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Latina Women and Career Barriers Due To Post-Traumatic Stress Disorder  
Support Through Higher Education

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## Abstract

Hispanic Latinas were surveyed in order to establish the effects childhood sexual abuse had on their academic performance, future career choice and success. The findings presented provide some evidence of a contrast between women who were abused as children and those who were not. In support of the literature, findings from the study show the challenges abused women face in terms of career choice due to the long lasting effects of childhood sexual abuse. A small number of participants, time and resource constraints make it difficult to generalize these findings to a wider population. Replications are suggested in order to identify more discriminate information of factors, which may help to alleviate the suffering of this population.

## Chapter One

### Introduction

Latinas were examined in an attempt to find out if in fact their challenges in terms of memory and attention due to sexual abuse during childhood affected their academic success and therefore their career choices. The participants completing this survey were all currently residents of an urban Midwestern community. The survey was done during the summer months of the year 2012. It included women who experienced sexual abuse in the past and those without this type of experience. The two groups were contrasted to determine if there were differences shown in career choice and success later in life.

#### **Why sexually abused women?**

Reaching true potential is part of one's life's journey. Some people meet obstacles along the way and must satisfy certain needs before they can become all they are capable of being. The achievement of true potential is also known as self-actualization. As a future higher education administrator, I would like to see the journey of self-actualization happen for all populations as equally as possible. I understand there are issues that prevent certain students from reaching their full potential. There is a particular population for which I believe recruiting programs and extra support provided by higher education institutions could help. As professionals we could assist in making education accessible to women who otherwise would never think that preparing for their career of choice could be possible. I want to advocate for this subset of the population who have encountered challenges beyond their control that have direct repercussions in various areas of their lives. I would like to see more women be able to reach their potential regardless of their past traumatic experiences.

Sexual assault is a devastating "human made" disaster, known to bring adverse post-trauma effects on survivors. Sexual abuse is defined as "a statutory offense that provides that it is a crime to knowingly cause another person to engage in an unwanted sexual act by force or threat; 'most states have replaced the common law definition of rape with statutes defining sexual assault'".

According to The National Intimate Partner and Sexual Violence Survey (NISVS) about one in four women compared to one in seven men are affected by sexual abuse. Focused on female victims of childhood sexual abuse and the development of PTSD, in particular I studied Hispanic female sufferers of this unfortunate disorder. I sought to gain some perspective as to the challenges faced in adulthood

regarding career goals as a result of the disadvantages encountered as a child. The goal of this study was to gather insight on the topic of adult professional success and ways survivors attribute their sexual abuse past to their perceived failures.

By conducting surveys of Latina female child survivors of sexual abuse, this study attempted to understand the challenges they faced during their K-12 education. The participants were divided in two groups to examine differences between their perspectives. One group was PTSD free, with no history of sexual abuse and the other group was the target population.

A large body of neurophysiological research has examined the relationship between sexual abuse in women and the size of the memory related mechanisms in the brain. (Andersen, Tomada, Vincow, Valente, Polcari, & Teicher, 2008; Anderson, 2001; Christianson & Nilsson, 1994; Cicchetti, Rogoch, Gunnar, & Toth, 2010; Daniels, Frewen, McKinnon, Lanius, 2011; El-Hage, Gaillard, Isingrini, & Belzung, 2006; Heim, Newport, Bonsall, Miller, & Nemeroff, 2001; Lanius, Bluhm & Frewen, 2011). Women survivors of Childhood Sexual Abuse (CSA) have smaller hippocampal masses in their brains. This is a tremendous finding in trying to translate the physiological evidence into practical reality. The connection I sought to suggest is that women with a history of CSA who are known to have smaller memory mechanisms are bound to encounter challenges in school can be made (Bremner et al., 1995). Achievement in school systems is based on the ability to memorize information, especially in mathematics and sciences.

The ultimate goal of this project is to assist survivors so that their negative sexual experiences and all the known consequences do not become barriers for their future life goals. Through awareness, memory deficiencies and attention issues due to PTSD may be brought to light and dealt with as survivors go through their educational experiences. With information, perhaps survivors will be better equipped to cope with their known challenges.

### **Background on PTSD**

Formerly known as combat syndrome, Post-Traumatic Stress Disorder (PTSD) was included in 2000 in the fourth revision of the Diagnostic and Statistical Manual of Mental Disorders (American Psychological Association, 2000), after years of considering what would be the best fit as a diagnosis for someone with the symptoms that were similar to combat disorder but was being displayed by people who



were not veterans of war. Survivors of war or other extreme life threatening events who reported having symptoms, such as vivid nightmares, anxiety episodes, flashbacks, depression, hyper vigilance, and occasional emotional numbing (Lifton, 1993). Around the 1960's many women started coming to hospitals complaining of the above-mentioned symptoms. Doctors and psychologists were amazed by how similar these complaints were to those complaints they received from veterans of war. So for some time women who had been victims of sexual or extreme physical or emotional abuse were given a diagnosis called post-combat syndrome.

Victims and survivors of natural disasters, fires, explosions, terrorist attacks, kidnapping, sexual abuse, and other manmade disasters have common characteristics following a life-threatening event. Some display impulsive or self-destructive behavior. Some may also show dissociative symptoms during which the survivor can feel a sense of disconnection to his or her own body and feelings. This is often described by people as a feeling of "watching" themselves from a distance. Others have somatic complaints, like constant headaches, stomach pains, etc. Many sufferers of Post-Traumatic Stress experience anxiety and trust issues as well as outbursts of unexplained anger (Bentley, 2005; Dyregrov, Gupta, Gjestad, & Mukanoheli, 2000).

One of the most interesting characteristics of this disorder that presents itself in children who are sexually abused is the "block out" in which the child who is experiencing the abuse automatically blocks partially or entirely their childhood memories, good and bad (Vasterling & Brewin, 2005). This is naturally a defense response from the body to protect itself from the painful memories. The problem, however, is that their minds tend to block times that were good so the adult survivor ends up with holes in memory which can be painful for the victim who experiences a feeling of having lost his or her childhood.

Herman (1997) explained that at the time of a traumatic event the body's release of adrenaline is increased substantially in order to allow the person to react by either "fight or flight". Fight refers to standing up to the threat and fighting against it. Flight refers to escaping the situation. In the adrenaline rush of the moment the ability to store memories is impaired and the victim is left with no solid memory of the events surrounding the attack (Herman, 1997). What is also intriguing about this memory impairment is that many survivors who continue to endure the abuse for prolonged periods of time miss details and emotional memories from months and maybe even years.

All this trauma and emotional reaction depletes the resources these children can use to succeed in school. I hypothesize that females abused in their childhood would have major roadblocks to try to overcome in their future. This situation may translate into lack of test readiness, since forgotten memories of school learning would leave them with blank banks of information to be able to perform well on tests and national assessments. In turn, higher education opportunities may be diminished. Possible solutions to address this obstacle include school counseling, programs aimed to promote memory and attention, and professional PTSD treatment with a therapist. The reality is that survivors of childhood sexual assault may face disadvantages in the job market, as options may be limited by poor performance on examinations. Life skills and other important areas needed for life long success may also be adversely affected.

For children and adolescents who have survived a life threatening experience, appropriate counseling within the school setting is not only advisable, but could become influential in the ability of the student to do well in school. Counselors, or school psychologists in K-12 need to be aware that exposure to traumatic events and the symptoms that follow may interfere with the ability to have a reasonably normal school experience. In fact, posttraumatic symptoms may make the school experience and other aspects of life intolerable for some children (Nader, 2010).

## **Chapter Two**

### **Review of Literature**

Background on the research and the implications of CSA found related to girls is briefly described in this chapter. A closer look at the emotional and physiological effects of PTSD on girl survivors of CSA shows the importance of addressing the issues identified on this particular population. The last part of this chapter aims to highlight the connection between the damages found in brain areas involved in memory and attention and the challenges in classroom performance the survivors face. The beginning of this chapter seeks to establish a deeper understanding of the history of trauma recognition by scholars and the evolution of the study of trauma. Identified in veterans of war only around the 1600's, post-combat syndrome was then a vague recognition of a cluster of symptoms reported by soldiers after combat (Bentley, 2005).

As others researched this disorder, it was recognized that these same symptoms were also found in groups besides veterans of war. Post-combat syndrome symptoms were seen in children after war, and also in women after escaping domestic violence situations (American Psychological Association, 2000). Post-combat syndrome in 2000 changed officially to Post-Traumatic Stress Disorder in the fourth revision of the Diagnostic and Statistical Manual of Mental Disorders (American Psychological Association, 2000). Instead of focusing on the kind of trauma a person experienced, trauma in general took the main stage, which is how the traumatic event of childhood sexual abuse (CSA) came to be considered under trauma as PTSD.

#### **Posttraumatic Stress Disorder**

Exposure to trauma is certainly not a new phenomenon to humankind. Although not given a formal name until 1980, the disorder now known as PTSD has been recognized throughout the centuries by such varied names as shell shock, battle fatigue, accident neurosis, and post-rape syndrome (American Psychiatric Association, 2000).

#### **War and PTSD**

Posttraumatic stress was identified long ago in soldiers returning from battle (Bentley, 2005). Swiss military physicians in 1678 were among the first to identify and name that constellation of behaviors that make up acute combat reaction or PTSD. German doctors diagnosed the same problem in the

soldiers at around the same time as the Swiss military. Soon after, French and Spanish doctors also noticed and described the disturbances seen in their troops when they returned from war (Bentley, 2005). In the 1600's, upon identification of PTSD, the problem was believed to be the result of the weak character of the person. "The issue was attributed to the weak-minded soldiers, and not to the horrific nature of war itself" (Bentley, 2005, para 20).

### **Acute combat reaction, Post-Combat syndrome (PCS), or Battle fatigue**

Richard A. Gabriel, a consultant to the Senate and House Armed Services Committees, is considered to be one of the foremost chroniclers of PTSD contributing to the understanding of the history of PTSD in war. He has described the symptoms observed and treated by military doctors (Bentley, 2005). The Russian Army in the year 1905 was "the first army in history to determine that mental collapse was a direct consequence of the stress of war and to regard it as a legitimate medical condition" (Bentley, 2005, para 26). Gabriel explained "that Russian attempts to diagnose and treat battle shock represent the birth of military psychiatry" (Bentley, 2005, para 30).

### **Children after war**

Children exposed to war atrocities often experience clinically significant levels of re-experiencing, avoidance or numbing, and hyper arousal symptoms, which together make up the syndrome of posttraumatic stress disorder (Pynoos, Frederick, Nader, Arroyo, Seinberg, Eth, 1987).

In a study conducted at the University of Missouri, Columbia, the prevalence and relations between attention problems, trauma exposure and posttraumatic reactions in a sample of Sarajevan children in the midst of the Bosnian War, was observed. Researchers found that attention deficits were partly mediated by PTSD after checking grade reports and other school documents written by teachers and administrators. The connection between their educational school performance deficits and their PTSD symptoms were obvious, as these children were exposed to the horrors of war (Husain, Allwood, & Bell, 2008). These findings suggest that in the presence of trauma, children may be affected in ways that impair their school performance. Children with PTSD can experience significantly negative effects on their social and emotional development, as well as their ability to learn. Studies indicate that children can develop PTSD after exposure to a range of traumatic stressors, including violent crime, sexual abuse, natural disasters and war (Kaminer, Seedat, & Stein, 2005). While not every child who is exposed to

trauma will develop PTSD, the numbers of those who develop the disorder are very high. For example, over 50% of children exposed to the Cambodian conflict developed this (Kinzie, Sack, Angell, Manson, & Rath, 1986). Out of 3,030 child survivors of the Rwanda Genocide 1,830 of the children showed symptoms of PTSD, exhibiting high sense of intrusion and avoidance (Dyregrov, Gupta, Gjestad, & Mukanoheli, 2000). There are also non-war related victims suffering from the same cluster of symptoms that have been recognized.

### **Women and Post-Combat Syndrome Diagnosis-Non-War-Related**

After years of acknowledging the symptoms of what is now known as PTSD “battle fatigue” and “post-combat syndrome” psychologists and counselors began to notice that female patients who had not experienced war presented with similar symptomatology. These women exhibited the same symptoms of veterans of war yet their source of trauma was completely different. These women were being exposed to domestic abuse, sexual abuse, and violence by their domestic partners. They had not experienced explosions of war, torture, or imprisonment. The field of psychology during the 1960’s and 1970’s began to recognize that this disorder existed beyond the context of war. Due in part to this realization, the name was officially adopted as Post-Traumatic Stress Disorder in 1980. It was a more suitable term because it included others in addition to veterans of war. This term acknowledged trauma as the source of the problem, which was defined as a “life-threatening event” (American Psychological Association, 2000). Women and girls are among the most affected by PTSD. The disorder has a lifetime prevalence of 7%-30%, with about 5 million people suffering from the illness in any one year. Girls, women, and ethnic minorities develop PTSD more than boys, men, and Caucasians (Keane, Marshall & Traft, 2006).

### **DSM and PTSD: Diagnostic Criteria**

The Diagnostic and Statistical Manual of Mental Disorders, known as the DSM-IV-TR, contains specific information that determines whether a person demonstrates features of a certain mental disorder. In the case of post-traumatic stress the DSM has defined and revised the description several times (American Psychiatric Association, 2000).

PTSD is clearly defined by the DSM as a person that has been exposed to a traumatic event in which he or she experienced, witnessed, or confronted an event that involved the actual attempt, or threat of death, serious injury, or physical harm to the integrity of oneself or others. In addition, the person must

have responded with intense fear, helplessness, or horror.

The DSM notes that in children this may be expressed through disorganized or agitated behavior. Posttraumatic stress also features recurrent and intrusive distressing recollections of the event, through images, thoughts, or perceptions. In children in particular, repetitive play may occur in which themes or aspects of the trauma are expressed. Children may have nightmares unrelated to the traumatic event. Some individuals experience hallucinations and dissociative flashbacks. The most telling symptoms of PTSD is the intense psychological distress experienced at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

The individuals who suffer with PTSD may also persistently avoid stimuli associated with the trauma and may be numb to general responsiveness to conversations about the trauma, or activities, places or people who remind them of the trauma. Some individuals who are unable to recall an important aspect of the trauma may demonstrate diminished interest in participating in previously enjoyable activities. Some show detachment to others or have a difficult time experiencing loving feelings. Another symptom of PTSD is the sense of foreshortened future, where the sufferer does not expect to have a career, marriage, children or a normal life span. Persistent symptoms may also include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper-vigilance and exaggerated startle response (American Psychiatric Association, 2000).

### **Childhood Sexual Abuse (CSA)**

Childhood sexual abuse is a complex life experience, not a diagnosis or a disorder. An array of sexual activities is covered by the term *child sexual abuse* (CSA). These include intercourse, "attempted intercourse, oral-genital contact, fondling of genitals directly or through clothing, exhibitionism or exposing children to adult sexual activity or pornography, and the use of the child for prostitution or pornography" (Putnam, 2003, p. 269).

**General negative effects of CSA.** CSA may have devastating consequences at the individual, family and societal levels. There are physical, social, psychological and economic effects. The effects of CSA extend beyond the individual, influencing the quality of life in the community and the economic progress of society. In some instances the federal government is responsible for the medical bills of those affected psychologically. In other cases the state is burdened by the education and health of the

teenagers and their unplanned children. The education and possibility for success in adulthood may also be truncated by the CSA (Jones, 2009).

**Psychological/emotional effects of CSA.** The adverse reactions to CSA are innumerable and detrimental to the life of survivors. Reactions experienced by children victims of sexual abuse may be expressed through biological changes or emotional disturbances. CSA affects the brain, thinking processes and chemistry regulation. The emotional effects of CSA may be overwhelming. Sexually abused children may demonstrate different disturbances as result of their trauma. Compared to peers, sexually abused children may engage in excessive and inappropriate sexual behaviors, such as increased sex play and masturbation in socially stressful situations (Einbender & Friedrich, 1989). Some children may demonstrate fear, avoidance, and mistrust while others may have the opposite reaction, which is to over-see attention and touch of adults including strangers (Tong, Oates, & McDowell, 1987). Symptoms experienced by children being abused or exposed to violence can also affect their socialization skills. In many cases the situation pushes these children to cope with issues that are beyond their years (Margolin & Gordis, 2000). Pre-adolescents may have to deal with pregnancies; others may have to lie to adults in order to protect other members of the family like in the case of siblings who make the decision to take the abuse to protect younger siblings. Others accept the abuse to avoid negative consequences given by the perpetrator. Maturity in social context may come too soon for these children when faced with those types of decisions.

**School Functioning Impairments of Female Survivors of CSA.** In order to do well in school individuals have to demonstrate abilities to retain information provided by teachers and books. Students need to exercise their ability to concentrate and pay attention, retain the learned concepts, and show their knowledge through acceptable scores on standardized tests. Considering the physical and psychological reactions brought on by the traumatic event is important to be able to see the many challenges CSA survivors encounter while trying to function in schools.

**Memory mechanisms altered in girls by CSA.** Children in school systems tend to be expected to perform at high levels. Success in terms of learning is commonly measured through examinations. Children who experienced CSA may be at a disadvantage since it is well documented that girls' memory mechanisms are altered by CSA (Bremner, 2005). A traumatized child who is expected to perform well on

standardized tests based on memorized material is automatically being set up for failure.

**Neuroendocrine activity and memory.** The brain's default mode network (DMN) is activated when individuals exercise stimulus independent thought. The DMN is formed by the medial prefrontal cortex, posterior cingulate cortex, midline parietal structures, medial and lateral temporal lobes and lateral parietal regions (Lanius, Bluhm & Frewen, 2011). All of these areas are involved in consolidating information to provide context for future information processing, for instance, autobiographic memory, or other memory storage. In patients with chronic PTSD owing to prolonged childhood abuse, significantly reduced resting state connectivity within the DMN was demonstrated (Bluhm, Williamson, Osuch, Frewen, Stevens, Boksman, 2009). It has also been found that the connectivity capacity of the DMN in adult patients who were abused as children resembles the DMN activity capacity of children 7-9 years old. This may suggest that there is an interference with the normal development of brain regions that could be attributed to the disturbances caused during the traumatic event (Daniels, Frewen, McKinnon & Lanius, 2011). The toxic effects of stress hormones on the myelination of cells in the corpus callosum may be responsible for this developmental stagnation of the brain structure. The ability to engage and disengage from a working memory task has been studied and deficits in working memory performances have been documented in people with chronic PTSD (Daniels et al., 2011; Shaw et al., 2009).

**Hippocampal volume alterations.** Some children who underwent stress have impairments in their learning and achievement during school (Bremner et al., 1995). These challenges in new learning have been found to be directly related to PTSD. Memory fragmentation, intrusive memories, flashbacks, dissociation and pathological emotions, may also be related to hippocampal dysfunction. The hippocampus is a part of the brain that is directly involved with memory and learning, it is also very vulnerable to acute stress. Cortisol levels, which are released in high amounts during a traumatic event, have been associated with damage to the neurons in a specific region of the hippocampus called CA3 causing loss of dendritic branching and neurons (Uno, Kawato, & Suzuki, 1989; Sapolsky, Uno, Rebert, & Finch, 1990).

The hippocampal volume of survivors of war suffering from combat disorder has been measured and studied throughout the years. Reports of these (Stein, Koverola, Hanna, Torchia, & McClarty, 1997) show that veterans of war have an 8% less hippocampal mass compared to the brains of people with no



PTSD. Bremner replicated the study for survivors of childhood sexual abuse and the findings showed a 12% hippocampal mass reduction measured by MRI (Bremner, 2005).

**Classroom performance and behaviors of girls with CSA.** Sexual abuse is most commonly experienced by girls and it is the higher predictor for PTSD (Hanson et al., 2008). Girls with PTSD due to CSA experience several challenges in the classroom. Children who experienced CSA may have low reading levels, poor grammatical accuracy, poor concentration, and low scores in reading comprehension and recall (Perkins & Graham-Bermann, 2011). Children with exposure to child abuse and neglect have twice the rate of referral for special education (Jonson-Reid, Drake, Kim, Porterfield, & Han, 2004). In a study conducted by Vasterling, Bradley, Constans, and Sutker, (1997), Persian Gulf War veterans with and without posttraumatic stress disorder diagnoses were studied. Researchers found indications of their attention capacity to be diminished mostly due to the inability to push intrusive thoughts and memories of war away. Making a connection from this study to the physiological experiences of childhood survivors of sexual abuse, it would not be surprising to see the same kinds of deficits found in PTSD sufferers from war and those with CSA.

### **Latinas and Childhood Sexual Abuse**

Latinos are the fastest growing ethnic group in the United States (U.S. Department of Commerce, 1989) and although extensive research has been done in the subject of sexual abuse during childhood and its traumatic effects not much has been done to try to understand the same issue from the Hispanic/Latina angle. Some studies are beginning to explore the topic of CSA in the Latino population and have started to make progress towards understanding the specific barriers and effects of CSA in their ethnic group (Mennen, 1994; Moisan, Waddington, Morgan, & English, 1995; Romero, & Arguelles, 1993). However, “research on women’s childhood sexual abuse over the past decade has paid little attention to Latinas” (Romero, Wyatt, Burns, Varga, Solis, 1999, p. 352).

It is difficult to serve the Latino population affected by Childhood Sexual Abuse (CSA) when there has been little systematical investigation on the prevalence of CSA in this minority group. More information needs to be gathered to obtain a clear picture of what is happening to this minority groups in relationship to trauma. The long-term effects of CSA for Latinas has yet to be explored.

Part of the problem lies in researcher’s failure to report the ethnicity of the samples (Hornberger,

Rosenthal, Biro, & Stanberry, 1995). Another important piece of the puzzle that must be considered is the failure to report the abuse by the victims. Social and legal pressures faced by Latinas make it difficult for victims in this minority group to feel safe to disclose the abuse. Women may have been afraid that their status in the United States would be discovered at the time of police reports. The undocumented women may have been afraid to face deportation, reason enough to conceal their victimization (Romero, Wyatt, Burns, Vargas, & Solis, 1999). According to this study over fifty percent of the women had long-term effects from the CSA. Adding to the barriers in identification of Latina victims of CSA is the fact that many abused Latinas are forced or coerced into marrying the perpetrator. Gloria Romero found that one in four (26%) women experienced rape by their current husbands. Although a small proportion of the women married the alleged perpetrator, this is a pattern that has rarely been discussed in studies with other ethnic groups (Romero, Wyatt, Burns, Vargas, Solis, 1999).

As a result of this literature review, it appears that women who have suffered trauma from Childhood Sexual Abuse may have difficulties in different areas of functioning due to the physical and emotional damage caused by the abuse. These women's lives may be negatively impacted in the areas of schooling and possibly in higher education. Long-term effects of trauma may affect the career choices of these women, but information on how and to what extent has not been explored. Having an understanding of the issue of CSA in Latinas is necessary to create supportive programs to minimize the effects of the abuse. To contribute and possibly further the understanding of the effects of trauma in populations like Latina women, the following project was developed.

## **Chapter Three**

### **Methodology**

The focus of this project was on victims of childhood sexual abuse and the development of Post-Traumatic Stress Disorder (PTSD) among Hispanic females. The questions asked focused on whether Latinas who were sexually abused as children believed they had difficulties in school due to attention and memory deficits in comparison to Latinas not sexually abused. The specific research questions asked to the women involved in this survey were based on their personal perception of their experience. I tried to assess if these women felt the Childhood Sexual Abuse (CSA) experience negatively affected their ability to pay attention in school and their ability to memorize information. The women were compared to other Hispanic women with no history of CSA. The questions asked in this study can be found on the survey questionnaire at the end of this document (English version Appendix A; Spanish version Appendix B).

A secondary purpose of this study was to find if the women felt their challenges during school that were brought on by their CSA experience had an effect in their ability to obtain their ideal career. In other words, the survey sought to find out if their perceived challenges had an impact on their future career success.

#### **Participants**

The participants for this study were 10 Latina women between 28 and 49 years of age. To participate in the study, the subjects had to meet the following requirements,

1. Commit to a meeting with the investigator for approximately an hour during the month of June 2012 at a location of their choice;
2. Be between the ages of 28-49; and
3. Be Latina/Hispanic female.

Five participants reported having experienced childhood sexual abuse, and five reported no childhood sexual abuse history. The participants were recruited through fliers advertising volunteer participation in the study. The flier was posted in two local cities in the Midwest, where low cost and free counseling was provided for the Hispanic population.

Participants were not compensated monetarily, but they were shown appreciation for participating in the study by a thank you card given to them at the end of their survey. Participants who wished to

participate in the study signed up through the bilingual family and community counselor on staff. If they met the requirements, the counselor put them on a "participant list" which closed when the first 10 participants were added to the list. The counselor contacted me when the list had 10 participants who met the requirements. Participants were contacted by their regular counselor who scheduled the meeting at their convenience.

### **Procedures**

At the beginning of the meeting, each participant was welcomed and thanked for her participation and invited into the counseling room inside a church. The participant was asked to choose which language she felt more comfortable with. I proceeded to speak and provide paperwork in the language chosen by the participant. An informed consent form was given to the participant to read in the language of her choice (Spanish Appendix A; or English, Appendix B). After the participant finished reading it on her own, I gave a brief verbal summary of the consent form and clarified questions. Before the participant signed the informed consent, both verbal and written explanations were given. I verbally ensured the participant understood the form completely by asking her if she had any questions or concerns. After the informed consent form was signed, the survey was read to the participant and the answers were recorded in writing on the questionnaire form.

Surveys were given to the participants and they were verbally told they could ask for help if needed. Some participants asked the investigator to read the questions and to write their answers down. Others were able to read and answer their questions with no assistance from the investigator.

No deception was utilized for the purposes of this study. Participants were fully aware of the intentions of the investigation, the potential emotional risks and the availability of resources to counteract the risks if they occurred during or after the meeting.

There were two data groups composed of five participants who reported they had experienced CSA, and five who reported they had not experienced CSA. The two groups were matched as close as possible according to age, socio-economic status (SES), and level of education. Per each woman with CSA, there was a counterpart with similar age, SES and level of education with absence of CSA.

Participants identifying as survivors of CSA were given emotional support resources such as free or low cost counseling clinic addresses and phone numbers, and a hotline for sexual abuse survivors. In

addition, self help materials and online support was provided. The goal was to make resources available for them in case they felt distress after the survey. I anticipated no issues due to the type of questions that were asked, which did not require participants to discuss the actual sexual abuse incident. However a plan was available for mental health support if needed.

### **Instrumentation**

The format of the survey was a paper questionnaire. Participants were asked specific questions to explore their perceptions. The survey can be found in the appendix (Spanish version, Appendix C; English version Appendix D). Questions were asked about their experience in school in regards to success perception and their perceived memory abilities as well as their attention span abilities. The participants who were survivors were not asked to discuss their sexual abuse experience in detail; they were only asked whether or not they were sexually abused as children. If their answer was yes, a range of the age the abuse occurred was asked as well as a rating on how severe they considered their negative experience from 1 to 10, with 1 being the least severe and 10 the most severe. Participants were also asked if they hold a current Posttraumatic stress disorder (PTSD) diagnosis and their perceived severity of the experience as children.

The investigator took all reasonable measures to protect the identity of every participant in this study. Participants were not identified by names, nor was any personally identifiable data recorded. They were each assigned a random number. Data never included identifiable information. Any physical papers were maintained in a folder under the title: Research 2012, which was stored in a file cabinet at the investigator's current address.

The meetings were intended to be audio-recorded for purposes of transcription in case participants went into detail about certain questions but all subjects refused to be audio recorded. They reported they would feel embarrassed to be recorded or simply declined the option to be audio-recorded. Identification of participants was done through numerical assignment that happened before the day they answered the survey. For the questionnaire the same procedure was applied, to ensure no identifiable information was found in the written collection.

### **Survey Analysis**

Data from the survey was organized by question. The main categories used were income level,

memory, attention, perceived intensity of the abuse and perceived ability to reach ideal career. The information was compiled by frequencies in the number of responses to each question for both groups, CSA & non-CSA. Findings are illustrated in the following chapter.

## Chapter Four

### Results

By conducting this short survey of adult Latina's in their late 20's and 40's who are female child survivors of sexual abuse, this study attempted to determine if the women perceived the challenges in memory and attention span during their K-12 education affected their adult lives in comparison to those women of similar background who did not experience sexual abuse as children. The demographic information is depicted in Table 1. The total number of participants was ten. Each group had five participants. The results for each survey question are reported in frequency of responses, which were computed to percent.

Table 1 illustrates the two different groups (CSA and Non-CSA) with matching according to age, annual income, education level and country of origin. A majority of participants in both groups were from Mexico. While both groups reported generally low incomes, there was a substantial difference between groups with women who were not sexually abused. Two more women in the non-CSA group reported 10-15K compared to the CSA group. It is important to note that 40% of women in the sexually abused group reported having absolutely no earnings.

Table 1.

*Participants' Demographic Information by Group*

Group	Participant	Age	Income	Highest Level of Education	Country of origin
CSA	1	29	>30K	2 <sup>nd</sup> year college	Colombia
	2	30	0	7 <sup>th</sup> grade	Mexico
	3	38	10-15K	12 <sup>th</sup> grade	Mexico
	4	40	10-15K	1 <sup>st</sup> year college	Puerto Rico
	5	45	0	7 <sup>th</sup> grade	Mexico
Non-CSA	6	29	>30K	completed B.A.	Puerto Rico
	7	32	10-15K	8 <sup>th</sup> grade	Mexico
	8	35	10-15K	6 <sup>th</sup> grade	Mexico
	9	39	10-15K	10 <sup>th</sup> grade	Mexico
	10	40	10-15K	5 <sup>th</sup> grade	Mexico



Table 2.

*Participants' Perceptions of Attention/Concentration During School Years K-12 in Each Group*

	CSA		Non-CSA	
	N	(%)	N	(%)
Good	1	20%	4	80%
Okay	1	20%	0	0%
Bad	3	60%	1	20%

According to these results 4 out of 5 women who did not suffer sexual abuse during childhood perceived their concentration during school years as relatively good. Only 1 out of 5 reported her concentration or ability to pay attention was bad. In contrast to the non-CSA group, the CSA participants reported their concentration was lower with 3 out of 5 reporting poor attention and concentration during school. There is a clear difference between the two groups, though the details of what was interfering with their concentration were not explored. The results of this table show more women perceived their ability to concentrate or pay attention while at school was poor in the presence of CSA.

Table 3.

*Participants' Perceptions of Memory/Retention of Material During School Years K-12 in Each Group*

	CSA		Non-CSA	
	N	(%)	N	(%)
Good	1	20%	3	60%
Okay	0	0%	2	40%
Bad	4	80%	0	0%

Table 3 shows that the majority of sexually abused women perceived their memory capacity and retention of material was lower than those who did not suffer from abuse. Interestingly, none of the women in the non-CSA group reported poor retention or memory capacity during school years.

Table 4.

*Participants' view of Perceived Likelihood of Obtaining Ideal Career in Each Group*

	CSA		Non-CSA	
	N	(%)	N	(%)
Will obtain	0	0%	4	80%
Maybe	2	40%	0	0%
Will not obtain	3	60%	1	20%

Women who were sexually abused as children tended to have low confidence in their ability to obtain the career they deemed as ideal. As high as 3 out of 5 in this group reported they would never reach their dream job while in the non-CSA group 4 out of 5 of the women had confidence they would reach their dream job. It was remarkable to find, however, that women in the sexually abused group had “hope” that they “may” be able to reach their ideal career someday, as 40% of them answered “maybe”.

### **Summary**

The above results show a difference between groups (CSA & no-CSA) suggesting women with CSA hold the perception that their experience as children affected their abilities to attend in class as well as remember or retain the information they got exposed to in school. Another sticking finding coming from the survey study suggest women in the CSA group have less hopes to reach their ideal career goals than the women in the non-CSA group.

## Chapter 5

### Discussion and Implications

In this chapter, I discuss the conclusions from the present study with the literature reviewed, note the limitations of the present study, and suggest areas for future research.

#### Conclusions

The findings reported in the preceding chapter provide confirmation that Latina women victims of childhood sexual abuse in this study perceived their education was negatively affected by their traumatic experience. Furthermore, the CSA participants also perceived that their potential for future career success was diminished by the challenges with memory and attention through school. This study focused on the perceived damage and challenges of the women involved, no factual information on school reports, grades or medical files was used.

Based on the participants' reports, there are a few conclusions that can be drawn from the project. In contrast to those without abuse and trauma, women with CSA perceived their school experience was affected negatively by the trauma. The blackout periods reported by traumatized women took both good and bad memories away; these women were left with significant holes in their recollection of childhood years. This suggests that the skills learned at school during those years may not be accessible to these women today.

Women with CSA perceived they were not as able to memorize new material at school or to pay attention as other children may have been. In terms of linking Childhood Sexual Abuse and difficulties in school due to memory and attention, data showed consistency with previously discussed research on the topic, which suggests there is a correlation between abuse and memory troubles in school. Although the possible confounding factors were not considered in this study, women with CSA perceived they had challenges in school due to their traumatic experience. Women with CSA tended to agree they were not focused on what was going on in class. Some made statements alluding to how their trauma had affected their school days. One participant said, "I was so scared I kept looking out the window hoping my uncle was not the one coming to get me from school". Another participant explained, "I became rebellious with everything happening at home and did not want to listen to my teacher". Another woman said, "my teacher was a man and he reminded me of the man who raped me, I hated going to school". Someone

described how the experience of abuse distracted her thoughts, “I kept having movies in my head of the rape, I could not pay attention”.

Women sexually abused as children reported earning less money annually than those who were not victimized; however, I cannot say for sure the trauma is solely responsible for this finding. Perhaps it has to do with women not doing well in school, having challenges graduating and ultimately not being able to find a job that pays well. Women in the CSA group reported to have less little hope in reaching their ideal career. These women had shown there was an incongruence between their ideal career and their actual career. Even more remarkable, none of the women in the CSA group believed they would ever reach their ideal career, and 60% of them said they were certain they would never reach it. This finding was noteworthy because women with CSA had completed higher education levels compared to participants with no CSA. This may appear contradictory, though one way to look at this finding is that women in the CSA group may be resilient individuals who could be successful if supported to continue their education.

Based on these findings, I believe there are women out there who could reach their ideal careers, with the right support. Some of the ideal careers reported were in the fields of costumer service, law, and business. I believe higher education can launch initiatives to support the affected populations and allow for more of these traumatized individuals to have access to higher education. Knowing that their records may show low grades in standardized tests and low GPA, if there would be a program that can help identify the students at risk in high school, or even earlier, there might be better outcomes in the lives of these survivors of trauma. Higher education administration can aid this issue by allowing this underrepresented group to enter college through a support program designed to meet the specific needs and demands of the population in question.

For children and adolescents who have survived a life threatening experience, appropriate counseling within the school setting is advisable. Without counseling, the student would likely not do well in school. Counselors and school psychologists in K-12 need to be aware that exposure to traumatic events and the symptoms that follow may interfere with the ability to have a reasonably normal school experience for a child. In fact, posttraumatic symptoms may make the school experience and other aspects of life intolerable for some children (Nader & Einarsson, 2010).

There are a number of possible ways to assist a youth who is traumatized, including identification and interventions. In order to support survivors of trauma like in the case of sexual abuse during childhood schools need to develop a system for identification. Once the children at risk of having challenges with memory and attention due to their traumatic past are identified, the school can implement interventions. The school interventions that are possible vary depending on the school, school district, traumatized child, teacher, and the mental health professionals enlisted to aid the child. Methods used successfully with traumatized children may be incorporated into school interventions or be a part of a youth's ongoing, individual treatment. Effective school interventions require the cooperative efforts of the school staff, the youth's therapist, and the youth's parent or parents (Mendaglio, 2007). It is necessary to have the flexibility to gauge and adapt with the youth's progress and regressions. One type of therapy used in Elementary school is art therapy, which allows children to express their fears and other emotions through their artwork. Sometimes counselors or psychologists in K-12 settings opt for using cognitive-behavioral therapy to help children identify their triggers so that they can be proactive in preventing their traumatic experiences from interfering with their school activities.

In higher education there are also systems put in place to help students with PTSD to manage their symptoms so that they can be successful in their studies. Counseling centers are available often in universities and are free, or at a very low cost, for students to access. For instance, one local university offers free counseling for students and allows an estimated six sessions per semester. However, when asked if a student needs further help and their 6 sessions are used, the answer of the assistant was "it is more important for them to get the help they need than for us to be strict with our rules". She also added that counselors are willing and eager to help students beyond their allowed sessions so that they are okay. This shows that supportive staff is set in place in some institutions of higher education and available to help the students with talk therapy, group therapy and other interventions such as massage therapy and exercise therapy like yoga.

Latina women survivors of childhood sexual abuse are part of a particular population for which recruiting programs that offer admissions under probation or alternative ways of by-passing standard admission can be helpful. Support programs for this target group to ensure long-term success can be devised. As professionals we could assist in making education accessible to women who otherwise

would never think that preparing for their career of choice could be possible. I want to advocate for this subset of the population who have encountered challenges beyond their control that have direct repercussions in various areas of their lives. I would like to see more women be able to reach their potential regardless of their past traumatic experiences.

Both K-12 and Higher Education institutions need to be aware of the needs of students and have programs in place to support students' needs. Having professionals who can aid students with mental health concerns like PTSD is imperative and necessary in schools. It is reassuring to see that accessible and mostly effective programs are being utilized in schools. I would like to see programs that address the specific needs for the population I studied.

### **Limitations and Suggestions for Future Research**

There were limitations related to this study, which need to be considered, as they are pertinent to the research process. This study focused on the perceived damage and challenges of the women involved, no factual information on school reports, grades or medical files was used. All the information in the study was self-reported, and as such, there could be distortion of facts and perceptions after many years of being out of school. Another significant limitation of this study was the small sample size. The findings of this study cannot be generalized to the broader population.

I have attempted through this project to establish the need to raise awareness regarding the challenges of students who have been victims of sexual abuse during their childhood. I have determined further study about the ways higher education can effectively help individuals with PTSD related challenges is needed. The opportunity to develop a grant request to continue the efforts to figure out effective ways to assist students affected by trauma is worth exploring.

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## Appendix A.

University of Wisconsin-Whitewater  
800 W. Main Street, Whitewater WI, 53190

**CONSENTIMIENTO INFORMADO PARA INVESTIGACION NO MEDICA****Comprensión de las limitaciones causadas por experiencias negativas consecuencia del abuso sexual infantil.****Investigacion del trastorno de estrés postraumático en las mujeres latinas y sus implicaciones para la edad adulta.**

Usted está invitado a participar en un estudio de investigación realizado por Erika Barragán, candidato a maestría de Mayo de 2013 en la Universidad de Wisconsin Whitewater, porque eres una mujer hispana dentro de las edades de 29-49 años de edad. Su participación es voluntaria. Usted debe leer la siguiente información, y hacer preguntas sobre cualquier cosa que usted no entiende, antes de decidir si participar o no. Por favor tome el tiempo tanto como usted necesita leer el formulario de consentimiento. Usted también puede decidir para discutir la participación con su familia o amigos. Si usted decide participar, se le pedirá que firme este formulario. Se le dará una copia de este formulario.

**PROPÓSITO DEL ESTUDIO**

En este estudio se quiere explorar de qué manera su experiencia con o sin la infancia con el abuso sexual afecta la atención y la capacidad de memoria en la escuela. Esta investigación quiere averiguar cómo se vieron afectados en la manera de ayudar a otros en el futuro. La esperanza es que con su ayuda podemos mejorar el futuro de las niñas traumatizadas para que puedan ser lo mejor que puede estar en sus años de escuela y sus carreras futuras.

**PROCEDIMIENTOS DE ESTUDIO**

Si usted es voluntario para participar en este estudio, se le pedirá que lea cuidadosamente y firme este formulario de consentimiento. Usted se reunirá durante una hora con el investigador y B hizo algunas preguntas mientras eran grabados en cintas de audio. Está bien si usted decide que no quiere responder a una de algunas de las preguntas. Usted no está obligado a completar toda la entrevista si usted se siente incómodo por las preguntas formuladas. Si usted decide parar y no participar en este estudio, mientras que usted está siendo entrevistado que es el de Wright y no ser juzgados negativamente por tu decisión. Si nota alguna molestia emocional en cualquier momento durante la entrevista le invitamos a hablar con el consejero en el personal y su participación en este estudio será cancelada. Usted también tendrá la oportunidad de conocer a su conveniencia con el consejero en el personal, si usted siente que necesita algo de apoyo emocional, profesional, después de la entrevista se completa si desea hacerlo. Se le pedirá a preguntas generales sobre su experiencia con el abuso. No hay detalles se les pedirá, además de lo mal que se cree que su experiencia fue ya qué edad usted era el abuso si estuviera en toda víctima de abuso. Las preguntas que se le harán son generales y se centran principalmente en su experiencia de la escuela con la atención y la memoria.

**POSIBLES RIESGOS Y MOLESTIAS**

No existen riesgos físicos relacionados con la participación en este estudio. Usted va a estar sentado en una oficina con el investigador y son libres de comer o beber si es necesario. Durante la entrevista puede experimentar tristeza de recordar el pasado. Si en cualquier manera que usted siente que necesita ayuda en el consejero personal le proporcionará atención médica gratuita para garantizar que se sienta cómodo. No es necesario para terminar la entrevista, si no a elegir. El riesgo de que usted experimenta malestar emocional es mínima ya que depende de usted la cantidad de detalles que dan en sus respuestas. Tenga en cuenta que la mayoría de pregunta en la entrevista no se relacionan con el abuso. Esto está diseñado para minimizar la ansiedad o el riesgo de malestar emocional.

**POSIBLES BENEFICIOS PARA LOS PARTICIPANTES Y / O CON LA SOCIEDAD**

Este estudio tiene el potencial para descubrir los aspectos personales de luchar con dificultades de memoria y la atención después del abuso sexual en la infancia. El beneficio esperado para la sociedad puede ser la capacidad para desarrollar programas adaptados a los niños traumatizados, con la esperanza de reducir al mínimo los efectos debilitantes académicos del trauma. Las mujeres latinas con el apoyo durante su educación K-12 para superar su atención posible y dificultades de memoria pueden ser capaces de alcanzar su verdadero potencial académico y más tarde en forma profesional.

**PAGO / compensación por la participación**

Su participación en esta investigación es completamente voluntaria. La habrá compensación monetario correspondiente a su participación. No estará disponible soporte técnico gratuito de salud mental si es necesario.

**CONFLICTOS DE INTERESES**

No hay ningún interés financiero de la parte del investigador en este estudio. No hay ganancias económicas se recibirán a partir de la realización de esta investigación. No hay productos se venden a través de los datos recogidos en este estudio.

**CONFIDENCIALIDAD**

Cualquier información de identificación personal obtenida en relación con este estudio se mantendrá confidencial y será compartida solamente con su permiso o según lo requiera la ley.

Sólo el investigador encargado de este estudio de investigación tendrán acceso a los datos asociados con este estudio. Los datos serán almacenados de forma segura. Un número asignado a ocultar la identidad de los participantes. La información será almacenada en una computadora portátil para escribir, la transcripción, codificación e impresión. Los datos no incluirá la información de identificación. Los datos almacenados en la computadora será encriptada por SSL, y se almacenarán en una base de datos protegida por contraseña. Los datos primarios para este estudio se mantendrá durante un mínimo de tres años. Se bloquea el archivo de gabinete en la residencia del investigador actual. Cuando los resultados de la investigación sean publicados o discutidos en conferencias, no información de identificación se utilizará.

**PARTICIPACIÓN Y RETIRO**

Su participación es voluntaria. Su negativa a participar no implicará ningún castigo o pérdida de beneficios a los que tiene derecho. Usted puede retirar su consentimiento en cualquier momento e interrumpir su participación sin ninguna penalización. Usted no renuncia a cualquier reclamación legal, derechos o recursos a causa de su participación en este estudio de investigación.

**INFORMACIÓN DE CONTACTO DEL INVESTIGADOR**

Si usted tiene alguna pregunta o inquietud acerca de la investigación, no dude en ponerse en contacto con su investigador Erika Barragán en el 608.449.7966 o su facultad de asesor el Sr. Richard Mason en 800 West Main Street, Whitewater WI, 53190. Debilitar la oficina de Salón 4051 el número de teléfono 262.472.4891

**DERECHOS DE LOS PARTICIPANTES- INFORMACIÓN DE CONTACTO**

Si usted tiene alguna pregunta sobre sus derechos como sujeto de investigación, por favor póngase en contacto con: Denise Ehlen, Oficina de Investigación y la Universidad de programas patrocinados de Wisconsin-Whitewater, 800 W. Main Street, Whitewater, WI 53190 Teléfono: (262) 472-5212, Correo electrónico: ehlehd@uww.edu

**FIRMA DE LA PARTICIPANTE**

He leído la información proporcionada anteriormente. Se me ha dado la oportunidad de hacer preguntas. Mis preguntas han sido contestadas a mi satisfacción, y me comprometo a participar en este estudio. Me han dado una

copia de este formulario.

- Acepto grabacion de audio*
- No acepto grabacion de audio*

\_\_\_\_\_  
Nombre de la participante

\_\_\_\_\_  
Firma de la participante

\_\_\_\_\_  
Fecha

**FIRMA DE LA INVESTIGADORA**

He explicado la investigación al participante y respondió a todas sus preguntas o sus. Yo creo que él / ella entiende la información descrita en este documento y libremente su consentimiento para participar.

\_\_\_\_\_  
Nombre de la investigadora que administro el formulario

\_\_\_\_\_  
Firma de la investigadora que administro el formulario

\_\_\_\_\_  
Fecha

## Appendix B.

University of Wisconsin-Whitewater  
800 W. Main Street, Whitewater WI, 53190

**INFORMED CONSENT FOR NON-MEDICAL RESEARCH****Understanding the limitations caused by their negative experiences. Childhood PTSD due to CSA in Latina girls and Implications for Difficulties in Adulthood**

You are invited to participate in a research study conducted by Erika Barragan, Masters degree candidate for May, 2013, at the University of Wisconsin Whitewater, because you are Hispanic woman within the ages of 29-49 years old. Your participation is voluntary. You should read the information below, and ask questions about anything you do not understand, before deciding whether to participate. Please take as much time as you need to read the consent form. You may also decide to discuss participation with your family or friends. If you decide to participate, you will be asked to sign this form. You will be given a copy of this form.

**PURPOSE OF THE STUDY**

This study wants to explore in what ways your experience with or without childhood with sexual abuse affected your attention and memory abilities during school. This investigation wants to find out how you were affected to figure out how to help others in the future. The hope is that with your help we can improve the future of traumatized girls so that they can be the best they can be in their school years and their future careers.

**STUDY PROCEDURES**

If you volunteer to participate in this study, you will be asked to read carefully and sign this consent form. You will meet for one hour with the investigator and be asked some questions while being recorded on audiotape. It is okay if you decide that you do not want to answer one of some of the questions. You are not bound to complete the whole interview if you are feeling uncomfortable by the questions asked. If you choose to stop and not participate in this study while you are being interviewed that is your right and you will not be negatively judged for your decision. If you experience emotional discomfort at any point during the interview you are welcome to speak to the counselor on staff and your participation on this study will be cancelled. You will also have the opportunity to meet at your convenience with the counselor on staff if you feel you need some professional emotional support after your interview is completed if you wish to do so. You will be asked general questions about your experience with abuse. No details will be asked besides how bad you think your experience was and at what age you were abused if you were at all a victim of abuse. The questions you will be asked are general and focus mostly on your school experience with attention and memory.

**POTENTIAL RISKS AND DISCOMFORTS**

There are no physical risks related to the participation in this study. You will be sitting inside an office with the investigator and are free to eat or drink if you need to. During the interview you may experience sadness from remembering the past. If in any way you feel you need help the counselor on staff will provide free care to ensure you feel comfortable. You do not need to finish the interview if you choose not to. The risk that you experience emotional discomfort is minimal since it is up to you how much detail you give in your answers. Keep in mind that most questions in the interview are not related to the abuse. This is designed to minimize your anxiety or emotional discomfort risk.

**POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY**

This study has the potential to uncover the personal aspects of struggling with memory and attention difficulties after childhood sexual abuse. The anticipated benefit for society may be the ability to develop programs tailored to

the traumatized children, in hopes to minimize the debilitating academic effects of the trauma. Latina women being supported during their K-12 education to overcome their possible attention and memory difficulties may be able to reach their true potential academically and later on professionally.

#### **PAYMENT/COMPENSATION FOR PARTICIPATION**

Your participation in this investigation is entirely voluntarily. There will be no monetary compensation attached to your participation. There will be available free mental health support if needed.

#### **POTENTIAL CONFLICTS OF INTEREST**

There is no financial interest from the part of the investigator in this study. No financial gains will be received from the conduction of this investigation. No products will be sold using the data collected on this study.

#### **CONFIDENTIALITY**

Any identifiable information obtained in connection with this study will remain confidential and will be disclosed only with your permission or as required by law.

Only the investigator in charged of this research study will have access to the data associated with this study. The data will be stored safely. An assigned number will conceal participant identities. The information will be stored in a laptop computer for typing, transcribing, coding and printing. Data will never include identifiable information. Data will be stored on a password-protected database. Raw data for this study will be kept for a minimum of three years. It locked on file cabinet at the current researcher's residence. When the results of the research are published or discussed in conferences, no identifiable information will be used.

#### **PARTICIPATION AND WITHDRAWAL**

Your participation is voluntary. Your refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

#### **INVESTIGATOR'S CONTACT INFORMATION**

If you have any questions or concerns about the research, please feel free to contact your investigator Erika Barragan at 608.449.7966 or her faculty advisor Mr. Richard Mason at 800 West Main Street, Whitewater WI, 53190. Wither Hall office 4051 phone number 262.472.4891

#### **RIGHTS OF RESEARCH PARTICIPANT – IRB CONTACT INFORMATION**

If you have any questions regarding your rights as a research subject, please contact: Denise Ehlen, Office of Research and Sponsored Programs University of Wisconsin-Whitewater, 800 W. Main Street, Whitewater, WI 53190 Telephone: (262)472-5212, Email: ehleand@uww.edu

#### **SIGNATURE OF RESEARCH PARTICIPANT**

I have read the information provided above. I have been given a chance to ask questions. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

- I agree to be audio-recorded*
- I do not want to be audio-recorded*

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**SIGNATURE OF INVESTIGATOR**

I have explained the research to the participant and answered all of his/her questions. I believe that he/she understands the information described in this document and freely consents to participate.

\_\_\_\_\_  
Name of Person Obtaining Consent

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Date



## Appendix C.

## Spanish Version Questions

Fecha de la entrevista: \_\_\_\_\_

Numero asignado a esta participante: \_\_\_\_\_

Su pais de origen: \_\_\_\_\_

Edad de la participante: \_\_\_\_\_

Estimado de ganancias anuales: \_\_\_\_\_

Cual es el mas alto nivel de educacion que ha terminado: \_\_\_\_\_

Abuso sexual en la ninez: SI/NO

Dele un valor numerico a la intensidad del abuso:

1 2 3 4 5 6 7 8 9 10

Edad en que el abuso ocurrio: \_\_\_\_\_

Describe su habilidad de atencion durante clases y las edades de lo que esta describiendo.

Describe su habilidad de memoria durante clase y las edades de lo que esta describiendo.

Usted olvido partes de su ninez como resultado del abuso?

Describe su carera ideal. Podra alcanzar esta meta?

Describe su ocupacion y que tan satisfecha se siente con esta ocupacion en el momento.

Siente usted que el abuso marco su vida academica? De que forma?

De que manera cree usted que profesores y administradores pudieron haber ayudado cuando usted estaba en la escuela?

## Appendix D.

## English Version Questions

Date of interview: \_\_\_\_\_

Participant assigned ID #: \_\_\_\_\_

Age of participant: \_\_\_\_\_

Country of Origin: \_\_\_\_\_

Estimated annual income: \_\_\_\_\_

Highest completed level of Education: \_\_\_\_\_

Sexually abused during Childhood: YES/NO

At the time of the abuse, you felt:

Not Upset 1 2 3 4 5 6 7 8 9 10 Very Upset

Age when the abuse occurred: \_\_\_\_\_

Describe your ability to pay attention during school and the age of the recollections you are describing.

Describe your ability to memorize during class and the age of the recollections you are describing.

Did you forget parts of your childhood after the abuse happened?

Describe your ideal career. Could you achieve it? Please elaborate.

Describe your current occupations and how satisfied you feel with it.

Do you feel your childhood experience with abuse marked your academic life? In what ways?

In what ways do you think school teachers and administrators could have helped you while you were in school?