

The Long-Term Relational Impacts of Child Sexual Abuse by a Parent

by

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Abstract

This qualitative autoethnographic research study examines the long-term relationship impacts of child sexual abuse (CSA) by parent. Using snowball sampling seven resilient women were recruited for this research. From an autoethnographic and feminist perspective the researcher shares her personal story of CSA in solidarity with the seven women participants. Through semi-structured interviews the women contributors gave deep and rich relational personal her/stories about being sexually abused by their fathers. Using a “six-phase” model of thematic analysis, member checking, and qualitative transparency, two over-arching themes, and eight subthemes emerged from the data. Finally, through this research study it was apparent there needs to be more research about the understudied long-term relational impacts of being sexually abused by a parent and the mother’s and families role in colluding with the perpetrator.

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Dedication

For all the women and men that have been wounded in their families of origin by
sexually abusive parents.

Especially to my seven siblings and
my dear friend Virginia, who died while I was writing this thesis, another father-daughter
incest survivor who died far too young.

Chapter One: Introduction

As a social worker, counsellor, and childhood sexual abuse (CSA) survivor I have an interest in the long-term relationship impacts for women. Specific research about relational impacts of CSA is scant, although there is plenty of research on the short-term mental health impacts, referred to as *post-traumatic stress disorder* (PTSD). There are many complexities in looking at the relationships and families where incest by a parent is present. So it is in this complex milieu that the voices of myself and seven other women research participants speak out about their life long relationship experiences as CSA survivors.

Like the women in this qualitative research study, I was sexually molested by my father throughout my childhood and suffered with severe post-traumatic stress reactions (PTSR) during my young adult life and into my thirties. Many of those trauma symptoms have abated over time but what I have realized is that I still have long term struggles with the relationship impacts of growing up in a toxic incestuous family environment. Birrell & Freyd (2006, p. 51) reported that *betrayal trauma theory* focuses on the relationship bonds that are broken by the betrayal of an intimate other, such as a parent that sexually molests a child.

Likewise, as a counsellor for the past 20 years it has been my experience, in listening to women, that the deepest and most long lasting impacts of severe child sexual abuse or incest have been relational. For the purposes of this research, I will be using *betrayal trauma* and *relationship wounding* interchangeably. I believe that being betrayed by a sexually abusive father has had numerous impacts for me over my life span. As Burstow (2003) claims "...*wound* connotes violence, *trauma* and *wound* lend

themselves to relating the psychological injury to violence, including violating social structures” (p. 1301). She (Burstow, 2003) also reports that *wound* is a term that everyone can relate to, such as a physical wound (p. 1301). In using this term, I am hoping to underscore the impacts of relationship violence and the necessity to attend to these wounds for women that have been injured by their parent; the person that is supposed to protect them from harm.

Relationship wounding also refers to the dysfunctional family systems that collude with the parent perpetrator to either keep silent about the incest or further abuse the child through additional forms of abusive behavior (physical, mental, emotional, sexual, spiritual). Children that grow up in these traumatizing environments have learned that to have relationships with intimate others is to be harmed and that there is no one they can trust. As a survivor of sexual abuse by my father, I believe that these relationship impacts are being overlooked in the social work field with models such as solution-focused therapies and other brief counseling models. It has been my experience that the impacts from severe sexual abuse last decades and possibly a lifetime. It is essential to understand this in working with people so as a society we can offer assistance that can be empowering and helpful. In addition, it is imperative that as a society we realize CSA by a parent sets many individuals on a life track of choosing abusive and emotionally neglectful relationships that are further harmful. DiLillio (2001) acknowledges that CSA survivors are more likely to be sexually assaulted in their adult lives, and they further cite several studies that statistically demonstrate survivors are more likely to be physically and sexually assaulted by their husbands (p. 563).

Nevertheless, women sexually abused as children by their parents are not doomed to a life of choosing abusive partners. Birrell and Freyd (2006) passionately convey that relational trauma needs to be healed by reconnection to self and others through the relationship with a feminist therapist who not only offers compassion, deep listening and mutuality but a healthy relationship to heal within (p. 53-54). In essence, it is in relationship that CSA survivors have been harmed and it is in relationship that we can and do find healing. As evidenced in this qualitative research study and in my own life, it has been through a variety of resources and trustworthy relationships that women can learn to heal from their relationship wounds and choose differently.

Originally, I began my healing journey at the age of 25. I am now 58 years old and have worked as a counsellor for the past 20 years with many women that have been sexually abused in childhood. Some of what I have learned from working with these women, other counsellors, and myself, is that the counseling environment and the counsellor can offer a safe space to do the relationship healing work. As Birrell & Freyd (2006) further acknowledge, betrayal trauma causes fragmentation of an individual's sense of self and the counseling work needs to be focused on recovery of these dissociated pieces (p. 52-53). Birrell & Freyd (2006) speak to dissociation and the fracturing of self from traumas, like childhood sexual abuse (CSA), by stating "...those traumas that involve betrayal cut us off from connection with others and even a basic sense of 'being' within ourselves" (p. 53).

For me, the relationship wounding was not solely caused by the betrayal of my father for sexually violating and abusing me, but by my mother's betrayal as well. Not only did my mother not protect me but also she physically, spiritually, emotionally, and

mentally abused me. Adding to this complexity was the family environment, which was fraught with hostility and lacked nurturing support because of the underlying toxicity that contaminated each of my seven sibling's relationships and lives. Like many other sexual abuse survivors I have been impacted in ways that are obvious, such as post-traumatic-stress reactions, and in other ways that are difficult to pinpoint, such as relationships with others and myself. In my early 20's I became dissociated and disconnected from myself and consistently put myself in relational situations that were harmful to me. Briere & Jordan (2009) speak to the complexity of attempting to understand relationship traumas, by stating that

...The specific relationship between a given childhood maltreatment experience and adult symptomatology may be difficult to ascertain, both clinically and in research, because whatever form of maltreatment is being examined has a significant chance of having occurred in the context of other maltreatment, adverse environments, and later revictimization. (p. 279)

So, it is with curiosity and respect that I venture into trying to understand the complex web of intersecting childhood abuses and their subsequent relationship impacts for women.

Purpose of the Research

The purpose of this qualitative research inquiry, from an autoethnographic and feminist perspective, is to add to the social work knowledge on the relationship impacts of childhood sexual abuse (CSA) for women. The research question that I have posed is: What are the long-term relational impacts for women who were sexually abused as children by a parent? My study will use my own life story as an incest survivor and those

of seven other courageous women to shed light on the understudied area of relationship impacts. The rationale for doing the study is that there has been a lot of attention paid to the long-term impacts of CSA as it relates to post-traumatic stress disorder, disclosures of CSA, and health impacts, to name a few, but very little is known about the quality of relationships in a survivor's life (Burstow, 2003; Birrell & Freyd, 2006; Briere & Jordan, 2009; Fairweather & Kinder, 2012; O'Leary, Coohy & Easton, 2010; Van der Kolk, 2005; Haskell, 2003; Courtois & Ford, 2013; Hunter, 2006; Cloitre et al, 2006).

Self as feminist researcher—The personal is political

It has been an arduous process to attempt to figure out how much to share personally, so as not to feel too exposed. However, Ellis (1999) bluntly claims "...that if you're not willing to become a vulnerable observer [in your own life], then maybe you ought to reconsider doing autoethnography" (p. 675). So, it is in this vein that I have chosen to use my experience, not only as a survivor of child sexual abuse by my biological father, but also my experience as a social worker and counsellor, for the last 20 years of my life. Currently, I work in an educational setting and when asked for the title of my thesis, I hesitated. I was asked by the Dean of my college campus, in a whisper, so as not to disturb the larger meeting of staff members, 'What is your thesis on?' Caught off guard I stuttered a response, 'It is on trauma.' She left and I felt like a traitor to myself. Why had I not shared my thesis topic? I knew why: because there have been so many times in my life when people have quickly excused themselves after the mention of incest or childhood sexual abuse. It is difficult to hear and brings up uncomfortable feelings for others. I did run after the enquiring Dean about five minutes later, but it did not feel good to tell her that my thesis topic was 'the long-term relationship impacts of

child sexual abuse by a parent.’ I would like to say that it is liberating to say it out loud and that I am showing how strong I am by taking on this challenging subject of my life. But I do not feel strong. I feel vulnerable. She did not hesitate when I told her. She did not even look at me. She just continued on with what she was doing. My lips used to quiver when I spoke about my childhood history. Now my core quivers; I shudder internally, and I realize that I have no control over how people experience me telling them that my father sexually abused me as a young child.

I remember the gravity of understanding for myself how young I was when my dad was sexually abusing me. I was working with a mom and her daughter in a transition house in 1996. Her daughter had the same birthday as mine, November 21st, and her dad had sexually abused her too. She was three years old. I remember looking into her eyes and feeling aghast at how young and sweet she was, at how little her fingers were and how sad her eyes were at the tender age of three. We were kindred spirits, that young three year old and my thirty something self. We had experienced what it is like when our fathers betrayed us by sexually abusing us, and sent our lives on a different path.

My father sexually abused me throughout my childhood, from as far back as I can remember to my sixteenth year. The sexual abuse was daily, from coming into the bathroom when I was bathing and touching me inappropriately all the way to full blown penetration and sodomy. It was constant, incessant, and vile. He had no regard for me as a human being, which is evident in the nickname he had for me. He would call me ‘dot’. To this day I do not know where he got that name. For many years, he would wake me up late at night because my mother worked the night shift at a hospital. I was sleep deprived for many years and traumatized by the incessant abuse. Although I was hyper vigilant, I

was also dissociated most of the time and could not focus on studying at school. I was labeled scatterbrained and did not learn the basics of English or math, which had huge implications for me later in life.

I experienced full-blown post-traumatic stress responses after I moved out of the house at the young age of 16. I could not sleep, I could not eat, and I was scared all the time of everything. I was agoraphobic for approximately a year but I had to support myself so I found a job and got back into the world. I had extreme anxiety and felt like people were either going to poison me or that I would choke to death. I was suicidal and felt like no one cared about me. My family did not seem to want me and would have very little to do with me. My eldest sisters had always kept me at a distance and in counselling years later told me that they were jealous because I was dad's favorite and that I was special, so what did that make them. Incest caused deep damage in my family of origin.

My family of origin was a large catholic family with eight children. I was the third eldest. We went to Catholic Church every Sunday. We were all well dressed, fed, and went to private schools. My parents were immigrants from England. They came over in the late 1950's for my dad to get away from the health dangers of the coalmines of northern England. My mother was a registered nurse and midwife and always talked about how she married beneath her class. My mom had come from an upper class background, but had been put in an orphanage when she was young because her mother died and her father abandoned her. She was brought up in a catholic convent where they educated her because of her upper class background. My parents were working class people in my childhood and even though my mom was educated she did not work full

time. My dad was a labourer and literally was ditch digging in his last place of employment.

At sixteen, I left home on my father's birthday and moved out with my eldest sister. I had reported the sexual abuse to a priest months before I left but the authorities had not been notified because my father had talked the priest into dropping it. My father was a very likeable and charismatic man if he wanted to be, and unfortunately my father began to physically beat me in order to keep me quiet. I was forced into moving out before I finished high school and I continued to work full time in a laundry to pay the rent. I had a boyfriend who eventually became my husband. He was mentally, emotionally, and physically abusive as well. I had no idea that life could be free from abuse because I grew up in violence and I thought that was how life was. It was through feminist counselling and sexual abuse groups that I learned that there was possibly a life free from abuse. Unfortunately, like many other women that I have worked with, my ex-husband used our son as a pawn to continuously punish me for leaving. As a result, the scars and intergenerational trauma have continued through my son. Even though my son was not sexually abused, my ex-husband mentally and emotionally abused him throughout his childhood.

My father is deceased now. Although, he's been dead for approximately 10 years, the impacts of the sexual abuse are still present in my family. I do not have relationships with my family of origin except for one sister and one of my brothers. All three of us were seen as scapegoats in our family of origin at different times. The rest of my family would appear close to outsiders, even though there are obviously members missing.

In examining the long-term impacts of child sexual abuse by a parent and the

secondary traumas that many women experience, I am reminded of the years of my own healing work, where in a women's group for incest survivors I did an exercise where we listed the character traits of our offenders and our current partners. I was shocked: they were so much alike that it was frightening. It was also the beginning of my unraveling from abusive relationships. My marriage was over within a year, but I still did not realize that I was choosing abusive boyfriends until I met a kind, intelligent young man who showed me what it was like to be treated well. This relationship did not last long because I was too frightened to be vulnerable at the time, and I also had low self-worth and did not think that I was good enough for him. I broke up with him but I remembered how it felt to be treated with respect. I dated a few more men that were uncaring, addicts, abusive, emotionally stunted and immature. I stopped dating for a year. When I came out of that period, I had a brief relationship with a married man where I was very aware of the sick dynamics that I was re-enacting. I learned deeply from this period. At this time, I began working at the Victoria Sexual Assault Center, which was the beginning of identifying as a feminist.

I also entered into a domestic relationship with a very good friend with whom I had been roommates. He was respectful, loving, kind and was very thoughtful and patient with me. We have lived together for 30 years and it is through this loving and supportive relationship that I have learned to love myself. He encouraged me to go to school to become a counsellor. I had thought that I was stupid because it seemed like I was unable to learn as a child. I now realize that the daily trauma from my abusive family impacted my ability to learn in my formative years. Fortunately, it turns out I was not stupid. To my delight, I had the top grade in several classes once I learned how to

write. My education was a catalyst to freedom. I began to learn about women, feminism, power differentials, forms of abuse, female genital mutilation, residential schools, empowerment, and patriarchy. I was still volunteering at the Victoria Sexual Assault center and my life began to radically shift.

I bought a house with my mother and partner and we moved in with my youngest son and my little sister, 15 years my junior. It was a struggle right from the start. I believed that my mother undermined my sense of wellbeing and so I asked her to go to counselling with me. I was in my own personal counselling at the time and was referred by my counsellor to a woman counsellor who was involved with or had written a book about not blaming your mother in incestuous families. This therapist did me a dis-service by letting my mother continue in her denial about her own abusive behavior as we were growing up and her continued emotionally abusive behavior. However, I did learn to appreciate that I got to speak my truth to my mother even if her and the counsellor did oppose my reality on some level. Unfortunately, my lived experiences of denial and abandonment are like many other incest survivors. It is a final betrayal to be shunned or disowned and treated like a perpetrator by the people who have victimized you.

Self as Social Worker, Counsellor, Student

Twenty years ago I began working as a counsellor in the small northern rural community of Burns Lake, British Columbia. In referring to Burns Lake I am including the town of Burns Lake as well as the outlying communities of Decker Lake, Granisle, and the Southside of Francois Lake. Additionally, there are six different First Nations bands in the Burns Lake area: Lake Babine Nation; Burns Lake band; Nee Thai Buhn; Skin Tyee; Chesletta; and Wet'suwet'en. The population of these areas are comprised of

approximately 10,000 people with approximately one-half of the population being of First Nations ancestry (Statistics Canada, 2007).

When I originally moved to Burns Lake, B.C. from Victoria, B.C. I had wanted to become a sexual assault counsellor. Unfortunately, Burns Lake does not have a sexual assault counsellor, so I applied to work at the transition house and became a counsellor. I felt ill equipped for living in a rural northern environment. I had been brought up in an urban environment where I had very little contact with First Nations people. Much of my career as a social worker/counsellor has been spent going to school. I took one course per semester, which was really helpful in keeping me self-reflective and understanding about the oppressive structures that were working against women, and especially women of colour, in mainstream society. I completed my BSW by distance education, through the University of Victoria. My undergrad in social work had a feminist and First Nations focus, so I was grateful that I was able to draw on my education to guide me as I worked as a full time counsellor in a cross cultural, northern, rural setting.

Through my understanding and analysis of the power differentials in Canadian culture, I began to understand how I was structurally and politically impacted by being sexually abused as a child. I recognized that if I was going to be effective as a counsellor I needed to consistently do my own healing work. I had the privilege of undertaking clinical supervision throughout most of my career and I learned that my relationship with, others, and myself is reflected in the counselling environment. I began to notice when I was judging women and how that judgment related to me. One of the first times I realized this was when I was working with a woman that identified herself as a 'victim'. I felt really angry when I was working with her and through clinical supervision I learned

that I was angry because I had resisted processing my own victimhood. I had already done years of my own counselling and thought that I had worked through most of my issues regarding being sexually abused by my father. I learned a lot in these years. I learned that working as a counsellor means that I must be dedicated to education and self-discovery throughout my life. Through this process of self-discovery and working towards understanding the structural oppression of myself, women and First Nations people in our culture, I began to improve and mature as a counsellor.

Over the 20 years that I have worked as counsellor, I also began to notice a pattern of women choosing abusive partners/husbands that had experienced child sexual abuse. Many of the women who were accessing services for domestic violence also had a history of sexual abuse in childhood. In working cross-culturally with many aboriginal women with histories of domestic violence, childhood sexual abuse, residential school histories, historical traumas, and sexual assaults there were similar themes as well. J.L. Davis and P.A Petretic-Jackson (2000) reported that women who have been sexually abused in childhood have a higher incidence of being in domestically abusive relationships. Additionally, Davis and Petretic-Jackson, (2000) convey that very little is known about CSA survivors' interpersonal relationships and a beneficial treatment modality.

Treatment of relationship issues experienced by survivors requires further empirical study. Although many clinicians have discussed interventions and issues in the treatment of survivors, we are as yet unable to identify specific interventions that are most effective for specific interpersonal difficulties experienced by CSA survivors (p. 324).

Walsh et al (2010) also note that even though there is research on coping with the impacts of CSA there are few treatment models that specifically identify healing from the long-term relational impacts (p. 11). One relationship treatment model that was mentioned by Walsh et al (2010, p. 11) is Cloitre et al's model (2006) *Skills Training in Affective and Interpersonal Regulation (STAIR)*. As Cloitre et al (2006) acknowledge their STAIR model was created as "...a treatment program that supports recovery from the difficulties caused by caregiver-related trauma in the developmental years" (p. 31). The (Cloitre et al, 2006) STAIR model uses many different techniques to assist the CSA survivor, such as: emotional awareness; emotional regulation; emotionally engaged living; changing relationship patterns; narrative story telling about the traumatic childhood events; and grounding techniques.

In my own healing, prior to working as a social worker, I was in counselling with a male counsellor that assisted me in recovering from CSA by using guided imagery. He began this process with a safe place meditation and then used my 'safe place' to work with my inner child. Through this process I discovered that I had two inner children. One child carried the anger, sadness, hurt and fear. The other child exuded happiness, curiosity and love. They looked like twins in my imagination, both were dressed identically. Through guided imagery, the counsellor and myself accidentally brought together these two inner children into one. This guided imagery process was so powerful I began to notice that I could see colours more vividly and my relationships began to change. It was a step in recovery that brought my 'fractured pieces' together. Because of this experience, I took a credited guided imagery course in university and have used it appropriately since. Not every sexual abuse survivor will benefit from guided imagery

but many women that I have worked with have used this as a tool in their recovery.

Some researchers (Siegel, 2012; Smucker & Niederee, 1995) discuss the positives of using guided imagery with trauma survivors, while other researchers (Arbutthnot et al, 2001) agree that guided imagery is therapeutic with CSA survivors but warn therapists to use it prudently, especially if the survivor has unrecovered memories (p. 130).

Chapter Two: Literature Review

Introduction

With this study I investigate the connection between CSA by a parent and women's relationships throughout their lives. Correspondingly, in the research literature there is a lot of mental health information about the short-term impacts of CSA by a parent, such as the symptoms of posttraumatic stress disorder, but the literature is scant when it comes to understanding the long-term relationship impacts in a survivors life (Cloitre et al, 2006). In working in a counselling environment, both in mental health, and in feminist environments I have noticed a significant difference between the perspectives and treatments for survivors of CSA.

The mental health, psychiatric medical field tends to view women that were sexually abused as children from a disease model which views the CSA survivor as separate from their abusive experiences (Haskell, 2012; Haskell, 2003). The *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. (2013) is the reference source used to diagnose Posttraumatic stress disorder, complex trauma and borderline personality disorder (Haskell, 2012). The CSA survivor accesses treatment from a mental health counsellor and goes through a process of clinical assessment where the expertise of the clinician ascertains the diagnosis of the woman. Whereas the feminist counselling environment views women's experiences in a socio-political context that acknowledges the power differentials in society and within their specific abusive childhoods (Ross & Lovrod, 2010). The mental health and feminist models have very different focuses and hence different outcomes for women that were sexually abused as children. As Ross & Lovrod (2010) attest:

many feminist therapists go beyond work with their own clients to expose the harms of mainstream practices...[where mental health] diagnosis has been the subject of the most vigorous feminist critiques. The worst of these diagnoses have been ones that are obviously women-blaming, particularly self-defeating (masochistic) personality disorder and borderline personality disorder for sexual abuse survivors” (p. 89).

The values that guide feminist counselors honour the women that they work with. One of the basic tenets of feminist counselling is that CSA survivors’ are the experts in their own lives, not the counsellors. In this supportive, strength-based environment women can possibly find the safety and autonomous power to do the demanding healing work of unraveling from CSA.

For these reasons, I begin my literature review with looking at the initial psychiatric research of Freud to understand the underlying beliefs in treating father-daughter incest in the medical mental health field today. Additionally, I will be examining the strength-based feminist perspective, beginning with a history of feminist theories, practice and treatment of CSA. Considering that this qualitative study is examining the relationship impacts of CSA survivors, I will then be using research (Cloitre et al, 2006; DiLillo, 2001; Hunter, 2006) to question and explore the lack of information about the long-term relationship impacts of CSA for women. More specifically, I will be using Freyd’s feminist theories on “Betrayal Trauma” and Burstow’s feminist research on “relationship wounding” to explore the relational damage that can be incurred from parent-child sexual abuse.

In keeping with the feminist tenets of strengths-based practice I finish my literature review by examining treatment for CSA survivors. Although Cloitre et al (2006) offers a specific model for relational healing from CSA, there is

acknowledgement by several researchers (Cloitre et al, 2006; Dilillo, 2001; Hunter, 2006; Gold, 2000; Haskell, 2009; Smith 2006) that there is a need for a deeper understanding of the relationship impacts in order to offer appropriate treatment. However, many researchers (Briere & Scott, 2013; Siegel, 2010; Burstow, 2003; Brown, 2004; Haskell, 2003; Pearlman & Courtois, 2005) espouse that creating safety and consistency is foundational in the counselling environment. It is in the safe and consistent counselling environment with a trustworthy counsellor that CSA survivors can work towards healing from their relationship wounds.

Literature Review on the Long-Term Relationship Impacts of CSA

Traumatized people feel utterly abandoned, utterly alone, cast out of the human and divine systems of care and protection that sustain life. Thereafter, a sense of alienation, of disconnection, pervades every relationship, from the most intimate familial bonds to the most abstract affiliations of community and religion (Herman, 1992, p. 37).

The above quote alludes to the long-term relational impacts of childhood sexual abuse by a parent, stepparent or guardian, which is the focus of this literature review. I also define the key concepts: incest and child sexual (CSA) abuse; severe child sexual abuse; relationship wounding; posttraumatic stress disorder; posttraumatic stress response. Then, I look at the prevalence rates of CSA within the general population, followed by research that captures the contradictory history of CSA, beginning with Freud and his work with incest survivors. Next, I will look at the history of CSA from a feminist perspective beginning in the early 1900's with the first wave of feminism, then examine the second wave of radical feminist thought that garnered the slogan the 'personal is political'. Finally, I look at the research world of trauma, which has

broadened over time. Currently, in the field of trauma, there is a concept of ‘complex trauma’ that is related to attachment disorder and the mental health diagnosis of both ‘Post Traumatic Stress Disorder’ (PTSD) and the more empowering model of ‘Post Traumatic Stress Response’ (PTSR). I look at these models as a way of deepening the analysis by understanding the linkages that have roots in Freudian and feminist thought. There are huge socio-cultural-political differences between psychiatric medical models and feminist thought and practice.

Definitions

Incest and child sexual abuse

For the purposes of this thesis, I refer to childhood sexual abuse and incest interchangeably, even though there are differences in their meaning. Incest is defined as a sexual relationship between family members and it connotes that there has been collusion *between* family members, such as a daughter and a father. In the case of CSA nothing could be further from the truth. There is no choice in being sexually abused as a child, especially by a parent. Likewise, the umbrella term *sexual abuse* encompasses both incest and any form of unwanted sexual contact. Even though *sexual abuse* can imply that there are no blood ties, such as the case of a step-parent or a guardian, the role of parent is one of trust and the breaking of that trust can be very damaging, whether you are biologically related or not.

Severe sexual abuse

In more recent findings (Fairweather & Kinder, 2012) on the relational difficulties caused by CSA, it is evident that many researchers are investigating prolonged and severe sexual abuses. The term severe abuse in the literature is typically identified as involving:

early age of onset; a parent or person in a parent role as the perpetrator; the sexual penetration of a child by an adult; and the frequency and duration of the sexual abuse throughout the child's life (O'Leary, Coohey, & Easton, 2010; Mullen & Fleming, 1998).

Relationship wounding

O'Leary et al., (2010) offer an in-depth research review of the correlation between early on-set sexual abuse, physically invasive sexual acts and mental health problems later on in life. They (O'Leary et al., 2010) also identify that the severity of sexual abuse can be related to close biological relationships, especially parental abuse (p. 276). They (O'Leary et al., 2010) note specifically that "sexual abuse by a parent may result in confusion, a sense of betrayal, and harm the child's capacity for trust, intimacy, and self-agency during adulthood" (p. 277). Likewise, they (O'Leary et al., 2010) connect the severity of abuse to the frequency of sexual abuse and the persistence of sexual abuse over a long period of time (p. 277). Fairweather and Kinder (2012) found that there was a positive correlation between the severity of CSA and poor relationship functioning and satisfaction (p. 552). Although they did use an 'Early Sexual Experience Survey' to measure the severity of CSA in their research population, Fairweather and Kinder (2012) do not explicitly identify what they mean by "severe" childhood sexual abuse in their research. They (Fairweather and Kinder, 2012) admit that CSA survivors have more divorce, separation, and difficulties in 'romantic relationships' compared to women who were not abused (p. 542). Likewise, Briere & Elliott (1994) state that CSA survivors have more difficulties in interpersonal relationships when their sexual abuse began at an early age and was prolonged or when the abuse occurred within the nuclear family:

“these children, as a group, tend to perceive themselves as different from others and tend to be less trusting of those in their immediate environment. They have fewer friends during childhood, and less satisfaction in relationships...” (p. 62).

Several of the researchers, such as Briere & Elliott (1994), and Van der Kolk (2005), acknowledge that there are interpersonal difficulties for survivors of sexual abuse but they fail to discuss the type of families or environments in which they have been sexually abused.

Post Traumatic Stress Disorder

Haskell (2003) notes the traditional mental health definition of posttraumatic stress was: “the result of exposure to a traumatic or extremely emotionally and psychologically distressing event or events. Traumatic experiences have traditionally been defined as life-threatening” (p. 3). Post Traumatic Stress Disorder (PTSD) first gained notoriety when the Vietnam War veterans were exhibiting behaviours that were later labeled as PTSD (Van der Kolk et al, 2005; Briere & Elliott, 1994). However, Haskell (2003) goes on to offer “a more complete definition...*a traumatic experience is an event that continues to exert negative effects on thinking (cognition), feelings (affect) and behaviour, long after the event is past*” (p. 6). Post Traumatic Stress Disorder (PTSD), although beneficial in understanding trauma, can be seen as a deficiency model for the CSA survivor in that it further pathologizes and stigmatizes individuals who have already suffered enough at the hands of their perpetrators and families. Alaggia (2010) is typical of many researchers who compiles a lengthy list of the negative long-term impacts of CSA for women. These journal articles read like a symptoms list from the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (American

Psychiatric Association, 2013). As Alaggia (2010) asserts, the long-term CSA impacts for women include: "...emotional and behavioural problems, posttraumatic stress symptoms, depression, suicidal ideation and self-harm behaviours, anxiety, substance abuse, aggression, self-esteem issues, academic problems, and sexualized behaviours"(p. 34). She is a good representation of researchers who use the pathologizing mental health model of PTSD.

Post Traumatic Stress Response (PTSR)

Haskell (2001) offers a more empowering strength based model for survivors of CSA called *posttraumatic stress response (PTSR)*, which means that CSA survivors have had a natural stress response to traumatic events, instead of being mentally disordered as in the PTSD mental health model. In her writings about trauma she (Haskell, 2003) encourages mental health clinicians to become educated about counselling CSA survivors from an empowering perspective instead of trying to diagnose and assess them clinically.

Prevalence Rates

According to Schachter et al., (2009), "the most current and reliable lifetime prevalence estimates for the general population are that as many as one third of women and 14% of men are survivors of childhood sexual abuse" (p. 74). McEvoy & Daniluk (1995) claim that the overall statistic for aboriginal native peoples being sexually abused is 80% (p. 223). Schachter et al. (2009) go on to state that it is very difficult to garner accurate Canadian statistics because there are pressures for children and adults not to report sexual abuse, and numerous ways statistics are gathered that makes it difficult to accurately interpret them (p. 74). In the 2010 Health Canada's Statistical Report, (Ogrodnik) *Victims of Police-reported Violent Crime*, claims that out of all the child

sexual abuse cases involving family members, “over one third of family-related sexual incidents were perpetrated by male extended family members (37%), followed by fathers (35%) and brothers (27%)” (p. 13). Statistics are difficult to interpret when it comes to CSA by a parent, as many cases go unreported (Schachter et al.). Briere & Scott (2013) relate similar American statistics with the added recognition that “...35 to 70 percent of female mental health patients self-report, if asked, a childhood history of sexual abuse” (p. 8-9). They (Briere & Scott, 2013) assert that there is a connection between children being sexually abused and the added trauma of being emotionally and physically abused as well (p. 8). In writing about the long-term relational impacts of CSA perpetrated by a parent, I am reminded that incest happens in chaotic and abusive family environments that make it difficult to tease out the specific repercussions of any given abuse (Briere and Jordan, 2009; Cloitre et al., 2006).

DiLillo (2001) points out that while there has been a lot of research about CSA very little of it focuses specifically on the relational difficulties in this population (p. 554). Van der Kolk et al (2005) stated “...17 to 33% of women in the general population report histories of sexual-physical abuse, and in mental health settings, the rates range from 35% to 50% (p. 389).

History of CSA: The Study of Incest in the Late Nineteenth Century

I begin with Freud’s mentor and teacher, neurologist Jean-Martin Charcot. Herman (1992) investigated the history of ‘hysteria’ and tells an account of Charcot, a flamboyant and influential doctor who influenced the field of psychiatry with his public demonstrations of ‘hysteria’ in women (p. 3).

Freud originally wrote a paper on hysteria acknowledging the reality of childhood sexual abuse in his women patients. Freud's sympathetic attempt to speak about the 'unspeakable' horrors that his patients were describing of being sexually abused as children was rebuked by his peers and later recanted (Herman, 1992, p. 7-12). Herman acknowledged that Freud retracted his original work because he realized that the number of women reporting childhood sexual abuse was endemic, both in the proletariat population and his peer group among the bourgeoisie. Herman (1992) noted, "out of the ruins of the traumatic theory of hysteria, Freud created psychoanalysis. The dominant psychological theory of the next century was founded in the denial of women's reality" (p. 6).

Freud's experience of being rebuked by his peers informs us of the continued struggle in understanding the complexity of issues surrounding CSA. In Freud's original attempt to work with sexual abuse survivors, he tried to report on the horror and relational impacts that many women experience. Unfortunately, he further victimized and betrayed his patients by refusing to believe and give credence to their disclosures. Although, his original theories aligned with the 'nascent' feminist movement of the time he did not want to be associated with these women in an anti-feminist climate so he distanced himself from his original work in which he affirmed women's and children's reality of being sexually abused by their parents in childhood (Herman, 1992, p. 10).

Similarly, Fairweather & Kinder (2012) report that Freud later "...modified his theory to state that the neurosis he was observing in his patients was the result of *imagined* rather than actual sexual abuse" (p. 54). Even though Freud's research is dated, there are still clinicians/psychiatrists who use his work. Thomas and Hall (2008) record

an account of a woman describing her experience in therapy: “The psychiatrist proceeded to tell me that he believed Freud, I had a daddy complex. All little girls fantasize about their fathers” (p. 155). This is not an isolated description of psychoanalysis, although it is a blatant example of some women’s experiences of being pathologized in the mental health system.

Early Feminist Thought on CSA

Linda Gordon (1988) offers the reader an American history of social work responses to incest in *The Politics of Child Sexual Abuse: Notes from American History*. Gordon’s research claims that there were many cases of incest being reported to the child welfare agencies from the late 1800’s until the 1970’s, when radical feminists seemed to identify it as a newly discovered social problem. Gordon (1988) states that in the United States in the early 1900’s CSA began to be labeled as a socioeconomic problem and even though there still were cases of incest reported to the authorities, the focus of professional interest turned to the ‘perverted stranger’ rather than about male patriarchs (p. 57-59).

Gordon succinctly explains this change (1988):

Psychoanalytic and anthropological interpretations, associated respectively with Freud and Levi-Strauss, attributed to incest taboos a vital role in the development of civilization; this logic brought with it the assumption that these taboos were effective and that incest was, in fact, rare; but in terms of impact on treatment of actual cases, Freudian thought did not so much cause social workers to deny children’s complaints and hints about sexual mistreatment as it offered categories with which to explain away these complaints (p. 60).

Gordon (1988) clarifies that, in the 1920’s mothers were blamed for the sexual abuse of their daughters; women were to be in charge of their female children and if their girls were sexually abused it was the mother’s fault for not keeping their daughters safe

(p. 58). This was also an era of girls being seen as sexual, seductive and in need of being contained within their homes.

History of Feminism in the 1960's to 1970's

It was not until the 1970's that the feminist movement rediscovered incest. Gordon (1988) asserts, "...that the presence or absence of a strong feminist movement makes the difference between better and worse solutions to the social problem of child sexual abuse..." (p. 61). Through the Vietnam War and the social effect of veterans returning home from battle with post-traumatic stress disorder, the similarity of symptoms with battered women and abused children was brought forth as a disturbing societal problem (Van der Kolk et al., 2005; Briere & Elliott, 1994). As Herman (1992) astutely identifies, "not until the women's liberation movement of the 1970's was it recognized that the most common post-traumatic disorders are those not of men in war but of women in civilian life" (p. 16). In their writings on feminist therapy, Lynda Ross & Marie Lovrod (2010) state that it was in the 1960's and 1970's that women's consciousness raising groups began to promote the idea that the 'personal is political' and that the private world of women's lives was rife with abuse, incest, rape and sexual exploitation (p. 6). These decades were a great beginning for social change where individuals could work politically and socially to end violence against women and children. Women's services began to spring up in North America and the torch was lit for many women suffering from childhood sexual abuse to heal from their traumas.

Consciousness-raising strategies and feminist activism also led to recognition of the extensive problem of sexual and physical abuse against children perpetrated by parents, primarily fathers, and other male relatives. As Naples (2003,) concludes:

Thus, feminists challenged the hegemonic myth of the nurturing nuclear family form and the long-held denial of childhood sexual abuse, which was termed “a Freudian cover-up”.... The effective feminist challenge led to changes in laws, a lengthening of the time frame for prosecution, a network of survivors’ groups, and an extensive so-called incest recovery industry (p. 1154).

Even though there were great strides taken by the feminist movement to speak about CSA, the ‘so-called’ helping professions began to take over the research and practice work, such as counselling. At some point these mainstream approaches, without feminist principles at their core, began to dominate disciplinary discussions of violence against women. Historically, most of the workshops, books, and journal articles on sexual assault, child sexual abuse, and particularly abuse of women, do not have a feminist core (Senn, 2010, p. 85-86). This has led to several trends that turned back the struggle to end violence against women (Senn, 2010, p. 85). One example of a mainstream approach without a feminist perspective on CSA has been Gelles (1980) writings on family violence (p. 876). He (Gelles, 1980) argued that in the 1960’s and 1970’s child abuse/family violence was rare, and if it did occur the familial offender was mentally ill or sociopathic (p. 876-878). Gelles, (1980) also stated that abuse was related to socioeconomic position, so that lower class families were seen as more prone to abuse than middle to upper class families (p. 875-879). Even though Gelles (1980) condensed and described the models that were used to understand family violence and child abuse, such as the sociocultural model that describes societal and cultural inequalities, he did not mention feminist thought as contributing to any of this knowledge. Without feminist thought, especially in regards to the power differentials between gender, race and class to guide research on violence against women and children, there is a good chance that practice and policies for women and children will not be adequately addressed.

CSA, Mental Health and Post Traumatic Stress Disorder

The mental health field has done further damage to many survivors of childhood sexual abuse in following the work of Freud, and then through the medical psychiatric model with labels, such as borderline personality disorder (BPD) (Haskell, 2005; Gilfus 1995). Many women who have been sexually exploited in childhood by a parent turn to the mental health field for some relief and justice but do not find any. Haskell (2003) warns against ‘pathologizing’ women by labeling them with a mental health disorder such as PTSD and or BPD. She states that women who have experienced trauma have had natural *stress responses* to traumatic events (Post Traumatic Stress Response=PTSR) (p. 3).

PTSD is a mental health diagnosis and it can further isolate and negatively label CSA survivors, whereas the more empowering concept of PTSR can normalize individuals’ experiences and assist them in their recovery from a more strength based perspective (Haskell, 2003). Haskell (2003) offers a similar picture of posttraumatic stress symptoms to that found in the *Diagnostic and Statistical Manual of Mental Disorders: DSM 5* (2013) but she underlines “...that seemingly unrelated mental health problems are actually responses to –and attempts to cope with—the psychological and physiological disruptions caused by abuse-related trauma” (p. 5).

Courtois and Ford (2013) also recognized that the first contemporary mention of PTSD was in relation to Vietnam War veterans, and that it became a model used with battered women and child abuse. Nevertheless, researchers began to realize that the PTSD model and treatment did not address the relational and developmental difficulties for CSA survivors (Pearlman and Courtois, 2005; Courtois and Ford, 2013; Cloitre,

2006). To date, the mental health field's use of the *Diagnostic and Statistical Manual of Mental Disorder: DSM 5* (2013) has not accepted a specific diagnostic criteria for complex trauma and it is noted by Courtois & Ford (2013) that people with complex trauma are given other diagnostic labels such as borderline personality disorder (p. 46). As Haskell (2003) asserts, "these diagnoses have serious consequences for treatment: therapy and other treatments can rarely be successful when the underlying issues of trauma and neglect are not identified or addressed" (p. 9).

Courtois & Ford (2013) also recognize that many people with a history of trauma are viewed through a lens of pathology, and are seen as "demanding", "over dependent and needy" or as having borderline personality (p. 4). Haskell (2003) makes another salient point that "these diagnoses focus on what is 'wrong' with the person, rather than on what horrible things have happened to this person" (p. 4). Haskell (2003), like many other researchers (Courtois & Ford, 2013; Briere, 1994; Fairweather & Kinder, 2012; Mullen & Fleming, 1998; DiLillo, 2001) identified that there are difficulties for CSA survivors in their intimate relationships, and that many women experience continued abuse throughout their lives (p. 9).

After Van der Kolk et al., (2005) lists a litany of PTSD related 'psychiatric problems' for CSA survivors, they go on to state that "despite the ubiquitous occurrence of numerous posttraumatic problems other than PTSD, the relationship between PTSD and these multiple other symptoms associated with early and prolonged trauma has received surprisingly little attention" (p. 390).

Complex Trauma

The ‘characterological’ features of complex PTSD start to make sense if one imagines how a child might develop within a relational matrix in which the strong do as they please, the weak submit, caretakers seem willfully blind, and there is no one to turn to for protection (Herman, 2000, p. xiv).

Both Herman (1992, p. 117) and Haskell (2003, p. 7) define *simple* post-traumatic stress as a single episode of trauma, such as rape, while a more *complex* post-traumatic stress model that involves many episodes of abuse, such as CSA, where there is on-going and persistent abuse that leaves children feeling powerless. Herman (2000, p. xiii) identifies that there are ‘three cardinal symptoms of complex PTSD’ found in CSA survivors: somatization, dissociation, and affect dysregulation. She (Herman, 2000) explains that complex trauma “...is always relational. It takes place when the victim is in a state of captivity, under the control and domination of the perpetrator” (p. xiv). Herman (2000) further clarifies that complex post-traumatic stress is most commonly seen in CSA survivors whose trauma has been perpetrated by a parent and not protected by the other parent or caregivers in their lives (p. xiv).

Like Herman (2000, p. xiii), Courtois & Ford (2013, p. 236-268) offer an in-depth consideration of people who present with complex trauma responses. Haskell (2003) broadens the explanation by pointing out the roots of these behaviours:

Chronic abuse in childhood – on its own or combined with a lack of emotionally connected parenting...profoundly shapes and negatively affects a person’s cognitive, emotional, and psychosocial development. These negative effects are worsened when childhood abuse occurs in an environment where a child is also deprived of essential emotional needs, such as safety, constancy and emotional validation (p. 10).

Likewise, Haskell (2012) relates that insecurely attached abused children such as CSA survivors will frequently suffer with anxiety, depression, feelings of abandonment and rejection, and an inability to trust intimate relationships (p. 12-17). People who experience abuse in their childhoods have learned not to trust others and feel like outsiders. Not surprisingly many childhood abuse survivors continue to choose unhealthy relationships because that is what they experienced growing up (Haskell, 2012, p. 19).

Historical Social Context Complex Trauma Framework

Haskell & Randell (2009) identify their ‘historical social context complex trauma’ approach as an aboriginal model that incorporates the individual, the family, community, as well as society (p. 49). The social context complex framework is “...a comprehensive and expanded socio-psychological framework which simultaneously grasps... critical dimensions of human life and development, along with the structural conditions in which they are situated” (p. 76). Their approach draws from the field of psychology and neuroscience because these fields have a “...a fuller understanding of the pervasive and developmental impacts of trauma” (p. 49). But more importantly Haskell & Randell (2009) draw from a “historical trauma” framework that seeks to understand and express the collective and intergenerational traumas that have impacted aboriginal peoples since the colonization of Canada.

The impact of residential schools, the loss of culture that is represented by the abolishment of potlatch in 1885, and the loss of language have had numerous deleterious effects on First Nations women. Colonialist assimilation practices created far-reaching intergenerational traumas that have been devastating to aboriginal communities and individuals (Haskell & Randell, 2009). Haskell & Randell (2009) describe historical or

intergenerational trauma as “...the collective emotional and psychological injury over the lifespan and across generations” (p. 68). Additionally, a “complex trauma historical framework” is important in understanding the complexity of issues, such as CSA, that are impinging upon aboriginal peoples and communities (Haskell & Randell, 2009). Haskell & Randell (2009) speak to the very traumatizing conditions of First Nations communities and complex trauma by stating, “...[the term] ‘disrupted attachment’ eloquently speaks to the myriad and fundamental ways in which the individuals and the communities comprising the Aboriginal peoples in Canada have been traumatized” (p. 49). They (Haskell & Randell, 2009) also recognize the relational impacts of CSA within aboriginal families and communities and discuss some of the impacts that leave aboriginal individuals highly stressed and reactive, which leads to addictive behaviours, such as alcohol and drug misuse; self harming behaviours; suicidal ideation; hypervigilance; hyperarousal; sex addiction; and risk-taking behaviours that can leave individuals open to re-victimization (p. 62). Wiemer’s (2006) research on the relational impacts of incest survivors asserts: “survivors perceived themselves as worthless, unlovable, and viewed themselves as alienated from others and deserving of abuse” (p. 220). The literature (Haskell & Randell, 2009) also identifies “...the breakdown of traditional culture and values, alcoholism, high rates of suicide, disease and homicide, poverty, internalized racism, and a range of mental health problems” (p. 70).

As is evident in the research, there is a need to examine the relational impacts of CSA within the larger context of the family, community, first nations society, mainstream society and the historical traumas that have been handed down inter-generationally. In a

research study about CSA in First Nations communities by McEvoy & Daniluk (1995) an aboriginal woman acknowledged the complexity of healing from incest:

I came to understand it wasn't because of me that all these things happened, it was because this had happened to my aunt and uncle and grandfather and great-grandfather... all the way back...it was being collected from the point of European contact and being spilled out on the youngest generation each time (p. 229).

Interpersonal Relational Difficulties

Cloitre et al., (2006) reported on studies that compare CSA and adult rape traumas. They found that the researchers were comparing 'low self-esteem', 'depression' and 'anxiety' and not researching or measuring relationship dissatisfaction (p. 35). What they discovered (Cloitre et al., 2006) in their own studies was that women reported wanting counseling specifically for interpersonal difficulties and emotion regulation (p. 30-32). Additionally, Cloitre et al., (2006) discovered that "...CSA survivors are consistently more troubled, particularly in the domains of affect modulation, anger management, and interpersonal relationship" (p. 33). DiLillo (2001) acknowledges that there is a connection between CSA and "long-term interpersonal" problems but they would like to see more research into the hostile and dysfunctional family systems of origin (p. 571). Likewise, Hunter (2006,) questions the lack of depth used in a lot of research on impacts of CSA, because there are usually other factors or abuses in a child's life that might lead to relationship difficulties (p. 352). Hunter (2006) points out that feminist researchers are concerned that too much focus on family dysfunction might minimize the role that the perpetrator plays in an incestuous family (p. 352).

Cloitre et al., (2006) are some of the few researchers to question the understudied topic of "...the role of the mother or other critical caretakers in an abused child's system of care as a factor mediating or contributing to the child's immediate or long-term outcome"(p. 18). As well, their (Cloitre et al, 2006,) research found that when a male family member sexually abused a child their mothers (in over half of the people sampled) also abused them either physically, verbally or sexually (p. 19). In some cases children have been betrayed further by a mother or caretaker who neglected to protect them when they were sexually abused.

Relationship Impacts of CSA by a Parental Figure

One of Gordon's (1988, p. 62) critiques of the feminist movement in regards to CSA is that they "... have avoided women's own violence towards children and analyzed family violence in terms of stereotypical male brutality and female gentleness." Gordon (1988, p. 62) claims that acknowledging women's abusive behavior will not weaken feminist theory but rather strengthen its analysis and create a deeper understanding of violence. Sally Hunter (2006, p. 351) observes that there has been reluctance by feminist researchers to focus on the mother or other caretakers so as not to minimize or discount the role the perpetrator plays in an incestuous family. However, Cloitre et al., (2006, p. 19) acknowledge that over half of the CSA survivors sampled admitted abuse by the 'non-offending parent'. Likewise, Steven Gold (2000) speaks to the harm that the 'non-offending' parent causes, by stating that:

It is not unusual to hear therapists' voice the conviction that resentment directed toward non-offending parents or others who did not prevent or stop the abuse is undeserved, or represents displaced hostility that, in actuality, is related to the perpetrator. This follows logically from a trauma model framework, which assumes that the abuse itself is cardinal in its impact. (p. 31)

Janet Jacobs (1990) offers a feminist perspective on why incest survivors blame their mothers instead of holding the perpetrator accountable. In a victim blaming statement, Jacobs (1990) claim “it is a painful consequence of mothering in a patriarchal society that daughters in abusive families need to devalue mothers, and women in general, in order to achieve a sense of self” (p. 513).

Jacobs (1990) represents many feminist researchers and clinicians who are unwilling to support the voices of incest survivors who are claiming that not only were they harmed by their father’s sexual molestation but also by their mothers’ abuse or inability to protect (Cloitre et al., 2006, p. 19). Gilfus (1999), a CSA survivor and researcher, specifically articulates that “the victim sees the hypocrisy of those adults who are either harming her or standing by while she is being harmed, and at the same time expect her to behave more honorably and with greater loyalty than they expect of themselves” (p. 1251).

Cloitre et al., (2006) & Gold (2000) further acknowledge that one of the understudied and pervasive aspects of CSA by a parent is the interpersonal relational harm that can last a survivors’ lifetime. Haskell (1998) reports that women CSA survivors have a higher incidence of further abuse throughout their lifetimes (p. 2). Likewise, David DiLillo’s (2001) research on interpersonal functioning claims that female CSA survivors are at a greater risk of being revictimized within intimate relationships later on in life (p. 554). His (DiLillo, 2001) research goes on to note that “survivors partners have been described as being overly dependent, insecure, immature, and exploitive” (p. 564). Not surprisingly, DiLillo (2001) also asserts that mothers with a

history of CSA are “impaired” when it comes to parenting and are more likely to be physically abusive (p. 568). Unfortunately, he (DiLillo, 2001) goes on to state that:

By its very nature, CSA is an intensely interpersonal trauma characterized by extreme physical and psychological boundary violations occurring during a particularly vulnerable period of development. While this alone suggests the possibility of lasting interpersonal difficulties, the body of research investigating this hypothesis remains relatively underdeveloped (572).

Like many other researchers Hunter (2006) acknowledges that the relationship impacts of incest are difficult to study, as there are many mitigating factors and dysfunctions within families, communities and society (p. 351). She (Hunter, 2006) states, “it is thus often hard to differentiate the effects of sexual abuse from those of the associated chronic psychosocial adversities” (p. 351). Similarly Hanish & Moulding (2011) articulate that feminist research of CSA is lacking in that it does not specifically examine differences related to, race, class, gender and sexuality (p. 279). Haskell’s (2009) and Gilfus’s (1999) research on CSA points out that there are many extenuating issues, such as residential school, historical traumas and racism that make it difficult to identify the long-term relational impacts.

Haskell (2009) & Smith (2006) both speak to the need for strength-based counselling in order to assist with the healing journeys of women who have experienced CSA (p. 355). Smith (2006) notes specifically “the strength perspective emphasizes clients’ assets rather than their deficits or problems. This perspective is founded on the belief that people are resilient, that they bounce back from life’s adversities, despite what appear to be overwhelming odds” (p. 16). Likewise, it is also a model that looks at the client’s innate strengths and works with the individual women to build upon these strengths. Using a strength-based model does not negate an incest survivor’s experience,

but rather uses her inner strengths to work towards resiliency. Much of the literature on CSA identifies that there is resiliency in people that have experienced such extreme traumas.

Betrayal Trauma

Although Freyd (1994) originally wrote about children with psychogenic amnesia and other dissociative symptoms as a result of childhood sexual abuse, her model, called *betrayal trauma* theory, also addresses relationship wounding and violations by trusted others. Freyd (1994) proposes that because of a child's complete dependence on parental caregivers, abused children are not able to speak to the injustices that are being done to them, so they dissociate to survive (p. 311). Freyd (1994) argues "that profound amnesia is a likely sequel particularly in cases of betrayal: a betrayal of trust that produces conflict between external reality and a necessary system of social dependence" (p. 312). Freyd et al., (2007) also states that, "betrayal trauma occurs when the people or institutions on which a person depends for survival violate that person in a significant way. Childhood physical, emotional, or sexual abuse perpetrated by a caregiver is an example of betrayal trauma" (p. 297).

DePrince (2005) acknowledges that betrayal trauma plays a role in understanding the reasons why women with a history of CSA have a higher incidence of later victimization in life both sexually and physically (p. 126). Her (DePrince, 2005) quantitative research looks into the connection between dissociation and betrayal trauma in childhood, the predictive long-term impacts of adult revictimization, and if CSA by a close attachment figure was the predictor (p. 135). Her (DePrince, 2005) study suggested

that betrayal trauma is more likely a predictor of later revictimization than a history of CSA that did not involve a close caretaker (p. 135). Freyd (2007) uses the term *betrayal blindness* to characterize how "...victims, perpetrators, and witnesses may display betrayal blindness in order to preserve relationships, institutions, and social systems upon which they depend" (p. 297).

Ullman's (2007) research uses Freyd's betrayal trauma theory to investigate the "...victim relationship to the perpetrator, disclosure characteristics, social reactions, and PTSD in adult survivors' of child sexual abuse ..." (p. 31). She (Ullman, 2007) found that the CSA impacts were more severe for victims abused by a relative (p. 31).

Overall, this study suggests that greater attention is needed in both research and clinical practice on the social context of abuse disclosure and social reactions from formal and informal social support sources. Betrayal trauma theory (Freyd, 1996) may be applied to improve our understanding not only of differences in memory following abuse by relatives and nonrelatives, but also to expand our comprehension of recovery from CSA within a social context that may facilitate or thwart both memory for abuse and recovery from its impact (Ullman: 2007, p.14).

Treatment for Relationship Wounding

According to Cloitre's et al., (2006) strength based research; the main issues that survivors of CSA identify are difficulties with relationships and emotion regulation (p. 30-32). "These relationship problems appear to be even more complicated in individuals who have experienced severe cumulative interpersonal violence, neglect, or abuse. This is particularly true for those harmed in their childhood by primary caregivers... (Pearlman & Courtois, 2005, p. 449)." Pearlman & Courtois (2005) further identify the new mental health label '*Disorder of Extreme Stress not Otherwise Specified*'

(DESNOS), as an alternative to the negative mental health label *borderline personality disorder* (BPD) (p. 449-450). Pearlman & Courtois (2005) suggest that many people that have been diagnosed with BPD have backgrounds of abuse and insecure attachment (p. 449). Furthermore, they offer several models to work with clients presenting with complex trauma issues and urge mental health practitioners to change the way they work with people who have a history of CSA. Pearlman & Courtois (2005) claim that:

We believe that the self and attachment difficulties that are at the heart of chronic and pervasive trauma especially during childhood must be understood and addressed in the context of the therapeutic relationship for healing to extend beyond resolution of traditional psychiatric symptoms and skill deficits (p. 450).

Briere & Scott (2013) report that “because it occurs early in life, when ... cognitive models about self, others, the world, and the future are being formed, child abuse and neglect is likely to constitute one of the greatest risk factors for later psychological difficulties of all traumatic events” (p. 9). These later psychological difficulties are identified (Briere & Scott, 2013) as having their roots in the original childhood trauma that makes victims more vulnerable to repeated abuse throughout their lives (p. 18). In assisting someone with CSA, it is important to understand the implications for treatment. According to Briere & Scott (2013), CSA survivors suffer from attachment issues related to parental abuse and neglect, difficulty identifying and processing emotions, issues with self-identity, and problems maintaining positive and healthy long-term relationships (p. 23).

Considering the lack of safety for individuals who come from incestuous families, it is important that the counseling or therapeutic relationship offer consistency and safety for the CSA client (Briere & Scott, 2013, p. 173). Siegel (2010) stresses the importance

that the counsellor/therapist create safety within the counseling relationship, and work with the client to ensure that they know, understand and trust that the therapist/counsellor will support the client throughout the duration of the counseling process (p. 159-163).

One way that Siegel (2010) discusses creating safety and mastery for clients over their own abusive childhood experiences, is to teach about posttraumatic stress

reactions/memories and to use tools, such as safe place meditations, guided imagery, understanding of trauma in relation to neuroplasticity, and breathing techniques.

Similarly, Pearlman & Courtois (2005) also discuss the need for the therapeutic relationship to be consistent, safe, respectful, intimate, informative, and hopeful (p. 453).

They (Pearlman & Courtois, 2005) report that clinicians need to understand when working with a CSA survivor that:

Early treatment efforts are usually directed toward personal safety, teaching skills, and strategies to keep affect at levels that are tolerable, and emphasizing the therapeutic relationship as a place of consistency and support where feelings can be named and understood. Direct treatment of traumatic memories is approached later, after the client has developed emotional regulation skills to avoid retraumatization. (p.454)

In creating a therapeutic relationship, Briere & Scott (2013) recognize that the children who have been sexually abused experience complete domination by the abuser and it becomes difficult for adult CSA survivors to understand that their personhood matters (p.174). They (Briere & Scott, 2013) warn that it is important not to contradict the client even though, paradoxically, some of their views or ideas need to be questioned (p. 174). It is a matter of working with clients in such a way as to challenge their beliefs without discounting them. From a relational standpoint, Briere & Scott (2013) report that it is '*curative*' to have a successful counseling relationship. They address the necessity of

building a relationship that takes time and are not proponents of short-term therapy for trauma survivors (p. 177). Pearlman & Courtois (2005) succinctly state, “the treatment relationship also provides a secure base from which the client can make the necessary changes for a greatly expanded repertoire of self capacities and relational skills” (p. 457).

Feminist Thought On Healing from CSA Trauma Wounds

In contrast to the psychiatric field’s focus on diagnosis and labeling, Burstow (2003) offers an alternative and empowering model of trauma treatment for individuals who have experienced CSA by a parent (p. 1293). Of the mental health system, Burstow (2003) argues that, “...we take away people’s power to name their experiences and subject them to a naming controlled by a powerful international institution at arms length” (p. 1300). She (Burstow, 2003) further observes that within the mental health system individuals diagnosed with PTSD are pathologized, denigrated, and viewed as being individually deficient (p. 1300). Further to her (Burstow, 2003) discussion of mental health labeling, she claims: “...they cannot do justice to the psychological misery of people’s lives, never mind the social conditions that give rise to the misery” (p. 1300). Burstow (2003) thus asserts that, “trauma is not a disorder but a reaction to a kind of wound. It is a reaction to profoundly injurious events and situations in the real world and, indeed, to a world in which people are routinely wounded” (p. 1302).

Similarly, Haskell (2003) reports on the mental health disease model that focuses on what is wrong with the person rather than the underlying issues of trauma or CSA by a parent (p. 8). Unlike the mental health model, which is mono-focused on what is wrong with the individual, Haskell’s model of PTSR looks at the individual as responding naturally to traumatic abuses. She (Haskell: 2003) also has a more holistic viewpoint that

she defines as the bio-psycho-social framework (p. 11). Haskell (2003) suggests that, “in this bio-psycho-social framework, all responses to trauma are understood as attempts to cope with the stress of trauma. People adapt—mentally, physically, behaviourally, and socially—to traumatic experiences” (p. 11). Another salient point Haskell (2003) raises is that women will not benefit from therapeutic assistance until their basic needs are met, such as safe housing and having enough money to survive (p. 12). She (Haskell, 2003) recommends that in addition to helping women meet their basic needs, psycho-educational support groups for CSA survivors are essential as they offer education, understanding, support and assistance for the long-term impacts of trauma (p. 12).

Brown (2004) proposes that the goal of feminist therapy is to ensure that women are not labeled as dysfunctional or deficient, but rather that they are validated and assisted (p. 464). Part of being validated is the political awareness that women and children are systemically harmed by a society that ‘invalidates’, ‘excludes’, and ‘silences’ the ‘nondominant’ in our culture. She (Brown, 2004) further explains that the ‘personal is political’ and it is important in trauma treatment to understand trauma survivors within the social, cultural and political context they are being treated in (p. 468). She (Brown, 2004) asserts that it is essential that the feminist therapist believes and deeply listens to the narratives women use to express their lives and experiences (p. 469). Brown (2004) further describes the feminist Relational Cultural (RC) model, in which therapists empower trauma survivors by using deep-empathy and mutuality, to create an active and engaged relationship with the client instead of using professional distance or neutrality (p. 470). Among other things, RC is a psychoeducational model that encourages egalitarianism through information shared by the counsellor. Such as: “...trauma’s

neurobiological, social and existential impacts so that the trauma survivor can feel less negatively unique and more able to cognitively appraise trauma responses in a compassionate, non-judging manner” (Brown, 2004, p. 470.) What is truly significant and necessary in Brown’s (2004) summation is the assertion that trauma work done in a therapeutic counseling environment is not only to assist the client in their individual relational healing but also to assist the client in working with the counsellor to facilitate political and cultural change (p. 470).

Conclusion

This literature review has examined the underlying historical and socio-political aspects of both the deficit model based in the mental health field and the strength-based model of feminist therapy for CSA survivors. From the deficit medical model of mental health, women can be further victimized by a system that views them as being diseased. Whereas, a feminist strength based model views women from a bio-psycho-social model where their responses to CSA are seen as a natural response to extreme trauma. The difference between these two models can make a huge difference in a women’s life seeking treatment for the relationship impacts of being sexually molested by a parent. One model has the capacity to further harm (mental health) and the other model has the capability to work with the woman to assist in her healing (feminist therapy).

Cloitre et al (2006) has written a book about the relationship impacts and healing from childhood abuse but I did not find a qualitative study that interviewed women to specially look at the relational impacts having been sexually abused by their fathers. It is my hope that this research study will add to the missing social work information on the long-term relational impacts of CSA by a parent.

Chapter Three: Methodology & Design

Introduction

I have used an inductive qualitative research design that used one-to-one semi-structured interviews (Appendix A- The Research Questions for Interview) to capture the narratives and corresponding themes regarding the long-term relationship impacts of seven women survivors of CSA by their fathers or stepfathers. As a feminist social worker, practitioner and new researcher I also sought to lessen the power differentials between myself, as the researcher, and the women participants, by ensuring their autonomy throughout the research process. Likewise, in keeping with social work values, I wanted the research contributors involvement in this project to be supportive, encouraging, and empowering. That is why I chose to use all of the pertinent information they shared to form an overall narrative about the long-term impacts of CSA by a father. The women's narratives about their relationship histories are what is significant about this research study. Their voices individually and collectively speak strongly and loudly to the social work profession and call all of us practicing to listen carefully. As Bochner (1997) astutely affirms:

The narrative approach to qualitative inquiry that I favor privileges the story. In our work we try to produce texts that show how people breach canonical conventions and expectation; how they cope with exceptional, difficult, and transformative crises; how they invest new ways of speaking when old ways fail them; and how they turn calamities into gifts. These stories activate subjectivity and compel emotional response. They long to be used rather than analyzed, to be told and retold rather than theorized and settled. And they promise the companionship of intimate detail as a substitute for the loneliness of abstracted facts, touching readers where they live and offering details that linger in the mind. (p. 434)

Additionally, I have brought myself to this research with an auto-ethnographic perspective not just as a woman who has experienced sexual abuse by my father but also as a counsellor, social worker and student. Autoethnography (Chang, 2008) is like autobiography but it goes beyond the autobiographical inquiry to include not only personal information and histories but to additionally include the linkages of the cultural and social perspectives of individuals lived experiences (p. 46). I specifically chose an autoethnographic perspective as a way of standing in solidarity with the women that I interviewed for this research. I believed that if I was going to ask women to divulge intimate details about themselves then I needed to offer the same in return.

Although Ellis (1999) speaks to the complexity and difficulties that are inherent in the auto-ethnographic method, noting, "...honest auto-ethnographic exploration generates a lot of fears and self-doubts—and emotional pain.... Then there's the vulnerability of revealing yourself, not being able to take back what you've written or having any control over how readers interpret it" (p. 672). This is also the essence of the feminist principle of the 'personal is political' (Hanisch, 1970) which has guided me, not only through my life but also through this research project. As I have gone through this process I have realized how women's voices inform us with their rich and detailed lived experiences about what it was like for them to survive their childhoods and how they made sense about their relationships throughout their lives. I believe that the micro aspects of these women's lives, and my life, tell us a lot about the larger macro socio-cultural-political milieu where we learn about and build upon social work knowledge.

As a researcher and survivor of incest, my challenge and goal is to offer understanding and a "loving gaze" for the women that so kindly and generously offered

their lived experiences to inform others. Gilfus (1999) reminds researchers to use a “loving gaze” when we are interviewing incest survivors so as not to further pathologize or “deviantize” them. Gilfus requests that researchers respect, understand, and reflect women’s experiences as closely as we can, with the goal of doing no harm. She goes on to request that researchers keep their “loving gaze” on women’s words, lives, and perceptions so as to mirror them instead of using a “vampiric model” of research that merely uses people. Gilfus’s writings kept bringing me back to my underlying belief that it is the women’s voices, and the women themselves that I want to ensure are being seen in the way they had intended and not as research fodder to dissect and analyze. Hence, I have tried to include and combine all of the main points of their individual relationship narratives in the writing of this research.

Recruitment of the Women Participants

It took months to find participants for this research undertaking. I put posters (Appendix C- Empowerment Study) up at the Prince George sexual assault center (SOS), Burns Lake mental health services, and Elizabeth Fry women’s center in Burns Lake, B.C. After months of waiting and checking in with the offices that put up my posters, I used snowball sampling (Creswell, 1998) and began to talk in earnest to the people around me, counselors I have known over the years, my colleagues, anyone who would listen. I had to broaden my search past the northern communities of B.C. and I eventually found the women that would so generously give voice to this very challenging and heart-wrenching topic. Coincidentally, it was through my relationships with others and their relationships with known survivors that I was fortunate to find these seven participants.

D. Jean Clandinin, and Janice Huber (2006) assert that,

issues of anonymity and confidentiality take on added importance as the complexity of lives are made visible in research texts. Strategies such as fictionalizing and blurring identities and places are often used. Narrative inquiry research texts often call forward increased attentiveness to ethical matters” (p. 15).

Living in small northern communities, it is incredibly important that I kept the participants identities as confidential as possible. In Appendix B (Informed Consent and Information Letter for Participation in Research), it was disclosed to participants through the sanction of the Research Board of Ethics that I could not guarantee anonymity. Burns Lake is a small rural landscape, which offers challenges not only in finding participants that have not been counseled by the researcher, but that are willing to take the chance of potentially being recognized as incest survivors. As mentioned earlier, I widened my search beyond northern British Columbia and realized that a combination of women from different communities offered all the women research participants a cloak of protection for not being specifically identified.

Interviews

I interviewed seven women who were sexually abused as children by a parent or a stepparent. There was one Aboriginal woman and six Caucasian women, and their chosen pseudonyms were: Tanya, Monica, Mya, Nicole, Marie, Pearl, and Daniella. Most of the interviews were approximately one hour and twenty minutes in length. In addition, there was a pre-interview that took about ten minutes to half an hour to complete. The pre-interview was to ensure that the participants met the criteria for the selection process (Appendix B). After the selection interview the research contributor and myself, the researcher, set a date for the interview. Upon arrival at the agreed upon

destination, we went over the limits of confidentiality and made clear the understanding that their confidentiality cannot be insured (Appendix B). For the phone interview and face time interview we had a preliminary conversation in which the women decided whether they would like to be participants and then they were sent forms with self-addressed envelopes marking where the signatures were needed and leaving them an extra copy for their own files. After the signing of the confidentiality forms we started the interview process.

As mentioned earlier we set a one-hour interview time but most of the interviewees chose to go over the hour so that they could complete the interview to their satisfaction. The majority of the interviews were emotional for the women and it was remarkable how much each woman shared of her experience.

Participant Demographics

The age range of the seven women participants was late 20's to 60 years old. One woman was in her late 20s, two women were in their 30s, one woman in her 40s, two in their 50s, and one in her 60's. All of the participants had been living out of sexually abusive homes for at least 10 years. Six of the seven women had been sexually abused by their biological fathers, and one was sexually assaulted by her stepfather. Additionally, one woman was sexually abused by both her father and stepfather. All seven of the women were in a stable phase in their lives, with no active addiction issues, and none of the women were currently in violent relationships. All of the women worked in their chosen professions. Six of the women were college educated, with three of the women having completed their undergraduate degrees. One woman has gone on to

complete her graduate studies. One other woman was a talented artist and made a good living wage at her chosen profession.

Trusting the process of Thematic Analysis

Thematic analysis (Braun & Clark, 2006) "...is a method for identifying, analyzing, and reporting patterns (themes) within data (p. 79)." I used Braun's and Clarke's (2006) "six phases of analysis" to guide my thematic analysis (p. 89). The six phases are: 1. Familiarizing Yourself with Your Data; Generating Initial Codes; Searching for Themes; Reviewing Themes; Defining and Naming Themes; and Producing the Report. These "six phases" assisted me in managing such a large "data set". After all the interviews were completed I transcribed each of them, removing any identifying information. This was an arduous process fraught with emotional difficulty for myself. It was heart wrenching at times listening to the horrific stories the women shared about the violations of sexual abuse in their childhoods by their parents. It was also beautiful at the same time in that the women shared so deeply, and so courageously, with dignity, grace and strength. I found the women to be articulate about their experiences and their voices were strong, clear, and resilient. These women were leading active and functional lives even though they had experienced many barriers.

After the transcriptions were completed I erased the recordings. In qualitative research it is imperative that the women have control over the information they would like to share from their interviews. It is through the qualitative research rigor of "member checking" (Yin, 2010) that I sent the women participants the completed transcripts and none of them chose to change, add or delete anything. Likewise, there was an

opportunity to withdraw if they chose. None of the women withdrew. Finally, in keeping with the qualitative research (Yin, 2010) tenets of transparency, I sent the completed transcripts with all of the personal identifiers removed to professor Si Chava Transken, my thesis supervisor, to ensure through double-checking that there was no identifying personal information and that I was following the research guidelines that I had previously set with the participants.

Through the transcription and interview process, I was deeply immersing and familiarizing myself with the women's stories, which allowed me to delve deeper into the data. As a new researcher, I was unaware of how complicated this task would be. Using an inductive approach I let the themes emerge from the data.

I began by printing out all of the transcripts and putting them into a binder, labeling each transcript with the pseudonym. I read through each transcript, taking in the women's stories. I then read each transcript over a few more times, making notes in the margins about what the women were saying about their relationship experiences. I then created similar categories of data. I made many lists as I went over and over the data. Through this process I came up with 13 coded categories that I differentiated in colour on the transcripts.

1. General Impacts of CSA/ PTSR—nightmares, hypervigilance, etc
2. Relationship Impacts--parents, friends, husbands, partners, significant others
3. Addiction/self or others--drug or alcohol, or other addictive behaviours
4. Sexual Impacts—any impacts to a woman's sexuality

5. Resilience—any information that identified resilience
6. Foster care—any information regarding the foster care system
7. Trust—lack of trust, trust issues of self/parent/or others
8. Children—offspring of women participants and impacts for their children
9. Abuses—Any kind of abuse that the women have experienced
10. Mothers—any information related to Mom
11. Fathers—any information related to Dad
12. Disclosures—any information regarding disclosures
13. Stories—the overriding story that each woman was telling

After the 13 categories were colour coded, I began to go through each of the seven women's transcripts to colour code the specific data being identified onto poster boards. This also gave me the opportunity to read through the transcripts again. I became deeply absorbed in the data, and began to notice the nuances that I had not observed before. All of the seven poster boards I completed reflected the women's own particular story. As I went through each transcript I began to jot down words or phrases that were being repeated individually. These words were boldly written in black and stood out for attention. The words that stood out in the data were:

- crazy, crazy-making, he was a classic crazy-maker
- no trust, I can't trust myself, men are not trustworthy, untrustworthy
- low self-worth
- denial
- dissociation, detached

- chaotic
- take care of others
- no family support, family patterns of betrayal, re-harmed by family, shunning
- alcoholic
- confused
- life is what you make it, I can trust myself now
- unprotected
- resilient
- shame
- alone
- lack of boundaries
- isolated
- anger
- drugged
- can't say no to men if they want sex, hard to say no
- mother abusive, absent mother
- where do I belong
- loss, loss of connection
- truth
- liar
- black sheep
- grief

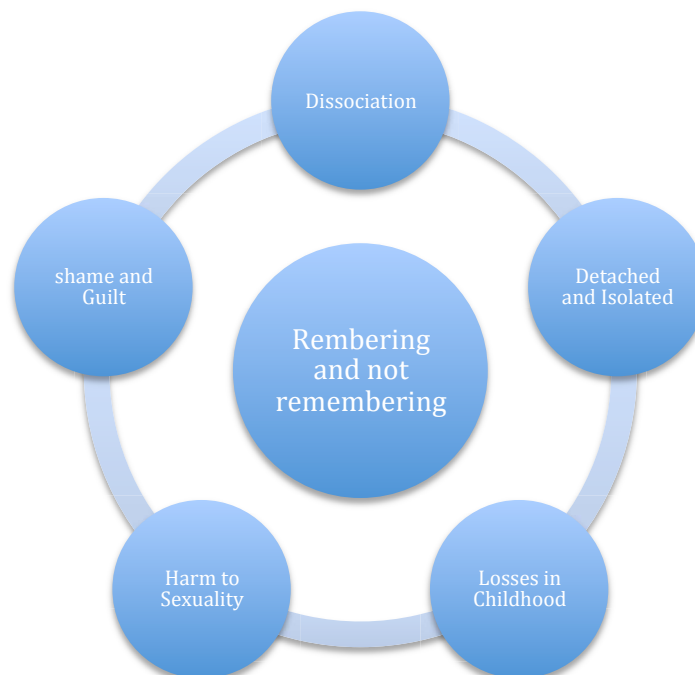
- manipulative
- wounded
- withdrawn
- deceit,
- scapegoat
- contradiction
- deception
- manipulated
- no compassion
- abandoned
- foster care
- residential school
- secrets

I completed the task of making word lists and creating the colour coded data boards for each research participant and then I hung them up in my private workplace to live and breathe with the data. I lived with the data for months, hoping that I would solve the riddle of how it all fit together. I wrote about it, I drew pastel pictures about it, but it did not become clearer. I found myself getting more muddled the longer I stared. I started reworking the categories of data. Had I missed something in the transcripts? I went over the transcripts again and I realized that I captured all the data, but how to make it work. It felt like it was not working.

I read some theory on CSA and it seemed to draw me farther away from the

process. Using Patton's (1990) research on "enhancing credibility" and "multiple analysts" in qualitative research I turned to my thesis supervisor and other colleagues to ensure research rigor in the thematic analysis (p. 1193). I had felt tightly contained and did not know how to let the data speak for itself until a chat with a colleague who had just completed her masters. She reminded me to stick with the women's voices, and suggested that I had been going too far into theory. I needed to pull back and let their voices speak to me through the data. Out of this process there were two major themes. The first theme (Figure A 1) was about the women participants remembering and not remembering the CSA through dissociation, detachment, and isolation, but there was also shame and guilt, harm to sexuality and losses in their childhoods. These themes did not seem to fit.

Figure A 1: Initial Themes from Thematic Analysis



Likewise, the second theme (Figure B 2) was about the women not being able to trust the people in their lives: lack of trust in father's and significant others; choose unequal partnerships/ untrustworthy; high tolerance for abusive behavior; negative sense of self learned in childhood; and mothers did not protect/or further abused.

Figure A 2: Initial Themes from Thematic Analysis



This still did not fit, but I felt like I was getting closer. The key category that I noticed was trust. I put in big bold letters THERE IS NO ONE TO TRUST. I went back to the data. Was this true? It was. There was not one single woman who grew up trusting their parents or significant others, and some of the women spoke about not trusting themselves as well. Through trial and error, and grouping and regrouping, checking with my thesis supervisor to ensure research rigor, I plugged away, sifting,

refining, re-categorizing, melding coded data until, like a jigsaw puzzle, it fit with out having to jam the pieces together. Out of the data two overarching themes became clear.

Conclusion

Using Braun & Clarke's (2006) "six-phase" model for thematic analysis enabled me to approach the large amount of data from the seven women interview transcripts. Likewise, I chose to use all of the women's relevant information shared to create a research narrative that richly detailed their lived experiences. Thematic analysis is a process that takes time and thoughtfulness to fully capture the essence of the information shared. Out of the thematic analysis, there were initial themes (Figure A 1 and Figure A 2) that paved the way for the two major themes and eight subthemes (Figure B 1 and Figure B 2). these themes more fully represented the women's lived experiences.

Chapter Four: Findings

Introduction

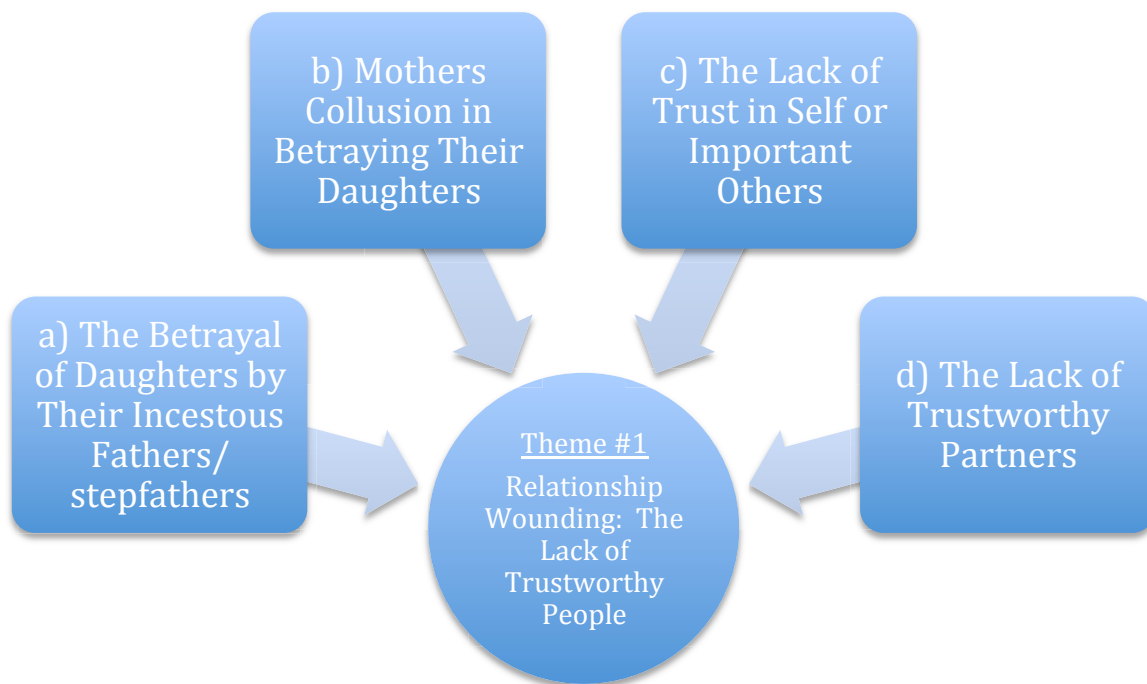
In this chapter I will be reporting on the results of the thematic analysis. There were two overarching themes: Theme #1: Relationship Wounding---The Lack of Trustworthy People; and Theme #2: Relationship Healing---Learning to Trust Self. Additionally there were eight subthemes, four for each major theme. Theme #1 subthemes were: a) The Betrayal of Daughters by Their Incestuous Fathers/Stepfathers; b) Mothers Collusion in Betraying their Daughters; c) The Lack of Trust in Self and/or Important Others; and d) The Lack of Trustworthy Partners. Theme #2 subthemes were: a) Remembering and Dissociating—A Survivors way of Keeping Safe; b) Disclosures---Speaking Up for Self; c) Many Losses to Heal From; and d) Healing My Relationship Wounds. The findings will now be detailed accordingly.

Theme #1:

Relationship Wounding---The Lack of Trustworthy People and Four Subthemes

- a) The Betrayal of Daughters by Their Incestuous Fathers/Stepfathers
- b) Mothers Collusion in Betraying their Daughters
- c) The Lack of Trust in Self and/or Important Others
- d) The Lack of Trustworthy Partners

Figure B 1: Relationship Wounding---The Lack of Trustworthy People



Theme #1: Relationship Wounding---The Lack of Trustworthy People

John Briere and Carol Jordan (2009) recognize that when children are abused at a very young and impressionable age by a close family member the relationship impacts, such as “mistrust”, “abandonment”, “rejection”, and “problems trusting others” can last a lifetime. Furthermore, many traumatized children who were sexually abused are more likely to be brought up in adverse family backgrounds, such as “authoritarian”, “rigid”, “neglectful” and/or “chaotic” family systems (Briere & Jordan, 2009; Hunter, 2006). It is in these dysfunctional, traumatizing, and incestuous family systems that children are deeply wounded and reactions to these abuses, such as not trusting others, or being re-victimized in relationships later on in life are understandable. As Burstow (2003) suggests “trauma is not a disorder but a reaction to a kind of wound. It is a reaction to

profoundly injurious events and situations in the real world and, indeed, to a world in which people are routinely wounded” (p. 1302).

Subtheme 1a: The Betrayal of Daughters by Their Incestuous Fathers

One of the most prominent themes across the entire data set was that CSA by a parent creates an environment where children cannot trust the people around them. As Birrell & Freyd (2013) acknowledge from their research on betrayal trauma, “consider the situation of a child who is betrayed by...her parents. Most children are not strong enough within themselves to confront betrayal by a parent on whom they depend for the very existence (p. 11). Cohen’s (2008) research also confirms that incest by a parent is especially “detrimental” because it “negatively effects” future interpersonal relationships (p. 232). All of the women described untrustworthy patriarchal environments that were fraught with the misuse of power by their fathers. Mya and Pearl, both middle age women, reported that they grew up in strict traditional Christian religious backgrounds where their fathers were heavily involved in the religious community; Mya’s father was a pastor, and Pearl’s father was a lay minister. Their fathers promoted a sense of virtuousness for their daughters but simultaneously did the exact opposite by sexually abusing them.

Mya

Mya also disclosed that there was awareness within the family that her pastor father, and her uncle, were possibly involved in a child prostitution ring through the church. She affirms that:

There is some mythology that I can’t confirm in the family but that

my father and his brother were kind of involved with a child prostitute ring and both my eldest sister and my cousin had very familiar memories around this. One of my most specific memories involved being assaulted by a man, um, he was staying at our house for church duties and I suspect my family knew about it.

Mya then poignantly reveals that there were other abuses that were rife in her household:

I think the other thing around sexual abuse in our family it wasn't just sexual abuse it was emotional abuse, it was the secrets it was the craziness of him being such a good man and this other thing going on, uh, but it is so invisible.

Mya continues to describe a strict religious background that was very crazy making and shaming for her and her siblings.

Certainly the level of shame that I grew up with...was hugely enhanced by the sexual abuse but it's really complicated because I am also the daughter of an Anglican minister and every twice a week and every evening after supper we would repeat the confession which is 'you know we're not so worthy so much as to gather the crumbs underneath thy table'. Like if you say that prayer over and over again like your not going to have anything but a sense of shame, but then you add sexual abuse that is denied and hidden by a very important member of the church. It was totally crazy making.

Pearl

Pearl described similar crazy making attitudes from people within her church after she disclosed CSA by her father. She stated that:

For years people would look at you like you were dirty because you accused this wonderful man of you know, abusing you.

In her interview, Pearl goes on to describe further crazy making behaviours that her parents promoted by accusing her of false memory syndrome and getting other people in her church to believe that she was making it up.

Well, that's the huge thing my parents think that I have false memory and my family and a lot of people in the church think that it's all false memory. And that's what they said 'prove it', but how do you prove it when you're in your 30's that you were sexually abused as a child, what physical proof do you have, right.

Most of the women describe similar crazy making behavior by their fathers, although they differ in some ways. The other five women were brought up in chaotic patriarchal family environments where the father had complete rule. I use the term chaotic to exemplify a background where there were glaring inconsistencies about guidelines and rules.

Daniella

In Daniella's family, her stepfather had consistently drugged her with GHB, so that she had no memory of what happened while she was passed out, and it was common knowledge in her family that he was sexually abusing her and her two siblings. She testified that her stepfather had so much control over her as a child and teenager to the point that he dictated who she would have sex with. Her stepfather refused to allow her to see, or have sex, with her young boyfriend, but tried to set her up with a creepy neighbor that sent her pictures of his 'dink'. She reported that her stepfather went crazy and she did not understand how he could sexually molest her and her siblings but she was not allowed to have sex with her boyfriend, who she loved. In this statement about her stepfather's crazy making, controlling and contradictory behavior, she articulated:

And I'm like 'What the fuck I can't have sex with the person that I love, my boyfriend, but you are going to tell me who you want me to have sex with.' That's fucked up and I don't want to have anything to do with that, and it was so fucking weird and I was trying to talk to my mom about it and how because she thinks its

okay for my stepdad to do what he did and he gets to choose who he wants to have sex with then and she thinks that my brother and sister wanted to have sex with him and if that's the case that a fucking four year old girl and my brother how ever old he was. If they are aware enough and it's okay for them to choose to have sex from an older man how is it not okay for me a 14 year old girl to accept and invite sex with my boyfriend, like I don't understand.

Likewise, Marie and Tanya reported crazy making and controlling behavior by fathers that had managed to gain full custody and access from their moms who were left with only limited visitation rights.

Marie

One of the women, Marie, reported that her father was not only sexually and physically abusive, but he was also quite neglectful. She speaks about how her brother and her had food, but it was not nutritious food, and how they had clothes but they were often ill fitting. She describes how he was a single parent without any support but she did not feel like her or her brother came first.

There was food, just not a lot of it because he didn't have a lot of money. I found him to be a bit selfish too as a parent because he would go buy a computer when we needed clothes or something and really, did he need a computer?

Not only did Marie feel neglected by her father but she described at the age of twelve that he wanted her to go on birth control and although she had blocked some memories, she recalled her dad's total control over her, in that he would pick her up out of her own bed and bring her into his bed. As an adult, Marie asked her father why he had forced her to sleep with him. He claimed 'I was lonely'.

Like that's no excuse I was a child. He said, you wanted to sleep with me and I was lonely. I just kind of dropped it because I know he would take me from my bed and put me in his bed, when he would come home from work.

Additionally, Marie's father was physically abusive and she was eventually apprehended by the Ministry for Children and Families (MCFD), not because of the sexual abuse but because of physical violence. Marie also reported that her father possibly sexually abused her brother, and was physically abusive to another brother.

Tanya

Similarly, Tanya's father had full custody and sexual access to her and her two sisters. He had been professionally educated but lost his job and went into a depression in her early years and they grew up on welfare. Tanya's father would rant all the time to his three daughters about how horrible women, and their mother, were.

I was scared of him, but yeah, he just talked and talked, and part of that was that he was slamming my mom, so the idea was that, I felt like he was kind of brainwashing us. I don't know if I felt like that at the time but by the time that I was 9 or 10, I had decided that he brainwashed us to live with him, because it was up to us in the courts and I just wanted to do what my older sister, did, uh, chose.

Tanya revealed that sometimes she and her two sisters would have arguments about who would have to sleep with him, before her sister disclosed the sexual abuse and they went to foster care. Both Tanya and Marie's childhood exemplify that there is no safe place for children when the father is sexually abusive and has complete dominion over them. Interestingly, both of these women were apprehended and put into the foster care system.

Correspondingly, Nicole and Monica were brought up in traditional two-parent homes where the fathers dominated with abusive behavior.

Nicole

Nicole describes her father as a jealous, alcoholic parent, and explained how her mother was not allowed to talk to other men. Furthermore, she reported her childhood as

being overshadowed by her parents drinking and partying.

There was always drinking... and alcohol was always a part of our daily life even as kids. It's not like we were drinking as kids but it was part of our family structure.

It was in this environment that Nicole reports being sexually abused by her father, uncle, cousin, and babysitter. Her father had sexually abused her over a period of a year and a half, but she acknowledged that she has had difficulties remembering it because she had dissociated when it happened because it was so traumatic for her.

Monica

Monica reports that she had no control over anything as a child with her stepfather. She vividly recalls when her stepfather would sexually abuse her that he would physically just pick her up and take her where he wanted to.

I do remember him taking me one time to a house that people were away for long periods of time and he would go through the trail in-between the houses and I remember him, actually, literally putting me on his shoulders and taking me there, and that kind of thing. And what am I supposed to do I am just a little kid.

Subtheme 1b: Mothers Collusion in Betraying Their Daughters

There is limited literature on mothers' relationships with daughters that have been sexually abused by their husbands. "The limited writing and research on the topic of the parent who is a witness to abuse rather than an active agent of it suggests that passivity in the face of abuse is itself harmful (Cloitre et al, 2006, p. 19). Most of the women discussed their relationships with their mothers as confusing and/or complicated. Six out of the seven participants believe that their mothers knew about the abuse. One mother stated that she thought that all children wanted to be sexually abused, while five of the women believed that their mothers knew, but were impotent or incapable of protecting

them. Lastly, one women's mother did not know about the sexual abuse until child protection services was involved. Overall, the women portrayed their mothers as colluding in the sexual abuse.

Daniella

Daniella's mother knew about the sexual abuse of her children and thought that all children wanted this because she had wanted to be sexually abused as a child.

Yeah, her and I to this day disagree strongly on pretty much everything around that. Every time we see each other it pretty much comes up and she still stands by the fact that it is totally normal for parents to molest children. She still believes that my brother and sister especially invited it and she thinks it's stupid for them to be upset because all she ever wanted when she was younger was for somebody to do that to her.

Daniella goes on to articulately acknowledge that she is confused about her relationship with her mother, and is still struggling with how to understand her mother's role by not protecting them and further handing them over to their sexually abusive stepfather. In her final statement of the interview about her mother she vocalizes:

Just the fact that my view of her is weird, but I just can't pinpoint it. Just I don't know when you were asking me...about why I thought she was a strong person. Like I really don't know, and I really don't think she is but somehow I have this image in my mind of her and she's this big fierce bear, but she's not like that, she's never protected anybody, so I don't know, and like I definitely haven't come to terms with who she is, and things she's done...I think I just kind of excused her.

Mya

Mya also expresses confusion about her relationship with her mother. Mya's mother knew and seemed to want to protect her but didn't. "...Yeah, I think my mother had to be aware of what was going on". Her mother was depressed, physically abusive, and very religious, but Mya felt bonded to her mom. In a statement about her mom's

abusive behaviour, she acknowledged that

When my mom was in a depression she too could be really physically aggressive...so once again that was a bit crazy making because you often couldn't trust my mom's behavior because of the depression.

However, she goes on to recognize the confusion and inconsistencies in her relationship with her mother:

I was very close to my mom growing up and I think that my mother knew what was going on and worked really hard to protect me, perhaps more than the other kids just because I think at that point she was sort of clear about 'oh my god, this is what my husbands doing'. She did not have the self-confidence or the where with all to leave nor was it an era where women could leave especially a ministers wife and financially she would have been screwed. I was really close to my mom and there is a real disconnect around that for me and I don't have any answers of how could I be close to my mom if she knew. I can't answer that.

Marie

Marie reports not being close to her mom because her father had full custody and her mother was in active addiction. She felt betrayed by her mother because not only did she not offer empathy about being sexually abused by her father but she also did not protect her from it, even when Marie disclosed it to her at 14 years old. Marie confirmed that:

I told my mom...and she's like 'No, he wouldn't do that, he is a creep, but he's not that big of a creep" and all this stuff but she was also doing drugs at that time too. So she didn't believe me....

Marie goes on to share that her connection with her mother is fraught with difficulties and that it has had a huge impact on her present day relationships. In a statement about her mom, she asserts:

You should have taken us away, you should have fought for us, and you should have been there for us. I think [my difficulty in] relationships definitely comes from her not being there too. Like the one person in my life that should have been protecting me and should have been raising me wasn't there.

Pearl

Pearl's relationship with her mother was difficult throughout her childhood. She relays how her mother used to introduce her to people. "My mother would always, I don't know, explain to people that there was almost like something wrong with me but she didn't know what, type of thing". Pearl's mother was a very religious woman and denies knowing about the sexual abuse by her father. When asked if she thought her mother knew about the incest, she responded: "I think so yeah, but growing up in that era, religious like that, what would she do. You know, she didn't want to look at that I think, cause you don't ever leave your husband". Pearl also describes a lifetime relationship pattern with her mom that is emotionally and verbally abusive.

She was always so busy in the church and I don't know I just always felt like I couldn't do anything right for her, I don't know. Like even peeling potatoes, she'd take over because I'm too slow. Even doing dishes, even when we were there just a couple of weeks ago, I was doing dishes and she took over because apparently I was washing too slow (laugh). And I always feel like I can't do it good enough.

Nicole

Nicole has a similar relationship with her mother in that she is treated negatively in her family of origin. When Nicole tried to disclose the sexual abuse by her father to her mother, she refused to believe her and called her a liar.

I remember sitting and trying to tell my mom something really, really, serious and just crying so hard, um, and having her tell me that I was a liar...she just wouldn't listen to me, and this is when I was trying to tell my mom that I had been touched...[by] my dad.

Later on in the interview Nicole reiterates that her mother denies that she was sexually abused and sees her as “the irritating and annoying one, um [who] always thinks she’s a victim”. Likewise, Nicole has affirmed that her ostracization in the family has continued throughout her life. Unfortunately she states that “I don’t know if the exclusion is a result of how I’ve behaved, in maybe partially excluding myself, or if it’s, a result of being the black sheep, or being a combination”.

Tanya

Even though Tanya was not the black sheep in her family she acknowledges that after her mom lost custody of her and her sisters, her relationship with her mom changed. Tanya conveyed that her mom had the life of a single woman and it was hard to adjust to her having Tanya and her sisters back.

Yeah, losing a mother, that was a hard, hard, time. Very sad, some of my saddest memories were that custody battle, and when we got back I think she was angry. So she developed a single lifestyle and so she had to go to stuff. She was, I always think she was a good mom. She was you know kind.

Tanya and her three sisters ended up living with their mom after being placed in foster care by child protection services. They had not disclosed to their mom the sexual abuse, but rather, one of her sisters had told a school counsellor. They eventually ended up living with their mother after she fulfilled some requirements that child protection services had stipulated. However, her eldest sister was unable to make the transition and left the limited care of her mother.

Monica

Monica’s mother was bowled over with grief and could not protect her daughter. Monica recalls that after the death of her father and little sister she realized that a ‘grief stricken’ mother was raising her. Her mom knew she was being sexually abused, because

someone had reported it to child protection services, and Monica was taken to the doctor to find out if there was evidence of sexual abuse.

I remember, they were checking to see if I was sexually active and of course there were signs of that and I guess that was the evidence that they used.

After the authorities found evidence of sexual abuse Monica's mom then put her in residential school. Monica noted that she was the only one of her siblings to go to residential school. Unfortunately, while she was away from her family, her younger sister was sexually abused and became pregnant by her stepfather. At the age of 18, Monica recalls, having to go to her mother's home with a social worker and be involved in apprehending her other siblings and assisting her mother in moving out as well. Despite this, Monica shared that she has forgiven her mother for not protecting her. When Monica was asked if her mother ever showed her any compassion for being sexually abused, she answered:

My mom, I remember her saying that she did the best that she could with what she had. I remember that and I was able to forgive her and then it helped me to do more of my own work. **Did she show you compassion though?** Oh yeah, she was a wonderful grandma to my kids.

Subtheme 1c: Lack of Trust in Self or Important Others

When looking at the relationship impacts for CSA survivors, not only has there been a loss of trust from their parents, but also one of the larger impacts that the women admitted is the lack of trust in themselves. "Sexual abuse by a parent may result in confusion, a sense of betrayal, and harm the child's capacity for trust, intimacy, and self-agency during adulthood (Patrick O'Leary, Carol Coohey, and Scott Easton, 2010, p. 277)." As mentioned earlier, many of these traumatic reactions to betrayal by a parent, or

parents, are natural. Freyd and Birrell (2013) state that “betrayed children may grow into adults who fail to trust the trustworthy or who too readily trust people who further betray them. Whether being too willing or too unwilling to trust, difficulty with trust not only interferes with relationships, but also eats away at a strong sense of self” (p. 183).

Nicole

Nicole states that she cannot trust herself and her choices. ‘I had major trust issues.’ She speaks about how she did not trust herself or other people since she disclosed the sexual abuse in her childhood.

I remember just crying that feeling of hollowness and emptiness and devastation when [my mom] wouldn’t believe me then I remember I just wanted it to stop and I said yes I was lying, I agreed with her because I thought if I said that I was liar then it would all go away and that she would hug me, and all I wanted at that point was for my mom to hug me (crying). And I said yes, I’m lying and she spanked me and so the impact, I remember feeling like I was a liar. I felt like a liar my entire childhood...I said something and they didn’t believe me when I told the truth so then I lied and it confirmed for my mom that I was liar, even though I wasn’t, but I knew that I was a liar because I ended up lying to gain approval or what I thought would give me approval. So I grew up thinking I was a liar and I didn’t trust myself.... I never felt trusted.... And that I wasn’t trustworthy.

Nicole describes childhood relationships that are laden with possessiveness and jealousy, from her relationships with friends to her boyfriend at thirteen. “I was thirteen when I had my first serious boyfriend. I was with him until I was eighteen, and I had major trust issues.” Later in life, with her abusive husband, she was acutely aware that she did not trust others or herself. “And my husband treated me like shit and I treated me like shit, and I was a bad mom and a bad wife.” Although Nicole admits that she is learning to trust herself more she still struggles. In a conversation about relationships and

trust she shares:

Yeah...you get to know somebody and you feel like by getting to know them and by caring for them its' like you have given them your seal of approval. You have endorsed them, in some way or another, and then when you find out that they're disgusting or whatever...now I am just a liar again because I have endorsed this person you know, I've gotten close to them, I have let them in. So then it comes back to 'Can I even trust my own judgment in people'.

Mya

Mya goes on to say that, "I think trust is pretty challenging to feel anyhow but for survivors it's something that you are always going to struggle with". She clearly spoke about the lack of trust in a teenage friendship as being revealing of her relationships throughout her life.

So, I had sexual abuse going on in our family and my friend had alcohol abuse going on [in hers]. We spent like hours and hours of time together I mean we were a very tight teenage friendship and neither of us talked about this more important thing which I think is pretty indicative of not learning to trust and explore in relationships and I would say not easily verbalizing what is going on still remains as an issue in relationships. That's not to say I think I do very well in terms of talking about the emotional stuff, but it sometimes takes me a few days to figure it out and I think that it is very much reflective of my friendship as a teenager.

Daniella

Daniella conveys that there were a lot of untrustworthy people around her as well growing up. Not only was her stepfather and mother abusive but her maternal grandmother, with whom she went to live in her teens, was emotionally abusive and controlling. Later on in her early adulthood she was sexually assaulted by an employer and married an abusive spouse. In her marriage she found that she "lost her personality" and had trust issues with everyone.

So I got married when I was 18 and was married until just before I turned 21, um and he turned out to be extremely psychotic, very abusive, emotionally, verbally, whatever, physically, sexually and it was awful, the time with him....I felt my personality, like there was nothing left of me anymore. Um, so I left him and after that...I had pretty severe trust issues and even, not big things, just the littlest thing that someone would say or do. I felt like everyone was lying to me, I don't know. It was really weird to try and figure out what I did or wanted to do, or who I was after that.

Tanya

Tanya also speaks about the lack of trust in decision-making and articulates: “that it gets so hard to make a decision and know what’s right. I think one of the main impacts is having such a hard time figuring out what I will stand for and what I won’t.” In describing one of the impacts of being sexually abused, she expressed that when she was young she thought that if she could control things in her world that she would be okay.

One of the impacts was that I almost lived my life in a very cautious measured way at the time...so that I often just thought if I just ‘walk this way’ or ‘do that, that way’, I could have started to become compulsive like, (pause) what’s that word? Obsessive Compulsive. Even just how I might walk on the sidewalk or something, you know how this might make everything to appear normal.

Tanya continues to explain one of the relationship effects as having no sexual boundaries when she was growing up. She identified that in her teens she went through an “explorational phase” where she began to feel used sexually.

I just didn’t know how to say “NO” ...and I was starting to want to and I was starting to feel really out of control because this was an exploration for me...so I guess by the time I was about 16 or 17 I finally figured it out, I woke up and had this epiphany, I thought that all I had to say, even if I am drunk or anything is ‘NO’ I don’t love you, and it worked, after that, it worked, so that phase...passed.

Marie

Similarly, Marie identified that she felt “broken sexually” and articulated that it

was linked to her lack of trust in men.

I say like it is hard for me to get to know people and to trust people, men, to trust men, it takes me awhile to trust them and to get to know them and, and I think sex itself to me doesn't mean as much to me as it means to somebody else, cause I can go have a one-night stand and I know some people that can't. But sometimes like I cheated on my ex-husband and it was just sex. He's like 'did you love him?' And I said 'No, it was just sex' and some people don't understand how it can just be sex. It's like well, for me, it can be because I am like broken that way.

Subtheme 1 d: Partners As Untrustworthy

When a child is repeatedly betrayed, the development of healthy trust decisions is likely to be disrupted. The child's ability to detect the trustworthiness of others may be impaired due to betrayal blindness, thus increasing risk of revictimization (Gobin & Freyd, 2013, p. 505).

Mya, Pearl, and Daniella reported being in supportive loving relationships where they trust their partners at this point in their life. However, both Mya and Daniella had prior abusive relationships. Similarly, Monica, Marie, and Nicole conveyed that they had successive abusive relationships, and yet they all recognize that they are working through these negative relationship patterns, and are learning to choose differently when it comes to intimate relationships. Finally, Tanya acknowledged that she was in consecutive abusive relationships throughout her young adult life. Currently, she is in a long-term 'alcoholic' relationship, unhappy, and does not trust her husband.

Tanya

Tanya's relationship history speaks to the on-going issues that many women who have survived CSA experience. In her relationship history she was very expressive about the type of men that she chose in her life. She describes a "repetitive attraction to the addictive type". Tanya reports a history of successive relationships where she could not

trust the men she was going out with, from her first love and father of her eldest daughter who was a violent heroin addict, and the second significant relationship she acknowledged was a cheat and she couldn't trust him either.

Then after awhile I dated his best friend and he was a drinker and I didn't want to get involved in that relationship, but for whatever reason I did. And so I knew it wasn't going to last so I remember saying to myself "Detach" "Detach".

After these relationships Tanya met her husband and learned that he had alcohol and drug problems as well. She reports that

I think I kind of threw in the towel at that point....I think I just thought you know, this is the kind of person that I am attracted to. This is going to rip my heart out and I think that this is what I need to experience if I keep doing it.

She is currently in a 20-year relationship where her husband is an alcoholic. Tanya states that she is 'compulsively attracted to people who are untrustworthy'. She cannot trust her husband after 20 years. "And um, yeah, so my twenties were just basically miserably together with my husband. I was miserable." She goes on to talk about how it will always be that way and that she needs to accept it.

That's probably been, come to think of it the impacts, speaking of the impact of being sexually abused, um. That is a big major impact not being able to trust. There have been times that I have been frightened to death that my husband is going to sexually abuse my kids....and so sure enough in the family I married into, sure enough two of my kids did get sexually abused....So partly it is the choice or compulsive attraction to people who are less trustworthy.

Mya

Mya chose "unequal" relationships with women throughout most of her adult life, but has since learned to choose differently.

...so I came out at twenty four, got into a relationship at twenty seven...that lasted until I was about thirty three and then I moved to Nova Scotia and had a couple of bumpy relationships and then got into a twelve year relationship with an addict...and did a lot of drugs for those years and worked. I mean I was quite functional, and that was a really unhealthy relationship in that I basically took care of her...which I suspect has to do with the sexual abuse in that um, you know I felt not good enough to deserve an equal relationship...because of high levels of guilt and shame that come out of having been sexually abused.

Mya is an experienced and knowledgeable counsellor who has done her own healing work and states that:

...the last ten years I have been with, in what I would consider the healthiest relationship of my life...and there's no alcohol or drugs....So like my life is in balance, and I feel most of the time I do not feel the impact of the sexual abuse as dominating but I would say it has taken me most of my life to get there.

Monica

Similarly, Monica has spent most of her life in unequal relationships until just recently in her fifties. She disclosed that she spent almost thirty years in a relationship where her partner who had been cheating on her. She remembers in her early 20's turning down a man's proposal of marriage that would have been a healthy choice. She now recognizes that because of shame she could not emotionally accept someone being good to her. Instead she ended up with her husband who had been sexually abused and was a residential school survivor himself. Monica conveys that she is currently in an equal relationship where she feels supported and loved, and she articulated that it is extremely important for her to have alone time so she can care for herself.

Daniella

Although Daniella is now living with a healthy functional partner, she does disclose that in her early adult life she had married an abusive drug and sex addicted man.

So I got married when I was 18 and was married until just before I turned 21, and he turned out to be extremely psychotic, very abusive, emotionally, verbally...physically, sexually and it was awful that time with him and I didn't really have many friends outside of him because he was so controlling...and I was pretty cut off from everybody.

Fortunately Daniella stated that she surrounds herself with positive people in her life and is in a common law relationship that is supportive, nurturing, and kind.

Nicole

Nicole articulated that she had successive abusive and alcoholic partners until her late 30's, and is currently on her own right now and working at changing these negative patterns. Although she is currently divorced, she described her marriage as traditional and abusive.

...He had a very strong religious background and women were meant to serve or they are there for their husbands and that is not the role that I wanted to play, so we had such huge power struggles...and he didn't trust me at all and I didn't trust him at all.

Nicole ended up having two children with her husband but it ended in divorce after repetitive controlling and abusive behaviours.

Yes [my husband] was very controlling with money. I used to get raked over the coals for spending too much and I was in charge of paying our bills and getting our groceries, and that is what I spent money on and money would go missing from the bank account all the time and he would come home with new guns and the visa would get racked up and that was my fault too, you know. It got physical in later years before we split, he couldn't, wouldn't express himself in any way, he would just pack it in, pack it in, pack it in, and then it would come out at a horrible time and violently.

In addition to being controlling and violent her ex-husband was very jealous, like her father, even though he had been having an affair during her second pregnancy. The theme of jealousy has been a constant in her relationship with men. After her marriage

she moved in with a man that was drug addicted.

It's so funny that I have had such trust issues my entire life and had not been able to trust anybody and with this guy I knew he was a cheater, I knew he was a dog, I knew he was an abusive man, I knew he was an alcoholic. I knew he used to do a ton of cocaine, you know, and I chose to trust him, and you know, I don't know if I was blind or if that was self-preservation or what that was but this whole time that I was in this relationship he was with other women all the time and it was so dysfunctional.

Nicole described him as a "mind fucker" and is glad that it did not last long. After that relationship she started dating another abusive, jealous man that ended up being very physically violent with her, and stalking her. After this two-year relationship she decided to take a break from relationships and process the loss of her marriage and subsequent abusive relationships. She has now been single for approximately five years.

Marie

Marie has had an abusive relationship with her alcoholic ex-husband as well. She was married for approximately three years and did not realize how much of a drinking problem he had until he started staying out all night and spending a lot of money on alcohol. "I feel like I go into self-destructive relationships that don't seem to last cause if I actually looked at that relationship I should have known it wasn't going to last." She has dated other men with one relationship lasting for three years. However, she disclosed that he did not like her children and Marie acknowledges that she wants to be with someone that is going to be good with her children as well as her. Marie states that she is currently single and does not trust men with her children.

Pearl

Unlike the other participants Pearl has not been in any abusive relationships other

than her family of origin. Pearl admitted that she has known her husband since she was eight years old and she described that he has been very supportive throughout their long-term marriage. Unfortunately, when she recovered her memories of being sexually abused by her father, she could not trust anybody, including her trustworthy husband.

I didn't trust anybody, once [the sexual abuse] came to mind and even if my husband got up at night I'd be like 'Where is he, what's he doing.' Right, I didn't even trust him. I know I could of now, but at the time I was just freaked out, and thought you just can't trust anybody, right?

Summary

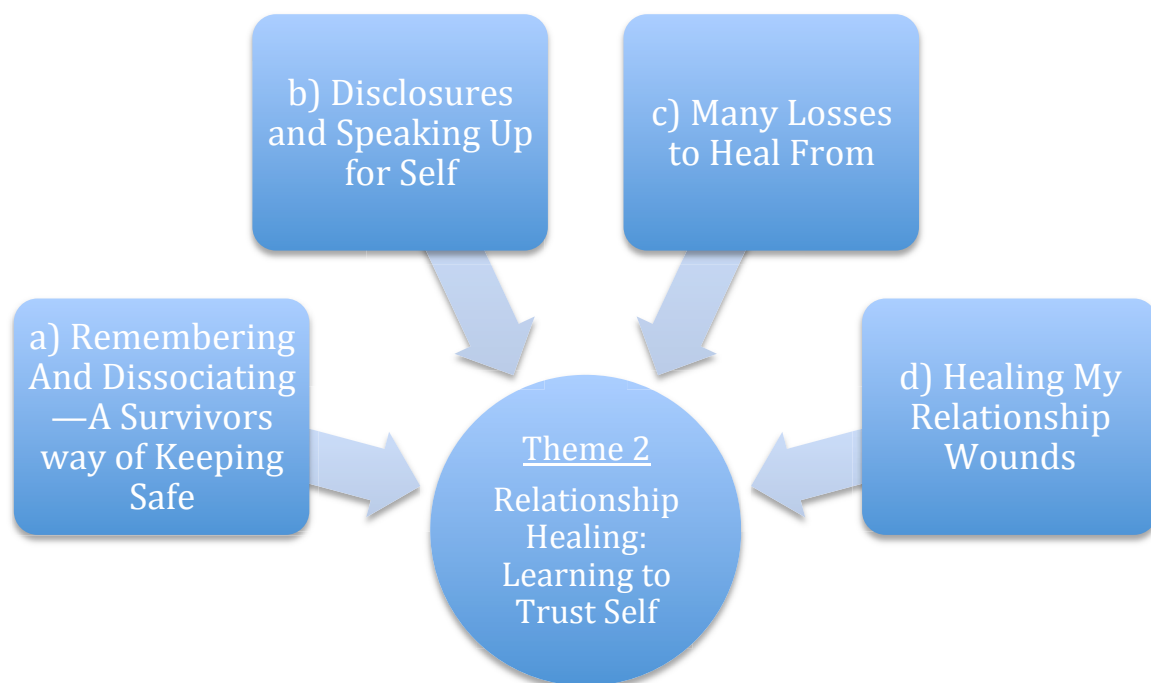
All of the brave and resilient women who were interviewed for this project describe being sexually violated and traumatized by their father, the person who should have been the most protective of them. They describe patriarchal family systems that were authoritarian, neglectful, or chaotic, with most of their mothers knowing or colluding. It is in this contentious environment of betrayal that the women learned not to trust significant others or themselves. These are natural reactions to being wounded and betrayed by the people who are supposed to love and care for them. Another traumatic reaction to being sexually abused as a child is evidenced by the women's testimonies of adult relationships that reflect the violent childhood families in which these women grew up. Some of the women have found their way out of violent relationships and have worked at creating connections with people who are trustworthy. Likewise, some of the women reported that they are in the process of choosing differently in relationships and are aware of how their past childhood history has contaminated their sense of trust with themselves and others.

Theme #2:

Relationship Healing---Learning to Trust Self And Four Subthemes

- a) Remembering and Dissociating—A Survivors way of Keeping Safe
- b) Disclosures---Speaking Up for Self
- c) Many Losses to Heal From
- d) Healing My Relationship Wounds

Figure B 2: Relationship Healing---Learning to Trust Self



Theme 2: Relationship Healing---Learning to Trust Self

Women who speak about CSA by a parent are courageous ‘truth-tellers’, but many of these women are labeled as the black sheep, liars, or crazy. In order to remain in their families of origin, they must admit that they were wrong and that they did not experience sexual abuse at the hands of their father, or at the very least they must not tell. When girls/women cannot admit that they were sexually abused, even to themselves,

there is dissociation, detachment, isolation, withdrawal, and an internalized sense of self that is inherently flawed and taints every relationship that follows (Freyd & Birrell, 2013). As Freyd and Birrell (2013) acknowledge, when children are severely betrayed at the hands of their parents, such as sexual abuse by a parent, they have to turn the blame inward in order to survive in such a hostile environment (p. 10-11).

Speaking out about the CSA seems to be significant for the women who were interviewed in this study. Pearl conveyed that disclosing and speaking out in her adult-life about being sexually abused by her father was a large step in her healing. Likewise, Tanya acknowledges that her sister's disclosure of the sexual abuse freed her to be able to talk about it. However, disclosing sexual abuse can be further damaging to children if it is not met with positive results, as experienced by Nicole, Marie, and Daniella. Nevertheless, all of the women agreed that there is a need to speak out to friends, family, and significant others about the injustices.

Some of the impacts experienced by a child who has been sexually abused by a parent are the many relationship losses that become apparent later on in adult life. All of the women disclosed many losses and betrayals, and the various ways that they worked at healing and living with their relationships wounds.

Subtheme 2a: Remembering And Dissociating—A Survivors way of Keeping Safe

Anne DePrince (2005) acknowledged that women who experienced childhood sexual abuse at the hands of their parents are more likely to dissociate. As she (DePrince, 2005) claims, dissociation has an added impact for some CSA survivors in that it sets them up to not be able to recognize social cues that alert them to relationship dangers. Equally, in *Betrayal Trauma*, Freyd (1994) acknowledges that when children are cruelly

abused, as in CSA, there is a form of amnesia that happens that can be reawakened later on in adult life. Birrell & Freyd (2006) & Cohen (2008) recognize that dissociation involves remembering and not remembering the sexual abuse.

Trauma is the shock to the psyche that leads to dissociation: our ability to separate ourselves from parts of ourselves, to create a split within ourselves so that we can know and also not know what we know, feel and yet not feel our feelings. It is our ability...to hold parts of our experience not as a secret from others but as a 'foreign body' within ourselves (Gilligan, 2002, p 6).

This complicated remembering of the sexual abuse is evident in the women who were interviewed. Five out of the seven women have been in the process of remembering that they were sexually abused as children, and the other two women have always remembered although they struggle with dissociation. All seven of the women speak about dissociation, numbness, detachment, and isolation within themselves and in relationships, especially the women who remembered their sexual abuse later in life.

Mya

Mya acknowledges that she still has difficulties remembering exactly what happened to her but knows that her father sexually abused her.

... When my mom died in 1990 and my sister's memories surfaced shortly after her death...and her memories are somewhat consistent with what I had always thought about my childhood but had never been able to identify specifically and when [she] started remembering it was helpful for me. I mean that sort of a hazy fog of 'I think this is what happened but I don't know'. Whereas my sister has much more specific memories and my brother has some memories and certainly my cousin, as I said before, has very specific memories.

Mya continues to describe a family pattern of dissociation that serves to keep them safe in an abusive religious family system that held so many traumatic secrets.

Our family grew up living in our heads and not experiencing trauma and I think that we are very good at that. When we spoke before I made a joke about being dissociated most of the time, but I think there is a grain of truth there in that I live in my head and sort of avoid feeling the trauma unless it is safe and I mean certainly as a therapist...I have learned how to do that.

Pearl

Pearl also began to remember later in her life about the sexual abuse by her father. The remembering for her coincidentally began after both of her parents moved to another city. She was in her 30's when the flashbacks started.

I had a flashback and I didn't know what was going on. I was in the shower and just started seeing pictures and started crying and crying for about two hours and I couldn't figure it out. I thought I was seriously going crazy.

She thought everyone dissociated until she was given information from the pastor's wife who had been sexually abused herself. This supportive relationship helped her to understand her attempts to keep herself safe by dissociating.

I think someone just talked about it and I just thought it was normal, like, that you could see yourself, from you know, up there (pointing to the ceiling) in the room, kind of thing, doing stuff, separate. And, as I learned more, one counsellor, tried to have me stay present and I realized I have a choice but there's times where I don't want to (laugh) type of thing right....I mean like sometimes I desperately want to leave but, um I try and stay present.

Nicole

Likewise Nicole started to remember in her late 30's about her father sexually abusing her. It began with 'vague memories' before she fully realized what these images were revealing.

I had the memories of what had happened. I have always had the memories, very specific vivid memories of the view from my bed.

The specific toy chest that we had, and even like the texture of it, we had masks hanging off the dresser and those masks I can still see them and I would have nightmares of those masks, and I'd wonder why am I having nightmares of those masks? And then when I remembered the rest of the scene of what was in the room and what was happening well I thought 'oh, maybe that's why'.

She continues to describe what remembering the CSA by her father has meant to her and how that has impacted her relationship with herself and her father.

...When I did first remember this, at first I thought I'm in a really good place to process this right now and I was at the time, and I probably didn't do as much processing as I should have right then because I felt really good, and it wasn't until maybe a year, a year and half later that it kicked my ass....Just the gravity of it and what actually happened...TO ME you know, and how that felt. I went through a period of about 6 months or more where I could hardly talk to my dad, I didn't know how to....

Marie

Marie struggles with remembering that she was sexually abused in her childhood. She reports that the memories are unclear or blocked. She remembered telling her mother at fourteen that she had been sexually abused by her father but her mother did not believe Marie. It was not until a child protection social worker asked her if she was sexually abused that she remembered again. When asked if she had dissociated memories, she answered:

Oh yeah, for sure, for sure, because like I blocked, I blocked the sexual abuse from the time that it happened, like for probably a year after or whatever, moving out when I was a teenager, when the social worker brought it up that's when it came back...and I unblocked it.

Marie testifies to the fact that she did not feel safe living with her dad and that is why she dissociated and doesn't remember.

Yeah, and so I definitely, probably blocked some memories down,

not knowing if he sexually abused me when we were at the other trailer.... But chances are that he probably did if I was sleeping in his room.

Monica

Monica described specific times where her stepfather would take pictures of her and she would, out of the need for “survival”, dissociate to get through it.

...I remember one time falling asleep on the couch and...I remember him taking pictures of me, and I remember pretending to be asleep...and I would remember him taking pictures and he would actually take my hand...and put it over my breast, and my other hand on my crotch, like that. And I remember seeing those pictures and you know, stuff like that. So, it wasn't just sex it was also photographs....I really honestly, felt like I wasn't even in (pause) I was dissociated.....like I felt like I wasn't there, I was dissociated.

Daniella

Daniella does not talk specifically about dissociating but explains that she had been spaced out and passed out from the date rape drug GHB that had been given to her by her stepfather. At this point in her life, she does not have specific memories of being sexually abused or knowing what happened to her while she was passed out, but it is common knowledge in her family that her stepfather sexually abused both her brother and sister, and both her stepfather and mother think that it is normal for parents to sexually molest their children.

But, yeah a couple of times at home he gave me so much [GHB] that I would just like fall and pass out and I would just wake up and be like really disoriented and confused or whatever, but I honestly don't know like anything that happened in that chunk of time, or (pause), you know?....I don't think he raped me but I don't know if he molested me or not, I don't know, I honestly couldn't say (pause).

Additionally, Daniella was sexually abused by her biological father when she was younger but she has no memory of this because she was asleep and it happened once. She only knows about this because her mother told her after it happened.

Tanya

Tanya has always remembered but identifies that she has a hard time connecting to people, especially her children and realizes that this is a relationship impact from being sexually abused by her father. In a counselling session with one of her children, she recognized the limitations that she has in her relationship with her son.

Deal, like I am a traumatized person that sometimes shuts down and doesn't know how, dissociates and fucks up and stuff. 'DEAL', I can't change I am sorry, I have spent my life, I have spent my twenties trying to change and right now I just feel like. Yeah, I feel stagnant right now. Just, uh, in terms of how this is affected, that is, by my sexual abuse, there probably is some kind of connection'.

She also reports withdrawing into herself and is finding that as she gets older the more difficult it has become to connect to her children, partner and friends, especially when there are difficulties in the relationship. She identifies that withdrawing was a pattern that began when she was younger and that she can see that as she becomes older that this behavior has come up again.

I kind of worry that it is or that it shows me that the situation I am in, that I should get out of it or change because (pause) when I told you that I was kind of obsessive compulsive about, you know, at that point as a child, at 8 or 9...I was like that too. Yeah, like kind of withdrawn. It was my way of dealing with the situation that I was in. So, sometimes I think that if I am withdrawing again that maybe something is wrong in the situation, something I need to change.

Subtheme 2b: Disclosures and Speaking Up for Self

All of the women experienced some form of disclosure, even if it was from an external source. Nicole told her mother at the age of three and received a very negative

response. Sarah Ullman (2007, p.21) reports on a study that found that disclosures of ‘female incest survivors’ were met with the most negative reactions and found that the younger the age of disclosure, the worse the response. A synthesis of studies on child sexual abuse disclosures found that only one-third of victims disclosed in childhood, while the remaining two-thirds told someone when they became adults (Ullman, 2007, p. 22). Freyd and Birrell (2013) created an acronym to describe negative disclosures responses, it is called DARVO: **D**eny the behavior, **A**ttack the individual doing the confronting, and **R**everse the roles of **V**ictim and **O**ffender, such that the perpetrator is assigned (or assumes) the victim role and turns the true victim into an alleged offender. A good example of DARVO is in Pearl's story of disclosure.

Pearl

As mentioned earlier, Pearl remembered the CSA in her 30's. Her father and mother have continued to deny it, and accuse her of having false memory syndrome. They have shunned her for not recanting and she is treated cruelly by her family. All of her four sisters stopped talking to her for ten years. She explains:

Yeah, well see I thought that I needed to explain it to them and if they would see my side, and I kind of wrote out my story and sent it to all my sisters and yeah, that was the end of all their relationships.

It has only been recently that her eldest sister thought that they should reconnect. However, there is still minimal contact with her family and she continues to be ostracized for disclosing and not recanting. She sees them about once a year while the rest of the family is in close contact.

As I said, it's only been once a year that we have a family thing and we all get together. It's awkward...the younger two say we should get together but when you try and stop in their place on your way

down somewhere they don't answer the phone.... it's just hurtful, it's hard.

She conveys that when she went to counselors, she would hope that they would tell her that she was making it up, but that never happened.

Um, well again, I absolutely, desperately, wanted them to tell me that it wasn't true. So I kind of came away from there, thinking 'Dang, they believed me again'. And, in some ways it really, you know, confirms that you're not crazy either. That it's not false, but every time I went to counselling somewhere or to something I kind of always kind of wanted them to tell me that I was making it up, that I was wrong, and that I would go tell my parents and everything could be happy ever after. Not that it would be.

Even though Pearl at times wishes that she could be with her family again, she recalls a pivotal piece of healing when she stood up for herself.

Yeah, um, like we met with the pastor and he was there to mediate but his wife was the one who had kind of been helping me, and she said at some point if you need to leave, you can do that, and all of a sudden something just, it was like 'I am not your kid anymore!' (emphasis). I don't have to take this! And I up and left and that was, I think my husband was kind of 'what happened', (laugh) because he had never seen me stand up like that to him, but it was probably the beginning stages of some healing at some point.

Monica

As mentioned prior, Monica did not disclose that her stepfather had sexually abused her but she had been reported to child protection services and was taken to the doctor's to examine her physically for any signs of sexual trauma. She remembers that she was eleven or twelve at that time. After the visit to the doctor's office, the social worker came to her house and her mother signed papers to send her to residential school. She found out when she was in her twenties that her stepfather went to jail for sexually assaulting her. However, her stepfather returned back home after his jail sentence was

served and continued to sexually abuse Monica's younger sister. Unfortunately, Monica's sister became pregnant from her stepfather. As a young adult, Monica recalls going to court when he was being sentenced for sexually abusing her sister and she remembers that she felt angry and empowered by the experience of being there when her stepfather was sentenced, and she recalls that, "he just sat there like a shit".

Tanya

Tanya did not disclose that her dad sexually abused her, but her sister did. Her sister told a counsellor at their school and the police were called. Then Tanya and her two sisters were apprehended. Her sister's disclosure relieved all three of them of the continuous sexual abuse by their father, and as Tanya claimed, it was an exciting and healing time where she learned to speak up about what had happened to her.

When we moved to my mom's...I remember my personality changed a lot....It was a lot like a weight had been lifted from my shoulders. I just felt good and I also felt like this experience, I could talk about it and be open about it and I was really open about it. And I remember that it would really bother my mom how open with strangers I was about it (laughter).

Mya

Mya spoke about her adult sister recovering memories after their mother died. She goes on to explain that her sister's memories brought up her own understanding and memories of her CSA experiences. However, she recognizes that not all of their siblings remember the sexual abuse. She states that one of her sister's claims that she was not sexually abused but Mya is skeptical about her memories.

I'm the youngest of four and the sister next oldest to me has no sexual abuse memories, and as a therapist I certainly have some concerns about her psychiatric health as all of us struggle, but she has never identified sexual abuse as being one of the problems that she deals with, and in fact kind of works hard to deny that that could

have happened.

Mya disclosed that her father was never held accountable for the CSA of his children but the church that they attended did find out about the sexual abuse when her sister approached the church their father worked for.

My sister did attempt to charge the church for negligence because she believed that many people in the higher part of the church knew about [the sexual abuse] and she wrote a letter and the church just responded by saying that dad worked for the church and this was a family matter. He was certainly outed, but there was...never any legal recourse and most of that was after his death.

It has been through her sister's original disclosure of the incest by their father that Mya has been able to work at processing the memories and how they have impacted her life. As a counsellor she especially underlines that it is extremely important to work at dealing with the impacts of CSA so that she can be helpful, not harmful, to the people that she works with.

I want to say out loud...that I just want to repeat how important it is for [counsellors] to do our own work, and yes we go into this field because we can learn on the sidelines about effective techniques to help us deal with our own shit but we have to work really hard specifically to do our own work and I think everyone needs to go through that process.

Marie

Marie did not originally disclose either, but someone reported that she was being sexually molested to a child protection social worker for MCFD. Nevertheless, because of MCFD involvement, and Marie speaking up for herself, she was put in a group home as a teenager and that was life saving for her. Although Marie's mother did not believe her when she was younger she has had good friends over the years that have been very supportive and understanding about the sexual abuse. She acknowledges that this has

helped her to process her incest experiences in a positive way.

I told [my friend] a while ago and she was like, 'oh, my gosh, that's horrible'. Sometimes I talk to her and stuff, and I'll say like, 'He only did this' and she'll say 'it's not ONLY, it's still sexual abuse' and like I'll say 'yeah, I know', and I'll say, 'it could have been worse.' And she'll say 'No'. She tells me and I am like, yeah, yeah okay.'

Daniella

Daniella's mother knew all along that her children were being drugged and sexually abused but did not believe that this was harmful to them. So, when Daniella was living at home as a young teenager she would talk to her mother about going to the authorities but her mother would talk her out of it.

I know really that there's not much I could have done other than go to the police, which I should have but there was a lot of fear mongering from my mom. 'What are you going to do if you report him'. 'You're here illegally', blah, blah, blah, blah, made me feel like I was going to be criminally prosecuted for being in USA illegally, but really it was she was fucking terrified because she was like, if I reported him she was going to be held responsible for some of it too, you know.

Nevertheless, Daniella left home soon after that because she could not do anything about the situation and she was mentally and emotionally distraught. She still blames herself for leaving her brother and sister behind with her stepfather and mother but realizes that she was impotent and could not do anything about it at the young age of fourteen.

Nicole

Nicole did disclose the sexual abuse to her mother at three years old and her mom called her a liar, so she recanted and agreed with her mom that she had lied. Her mother

spanked her but all she had wanted from her mom was to be hugged and comforted. She internalized that she was a liar and has gone through her life feeling like one. Nicole goes on to explain that she blocked out the memories of the disclosure and the sexual abuse until her late 30's. She has just within the last few years remembered what had long ago made such an imprint on her life.

I think having memories of it in some twisted fucking way, having the memories of being abused come back to me, has helped me in a sense that it's helped me understand a few different behaviours that I have a real difficult time with...[and] it's allowing me to be more gentle with myself, that I've got some shit to work through.

Subtheme 2c: Many Losses to Heal From

Because of the sexual abuse there has been a loss of childhood, personal safety and innocence for all the women. All of the participants have identified different losses, but these are not a complete list, and only a fraction of what has been lost in an individual's life that has suffered from CSA by a parent. Cloitre et al (2006) acknowledged that the losses incurred from CSA are staggering, and that these losses may be the most difficult to heal from.

This includes loss of protective and supportive caregivers, of a healthy sense of entitlement, and unencumbered connectedness to others; of a child's innocent pride and easy comfort within his or her own skin; and of what the child "could have been" and the life he or she "could have had" in the absence of abuse. (p. 71).

Monica

A large influence in Monica's life was her father dying in a car accident. His death marked the end of her happy childhood and the beginning of the sexual abuse by her stepfather. Not only did she lose her sense of safety with the sexual abuse, but she

also lost close family ties with her mother and siblings when she was sent away to residential school. Even later on as a teenager when she was put in foster care with her relatives, her foster care father betrayed her by ‘dumping’ her on the streets in a small town in British Columbia. Monica felt forced into prostitution to survive, and even the guardianship social worker that eventually found out, did nothing to assist her. Monica stated that she dissociated a lot and felt that the sexual abuse in childhood set her up for prostitution. All of these early betrayals led to a life of relationship losses. She recounts that she lost her mother to her own grief, and lost relationships with her siblings because of the sexual abuse and being sent away. Later on in life she lost her husband through his infidelity and she felt that she lost the ability to talk to her children about healthy sexuality.

The biggest is not being able to teach [my children] about healthy sexuality and how to have healthy relationships and how to have clear open communication because I have no idea what that was for a long time right. There was so much mistrust and lies and deception throughout my life and I had no idea what was the truth or not.

Tanya

Tanya, like the other women, reported many relationship losses, such as many of the early years with her mother and the maternal side of her family. Due to being sexually abused so young, she acknowledged that there was a loss of healthy sexuality and stated she had no sexual boundaries. Tanya also reported that there has been the loss of not being able to trust men. In her interview she recounted all the relationships with men that she could not trust when she was growing up. She went on to state that she still does not trust men, including her husband. Tanya did talk about one relationship where the guy was a really good, trustworthy guy, but she just was not attracted to him, she confirmed

that she decided to “throw in the towel” and marry her current alcoholic husband.

Unfortunately, this has meant that she has been “miserable” with her husband and feels a loss of hope for a better future. Likewise, she believes that there have been relationship losses with her children and desires better relationships with them, but so far, has been unable to achieve that.

Yeah, so my relationships with my kids, my older ones they grew up with me and stuff and not everyone is going to be the best of friends, mom’s and daughters and things, but I feel there is a distance there too that I wish I could bridge.

Ultimately, Tanya asserts that one of the largest relationship impacts has been not trusting herself and her decision-making abilities.

And it gets so hard to make a decision and know what’s right. I think one of the main impacts is having such a hard time figuring out what I will stand for and what I wont.

Pearl

Pearl has had many relationship losses because of the CSA by her father. In her interview she reports the deep sense of loss when she disclosed being sexually abused and her family and church community blamed her instead. The resulting devastating shunning by her family robbed her of a sense of belonging and being loved by her mother and sisters. She also acknowledges, that as a child, she felt like she often did not keep friends and blamed herself for this. Likewise, Pearl speaks to the loss of a healthy sexuality by affirming that she sometimes dissociates when she has sex with her loving husband.

Mya

Similarly, Mya speaks to the loss of a healthy sexuality and body image by

growing up in an incestuous family:

It took me a long time to be comfortable with my body and it took me a long time to really enjoy sex just because of the sexual abuse.

She, like all the other participants, experienced a loss of a healthy relationship when her father sexually molested her, and she also identified a loss of healthy relationship with her mother as well. Strikingly, Mya describes these losses in relation to her not being able to protect herself in grade school where she was extremely bullied.

...It wasn't like a little bit of play yard bullying it was major and um, I often wonder what was going on in my home that made me so unable to defend myself on the school ground.

She also speaks about choosing abusive women to be in relationship with later on in life due to “high levels of guilt and shame that come out of having been sexually abused.”

Daniella

Daniella identifies that one of her biggest losses has been her relationship with her brother and sister when she was a young teenager. She identifies that she feels guilty for leaving her brother and sister behind in the sexually abusive home. She also reports a loss of connection with her mother at that time as well. Daniella expresses that there was even a loss of control over her own sexuality with her first boyfriend when her stepfather refused to let her see him, instead trying to set her up sexually with a “creepy” next door neighbour. She intuitively identifies that was probably where she started having difficulties saying no to men who wanted to have sex with her.

...It was shortly after that I did just start having sex with people, like, when I didn't really want to....because I feel like I owe it to them or something, you know like it's expected and 'I'm a prude' or 'unfair' or something, if I don't have sex with them which in my

normal mind I realize it's such a fucking stupid thing to think but when I am in those situations I definitely do have sex with people when I do not want to at all.

There have been other relationship losses with the lost connection with her biological father and his family. She had close positive relationships with her paternal side of the family in the first seven years of her life, but after her mother and stepfather moved in together they abducted Daniella and her siblings and moved them to a different country and she was isolated from those close relationship connections.

Nicole

Nicole has had a loss of trust in herself and with her mother, father and sister. Likewise, she reports that there were difficulties in choosing men that are trustworthy and non-abusive, subsequently she has been single for five years. She has concerns about choosing another man to go out with because she is a single mother of two children. She understands that it has taken her a long time to trust that her ex-husband would not sexually abuse her children, but is reluctant to get into another relationship that might put her children at risk. Also, near the end of the interview Nicole confessed that although she trusts herself more, she realizes there are many relationship impacts from CSA by her father, like the loss of trusting people. She admits:

Yeah...I mean the basic trust of peoples intentions that is so skewed, like (pause) it's so much easier and I find it in my every day life and in my work, that it can be so much easier to trust a complete stranger than to trust somebody that you think you know. Because you just don't. With a complete stranger nothing will really surprise you so much because you don't know or have that expectation.

Marie

Like the other women in the study, Marie identified many relationship losses. For

her, there was a loss of mother, trustworthy father, and many relationship losses with numerous siblings. She also identified that there was a loss of her extended family because of her parent's dysfunction. Later on, there was a loss of healthy relationships with her husband and boyfriends due to their addictive and abusive behaviour. Marie also reports a loss of healthy sexuality and feels "broken that way". Marie did not grow up feeling safe and protected; on the contrary, she learned that children needed to be watched over to keep away sexual predators. One of the major themes running throughout her interview was that she is very protective over her children and is wary of them being sexually abused by people that she brings into her life.

Subtheme 2d: Healing the Relationship Wounds

There are many paths to recovery for CSA survivors. One preliminary strategy for therapists working with survivors is to ensure safety. According to Cohen's (2008) research on healing from CSA traumas, she acknowledges that it is essential to ensure "safety and stability" in the foundational relationship of client/counsellor (p. 236). One way of ensuring safety in the counselling relationship is to deeply listen to and empathize with women that have been victimized as children. "With clients who have experienced chronic victimization... it is not sufficient for the therapist to adopt a neutral or nonjudgmental stance. Rather, to foster self-acceptance on the part of the client, the therapist must affirm a position of moral solidarity with the survivor (Cohen, 2008, p. 236)." Likewise, Brown (2004) mentions that as counsellors we need to assist CSA survivors in their recovery not only in the therapeutic environment but also in the socio-culture and political realms. Brown (2004) gives examples of political art shows to assist women in their healing and suggests recovery groups to not only support, but to educate

women about the power differentials in our culture (p. 1311-1313).

All of the women reported how they have worked at healing from the sexual abuse in their childhood. Each and every one of the women has had unique experiences with some common themes throughout their disclosures. One of the most common threads that have assisted the women is that they have been deeply listened to by another person who has guided them through the difficulties that have come up in their lives. The women recount that it is through these relationships that they have healed. For some women it is their partners, and for other women it is their friends that have shown loving, caring behavior that has assisted them in learning to trust others and themselves. Additionally, many of the women have found one-to-one counselling and group work vital to their recovery. Finally, another theme that arose was cultural and spiritual healing. Some of the women spoke about this theme as being essential to recovering from the horrific impacts of being sexually abused by a parent.

Pearl

Pearl acknowledged that when she first disclosed the sexual abuse she was deeply listened to by another CSA survivor (the pastor's wife). This deep listening and caring from a fellow survivor helped her to understand that her flashbacks were memories of her own sexual abuse by her father. When Pearl disclosed it to her family, mother, and father, she refused to be corralled into a public confrontation where the parishioners would be the jurors. She was learning to stand up for herself and no longer allowed her family to dictate to her.

Besides learning to honour herself, she acknowledged that she has been to one-on-one counselling as well as group work. Her group work consisted of a Christian led

group that assisted her with trust issues and processing the abuse that happened to her in childhood. She acknowledged that there was a male group leader that reminded her of her father and through that experience did some healing work.

The first time we went [to group], I thought there won't be a guy in the room they'll make sure of that, and nope there was a guy...and two women...and everything about him just reminded me of my dad and his shoes and I was just so annoyed that he was in the room and they finally said that you would like him to leave wouldn't you? And I said 'uh, huh.' But they still wouldn't, but in time...it did come around that he was actually a safe guy but we had to deal with things and he stepped in and apologized, like asked forgiveness from my father and stuff like that and it was helpful, I guess, because in the end I was okay with him in there and I realized that he was safe.

Pearl's husband of over thirty years and his family have been very supportive of her since she disclosed the sexual abuse to them in her thirties. Telling her truth, and being believed, was vital for her in order to process it and begin to move forward.

[My husband] was very kind and he just kept telling me he believed me and his parents actually told me the same thing which was huge because they were friends with my parents, right. But he was very supportive and he said 'if I want to go to counselling or if I want to do anything he would just help me, he would pay for it, he would come with me'. So, yeah, that's been huge.

Pearl eventually switched churches and reports that her church family is more like her own family. Likewise she has friends that are really good to talk with and she can share anything about her sexual abuse with them and they are supportive and caring. The first woman that was supportive to her gave her some books on child sexual abuse, and that was a powerful way for her to understand that she wasn't crazy, and that there were other women who had experienced the same thing as her. Pearl continues to describe healthy functional relationships with her friends, children, husband, and his family. She

also describes her experiences with counselling. She has been to counselling and looked at her anger and realized that she didn't like or trust men.

...[The counsellor] said at one point 'I want you to do some homework. I want you to write about everything you are angry about.' And I am like 'I am not an angry person.' I like everybody, you know, but she said write a list. That was the hardest thing, one of the hardest things I have done. I started and I'm like 'I like everybody'. Finally, I just started writing a few things, and by the end of it, I had two sides of the paper. And, I'm like 'I am angry!' (laugh) And at one point I put MEN, in just like huge letters, so when I showed it to her, she was like 'Not angry, hey?' (laugh) 'What's this.' 'I guess I don't really like men'.

Pearl goes on to describe that she has been to several counselors and she always wanted them to tell her that she was making it up, but they never did, they believed her. So, speaking out for Pearl has been very healing and putting down boundaries with her parents have been essential for her personal safety.

Daniella

Daniella has learned to choose partners and friends that are supportive. She is currently in a supportive relationship with a common-law partner of several years.

...my relationship with (common law spouse) is really good, he definitely doesn't push me into doing anything I don't want to do and he is very respectful of boundaries and everything....He's probably the only person I've ever known in my whole entire life that is 100 percent good and honest and straightforward and it's actually when we first started dating I thought it was like a cover you know, like a trick or something, and I would get angry at him a lot because of it. Like I've never seen him do anything to anybody, like lie, even in situations where he needs to be shitty to someone he still can't do it, but no I think that our relationship is really healthy.

Daniella also reports that she is very physically active and runs marathons. She states: "I have a house that I've bought. I have a stable job that I work at, um, I never

asked for money from anyone. I run marathons. I am a very functional person in society.”

She goes on to describe how she has handled her abusive marriage and how she has worked at overcoming this horrible period in her life.

I’m not that kind of person who’s going to let someone do something to me...I don’t ever want to continue to let it affect me and I owe myself more than just to give up and let them conquer me or let any situation conquer me, so I definitely do move through pain, um, and it always does get better, but if you sit there inside of it, it gets bigger and eats you up.

Daniella then goes on to describe a period after the abusive marriage where it took about a year to recover.

It was really weird to try and figure out what I did or wanted to do, or who I was after that um, but I started putting myself in more situations and developing better friendships... and I got better, but now I feel like my relationships with people are pretty good. I’m very straightforward with people I don’t deal with bullshit from anybody. I don’t like to bullshit people either. I feel like that kind of helped, having good people around me. I feel like I have a pretty strong filter to weed out the people that I don’t want in my life...’.

Daniella also disclosed that because of childhood experiences she does not perceive counselors as being helpful. However, she did access healing through her friend’s sister who is a shaman and did spirit retrieval with her. Through this pivotal experience she began to move forward in a positive direction.

Marie

Marie has good, supportive friends that listen to her about the sexual abuse and remind her to have empathy with herself about what she has been through. One of her friends is a counsellor and she has been extremely helpful to Marie. Additionally, Marie attended a post-partum group, which was really useful for her because through this

support she was able to identify that she did not want to stay in her unhealthy relationship.

In her formative years there was a lot of MCFD involvement and after several foster care placements she was put in a group home that felt like a family environment. Marie says that it saved her life and made her want to become a social worker. She acknowledged that school was never a priority for her dad, but it was for her, and being at the group home helped her to have a family environment where she was supported and encouraged to go to school.

One of the ways that we heal as survivors is to know what we want and do not want in relationships. Marie is currently open to having a healthy egalitarian relationship but acknowledges that she does not need a man to support her.

I learned from my parents what not to do [in relationships]. With mom it came to what not to do with men, and I don't need men to support me. I don't need men.

One of the issues that ran throughout Marie's interview is that she works at assisting her children to understand 'good touch' and 'bad touch' and is wary of the men that she brings into their lives. She also wants to make sure that her children are brought up with boundaries and guidelines because she did not have any structure as a child, and believes that this is important for her children's development.

Nicole

Nicole has been to a shaman and counsellor and she has taken time out for herself, and her children, and has been single for five years. In regards to accessing counselling, she states that,

there was one lady who did a few different things, she did drumming, meditation, so she was sort of a non-denominational

spiritual healer which was really...interesting and gave me a lot of stuff to take with me to work on...and then I've seen a Christian counsellor, a Christian spiritual healer as well, and there was parts that were...great and what I have found with seeing so many different counsellors and so many different styles of practice is that not everything they have in their arsenal will work, or in their tools, so you have to, you have to take responsibility for your own healing and you have to find what works and create your own tool box....

In these five years of being single she is processing and healing from her past marriage, and the sexual abuse by her father, and learning to trust herself throughout this arduous process.

Taking the time to be alone and not be in a relationship and not having that fear if I didn't have somebody there with me, validating me, that I would cease to exist, or not be valued, or not be taken seriously....Being dependent on me and learning to trust me that is the hugest thing and to stop lying to myself and recognize who I am and you can't do that when you're in a relationship where you are lying to each other, or trying to control each other, or be co-dependent.

One of the healing tools that Nicole uses is placing reminders around her house about the healing process that she is going through right now. She has little medallions that have the word 'Healing' stamped on them and she randomly places them around her home so that she will be reminded that she is healing and "...that we are always healing, so I need to never stop working on healing."

Mya

Mya's healing has come from doing her own healing work. As a therapist herself she thinks that it is imperative that counselors do their own personal work before working with other people. Likewise her spiritual beliefs are a great source of healing for her as well. Her alternative spiritual beliefs and involvement in the environmental movement have had a profound impact on her and have assisted her in healing and connecting. Her

spiritual beliefs and practices really nourish and sustain her, and have allowed her to have a ‘natural’ and ‘fun’ perspective on her own sexuality instead of the unhealthy sexuality that was promoted in the family that she grew up in. Mya goes on to describe her coming out as a lesbian in her mid twenties and recognizing that her,

...first attraction has always been to women and girls, but that it was so buried because the sexuality in our family was so messed up and that was such a huge shameful thing....

She conveys:

I am really glad that I am a lesbian...[because] it was quite common for there to be...lectures about sexuality within the lesbian community or discussions about you know ‘what is the line between S&M and regular sexuality’, and those things were really insightful for me but I think, I am really lucky to have exposure to that sort of stuff because I came out at a time where being lesbian or gay was kind of being explored and celebrated.

As mentioned prior in the research Mya is in a healthy functional relationship that, “is built in trust and it didn’t get here naturally and it took me a long time to find the right person to have that relationship with. She identified that it was important for her to be on her own for a while to process her childhood and her past relationships, and she acknowledges that she had no intention of getting into another relationship but after three years of being alone she entered into a trusting, equal relationship with her current partner.

Tanya

Tanya has had counselling, both one-on-one and group, for sexual abuse survivors.

When I got to be around 19 or 20 and I had my first child everything got triggered again right. I got so angry and I started going to a group of sexual abuse survivors and we also had a talking group type

thing. It was also a bigger city right, with more people. That was helpful until it felt like too much dwelling.

However, she also states that each social service that she has gone to, including counselors, have helped at times, “and each stage has kind of helped me with what I needed.” Overall, Tanya emphasizes that Alanon and her spiritual beliefs have been hugely positive and influential in her twenty-year marriage to an alcoholic and she claims that “alcoholism is just another symptom of relational dysfunction.” So she reports that she is getting a lot of support and assistance from participating in Alanon.

Monica

Monica, like the other participants, exemplifies a woman that has been working on healing from child sexual abuse her entire life. She is an aboriginal woman in her 50's and is very rooted in her culture and spirituality. Monica is a healer and is very connected to her immediate family, extended family, and the people that she works with. Currently she is attending a sexual abuse group for aboriginal women and is growing immensely from this opportunity. Monica is also actively involved with a political group that brings attention to murdered and missing aboriginal women. She identifies that it could have easily been her that was murdered and sees it as a joy and responsibility to be speaking out about these issues. She reports that she is in a good place in her life and that she takes time to be with herself and is choosing people to be with that are safe, and accept her for who she is.

Summary

All of the women research participants disclosed dissociation as a way of keeping safe in their lives. However, several of the women inform us that although dissociation worked to keep them safe in their childhood it keeps them from fully connecting to others

and themselves in adulthood. Similarly, disclosures of CSA was varied but it was evident in the literature (Ulmann, 2007) and the women's testimonies, that the younger the disclosure the more likely the girls received a negative response. Nevertheless, as described by several women, disclosure is a step towards justice and the beginning of healing. All of the women describe many losses from being sexually abused as a child, the prominent themes are: loss of family; loss of innocence; loss of safety; loss of a healthy sexuality; and loss of healthy relationships with self and others. Finally, the courageous women offer their own individual recovery and healing stories with the predominant theme of being deeply listened to, believed, and supported by professionals and significant people in their life.

Conclusion

There is no safe place for children when their fathers sexually abuse them. Nor is there solace when their mothers or family members condemn them further by shunning them or refusing to believe them. The harsh reality for many women is that there are no apologies, no compassion, and no empathy when incest is their childhood experience. Additionally, there is a societal pressure that the secrecy demanded in childhood continue on into adulthood. One profound statement from the interviews came from Monica, but it relates to all of the women participants. She said:

No one ever, ever, said 'hey Monica, you know what I remember going through this with you and I just would like to talk to you about this and make some amends because I feel really shitty about what happened to you because of this.' No one! No one has ever, ever, done that! And for all my life experience there should be a line up out the door for people to make amends to me for what happened in my lifetime. Not one person has ever, ever come forward and said or done that.

Nevertheless, Monica has survived, even thrived, and that is an amazing feat being an aboriginal woman in Canadian society and coming out of a violent home and residential school. Similarly, all of the women who were interviewed are coming out of violent homes and they are all contributing to society, their communities and families. They lead productive lives, and they have survived in spite of the sexual abuse in their families of origin. That is a huge success to have survived being wounded so deeply.

Chapter Five: Conclusion

How Typical is my Research Group?

It is evident by the higher education levels reported by some of the women that participated in this research that they represent a more economically privileged class than women I have counseled over the years. This is not to say that all of the women came from middle class backgrounds, because they did not. Also, as mentioned earlier, there were six Caucasian women and one aboriginal woman, which might have influenced the findings. Four of the women live in rural northern communities and three live in urban centers. Rurally, there is less service for healing from trauma, such as sexual abuse. For example, in Burns Lake there is a women's center but there are no specific services for sexual abuse. By contrast, in larger centers there is more access to sexual abuse groups where anonymity can be assured. These women participants exemplify resiliency in that they are all working, able to articulate their experiences and have experienced healing from their sexual abuse traumas, unlike many other survivors of parental incest, who die prematurely or end up deeply entrenched in addiction and prostitution.

Reflections on Primary Findings

One of the most noticeable aspects of doing this research was how similar all of the women's lived experiences were, in not being able to trust others, or self, in relationships. As is evident in the research, a father's sexual abuse of his daughter creates deep relationship wounds that take a lifetime to recover from, if ever. All of the women described patriarchal fathers who misused their power as a parent. Additionally, the women talk about their mothers colluding in the sexual abuse, either by being actively

involved, or by maintaining the silence for their husband's abusive behaviour. What is in all of the disclosures is that there was no place for them to feel safe as children. One of the impacts of being sexually abused by a parent is in not being able to trust oneself or others. When parental relationships model betrayal, harm, violence, addiction, and lack of trust it creates a pattern of negative and dysfunctional behavior that gets carried forward into other significant relationships later in life.

As a society, if we are going to respond adequately to women who are sexually abused by their father as children we need to understand the complexity of healing from sexual abuse. All of the women reported being dissociated at different times throughout their lives. They revealed that dissociation kept them safe when they were young but it keeps them from connecting to others as they age. They reported that it is in the remembering of the sexual abuse and then the subsequent speaking out about it in their adult lives that healing began. However, Nicole disclosed to her mother when she was very young and her mother admonished her. The literature (Ullmann, 2007) on CSA disclosures reinforces Nicole's experience by stating that the younger the child is upon disclosure, the worse the reaction by her caretakers. Most of the women report further abuse later on in their lives and this has added to the losses and relational traumas that they have experienced and to their desire to heal. Each of the women has been recovering from CSA in her own unique way. Mya, a 60 something year old woman who works as a counsellor, recognizes that it has taken a life time of healing practices to get to a healthier, functional relationship that is free from addictive patterns. In her 40's, Tanya is still attending support groups and finds them very helpful in dealing with an alcoholic spouse. Monica, in her 50's, reports that she is currently going to a sexual abuse recovery group for aboriginal women, has been

sober for years, and accepts herself more than she ever has. Pearl, in her 50's, has had to endure her family shunning her but has a very positive and supportive relationship with her husband and his family. Daniella, still in her twenties, is self-reflective and finds support from a partner who is not abusive. Marie works in the social work field and, like Nicole, is a single parent. Both of these women are aware of their CSA relationship impacts and are working towards healthier relationships with others and themselves. For myself, my relationships with my family of origin are limited, and I am currently in a 30-year common-law relationship that has been a source of support throughout my adult life. I am continuously in counselling because of my chosen profession and know that it is a luxury not available to many women.

Suggestions for Future Research

It is my hope that this qualitative study has added to the research, on CSA, through the shared experiences of seven women's relationship histories. It is obvious through these women's voices that there have been on-going interpersonal struggles throughout their lives. Yet all of the women interviewed exhibit resilience and courage in being able to examine and discuss their emotionally painful relational histories. As Smith & Freyd (2014) acknowledge,

When studying a topic that we wish did not exist, it is necessary to listen for what is left unsaid as individuals try to share their experiences. Noting these gaps in understanding of traumatic events often signals the need for research, as individual accounts of trauma often reflect societal norms of what "counts" as traumatic. (p.522)

In examining the long-term relationship impacts of CSA by a parent through this qualitative study it has reminded me further that there needs to be more research into the complexities of incestuous familial systems. I would like to see further research and a

deeper understanding about the impacts of a mother's collusion, and the incestuous family environments. I think that this information is being missed in the research literature and in the treatment of CSA by a parent. Also, there is a need for ongoing counselling and treatment for individuals with a history of CSA, because the damage caused by sexually abusive fathers, unprotective or abusive mothers, as well as colluding family systems has lasting relational effects.

Final Remarks

This research on the long-term relational aspects of CSA by a parent has revealed that there is a need for further research into this complex issue. As stated by several researchers it is difficult to define and isolate the variables that have contributed to relationship difficulties in a CSA survivor's life span. As Hunter argues, (2006) there has been a reluctance by feminist researchers to focus on the mother so as not to minimize or discount the role the perpetrator has in an incestuous family. However, Cloitre et al., (2006) did research the role of the 'non-offending' mother in incestuous families and acknowledges that over half of the CSA survivors sampled admitted abuse by the 'non-offending parent'. Through their (Cloitre et al, 2006) work it is evident that there needs to be a more critical and in-depth look into the relational trauma of growing up in an incestuous family.

Likewise, Haskell's (2003, 2012) empowerment PTSR model has a more holistic focus than the traditional mental health diagnosis of PTSD. She (Haskell, 2003) warns against pathologizing people and asks front-line workers to empathetically understand the foundational environments where peoples with complex trauma, or severe CSA, have been raised. She (Haskell, 2003) invites us as social workers to be diligent in working

with people who present with complex trauma responses, as there is a need to be helpful, not harmful, for it is in the counselling relationship that healing can take place. As a survivor of severe CSA it is empowering to know that some researchers are recognizing the need for a more in-depth look at the environments of abused children so as to better work with the relational aspects of recovery.

Similarly, there are no definitive answers as to one specific treatment modality for all women survivors of CSA by a parent, because each person who enters into treatment or healing will probably find their own way of working through relationship issues that they deem important. Nevertheless, the feminist strength-based model of PTSR offers a more empowering model for healing, rather than the deficit, deficiency, and disease model associated with PTSD.

Relationship wounding and betrayal trauma are as important as PTSR, and possibly more important to understand in working with women who have been sexually abused by a parent. Presently, we as social workers and counsellors live in a world where quick fixes, such as solution focused therapy, are touted as being the magical answer for people who present with complex issues. CSA is a complex issue and relationship wounding needs time to heal. Even though I have been in a supportive domestic relationship for the last 30 years, I am still working on my relationship issues and access counseling as difficulties arise. At this point in my life I do not see this as a negative. However, I do wonder occasionally what my life and my relationships would have been like, if I had been loved, not abused, by my parents. I also wonder about the women I have met in the counseling offices in which I have worked. I wonder about all the human potential lost due to the wounding that has happened to so many people. However, I have

also witnessed the amazing resilience of the women who have overcome these difficulties and I am so honoured to join them in the healing journey towards more loving relationships and subsequently, a more loving world.

It is my hope that women who have been sexually abused by a parent also have access to counselling throughout their lives if needed. As a counsellor, it has been my experience that very few women have access to quality counselling with practitioners who are adequately trained in dealing with CSA. Women centers and sexual assault centers are great places for ongoing feminist counselling, but these services are generally overburdened and underfunded, and have long waiting lists.

Generally, counselling that is available consists of a finite number of sessions, usually four to six. These limited sessions are inadequate for someone who needs to learn to trust. Trust and safety take time and yet can be so beneficial for the survivor of CSA. The social service system needs to be more trustworthy by offering counselling that is responsive to women's needs, such as on-going women's groups dealing specifically with sexual abuse, and long term one-on-one counselling.

Finally, I would like to emphasize that it is a political statement for the women research participants to share their experiences of being sexually abused by their parents. Their voices remind us in the social work field, and in the broader community as well, that we as women will not be silenced about the atrocities that have happened in our families of origin. It is through their voices and our listening that we can work towards a deeper understanding of the long-term relational impacts of CSA by a parent.

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APPENDIX A: The Research Questions for Interviews

The Research Questions for

Relationship Wounding: The Long-Term Relational Impacts of Child Sexual Abuse by a Parent

The Research Question:

What are the long-term relational impacts of childhood sexual abuse by a parental figure?

Setting Boundaries for the Interview:

The purpose of this interview is not to get into any traumatizing material that may trigger you in a way that does not feel manageable. We have verbally gone over having boundaries with how much information that you share, so that this interview process is safe for you. We will be keeping your identity anonymous, even so I ask you to only share what you are comfortable with and that you may pass question/s that you would like to. I have prepared the questions in advance so that you can have a copy of them to refer to, and it gives you added ability to pass on questions that you do not choose to answer. If later on you choose to completely withdraw or wish to change, remove or add to this interview that will be facilitated. I wish to take this time to thank you for allowing me this opportunity to interview you. It is an honour and a privilege.

Questions:

- 1) Could you tell me who the perpetrator or perpetrators were in your childhood?
- 2) Could you briefly describe your childhood? Where were you born? How many parents? Were they married? Where were you in the sibling birth order? Was your family working class, middle class, or upper class in your childhood? Did you have an extended family?
- 3) Did you experience impacts from being sexually abused in your childhood by a parent? What were those impacts?
- 4) What were your relationships like in your childhood?
- 5) What were your relationships like in your teens?
- 6) What were your relationships like in your twenties?

- 7) Please describe your relationships after the age of thirty.
- 8) Have you ever co-habitated with anyone? How were/are or are these relationships?
- 9) What were/are your work relationships like?
- 10) Could you please describe your family of origin relationships today?
- 11) If you have children would you like to describe your relationships with them?
- 12) Have you ever been involved in group activities, such as: women's healing groups; church activities; community activities; treatment groups (AA/NA); or any other groups that may not be mentioned here? Have you accessed counseling one-on-one with a therapist, counsellor, psychologist, psychiatrist, or other layperson? What was most beneficial for you in doing your healing work? What would you have liked to have done differently in accessing social services?
- 13) Is there anything that you would like to add or discuss that we have not mentioned so far?
- 14) Would you like to add or adjust anything that you have already shared? Remember that I will be sending you a copy of the interview and you can shift, adjust or withdraw at any time in the research process.

Thank you again for your participation in this research and if you would like to change or adjust any of the answers given, please contact me at 250-570-2838.

APPENDIX B: Informed Consent, Confidentiality Agreement and Information Letter for Participation in Research

Research Title: Relationship Wounding: The Long-Term Relational Impacts of Child Sexual Abuse by a Parent

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Research Supervisor: Si Chava Transken, Assistant Professor, School of Social Work, University of Northern British Columbia, phone: 250-960-6643
Email address: si@unbc.ca

This is an information letter to explain details about this research project before you make a decision about participating. If you require further information please contact Bernadette Ridley or Si Chava Transken, at the above phone numbers or email addresses.

All information that is garnered throughout this research process will be treated confidentially. However, the exceptions to maintaining confidentiality are that the researcher, Bernadette Ridley, is legally obligated to share information and report *current* suspicions of child abuse to the Ministry for Children and Families, or the RCMP in accordance with the Child, Family & Community Service Act.

What is the research *Relationship Wounding: the Long-Term Relational Impacts of Child Sexual Abuse*, about?

The purpose and goal of this research is to use women's rich and lived experiences, through interviews, to look at the relationship impacts of being sexually abused as a child by a parent or person in a caretaker role, such as: a step-parent; foster-parent; or guardian in a parental role.

What will participants have to do?

Selection Interview:

This is a selection interview that will assist with deciding if this research project is for you. There is a set of questions asked by myself to gather personal information about your relationship experiences from childhood through to adulthood. During this information gathering session I will be letting you know about my research and whether or not you would like to participate. This gives us the opportunity to guarantee that you understand what my research is about and if you would like to participate. Also, at this time it will be determined if there is any conflict of interest. All of the information gathered during this interview will be kept confidential and if you decide that you do not want to participate in this research all of the information shared will be shredded.

Semi-Structured Interviews:

After the selection criteria is met and you have signed this consent, I will make an appointment at your convenience to meet with me in a confidential place of your choosing for approximately one hour audio-taped interview session. After the interview is completed I will be transcribing your audio recording in my private confidential office at home, after which I will erase your audio interview. I will then provide you with a copy of the transcript and you can add or take away any information as you see fit.

How will participants be chosen?

Contributors will be chosen for this research project if they:

- Have been out of their sexually abusive home for at least 10 years.
- Were sexually abused by a parent or person in a parental role in your childhood.
- It is important that the women that are involved in this research study have a good support system (family, counsellor, friends).
- Are not in an abusive relationship currently and have not just recently (within the last year) discovered that you were sexually abused.

I want to thank you for your interest and courage in being involved in this project and if in the information gathering stage you would like to discontinue your involvement with this project you will be gratefully supported and all information gathered will be confidentially destroyed.

What will happen to my personal information and interview/s?

I will be using all of the information to write my final thesis report. I will be checking in with you throughout the research process as to your feedback, participation, interviews, transcripts and information. If at anytime, in the information gathering of the research that you would like to withdraw all or part of your information or would like to add something to your contribution, it will be done. However, once the thesis writing has begun there will be no further opportunity to withdraw. Likewise, your audio taped interviews will be erased right after the transcript is finished. All other materials will be stored in a locked filing cabinet in my office at the College of New Caledonia, where I am the only one that has access to it. If I move from my position at the College of New Caledonia in Burns Lake, I will keep all confidential material in a locked filing cabinet in my office at home (I am the only person with access to this locked filing cabinet). All of the information will be kept for seven years after the completion of my thesis. After the seven years all transcripts and other information gathered will be destroyed. Also, I will be the only person to view the transcripts and listen to the audio taped recordings. The research information that is gathered during the interview process will then be combined with other research data to create themes for understanding this research topic. Any and all research work will take place in my home office where I can ensure confidentiality. After the themes are created and identifying information is taken out, my thesis supervisor Si Transken will then read it over to ensure that confidentiality is met.

What are the potential risks and benefits if I participate in this research?

The potential risks are that discussing severe childhood sexual abuse histories can cause negative and uncomfortable emotional reactions. There is a list of counseling services in the Burns Lake

and Prince George area that are attached to this information letter. Please avail yourself of the professional services that we have in these communities. Likewise, I cannot guarantee anonymity in doing research in a small rural community, even though I will remove any and all identifying factors. Also, please do not forget that you have lived through a very traumatic childhood and you are incredibly strong to be here today discussing these issues, whether you decide to participate or not.

The benefits of being a part of this research project is that you have the ability to contribute information and ideas through the telling of your story. Hopefully, this process will be empowering to you as you get to decide what will be shared for public consumption. Likewise, it has been my experience that women further heal when they bring their voices into the public domain of research by recognizing their strengths and abilities, and that their contributions matter. Many survivors of childhood sexual abuse have not been listened to and this project offers you the opportunity of being honoured and respected for your essential and strong contributions.

What if I have a concern or question about this research project?

Please contact the researcher Bernadette Ridley on her cell phone: 250-570-2838 or her research supervisor Si Chava Transken at 250-960-6643.

What if I have a complaint about the research or researcher?

If you have any complaints involving this researcher you may call, the Office of Research at the University of Northern British Columbia, at 250-960-6735, or you can email them at reb@unbc.ca.

I want to thank you for your commitment and strength in telling your stories and being involved in this research. If you have chosen to participate I look forward to working with you on this research project.

I have read and received a copy of the information about this research project. I am also aware of the risks and benefits that participating in this research bring.

Name_____Signed_____Date_____

Researcher_____Signed_____Date_____

APPENDIX C:**Empowerment Study
For Social Work Master's Thesis****Women and the Long-Term Relationship Impacts Of Child Sexual
Abuse by a Parent**

Would you like to participate in a feminist social work research project that will add to the understanding of the long-term relationship impacts of childhood sexual abuse by a parent?

- **You need to be out of sexually abusive environment for at least 10 years.**
- **You need to be in a stable place in your life with a good support system as this research may trigger old memories and feelings. 'Stable' means that you are not in active addiction or living in a domestically abusive situation.**
- **This research will involve interviewing women participants for a one-hour interview, possibly longer if deemed necessary by the participant.**
- **The interview will take place at a confidential and mutually agreed safe location.**
- **You cannot participate in this study if you have been a counseling client of Bernadette Ridley, the social work master's student researcher/counsellor.**

If you are interested in the above study, please contact Bernadette Ridley at 250-570-2838 for more information.

Appendix D- Approval Letter from Research Ethics Board-UNBC

UNIVERSITY OF NORTHERN BRITISH COLUMBIA

RESEARCH ETHICS BOARD

MEMORANDUM

To: Bernadette Ridley
CC: Si Chava Transken

From: Michael Murphy, Chair
Research Ethics Board

Date: November 7, 2014

Re: **E2014.0709.052.00**
Relationship Wounding: The Long-Term Relational Impacts of Child Sexual Abuse by a Parent

Thank you for submitting revisions to the Research Ethics Board (REB) regarding the above-noted proposal. Your revisions have been approved.

We are pleased to issue approval for the above named study for a period of 12 months from the date of this letter. Continuation beyond that date will require further review and renewal of REB approval. Any changes or amendments to the protocol or consent form must be approved by the REB.

If you have any questions on the above or require further clarification please feel free to contact Rheanna Robinson in the Office of Research (reb@unbc.ca or 250-960-6735).

Good luck with your research.

Sincerely,



Dr. Michael Murphy
Chair, Research Ethics Board