2) (3) (4) (5)	
	not at all	some extremely
9. Have you ever had serious money problems (for example, not enough money for food or place to live)?	YES	NO
a. How old were you when this happened? _____		
b. When it ended? _____		
e. How much has this affected your life in the past year?	(1) (2) (3) (4) (5)	
	not at all	some extremely

10. Have you ever had a very serious physical or mental illness (for example, cancer, heart attack, serious operation, felt like killing yourself, hospitalized because of nerve problems)? YES NO

- a. How old were you when this happened? _____ b. When it ended? _____
 c. At the time of the event did you believe that *you or someone else* could be *killed* or seriously *harmed*? YES NO
 d. At the time of the event did you experience feelings of *intense helplessness, fear, or horror*? YES NO
 e. How much has this affected your life in the past year? (1) (2) (3) (4) (5)
 not at all some extremely

11. Have you ever been emotionally abused or neglected (for example, being frequently shamed, embarrassed, ignored, or repeatedly told that you were "no good")? YES NO

- a. How old were you when this happened? _____ b. When it ended? _____
 c. At the time of the event did you believe that *you or someone else* could be *killed* or seriously *harmed*? YES NO
 d. At the time of the event did you experience feelings of *intense helplessness, fear, or horror*? YES NO
 e. How much has this affected your life in the past year? (1) (2) (3) (4) (5)
 not at all some extremely

12. Have you ever been physically neglected (for example, not fed, not properly clothed, or left to take care of yourself when you were too young or ill)? YES NO

- a. How old were you when this happened? _____ b. When it ended? _____
 c. At the time of the event did you believe that *you or someone else* could be *killed* or seriously *harmed*? YES NO
 d. At the time of the event did you experience feelings of *intense helplessness, fear, or horror*? YES NO
 e. How much has this affected your life in the past year? (1) (2) (3) (4) (5)
 not at all some extremely

13. WOMEN ONLY: Have you ever had an abortion or miscarriage (lost your baby)? YES NO

- a. How old were you when this happened? _____
 c. At the time of the event did you believe that *you or someone else* could be *killed* or seriously *harmed*? YES NO
 d. At the time of the event did you experience feelings of *intense helplessness, fear, or horror*? YES NO
 e. How much has this affected your life in the past year? (1) (2) (3) (4) (5)
 not at all some extremely

14. Have you ever been separated from you child against your will (for example, the loss of custody or visitation or kidnapping)? YES NO

- a. How old were you when this happened? _____ b. When it ended? _____
 e. How much has this affected your life in the past year? (1) (2) (3) (4) (5)
 not at all some extremely

15. Has a baby or child of yours ever had a severe physical or mental handicap (for example, mentally retarded, birth defects, can't hear, see, walk)? YES NO

- a. How old were you when this happened? _____ b. When it ended? _____
 e. How much has this affected your life in the past year? (1) (2) (3) (4) (5)
 not at all some extremely

16. Have you ever been responsible for taking care of someone close to you (not your child) who had a severe physical or mental handicap (for example, cancer, stroke, AIDS, nerve problems, can't hear, see, walk)? YES NO

- a. How old were you when this happened? _____ b. When it ended? _____
 e. How much has this affected your life in the past year? (1) (2) (3) (4) (5)
 not at all some extremely

17. Has someone close to you died suddenly or unexpectedly (for example, sudden heart attack, murder or suicide)? YES NO

- a. How old were you when this happened? _____
 c. At the time of the event did you believe that *you or someone else* could be *killed* or seriously *harmed*? YES NO
 d. At the time of the event did you experience feelings of *intense helplessness, fear, or horror*? YES NO
 e. How much has this affected your life in the past year? (1) (2) (3) (4) (5)
 not at all some extremely

18. Has someone close to you died (do NOT include those who died suddenly or unexpectedly)? YES NO

- a. How old were you when this happened? _____
- c. At the time of the event did you believe that *you or someone else* could be *killed* or seriously *harmed*? YES NO
- d. At the time of the event did you experience feelings of *intense helplessness, fear, or horror*? YES NO
- e. How much has this affected your life in the past year? (1) (2) (3) (4) (5)
not at all some extremely

19. When you were young (before age 16), did you ever see violence between family members (for example, hitting, kicking, slapping, punching)? YES NO

- a. How old were you when this happened? _____ b. When it ended? _____
- c. At the time of the event did you believe that *you or someone else* could be *killed* or seriously *harmed*? YES NO
- d. At the time of the event did you experience feelings of *intense helplessness, fear, or horror*? YES NO
- e. How much has this affected your life in the past year? (1) (2) (3) (4) (5)
not at all some extremely

20. Have you ever seen a robbery, mugging, or attack taking place? YES NO

- a. How old were you when this happened? _____
- c. At the time of the event did you believe that *you or someone else* could be *killed* or seriously *harmed*? YES NO
- d. At the time of the event did you experience feelings of *intense helplessness, fear, or horror*? YES NO
- e. How much has this affected your life in the past year? (1) (2) (3) (4) (5)
not at all some extremely

21. Have you ever been robbed, mugged, or physically attacked (not sexually) by someone you did not know? YES NO

- a. How old were you when this happened? _____
- c. At the time of the event did you believe that *you or someone else* could be *killed* or seriously *harmed*? YES NO
- d. At the time of the event did you experience feelings of *intense helplessness, fear, or horror*? YES NO
- e. How much has this affected your life in the past year? (1) (2) (3) (4) (5)
not at all some extremely

22. Before age 16, were you ever abused or physically attacked (not sexually) by someone you knew (for example, a parent, boyfriend, or husband, hit, slapped, choked, burned, or beat you up)? YES NO

- a. How old were you when this happened? _____ b. When it ended? _____
- c. At the time of the event did you believe that *you or someone else* could be *killed* or seriously *harmed*? YES NO
- d. At the time of the event did you experience feelings of *intense helplessness, fear, or horror*? YES NO
- e. How much has this affected your life in the past year? (1) (2) (3) (4) (5)
not at all some extremely

23. After age 16, were you ever abused or physically attacked (not sexually) by someone you knew (for example, a parent, boyfriend, or husband hit, slapped, choked, burned, or beat you up)? YES NO

- a. How old were you when this happened? _____ [b. When it ended? _____]
- c. At the time of the event did you believe that *you or someone else* could be *killed* or seriously *harmed*? YES NO
- d. At the time of the event did you experience feelings of *intense helplessness, fear, or horror*? YES NO
- e. How much has this affected your life in the past year? (1) (2) (3) (4) (5)
not at all some extremely

24. Have you ever been bothered or harassed by sexual remarks, jokes, or demands for sexual favors by someone at work or school (for example, a coworker, a boss, a customer, another student, a teacher)? YES NO

- a. How old were you when this happened? _____ b. When it ended? _____
- c. At the time of the event did you believe that *you or someone else* could be *killed* or seriously *harmed*? YES NO
- d. At the time of the event did you experience feelings of *intense helplessness, fear, or horror*? YES NO
- e. How much has this affected your life in the past year? (1) (2) (3) (4) (5)
not at all some extremely

25. Before age 16, were you ever touched or made to touch someone else in a sexual way because he/she forced you in some way or threatened to harm you if you didn't? YES NO

- a. How old were you when this happened? _____ b. When it ended? _____
 c. At the time of the event did you believe that *you or someone else* could be *killed* or *seriously harmed*? YES NO
 d. At the time of the event did you experience feelings of *intense helplessness, fear, or horror*? YES NO
 e. How much has this affected your life in the past year? (1) (2) (3) (4) (5)
 not at all some extremely

26. After age 16, were you ever touched or made to touch someone else in a sexual way because he/she forced you in some way or threatened to harm you if you didn't? YES NO

- a. How old were you when this happened? _____ b. When it ended? _____
 c. At the time of the event did you believe that *you or someone else* could be *killed* or *seriously harmed*? YES NO
 d. At the time of the event did you experience feelings of *intense helplessness, fear, or horror*? YES NO
 e. How much has this affected your life in the past year? (1) (2) (3) (4) (5)
 not at all some extremely

27. Before age 16, did you ever have sex (oral, anal, genital) when you didn't want to because someone forced you in some way or threatened to hurt you if you didn't? YES NO

- a. How old were you when this happened? _____ b. When it ended? _____
 c. At the time of the event did you believe that *you or someone else* could be *killed* or *seriously harmed*? YES NO
 d. At the time of the event did you experience feelings of *intense helplessness, fear, or horror*? YES NO
 e. How much has this affected your life in the past year? (1) (2) (3) (4) (5)
 not at all some extremely

28. After age 16, did you ever have sex (oral, anal, genital) when you didn't want to because someone forced you in some way or threatened to harm you if you didn't? YES NO

- a. How old were you when this happened? _____ [b. When it ended? _____]
 c. At the time of the event did you believe that *you or someone else* could be *killed* or *seriously harmed*? YES NO
 d. At the time of the event did you experience feelings of *intense helplessness, fear, or horror*? YES NO
 e. How much has this affected your life in the past year? (1) (2) (3) (4) (5)
 not at all some extremely

29. Are there any events we did not include that you would like to mention? YES NO

What was the event? _____

- a. How old were you when this happened? _____ b. When it ended? _____
 c. At the time of the event did you believe that *you or someone else* could be *killed* or *seriously harmed*? YES NO
 d. At the time of the event did you experience feelings of *intense helplessness, fear, or horror*? YES NO
 e. How much has this affected your life in the past year? (1) (2) (3) (4) (5)
 not at all some extremely

30. Have any of the events mentioned above ever happened to someone close to you so that even though you didn't see it yourself, you were seriously upset by it? YES NO

What was the event? _____

- a. How old were you when this happened? _____ [b. When it ended? _____]
 c. At the time of the event did you believe that *you or someone else* could be *killed* or *seriously harmed*? YES NO
 d. At the time of the event did you experience feelings of *intense helplessness, fear, or horror*? YES NO
 e. How much has this affected your life in the past year? (1) (2) (3) (4) (5)
 not at all some extremely