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Childhood Reflections of Adult Male Incarcerated Child Sexual Abusers

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A dissertation

presented to

the faculty of the Department of College of Nursing

East Tennessee State University

In partial fulfillment

of the requirements for the degree

Doctor of Science in Nursing

_____

by

Linda H. Garrett

May 2006

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Keywords: child sexual abuse, perpetrator, phenomenology, nursing, primary care

ABSTRACT

Childhood Reflections of Adult Male Incarcerated Child Sexual Abusers

by

Linda H. Garrett

Child sexual abuse has existed since earliest recorded history. It is believed that one in three females and one in five males are sexually abused before their 18th birthday, and many researchers believe this is a gross underestimation of the problem. Child sexual abuse has been studied extensively from the perspective of the victim. Child sexual abusers have been studied over the last few decades but with inconsistent definitions and methods applied among studies. This qualitative study explored the childhood reflections of 8 incarcerated child sexual abusers in a southern Appalachian prison. One-on-one in-depth interviews were conducted at the prison with the 8 male participants. After multiple readings of the transcripts, analysis was completed and the stories emerged. The investigator used van Manen's descriptive-interpretive process. This process involved guided existential reflections based on spatiality, corporeality, temporality, and relationality. The existentials were used as an aid to understand how incarcerated adult male child sexual abusers experienced childhood. Questions were asked using the existentials in order to better understand childhood experiences in this underserved and often forgotten population. Data were managed using NVivo qualitative data analysis software. Textural themes were organized into essential structural themes which were abstracted into the essential categorical themes of *failure to root, what you see is what you learn, these are the moments of your life, and stupid is as stupid does*. All participants demonstrated *failure to root* as evidenced by their inability to recall their childhood homes or their play life during childhood. Results indicated that participants developed a sense of self resulting from external perceptions which left them with a disembodied concept of self. A disembodied concept of self was demonstrated through the experiences of both *failure to root* and *what you see is what you learn*. *These are the moments of*

your life is the abstraction of the participants' method of coping with the abuses they suffered from different family members. The resulting personal view of lived body is represented by the abstraction of *stupid is as stupid does*. Results are discussed and related to nursing practice, education, and research.

DEDICATION

This dissertation is dedicated to children who have survived the hurt of abusive home environments. It is especially dedicated to the eight brave men who have faced hurtful childhoods and reflected on those experiences for the purpose of this dissertation and for those who may benefit from reading their stories.

ACKNOWLEDGEMENTS

As I complete this phase of my journey of learning and discovery, I realize that I am indebted to many people. First, I want to thank my eight participants. The courage and honesty you displayed concerning your childhood experiences brought insight to and understanding of the importance of childhood experiences to the life of the adult male child sexual abuser. Thank You.

I would like to thank the Warden and the psychological examiner for their guidance and time. Warden, thank you for assisting me as I learned to navigate the prison and for causing disturbances in routine, such as the day I took a picture of the front of the prison, not knowing it was forbidden. Without your willingness to assist me, this project would not have been possible. I want to thank the psychological examiner for the long discussions and assistance with my interviewing skills. You were an invaluable asset to this project.

When I began this journey I heard many stories about dissertation committees and their woes. I have been fortunate to be surrounded by a group of professors with the utmost integrity and desire to see me succeed in my endeavors while working with child sexual abusers. First, I would like to thank my chair, Dr. Joy Wachs for her never faltering support, encouragement, and guidance during some trying times along this path. Thank you for your careful editing of my chapters. The success of this dissertation is because of the guided collaborative approach and the personal consideration shown to me during the process. Saying thank you does not reflect the deep admiration, gratitude, and respect I have for you. I would like to thank Dr. Gail Gerding for her support, availability, and assistance in brainstorming and thought exploration which resulted in some of the best metaphors and abstractions of my dissertation results. Your integrity and down-to-earth honesty were greatly appreciated. I would like to thank Dr. Susan Grover. Your support and encouragement over the years and your contribution to this dissertation are greatly appreciated. I want to thank Dr. Sadie Hutson for her willingness to assist with the committee. I cannot express my gratitude to you for your assistance with NVivo and for the numerous times you came when called to give assistance. You were a valuable asset to this dissertation. Thank

CONTENTS

CHAPTER 1

Our lives are stories that are being told.
The trick is to horn in on the telling. —Anon

INTRODUCTION

Background

Child sexual abuse has been documented throughout recorded history and is a widespread societal problem today (Freeman & Morris, 2001; Hunter, 1990, 1995). One in three girls and one in six boys will have sexual contacts with adults before they are 18 years of age (Finkelhor, 1984; Salter et al., 2003).The sexual abuse of children by adults represents a violation of sexual boundaries seen as deviant and shameful by modern society. What children think of the world in their adult lives is said to evolve from early life experiences, (Abel & Harlow, 2001; Briggs & Russell, 1996; Ryan, 1998; Starzyk & Marshall, 2003) indicating that early life experiences contribute to the adult characteristics associated with increased risks for child sexual abuse. While *child sexual abuse* (CSA) victims have received considerable emphasis over the last 20 years (Freeman & Morris, 2001), answers to questions surrounding child sexual abusers have been limited to research in disciplines such as psychology, sociology, and corrections.

In extant literature, the limited attention directed toward child sexual abusers' childhood experiences has left a gap on impacting the phenomenon. The gap in available sexual abuse knowledge has led to confounding definitions and descriptions of child sexual abusers and to numerous conceptual models based on diverse simple theoretical premises (Finkelhor, 1994a; Freeman & Morris, 2001; Violato & Genuis, 1993). With the tremendous increase in the reporting of child sexual abuse and resulting increase in the rate of incarceration of child sexual abusers over the past few years, it is evident that more research is needed to better understand child sexual abusers and develop risk-management strategies (Jacobson, 2001). The knowledge gap related to the phenomenon cannot be filled without exploring the childhood experiences of child sexual abusers and how those experiences contribute to later behaviors.

Chapter 1 of this phenomenological study describes the phenomenon of interest. A historical description of the events leading to confounding definitions and descriptions of child sexual abusers is presented. The phenomenon is discussed within the specific contexts of: minimizing the widespread prevalence of child sexual abuse, long-term effects of CSA, and the prevalence of CSA throughout history; difficulties researchers experience gaining access to participants and resulting limitations on gathering reliable information; discrepancies in the definitions of child sexual abuser, pedophile, CSA, and child; information on how child sexual abusers differ from pedophiles in current psychological literature; the impact of child sexual abuse in the context of the child sexual abuser, victim, and families of both abuser and victim; and theories that relate to child sexual abuse and abusers. Statement of the problem and the purpose or perceived justifications of the study are identified. Research questions with areas of inquiry focusing on one-on-one interviews with incarcerated child sexual abusers are presented. Rational for the choice of phenomenology is explained. Chapter 1 ends with a summary of relevant information related to child sexual abusers and the relevance this study has to nursing.

<u>Historical Perspectives and Resulting Minimization</u>

The child sexual abuser can be best understood within the context of child sexual abuse. Child sexual abuse is not a new phenomenon, it is a problem that has existed throughout history and it has rarely enjoyed the publicity and concern of recent times. For instance, in ancient Greece and Rome, sexual relationships between adult males and young boys were not viewed as deviant behaviors; instead, these relationships were rites of passage, bearing religious significance (Brown, 1985). Abuses of children including castration and infanticide were

Men never do evil so completely and cheerfully
as when they do it
from religious conviction.—Pascal

common practices: sexual relationships with castrated youth were believed to be especially arousing during that period of history (Barnard, Robbins, Fuller, & Shaw, 1989; Brown).

Sexual abuse of children extended throughout the Middle Ages and into the Renaissance period (Barnard et al., 1989). It was not until 16th century England that legislation was passed to protect children from sexual abusers (Tomison, 1995). Through educational warnings in the 1700s, society slowly became more conscious of the potential for children to be sexually abused (Conte, 2002; Tomison). Nonetheless, in the mid-18th century England, 25% of the capital rape cases were committed against children under 10 years old (Hunter, 1990). In early 19th century Germany over 41,000 convictions for sex offenses against children were recorded in a single year. At the time, it was a widely held belief that sexual relations with a child could cure venereal disease. This myth can be found in court documents as late as 1913 (Davidson, 2001; Hunter).

Nothing is easier than self-deceit.
For what each man wishes,
that he also believed to be true.—Demosthenes

As early as the mid 19th century, physicians reported child sexual abusers were frequently the fathers and brothers of the victims of abuse (Olafson, Corwin, & Summit, 1993). Freud (1905) spoke of child sexual abusers as being schoolteachers and child caregivers. These were some of the first assertions that child sexual abusers are the very people with whom children come in contact everyday. Today, researchers have examined many variables mediating the onset of child sexual abuses and have suggested that stepfathers are more often the perpetrators than biological fathers (Abel & Harlow, 2001; de Young, 1982; Faust, Runyon, & Kenny, 1995; Finkelhor, 1980; Gordon, 1989; Russell, 1983; Wolf, Sas, & Wekerle, 1994) and women are sometimes the perpetrators of sexual abuse against male victims (Hunter, 1990; Briggs & Russell, 1996). In fact, child sexual abusers cannot be spotted from outward appearances. According to Abel & Harlow (p.41) "child molesters are the mirror image of all Americans".

The early 20th century was marked by passivity toward child sexual abuse (Satter, 2003). It was not until 1954 that the first book was published devoted to child sexual abusers (Karpman, 1954). Karpman described two types of child sexual abusers: those who abused children due to the trauma of weaning, and those who were perverted due to competition with the father for the affection of the mother. Of note is the fact that the onus of the child sexual abuser's behavior was placed on childhood events or situations that contributed to the perpetrator's adult behavior. Currently, it is absurd to think that weaning a child or childish jealousy of a parent could contribute to child sexual abusers' behaviors. However, this was the first time in the literature that childhood events were suggested as possible contributing factors to the phenomenon of child sexual abuse. Society was becoming more aware of the passive attitudes held toward child sexual abuse. Concerns about passivity reached a peak in the late 1950s (Satter). It was the feminist social movement of the 1960s and discovery of posttraumatic stress disorder among Vietnam War veterans that triggered an active argument about childhood sexual violence as a contributing factor toward adult child sexual abuse (Satter).

In the latter part of the 20th century child sexual abuse was extensively reported, but the trend was still to minimize the prevalence (Hunter 1995). Prosecution was seen as a victimization of the offender and not as protection of the sexually abused child (Olafson et al., 1993). The trend was to minimize the incidence of child sexual abuse, suggesting society was so appalled by the thought of the abuser being someone known to them it had to minimize the experience in order to accept its existence. Minimization of the phenomenon served to create considerable confusion surrounding child sexual abusers (Finkelhor, 1994a; Hunter; Pryor, 1996). How could society be appalled and at the same time admit child sexual abusers are the people they know, respect, and love? They could not. They had to minimize the impact in order to admit its occurrence.

Minimization of child sexual abuse continues today. Minimization is seen in the legal system, correctional justice system, and movies by depicting adult-child sexual relationships as normal. Minimization of child sexual abuse is also evidenced when Child Protective Services fails to substantiate a report of sexual abuse when the victim is male (Dersch & Munsch, 1999).

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Minimization occurs in films with explicit sex between adults and adolescents. The recent movie *Birth* is an excellent example of minimizing adult/child sexual relationships. American society cannot allow minimization of child sexual abuse because doing so "underestimates the burden of victimization" that children often experience (Finkelhor, Ormrod, Turner, & Hamby, 2005, p.5).

In the last 10 years, an increased focus on child sexual abusers and abuses has been evidenced in books, research, and media coverage (Kincaid, 1998). Due to differing opinions among professionals and the existence of such groups as North American Man Boy Lover Association (NAMBLA), considerable confusion in defining child sexual abuses exists (Jenkins, 2001). NAMBLA, a lobbying group founded in Boston in 1978, argues a child has a right to have a sexual partner and adult society should not interfere with that right (Hunter, 1991; Jenkins; van Dam, 2001), a view disputed by most current research literature.

The increase in media attention has also emphasized the considerable confusion in defining the child sexual abuser (Conte, 2002; Finkelhor, 1984; Hunter, 1991; Printky & Burgess, 2000; Pryor, 1996; Tomison, 1995). Child sexual abusers have been defined by the frequency of abuse, age of the abuser, age of the victim, number of victims, number of occurrences of child sexual abuses, and in the label applied to abusers in each incident (Barnard et al., 1989; Conte; Finkelhor; Araji & Finkelhor, 1986; Finkelhor, 1994b; Hammel-Zabin, 2003; Hunter; Jenkins, 1998; Prentky & Burgess; Pryor; van Dam, 2001). Other characteristics of child sexual abusers include the ages of the victim and perpetrator when the abuse occurred, the age of prohibition, and whether there are recognizable patterns or profiles of child sexual abusers (Barnard et al.; Hunter, 1995; Jenkins; Prentky & Burgess).

In recent history, child sexual abusers were portrayed as older sex-crazed men on the prowl for children, especially girls, to abuse (van Dam, 2001). This portrayal takes the responsibility from relatives, friends, and acquaintances as those being capable of committing such crimes. Other portrayals of child sexual abusers have suggested they are individuals with no hope of recovery from this affliction (Faller, 1990; Pryor, 1996). Neither portrayal is accurate; it is people with whom victims are most familiar who most often sexually abuse them. Recent media attention on child sexual abusers has served to emphasize the confusion that surrounds

abusers. The person who abducts, sexually molests, and kills the victim is not the person who most frequently perpetrates child sexual abuse, yet that is the media portrayal. It is hard to look in the face of the neighbor next door, the scout leader, the teacher, the minister, a relative, or significant others and realize they are capable of sexually abusing a child.

Today, it is known that child sexual abusers are fathers, step-fathers, brothers, clergy, mothers, step-mothers, uncles, grandfathers, grandmothers, peers, and trusted friends (Abel & Harlow, 2001; Becker, 1994; Conte, 1994; Faller, 1990; Kikuchi, 1995; Knopp, 1982; Pryor, 1996; van Dam, 2001). The implication is that the people abusing children are the people known and loved by the victim, facts that are difficult for media, society, and most scientific disciplines to accept. Because child sexual abusers are invisible in society, at least 90% of efforts should be directed toward saving children from abusers who are known to the family (Abel & Harlow; Finkelhor et al., 2005).

<div align="center">Definitions and Discrepancies</div>

Adding to the concept confusion of child sexual abusers are the definitions applied to child sexual abusers and pedophiles, child sexual abuse, and the demarcation of "child" in current and past literature. Abusers are defined in contradictory terms related to frequency of abuse, age of the abuser, age of the victim, number of victims, number of occurrences of child sexual abuse, if the abuser is in a position of authority and by the names society chooses to call abuses (Abel & Harlow, 2001; Araji & Finkelhor, 1986; Barnard et al., 1989; Conte, 2002; Finkelhor, 1984, 1994a; Hammel-Zabin, 2003; Hunter, 1991; Jenkins, 1998; Pryor, 1996; van Dam, 2001; Weiss, 2002). For instance, child sexual abusers have been called molesters, pedophiles, abusers, perverts, ephebophiles, and pederasts to name a few, definitions that label abusers and define their public persona for life. Due to the varied definitions of child sexual abusers, there are wide variations in reported prevalence and incidence rates of child sexual abuses (Abel & Harlow; Finkelhor, 1984; Jenkins).

<u>Participants</u>

Participants for studies related to child sexual abusers are not hard to locate. One has to look no further than local correctional systems. However, a study that employs face-to-face interviews as the method of data collection requires the researcher to consider legal liability and social responsibility. Mandatory reporting has resulted in a large number of studies using participants from the correctional and legal systems (Finkelhor, 1984; Greenfeld, 1996). Mandatory reporting laws for health care practitioners make accessing abusers in the general population a risk for both the abuser and the researcher. Abusers who are in community programs keep low profiles in the community making access a problem. For the purpose of this study, a convenience sample of participants chosen from a state corrections facility in the southeastern United States was used.

<u>Child Sexual Abusers and Pedophiles</u>

Generally speaking, people who abuse children have a high degree of variability in terms of age, socioeconomic status, marital status, criminal histories, life experiences, and ethnicity (Russell & Bolen, 2000). Current literature indicates a difference in child sexual abusers and pedophiles (Becker, 1994). This distinction may be classified as those individuals who act impulsively or opportunistically and perform deviant acts are considered child sexual abusers, and those individuals who consistently show deviant sexual interest in children are considered pedophiles. However, the opportunist child sexual abuser may continue to have altered thoughts about sexual contact with children and choose behaviors that satisfy the criteria of a pedophile (Lanning, 2001; Salter et al., 2003; van Dam, 2001). Howells (1981) suggests that prior cognitions of children as sexual partners play a role in the child sexual abuser's future behavior toward children. These prior cognitions may have their roots in the childhood experiences of child sexual abusers. The child sexual abuser is believed to have maladaptive beliefs regarding the legitimacy of sex with children (Hammel-Zabin, 2003; Howells).

The Diagnostic and Statistical Manual of Mental Disorders-IV-TR (American Psychiatric Association, 2000) (DSM-IV-TR) defines the child sexual abuser as an individual who, over a

period of at least 6 months, has had recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children who are 13 years or younger. DSM-IV-TR (American Psychiatric Association, 2000) continues the definition by adding that the child sexual abuser has acted on these sexual urges, or these urges are causing marked distress and interpersonal difficulty. The abuser must be at least 16 years of age and at least 5 years older than the victim (American Psychiatric Association).

Other literature identifies child sexual abusers as peers or family members of the victim. Juveniles may offend against younger siblings, younger children, peers, and adults (Abel & Harlow, 2001; Becker, 1994). Becker and Abel and Harlow suggest many adult offenders may have begun their offending as juveniles. It has been noted there is little information as to the prevalence of juvenile sexual offenders; however, an increasing number of juveniles are being referred for the treatment of sexual offenses (Abel & Harlow).

Pryor (1996) divides child sexual abusers into two categories, referred to as "situational" versus "fixated." The situation-based abuser is initially attracted to adults prior to sexual involvement with a child, but undergoes a "shift in preference" toward a child as a sexual partner (Pryor). In contrast, the fixated abuser directs attention exclusively at children. Both groups exhibit a high prevalence of childhood sexual abuse with themselves cast in the role of victims (Pryor).

Child sexual abusers can be almost any age. In fact, there are no age limits on those who sexually abuse children. However, from current studies, most are thought to be 15 to 45 years of age (Fergusson & Mullen, 1999; van Dam, 2001). For the purpose of this study, child sexual abuser is defined as any person who participates in or has any sexual activity with a prepubescent child, 12 years or younger, that involves pornography, touching a child's genitals or penetration of any orifice (mouth, anus, vagina) with any part of another person's body or any object and is 5 years older than the victim (Garrett, 2002).

Child Sexual Abuse

Despite the long history of the phenomenon, there are no clearly stated definitions of child sexual abuse in current literature (Finkelhor, 1984; van Dam, 2001; Pryor, 1996). Child sexual abuse has been defined as "the abuse of a child for the sexual gratification of an adult or a significantly older person" (Kutchinsky, 1989. p 52). Child sexual abuse may range from exhibition and fondling to intercourse, or to the use of children in pornographic material (Finkelhor & Dziuba-Leatherman, 1994; Murray, 2000). Burton and Myers (1992) define child sexual abuse as: "demanding or requesting nudity, disrobing, exposing genitals, observing a child dressing or bathing, kissing, and digitally or penilely penetrating the rectum or vagina" (p.428).

For the purpose of this study child sexual abuse is defined as any sexual activity with a prepubescent child,12 years or younger, that involves pornography, touching a child's genitals or penetration of any orifice (mouth, anus, vagina) with any part of another person's body or any object (Garrett, 2002).

Child

Researchers disagree on the age demarcation related to child sexual abuse. In some studies, the age demarcation is below 18 years of age and in others it is below 12 years of age (Greenfeld, 1996; Padayachi, 2000; Russell, 1984). Differences in age demarcation for research studies are important as the demarcation can result in differences in reported prevalence rates (Padayachi). For the purpose of this study, the age demarcation is 12 years of age or younger as denoting a child. The reason for choosing 12 years of age or less for victims of the participants is to make clear that age was not an issue in deciding whether the victim was a child or not. Victims of the participants in this study would be considered children in any professional or justice system.

<center>Impact of Child Sexual Abuse</center>

<u>Child Sexual Abusers, Victims, and Families</u>

The impact of child sexual abuse is practically incalculable because most child sexual abuse is unreported (Brown & Finkelhor, 1986; Finkelhor & Hashima, 2001). *Child sexual abusers, victims, and families* suffer significantly and the effects are long lasting, resulting in abuse cycles repeated, children growing up maladapted for adult life, and families torn apart. Child sexual abuse means life is forever changed.

Some *child sexual abusers* suffer from mental pathology including psychoses (Padayachi, 2000) while others have no psychiatric illnesses (Briggs, 1995). Some suffer from sexual repression, lack of impulse control, affect dysregulation, destructive behavior toward self and others, and low self-esteem (Briggs; Finkelhor, 1984, 1986; Padayachi; van Dam, 2001). It is increasingly apparent in current literature that child sexual abuse produces complex posttraumatic syndromes and dissociative symptomatologies in adults (Leahy, Pretty, & Tenenbaum, 2004; van Dam). Posttraumatic syndromes can result in adult health problems ranging from disease and disability to social problems. Dissociative symptomatologies from child sexual abuse can result in purely psychological problems such as amnesia, depersonalization, derealization, absorption, and imaginative involvement with victims becoming abusers (Leahy et al.; Hulme & Agrawal, 2004; van Dam). *Abusers* who were abused as children have difficulty in forming adult relationships and tend to exhibit signs of neediness and vulnerability (Bornstein, 2004; Felitti, 2002). Dersch and Munsch's (1999) research indicates that males sexually abused as children exhibit more signs of anxiety, worry, and aggressiveness than their female counterparts.

Childhood sexual abuse has often been cited as a contributing factor in the perpetration of child sexual abuse by adults (Clark, Stein, Sobota, Marisi, & Hanna, 1999). On the other hand, many adults who have been sexually abused do not become abusers (Renshaw, 1994; Weeks & Widom, 1998). In an article by Starzyk and Marshall (2003), the authors report that 58% of child sexual abusers were sexually abused as children compared to 25% of rapists. Weeks and Widom

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reported that 68% of incarcerated adult male felons in their study related some form of child sexual abuse before the age of 12 years. It is well known that child sexual abuse causes a myriad of mental and physical health problems into adult life (Classen, Palesh, & Aggarway, 2005; Denov, 2004; Felitti, 2002; Fondacaro, Holt & Powell, 1999; Freeman & Morris, 1999; Kalichman, Gore-Felton, Benotsch, Cage, & Rompa, 2004; Mullen & Fleming, 1998; Sarwer, Crawford, & Durlak, 1997). Trauma can be repeated on a variety of levels toward self or others and cause an array of personal and social suffering. Time may not heal these wounds. The mental, social, and physical suffering endured by the abuser who was sexually abused as a child is a phenomenon that needs full exploration.

Child sexual abusers are a burden for society. The indirect costs of child abuse in the United States include special education, mental health and primary health care, juvenile court and incarceration, lost productivity, and adult criminality. It is estimated that these costs are in excess of $94 billion per year (Sedlak & Broadhurst, 1996). Thirteen percent of all violence in this country is violent crime linked to child maltreatment. The price for adult criminality related to child maltreatment including child sexual abuse is estimated to be $55.4 billion a year. The National Institute of Justice Research Report (1996) on victim costs and consequences estimates that child sexual abuse victimization costs are about $60,000 per crime.

The direct costs of child sexual abuse include hospitalization, chronic health problems, mental health care, child welfare, law enforcement, and the judicial system. The estimated annual direct cost of child sexual abuse in the United States is $24 billion (National Institute of Justice Research Report, 1996).

The impact of child sexual abuse on *family members* of the *victim* results in relational, financial, vocational, and residential costs (Massat & Lundy, 1998). Mothers have historically been blamed for not assuming the role of protector when their children are sexually abused by a family member. From the time the child discloses, the nonoffending parent's relationship is altered, including problems with family members, co-workers, and friends. If the offender commits incest, the non-offending parent may have to find a new job or a new home, income may significantly decrease, and these parents may lack the emotional resources and support

systems needed to deal with the situation (Bolen, 2003). Massat and Lundy reported an increase in reliance on government assistance following disclosure of child sexual abuse from 29% to 33% including food stamps, Social Security, disability, and public job training.

Victims of child sexual abuse suffer significantly and long term (Bornstein, 2004; Dersch & Munsch, 1999; Salter et al., 2003). It is well documented that victims of childhood sexual abuse suffer from numerous physical and mental health problems. Most research suggests that child sexual abuse is no longer an isolated event but is so common as to represent a public health problem (Maddocks, Griffiths, & Antao, 1999).

Problems resulting from child sexual abuse range from behavioral to psychiatric to somatic to sexual (Maddocks et al., 1999; Nicholson, Fuhrer, & Marmot, 2005) including depression, anxiety, post traumatic stress disorder, self destructive behavior, lowered self-esteem, interpersonal dependency, withdrawal, suicide, aggression, sleep difficulties, appetite disorders, secondary enuresis, encopresis, precocious sexual knowledge, substance abuse, risk of being revictimized, adult sexual dysfunction, and the risk of repeating the abuse as an adult (Bornstein, 2004; Classen, Palesh, & Aggarwal, 2005; Fleming, Mullen, & Bammer, 1997; Finkelhor & Dziuba-Leatherman, 1994; Maddocks et al.; Marx, Heidt, & Gold, 2005; Mullen & Fleming, 1998; Overstolz, 2001; Sarwer, Crawford, & Durlak, 1997). The extensive list of possible problems of adult victims of child sexual abuse indicates the difficulty health care providers face when working with abusers, victims and families.

<center>Theoretical Perspectives</center>

Why do men sexually abuse children? This is one of the most asked questions concerning child sexual abuse in the twentieth century. There are many explanations as to the cause and continued sexual abuse of children by adults. However, due to the complex nature of the behavior and the disparate backgrounds of child sexual abusers, no one theory can explain the varied natures of child sexual abusers (Araji & Finkelhor, 1986; Bickley & Beech, 2001).

Biological Theory

   Biological theorists focus on the physical factors that affect behavior. Of particular concern in these theories are the role of androgens and androgen-releasing hormones in males. These hormones have profound effects on the behavior of and physical changes in the adolescent male. Secreted from the anterior pituitary, these hormones affect the testes, resulting in the body's output of testosterone. Androgens are effective only when they come in contact with receptors for testosterone. The more testosterone, the more androgens exert an effect on the male increasing muscle mass, penis size, and body hair (Hucker & Bain, 1990; Marshall, Barbaree, & Eccles, 1991). Rises in the testosterone levels in pubescent males correlates with an increased sex drive. Because of this correlation, biological theorists believe that testosterone is the primary biological hormone responsible for acceptable and unacceptable sexual behavior (Abel & Harlow, 2001; Hucker & Bain; Marshall et al.).

Behavioral Theory

   Behavioral theorists explain child sexual abuse as a learned condition. The same mechanisms by which children learn about conventional sexuality may account for deviant sexual interests (Laws & Marshall, 1990, 2003). From this perspective children repeat what they have seen or believe to be normal.

Attachment Theory

   Attachment theorists believe that human beings need to establish strong emotional bonds with others. Interactions with others may indicate a secure attachment or an insecure attachment (Starzyk & Marshall, 2003).Moreover, it is thought that childhood experiences with caregivers and children are internalized by the child and become the script for future relationships (Lyn & Burton, 2004). If the person undergoes a major loss or intense emotional stress, he will act out due to the resulting isolation and loneliness. These are the adults who lack the self-confidence and social skills to develop relationships with peers. They are unable to accurately perceive social cues, choose appropriate behavior related to those social cues, and develop intimacy.

These individuals do not care what others think of them and do not have strong emotional ties to others

(Bartholomew, 1990; Mulloy & Marshall, 1999; Seidman, Marshall, Hudson, & Robertson, 1994). In order for individuals to develop secure attachments, they must have positive self-images and positive images of others. According to Bartholomew's (1990) four category attachment model, a person who employs a preoccupied attachment style has a negative self-image but a positive image of others. With fearful attachment, abusers consider themselves the root of their problems and are afraid to approach others for help. They do not trust those around them, and they have a negative concept of both themselves and others (Bartholomew; Marshall & Marshall, 2002). Dismissing attachment is characterized by individuals who have strong senses of self with positive self images but they see others in a negative way. They do not seek out others for help or support because they see others as inferior (Mulloy & Marshall). These are people who care little for how others perceive them and have no strong relationships. In a secure attachment style, people are confident in themselves and in others. They interact well and have no difficulty making new friends.

Psychodynamic Theory

        The *psychodynamic theory* was postulated by Freud (1905). Freud explained the motivation of child sexual abusers as the unresolved issues experienced during the oral, anal, phallic, and genital stages of development. An example of an unresolved stage is the oedipal conflict during which there is competition between the father and son for the attention of the mother (Schwartz, 1995). Also, it was Freud who asserted that the human psyche is composed of the id, the ego, and the superego. These primary elements of the psyche are motivated by desires present at a preconscious level (Holmes & Holmes, 2002). Freudian theory assumes that sexual aggressors lace a strong superego and are overwhelmed by the id. The psychodynamic theory has fallen out of favor in recent times due to a lack of research evidence.

Cognitive-Behavioral Theory

When child sexual abusers commit acts against children, they often diminish their feelings of shame and guilt with cognitive distortions. These distortions include denial, excuses, and rationalizations for the acts committed against children. Whether cognitive distortions are conscious or whether the child sexual abuser believes the distortions remains unclear (Beling, Hudson, & Ward, 2001). However, Abel, Becker, and Cunningham-Rather (1984) suggest cognitive distortions by child sexual abusers are conscious acts.

Sexual abusers often lack empathy for their victims, use minimization or denial, and are unable to admit the level of planning they use in the commission of their offenses. They are unable to see the damage they cause. Through child sexual abuse, these individuals seek only to fulfill their own needs and desires (Hanson, Gizzarelli, & Scott, 1994). *Cognitive-behavioral theory* is the basis for cognitive-behavioral treatment.

Child sexual abusers who employ cognitive distortions have implicit ideas about themselves, their victims, and their environment. There are five common factors child sexual abusers consider: entitlement, children enjoy sex, uncontrollability, dangerous world, and nature of harm (Ward & Keenan, 1999). The abusers see themselves as the only individuals whose desires and beliefs are important. They are entitled. Abusers see children as capable of enjoying and wanting sex. Abusers see other adults abusing them in order to fulfill their own needs. They see the world as dangerous. Abusers feel their environment is uncontrollable as are all other adults. Abusers do not think that sexual activity with a child is harmful and may be beneficial. These abusers are the ones who cannot read social cues and do not see emotions such as anger or fear in the face of the victims they are abusing (Hanson et al., 1994; Ward & Keenan).

Fragmentation Theory

Fragmentation theory suggests that if gender identity development is interrupted or altered, the child will associate negative emotions or cognitions with the sexual experience (Layton, 1995). If fragmentation occurs, the gender identity of the child fragments into separate parts, each part representing a different aspect of the child's feelings about the abuse. Although

of more limited utility than other theories dealing with child sexual abusers, fragmentation theory does suggest that the phenomenon of child sexual abuse is complex.

Four Factor Theory

A leading authority, Finkelhor (1979), takes a more theoretical approach to understanding the child sexual abuser. While initially entertaining early theories of the abuser as a simple degenerate or as a victim of a Freudian seductive mother, Finkelhor eventually discarded these notions in favor of a broader, more integrative approach. The *four-factor theory* of child sexual abusers (Araji & Finkelhor, 1986) is a complementary organizing framework of four theories, of which some or all may contribute to the abusers sexual interest in children. It is a four-factor model of the preconditions to child sexual abuse. The categories are emotional congruence, sexual arousal, blockage, and disinhibition (Araji & Finkelhor). Each category considers more than one explanation or theory for the precondition of child sexual abusers.

Emotional congruence is a term coined by Finkelhor (1980) demonstrating the relationship between the child sexual abuser's emotional needs and the characteristics of the child. One theory of emotional congruence is child sexual abusers exhibiting "arrested psychosocial development" (Araji & Finkelhor, 1986. p. 95). Arrested psychosocial development may be related to an emotional or traumatic event in the childhood of the abuser (Araji & Finkelhor; Pryor, 1996). Victimization of a child allows the abuser to master the trauma by reversing roles in the abuse the abuser suffered thereby combating the powerlessness endured (Araji & Finkelhor).

Another theory considered in emotional congruence uses narcissism to explain the need for the child sexual abuser to relate to a child. In this theory, abusers remain emotionally involved with themselves as a child. Involvement with self is the result of emotional deprivation and is an attempt to get the love the abuser missed as a child (Araji & Finkelhor, 1986).

Emotional congruence indicates that the child has some compelling emotional meaning for the child sexual abuser (Araji & Finkelhor, 1986). It could be that the abuser relates to a particular child because of past event in the abuser's life. The child may look like the abuser at a

certain age when an event occurred. Alternatively, the ability to manipulate a child in a manner similar to ways the abuser may have been manipulated gives the child sexual abuser a feeling of power. Finkelhor (1984) notes that abusers like children because they feel powerful in relationships with children. The argument that the phenomenon occurs against a background of a socialization process in which males learn to be aggressive and to value power over others is strong. A pre-set way of thinking about child sexual abuse is automatically created by the application of a collection of constructs within the social paradigm (Finkelhor). Indeed, power, control, and aggression, rather than sexuality or gratification, may be the more important issues in child sexual abuse.

The second category in the four-factor theory is sexual arousal. A general theory in this category is one in which the abuse is believed to be a conditioned response from an early childhood experience, sometimes reinforced by negative adult experiences. It has been suggested fulfillment of frustration is involved and this leads to a fixation of arousal (McGuire, Carlisle, & Young, 1965). The best researched arousal theories suggest that many child sex abusers were victims of early sexual contact with adults (Finkelhor & Araji, 1986).

Another aspect of sexual arousal is the theory that individuals might condition or imprint themselves to become aroused by children by exposing themselves to child pornography (Abel & Harlow, 2001; Araji & Finkelhor, 1986). Arousal spawned from viewing child pornography has been associated with children who have viewed child pornography (Jenkins, 2001).

Blockage, lack of adult emotional and sexual gratification, again is likely due to negative adult situations or experiences (Araji & Finkelhor, 1986). This third category attempts to explain why child sexual abusers are blocked in their ability to fulfill emotional and sexual needs with adult peers. Finkelhor (1994) looks at both psychoanalytic theory and attachment theory to explain this precondition of blockage. Psychoanalytic theory explains how Oedipal dynamics and castration anxiety from childhood make it impossible for the child sexual abuser to relate to adults. Attachment theory attempts to convey why child sexual abusers have not developed the social skills or self-confidence necessary to form intimate adult relationships. In Oedipal dynamics, sexual abusers are described as having intense conflicts with their mothers

(Finkelhor). An Oedipal complex makes it impossible for the abuser to relate to adult women. Child sexual abusers who suffer from the Oedipal complex are thought to harbor excessive sexual anxieties and fear of failure in the sexual arena which may result in altered abilities to relate to adult females (Gebhard, Gagnon, Pomeroy, & Christenson, 1965; Schwartz, 1995).

Due to early traumatic experiences involving sexual behavior, the adult abuser may associate adult sexuality with pain and frustration and turn to children as a substitute (Finkelhor, 1984). A final blockage theory suggests that the abuser suffers from repressive norms surrounding masturbation and extramarital sex. Abusers who suffer from repressive norms show a "fear of sex" and do not seek more mature sexual channels (Araji & Finkelhor, 1986. p. 111).

The fourth factor in the four-factor theory is disinhibition. In order to explain disinhibition, Finkelhor (1986) considers cognitive-behavioral theories. Disinhibition is the failure or breakdown of recognized societal restrictions or taboos. For some adults, conventional inhibitions are not present (Finkelhor). Other theories suggest child sexual abusers have poor impulse control (Gebhard et al., 1965). Poor impulse control may be traced as far back as early childhood (Tomison, 1995). Whichever reason is considered, cognitive distortion is thought to influence and facilitate child sexual abuse.

In others, inhibitions are lowered due to situational or personal factors. Situational stressors could include the presence of a child without adult supervision. However, these stressors likely follow a personal stress in the life of the abuser. Stressors such as unemployment, loss of love, or death of friend or relative may also lower inhibitions (Gebhard et al., 1965).

Another disinhibition theory is alcohol-related. It is well accepted that alcohol lowers inhibitions. For the child sexual abuser, alcohol may act as a direct physiological disinhibitor that permits the abuser to disregard societal norms (Finkelhor, 1986). However, it has been found that perpetrators of incest appear to use alcohol more often than other abusers (Pryor, 1996). Although other disinhibiting activities such as the viewing or possessing of pornography are cited as significant, the primary disinhibiting action is the consumption of alcohol (Pryor).

The four-factor model presented here encourages a complex view of the child sexual abuser. However, studies that contributed to this model were empirically based, and thus the

need for a phenomenological study that may impart understanding derived from the lived childhood experiences of the child sexual abuser is implicit. Because the four-factor model is complex and multifaceted, no representations of the model have been developed. Furthermore, other obstacles are considered when one is studying child sexual abusers. Much of the current research is based on single-factor theories of child sexual abusers after the abuse has happened (Finkelhor, 1986). Single-factor theories based on research studies considering one or two factors do not adequately explain adequately why adults sexually abuse children. Research on single-factor theories has yielded deficient methodologies that cannot be generalized to the child sexual abuser population. According to the literature, repeat child sexual abusers suffer from paraphilia and most suffer from more than one (Rosenberg, 2002). Paraphilias are thoughts and behaviors that focus on a specific sexual preference related to age, appearance, and gender. There is increasing evidence that some perpetrators of child sexual abuse have multiple deviant sexual cognitions leading to multiple deviant sexual actions (Becker, 1994; Egan et al., 2005; Laws & Marshall, 1990). Knight and Printky (1990) suggest there are from 11 to 24 different types of child sexual abusers exist. In order to develop complex theories better fitting child sexual abusers, more research studies using a variety of methods are needed.

While the available research and literature on perpetrators of child sexual abuse has increased in recent years, child sexual abusers have received modest scrutiny compared to victims (Pryor, 1996). Reasons for this include public concern for the victims, researchers who refuse to study this phenomenon, barriers to accessing abusers and victims, and concerns child sexual abusers would not respond honestly about their behaviors (Pryor). It is noteworthy that few nursing studies were found dealing with perpetrators of child sexual abuse.

Health care practitioners, including psychologists, sociologists, physicians, and nurses are in key positions to identify abusers (Doren, 2002; Maddocks et al., 1998). Early recognition of the potential child sexual abuser can thwart the abuse before the individual makes the choice to abuse a child (Besharov, 1994; Prentky & Edmunds, 1997). Identifying the victims of child sexual abuse as early as possible in the abuse process and directing them toward appropriate interventions is essential in order to decrease the likelihood of the victim later becoming an

abuser (Abel & Harlow, 2001; Conte, 2002; Doren; Feiring, Taska, & Lewis, 1998; Kincaid, 1998; Maddocks et al.). Primary prevention strategies aimed at child sexual abusers and their victims are the ideal responses for healthcare providers to child sexual abuse (Garrett, 2003). In order to accomplish this, sound research across the disciplines, willingness to address problems openly and honestly, and continued attention directed at identifying child sexual abusers are needed (Doren; Garrett; Maddocks et al.). Providers must be willing to ask questions and follow through with appropriate referrals and notifications.

<center>Prevalence and Incidence</center>

Differences in published incidence and prevalence rates cast an air of incredulity to a society that would rather believe that occurrences of the phenomenon of child sexual abuse are not extensive. In reality, incidence and prevalence rates cannot be accurately assessed due to confounding definitions and the large number of cases that are unreported (Abel & Harlow, 2001; Araji & Finkelhor, 1986; Bolen 2001; Finkelhor, 1984; Leventhal, 1988). Prevalence means the proportion of a population that has experienced the event in question and incidence is the estimated number of new cases reported over time (Hopper, 2005). Why discuss child sexual abuse prevalence and incidence rates when examining child sexual abusers? An assessment of prevalence and incidence rates of child sexual abuse along with knowledge of abusers brings to light the gross differences between reported and actual numbers of child sexual abusers.

Bolen (2001) reports an incidence rate of child sexual abuse from the U.S. Department of Health and Human Services at 1.6/1,000 in the year 2000. Moody (1999) reported a prevalence rate of 31% of all male children under age 18 years. Female abuse rates have been reported as greater than 50% of girls who will experience some form of sexual abuse before they are 18 years of age (Padayachi, 2000). As of 2001, greater than 903,000 children in America were abused and 10% of those were substantiated cases of sexual abuse (Bornstein, 2004).

On the other hand, Finkelhor and Jones (2004) have estimated the number of child sexual abuse cases nationally using data from the National Child Abuse and Neglect Data System (NCANDS) as substantiated by child protective services (CPS) from 1992-2000. They estimate

that substantiated child sexual abuse cases from 40 states peaked in 1992 at approximately 149,800 cases. This peak was followed by a 2% to 11% annual decline through 2000 when the number of cases reported was 89,355. Professionals are divided in their explanations as to why substantiated cases of child sexual abuse dropped. Six explanations were given for this reported drop in numbers: increased conservatism within CPS, exclusion of cases that do not involve caretakers, changes in CPS data collection methods or definitions, less reporting due to a sexual abuse backlash, a diminishing number of older cases, and an actual decline in the incidence of sexual abuse. Finkelhor and Jones offer their own explanation: child sexual abuse may have been reduced as a result of increased incarceration of child sexual abusers. Today, this area is frequently debated in relation to length of sentence. Outrage over highly publicized cases of child abduction, rape, and murder in the media have resulted in the public calling for longer mandatory sentences for all child sexual abusers.

Considering the different numbers reported in extant research, a clear understanding of the number of cases of child sexual abuse in this country is not available. Cited research suggests that underreporting as well as over reporting of child sexual abuse demonstrates that researchers do not know how often child sexual abuse occurs (Finkelhor, 1986). It is well documented children frequently do not report incidences of child sexual abuses (Finkelhor; Donalek, 2001) reports disclosure of childhood incest is uncommon and secrecy of the crime is the most common factor. In fact, most all crime against children and juveniles goes unreported: the younger the victim, the greater the underreporting (Abel & Harlow, 2001; Finkelhor & Wolak, 2003; Prentky, Knight, & Lee, 1997a). Recently, cases of child sexual abuse involving male children were often dismissed or not investigated by CPS (Dersch, & Munsch, 1999; Fondacaro et al., 1999). Some of the most dramatic data gathered on child focused sexual abuse came from a self-reported study on child sexual abuse victimization rates, where 561 child sexual abusers reported a total of 291,737 acts of child sexual abuse against 195,407 victims (Abel, Becker, Mittleman, Rouleau, & Murphy, 1987).

Research that uses clear definitions of child sexual abuse report higher prevalence rates than studies that include contact only (Goldman, 2000). Research using definitions that include

both contact and non-contact cases, unwanted and wanted events, and without age discrepancies between the perpetrators reveals prevalence rates almost twice that of other studies (Hopper, 2005).

Research on child sexual abusers is fraught with some of the same problems as research on child sexual abuse. Underreporting has made it impossible to determine size of the child sexual abuser population (Prentky et al., 1997a). Other research problems related to abusers include unclear definitions, disbelief, sex of victim, and the fact that most child sexual abusers are trusted individuals in the child's life. Child sexual abusers are invisible members of society. van Dam (2001) reports that 95 % of child sexual abusers are firmly entrenched in communities, making it hard for society to grasp the reality of the problem.

Abel and Harlow (2001) found 1 in 20 boys will become a child sexual abuser and 5 of 100 men are child molesters. In the Abel & Harlow study 20% of child sexual abusers who sexually abuse little girls also sexually abused little boys. Seventy percent of child sexual abusers who abuse little boys are heterosexual, married, and have their own children. These researchers reported that child sexual abusers choose boys because they are less protected, keep secrets longer, are afraid of being labeled gay, take more responsibility for sexual acts (boys don't cry), and offer the child sexual abuser the greatest advantage as parents rarely suspect their sons are sexually abused. Abel and Harlow report that 40% of boys sexually abused begin sexually abusing others between 10 and 15 years old, with 25% of boys beginning under 10 years.

While there is no firm number of child sexual abusers in society, one thing is clear: child sexual abuse is a problem that occurs often and 98% of the time the abuser is a close friend or family member (Abel & Harlow, 2001; Briggs, 1995). Briggs reports many child sexual abusers try to find help but, due to irrational societal approaches to the problem, most are not treated.

<center>Age of Consent /Prohibition</center>

In 1828, New York law prohibited "carnally and unlawfully knowing any female child under the age of ten years" (Conte, 2002 p. 29). Girls of this age were considered too immature to give consent to sexual activity with another person. If the victim was older than 10 years,

criminal statues did not protect her unless the crime was labeled forcible rape (Russell & Bolen, 2000). It was not until the 1960s that most states had increased the age of prohibition to 17 years (Haugaard & Reppucci, 1988). In the 1970s not only the age of the victim but also the age of the perpetrator was considered in characterizing the crime (Finkelhor, 1984; Kocen & Bulkley, 1985). Today, age is still a consideration. In more clearly defined definitions of child sexual abuse, if the abuser is 5 years older than the victim and sexual contact is involved it is considered a chargeable offense (Kincaid, 1998; Russell & Bolen)

Today, states vary widely in defining the specific acts of child sexual abuse in relationship to age (Kincaid, 1998). Children under the age of 18 are federally protected from sexual activity with anyone in a parental or custodial position (National Clearinghouse on Child Abuse and Neglect Information, 2002). Children under the age of 13 are protected from all sexual proclivities (Pryor, 1996) Children who are 13 or 14 are protected if the perpetrator is 3 or more years older than they are, and children over fourteen are protected if they do not consent to the activity (Haugaard & Reppucci, 1988). However, due to differing definitions of age of consent from state to state, some of the enacted laws are difficult to enforce (Hsu, 1996). For example, in Tennessee the age of consent is 18, but in nearby Pennsylvania the legal age of consent was recently 14 years (Kocen & Bulkley, 1985; Tennessee Department of Corrections, Retrieved January 6, 2004).

Statement of the Problem

This study explored the structure or essence of the childhood experiences of incarcerated male child sexual abusers in the search for unity of meaning and understanding of the experiences and how they contribute to the adult person of child sexual abusers. A phenomenological study using van Manen's research method is used to elicit the essence of the childhood experiences of the participants.

Researchers, primary care providers, and society must pay attention to the childhood experiences of child sexual abusers. Child sexual abuse has not been deterred by studies that look at the abuser from the perspective of the abuse perpetrated, nor has it been deterred by

mandatory reporting. Research considering the childhood of the child sexual abuser before sexual abuse began, could lead to understanding the phenomenon and result in new preventative strategies. Can the childhood experiences of child sexual abusers confer understanding that has been absent from previous research endeavors? How can scholars know, if they do not listen to the childhood experiences of child sexual abusers? Taking a qualitative approach and examining childhood experiences of child sexual abusers may reveal new insights and ultimately afford new intervention strategies.

Quantitative research studies are abundant, but when the literature was searched for research studies on child sexual abusers using a qualitative approach, few were found that addressed the childhood experiences of incarcerated child sexual abusers. Searching the nursing literature, a plethora of articles on child sexual abuse focused on the victims of abuse was found but, few studies were found focused on abusers. As a holistic discipline, nursing should look at all aspects of health care whether the client is the abuser or the victim.

The possibility for increased understanding of the child sexual abuser in the context of childhood experience exists in the application of a qualitative research paradigm. Listening to the childhood stories of child sexual abusers will lend understanding not before realized. Understanding imparts consideration from a different focus which collaboratively can lead to new interventions.

<u>Purpose of the Study</u>

The object of this study is to explore specific childhood experiences including: (1) the home and home life of the child sexual abuser, (2) influential people and family dynamics in the child abuser's young life, (3) recollections of traumatic events in the early life of the abuser, and (4) the abuser's memories about desires and frustrations. These areas parallel the four fundamental existentials of spatiality, corporeality, temporality, and relationality (van Manen, 1990). While children experience space, time, and body differently from adults, there are cultural and social dimensions of these existentials that give childhood experiences a qualitative dimension (van Manen, 1990, 2002). From these interviews the researcher aims to understand,

describe, and interpret the childhood experiences of incarcerated male child sexual abusers.

Research Question

The researcher asked in this phenomenological study, "What are the childhood experiences of incarcerated child sexual abusers?" In order to elicit the essence of those experiences, the interviews were conducted with open-ended questions general enough to permit exploration but focused enough to delimit the study.

Relevance for Nursing

Nurse practitioners have opportunities to identify potential child sexual abusers and those who have offended before law enforcement is involved. By identifying patients who have life histories common with those who have offended against children, intervention strategies may be developed that assist potential abusers in changing inappropriate coping methods into appropriate life coping skills. In order to become familiar with the world views and previous contributing experiences of child sexual abusers, nurse practitioners must become familiar with the life stories of this controversial population. Nursing professionals have conducted research and published findings concerning victims of childhood sexual abuse, but little has been done in the area of perpetrators. Even less literature has been contributed from nurse researchers when dealing with child sexual abusers who are incarcerated. It is imperative for nurses to understand this population from the perspective of the abusers' experiences if useful strategies for intervention are to be developed that contribute to a decrease in child sexual abuse.

Summary

Overall, the purpose of this study was to explore and understand the childhood experiences of male incarcerated child sexual abusers. The harm caused by child sexual abusers to individuals, families, and society is incalculable. However, the focus of most past research has been on the victims and the sequelae of child sexual abuses. Resulting strategies are not preventing child sexual abusers from abusing children in American society. This study used a

different approach in exploring the phenomenon of child sexual abuse, an approach that listened to the childhood experiences of child sexual abuser and explored the commonalities abusers revealed in their various stories.

Outline of Chapters

Chapter 1 provided a brief historical overview of the assumptions that have contributed to perceptions of child sexual abusers. The problems identifying child sexual abusers due to a lack of clear definitions has created confusion in dealing with both child sexual abuses and abusers. The problems inflicted by child sexual abusers impact their families, abusers, victims, and society. Theoretical assumptions led to the research questions and the phenomenological methodology. The purpose of the study, to allow for the meaning and truth of the childhood experiences of child sexual abusers to emerge, is stated. The research question is stated and the relevance for nursing is presented.

Chapter 2 of this study presents an evolution of the study through a comprehensive literature review that considers child sexual abusers' childhood experiences and risks, family of origin characteristics, psychological and personological aspects including distorted cognitions, motives (modus operandi) and patterns of abuse and defenses, treatment, recidivism facts and spirituality perspectives.

Chapter 3 presents the methodology of inquiry and gives an introduction to the phenomenological approach. Van Manen's method is described. The rationale for selection of phenomenology and the design are presented. Participant selection, setting and access are reviewed. Procedure for interviewing and the data collection process is presented. Analysis with evidence of rigor and validity is discussed. A brief summary of the discussion ends the chapter.

Chapter 4 and 5 present study results with a discussion of the findings. Chapter 4 presents results of the study in the form of the identified themes. Sections of interviews are used to establish given themes. The summary pulls together the thematic relationships. Chapter 5 discusses the findings as well as the broader implications for nursing practice, education, and

research. Study conclusions with future implications for the study are provided and identification of future research needs described.

CHAPTER 2

LITERATURE REVIEW

Deep as first love, and wild with all regret,
O, Death in Life, the days that are no more!—Tennyson

Introduction

Over the past 25 years, child sexual abuses have received considerable attention from social psychologists, social workers, and those in corrections (Maddocks et al. 1999; Conte 2002; Russell & Bolen, 2000). Medicine and nursing are now doing research in the area. Since the mid 1980s, many highly publicized cases of child sexual abuse have been televised (Russell & Bolen). Unfortunately, publicized cases often include child abduction, rape, and murder instead of solely child sexual abuse. In the public venue, abusers are portrayed as monsters waiting on every street corner for unsuspecting children. Unfortunately, statistics reveal that fathers and step-fathers are most often the perpetrators with family friends or acquaintances being the second most likely offenders (Abel & Harlow, 2001; Dhaliwal, Gauzas, Antonowicz, & Ross, 1996). Most often the child victim is not abducted and murdered, but common incidences of child sexual abuse committed by family members and close friends are rarely in the news.

Within this chapter, the child sexual abuser will be discussed in the context of childhood experiences and risk factors, characteristics of the family of origin, psychological and personological aspects of abusers including distorted cognitions, motives (modus operandi) and patterns of abuse, abuser defenses, treatment, recidivism, and sexual predator laws including civil commitment. Review of the literature on child sexual abusers was undertaken by organizing references around both child sexual abusers and child sexual abuse. Most of the extant literature addressing child sexual abusers and child sexual abuse is empirical in nature. Due to the complexity of the subject and the scarcity of qualitative research, quantitative research was included and will be discussed in the review. Studies dealing with child sexual abuse and the clergy were eliminated because the focus differed from the present study. Databases used in the search process were ASSIA, Embase Psychiatry, PsycInfo, Medscape, PubMed, Cinahal,

Criminal Justice Abstracts, e-library, InfoTrac OneFile, LexisNexis, Sociological Abstracts, National Criminal Justice Reference Service Abstracts, and Health Reference Center Academic.

<div align="center">Childhood Experiences and Risk Factors</div>

Confusion has been the hallmark for understanding child sexual abusers, yet child sexual abuse is one of the most common forms of child abuse. People who abuse children have a high degree of variability in terms of age, life experiences, family histories, socioeconomic status, marital status, criminal histories, and ethnic groups (Barnard et al., 1989; Finkelhor, 1984, 1986; Prentky et al., 1997a; Russell & Bolen, 2000). Child sexual abusers begin their abuse history via multiple pathways and engage in various sexual and nonsexual behaviors. Some research indicates abusers begin their abuse trajectory as juveniles, thus adolescence is a key time for intervention (Abel & Harlow, 2001).

While qualitative research dealing with child sexual abusers' *childhood reflections* is limited, both qualitative and quantitative studies suggest children who experience sexual abuse are at risk for repeating the abuse as adults (Abel & Harlow, 2001; Briggs & Hawkins, 1994; Bouvier, 2003; Connolly, 2004; Cox & Holmes, 2001; Craissati, McClurg, & Brown, 2002; Dong et al., 2004; Durham, 2003; Kalichman et al., 2004; Nunes, Wexler, Firestone, Bradford, & Greenberg, 2002; Renshaw, 1994; Stirpe & Stermac, 2003; Weeks & Widom, 1998; Widom & Ames,1994). Incarcerated child sexual abusers may be at greater risk for repeating the abuse because they are more at risk for psychological problems due to an increased risk of multiple victimizations (Dong et al.; Fondacaro et al.). However, most of the research agrees child sexual victimization is one factor in the presence or absence of a host of other factors which may or may not contribute to the victim becoming the abuser. Examples include: co-occurrence of physical, emotional, and neglect abuses, availability of parent or caregiver, age when abuse began, duration of abuse, child's relationship to the offender, invasiveness of abuse, violence of the abuse and ego strength of the child victim when the abuse occurred (Abel & Harlow; Briggs & Hawkins; Connolly; Cox & Holmes; Craissati, McClurg & Brown; Dong, et. al; Durham; Kalichman et al.; Nunes, Wexler, Firestone, Bradford, & Greenberg; Renshaw; Stirpe &

<div align="center">41</div>

Stermac; Weeks & Widom; Widom & Ames). The variety of factors pose difficulties for researchers who must confront these multiple abuses to answer questions directed toward victim-abuser cycles and explain child sexual abuse.

Nonetheless, the most prevalent question found in current research related to the childhoods of child sexual abusers is whether child sexual abuse begets child sexual abusers. Some quantitative studies report childhood sexual victimization increases the risk for being arrested for sex crimes both in juveniles and adults. Noteworthy results indicate adults and juveniles who have been sexually abused as children were at increased risk for all delinquent and criminal behaviors (Abel & Harlow, 2001; Bouvier, 2003; Coxe & Holmes, 2001; Dhaliwal et al., 1996; Fondacaro, Holt, & Powell, 1999; Paolucci, Genuis, & Violato, 2001; Weeks & Widom, 1998; Widom & Ames, 1994).

In a recent article from medical literature, Lamberg (2005) reported child sexual abuse may be "specifically pernicious" (p. 547) in relation to future problems dealing with child sexual abuse. Felliti's report (2002) on the Adverse Childhood Experiences (ACE) indicates that childhood experiences of sexual abuse are vastly more common than previously thought or acknowledged and that they affect adult health throughout the life span. The importance of these studies is an emphasis on three facts: (1) in a significant number of cases child sexual abusers participate in a circle of repetition of their own abuse; (2) effects can be long-lasting if not lifelong; and (3) child sexual abusers who are incarcerated have a greater likelihood of childhood sexual abuse than other childhood sexual abuse victims (Bouvier, 2003). Other studies have substantiated the findings of childhood sexual abuse among inmates who have been convicted of child sexual abuse as significantly higher than those arrested for other sexual crimes as well as nonoffenders (Fondacaro et al., 1999; Starzyk & Marshall, 2003; Weeks & Widom, 1998). Some research suggests that upwards of 75% of convicted sexual abusers report sexual victimization as children (Romano & De Luca, 1997).

Mixed methods studies (studies employing both qualitative and quantitative methods examining the childhoods of child sexual abusers are limited in extant research. Two mixed methods studies were examined. One such study focused on 84 incarcerated child sexual abusers

of whom 93% had been sexually victimized as children. The study reported prisoners were more socially disadvantaged and more verbally and physically abused than the nonoffender group of sexually abused men. Yet, prisoners who were sexually abused as children did not use their own abuse as excuses for their own offenses (Briggs & Russell, 1996). In fact, the prisoner group did not perceive some acts as child abuse that others did. One of the prisoners in the study had this to say about his sexual abuse: *It started when he took me into his bed when I woke up crying from nightmares and, from then on, I associated it with comfort*" (Briggs & Russell, p. 226).
 Another study conducted by Stirpe and Stermac (2003) reported similar results. The prisoner group did not perceive some sexual acts perpetrated upon them as child sexual abuse. In the study, child sexual abusers reported considerably more sexual abuse experiences than other offenders once they were given clear definitions of child sexual abuse.

Nonetheless, controversial studies indicate child sexual abuse has little negative effect on the victim as an adult in relation to psychopathology or the risk for adult offending. Some studies imply that sexual experiences between an adult and a child should be accepted as healthy expressions of the child's sense of worth (Salter et al., 2003; Sandfort, Brongersma, & van Naerssen, 1990; Rind, Tromovitch, & Bauserman, 1998). These controversial studies used college students and adults who were referred to sexual abuse clinics as participants rather than prisoners and critics indicate that scientific support for the studies was lacking. Salter and colleagues found that while being sexually assaulted as a child did not relate directly to later offenses, being male and being sexually assaulted as a child by a female did relate to increased sexual offenses later in life.

The difficulty of societal acceptance of child sexual abuse was discussed in the previous chapter. Sexual abuse of boys has proven more difficult for society to acknowledge and accept than the sexual abuse of girls. Experiencing child sexual abuse puts the victim in a position of fear, powerlessness, and acceptance of responsibility for the acts of the perpetrator. The experience of child sexual abuse for a male is in opposition to socially constructed masculinity in Western society. Men in Western society are seen as aggressive, tough, responsible, stoic, powerful, in control, having no wiles of femininity, and invulnerable, never showing fear

(Finkelhor, Hotaling, Lewis, & Smith, 1990; Kia-Keating, Grossman, Sorsoli, & Epstein, 2005). Because of socialization of males in American society, boys find it difficult to report sexual abuse because being perceived as a victim implies a lack of masculinity. Due to this masculine mystique, sexual abuse of boys is thought to be grossly unrecognized and underreported, especially if the child sexual abuser was a female (Abel & Harlow, 2001; Beitchman, Zucker, Hood, daCosta, & Akman, 1992; Craissati, McClurg & Browne, 2002; Denov, 2004; Etherington, 1995; Finkelhor, 1984; Finkelhor et al., 1990; Hunter, 1990; Kia-Keating et al., 2005; Struve, 1990; Ray, 2001). Denov reports most professionals tend to see child sexual abuse by women as less harmful than the same abuse perpetrated by males. Views of this nature leave children without professional and protective interventions. All participants in the study reported anger and rage directed more so at female abusers which some described as "murderous fantasies" (Denov, p.1147).

Child sexual abuse affects the development of masculine identity in boys and masculine identity is important in male health and well being (Kia-Keating et al., 2005; Sgroi, 1985). One grounded theory study by Kia-Keating and fellow researchers found fathers and other male relatives instilled violence and stoicism in young males in order to prove their toughness. Participants discussed how they were not allowed to show fear or helplessness. They described how later in life they had difficulty controlling violent "impulses and fantasies" (Kia-Keating et al., p. 177). Noteworthy is the study by Briggs and Russell (1996) in which sexual abuse of convicted child sexual abusers before the age of 6 was abused by fathers and grandfathers two thirds of the time. Perpetrators 11 to 15 years old were three fourths male.

If sexual abuse is disclosed and the perpetrator was male, often the victim fears being labeled homosexual. Gender atypicality is a risk factor for parental maltreatment and child sexual abuse during childhood (Corliss, Cochran, & Mays, 2002; Doll, Joy, Bartholow, & Harrison, 1992; Durham, 2003). Fear of homosexual labels is interesting in light of a study by Ray (2001) which reports males were the perpetrators in 78 % of the cases of male sexual abuse in her study.

Current research on child sexual abusers reveals convincing evidence of relationships between childhood experiences and physical and mental health in adulthood (Fondacaro et al.,

1999). Regardless of the status as incarcerated offender or nonoffender, males who are sexually abused as children have more symptoms of anxiety, anger, depression, dissociation, substance abuse, and sleep disturbances (Fondacaro et al.; Paolucci et al., 2001; Ray, 2001; Sgroi, 1985). However, incarcerated child sexual abusers tend to manifest these symptoms to a greater extent (Coxe & Holmes, 2001; Weeks & Widom, 1998) indicating that child sexual abuse of incarcerated child sexual abusers is both a sexual and emotional violation. In fact, some qualitative studies suggest male sexual abuse usually involves multiple abuses (sexual, physical and emotional) and victims are affected for life (Briggs & Russell, 1996; Ethrington, 1995; Kia-Keating et al., 2005). It is unfortunate most prisoners define their own abuse in terms of resisted rape and violence (Briggs & Russell).

Dissociation experiences are normally integrated occurrences during childhood (Spiegel & Cardena, 1991). Normal dissociation may be evidenced as daydreams or getting lost in a book. Dissociation is compartmentalization of thoughts, feelings, or memories. After child sexual abuse, dissociation results in the child controlling his perception of the abuse producing a disconnection in his thoughts, memories, feelings, actions, and sense of identity (Seigel, 1996). When used to cope with child sexual or physical abuse, dissociation can lead to adult posttraumatic stress disorder (PTSD) as well as adult victimization of children (Hetzel & McCanne, 2005). It is believed that dissociation exists on a continuum of severity. At the one end is normal daydreaming and at the other end are complex, chronic dissociative disorders (Seigel).

Three separately defined childhood *risk factors* seem to contribute to sexual crimes committed later in life: genital sexual contact prior to age 16 with a substantially older person, genital sexual contact prior to age 14 with age peers but involving force or incest or nonsexual physical violence inflicted by elders, especially parents or caregivers (Pryor, 1996). In addition Pryor noted that these *risk factors* may contribute to what is noted as a high prevalence rate of reported impotence in male child sexual abusers. Impotence is defined as the chronic or sudden inability to achieve an erection with an adult partner later in life, which correlates with the classification of abusers as fixated versus situational (Pryor). Finally, the very title of Pryor's

book, Unspeakable acts: Why men sexually abuse children, presupposes male gender as a risk factor for the abuser.

Other literature (Becker, 1994) identifies child sexual abusers as frequently being peers or family members of the victim. Juveniles may offend against younger siblings, younger children, peers, and adults. Becker suggests that many adult offenders may have begun their offending as juveniles. It has been noted that there is little information as to the prevalence of juvenile sexual offenders; however, there is an increasing number of juveniles being referred for treatment of sexual offenses (Abel & Harlow, 2001).

"Mundus vult decipi:
The world wants to be deceived.
The truth is too complex
and
frightening."
Walter Kaufman (1970, p.9)

<u>Family of Origin Characteristics</u>

One qualitative study of incest offenders reported child sexual abusers claimed to see their *families of origin* as unavailable or lacking in intimacy (Hartley, 2001). Absent fathers and mothers who were present in body but were mentally preoccupied with family problems left perceptions of distant relationships with their children. Consistency in parental availability and responses to the sexual abuse of one's child decreases the risk of the child perpetrating child sexual abuse as an adult (Lawson, 2003).

Child sexual abusers have been shown to come from dysfunctional families more often than nonoffenders (Dong et al., 2004; Messman-Moore & Brown, 2004). Childhood family characteristics related to the risk for children becoming child sexual abusers can begin early in life. In families where children do not attain secure attachments and are maltreated, children develop anxiety and feelings of loneliness and alienation (Greenfield, 1996; Lawson, 2003;

Starzyk & Marshall, 2003). Smallbone and Dadds (1998) report a lack of maternal bonding is related to antisocial behavior, and it is suggested parent-child bonding is a mediating factor (Koyabashi, Sales, Becker, Figueredo, & Kaplan, 1995) between child sexual abuse and adult child sexual offending. If the child has attained a secure bond with the parent, chances that the child will offend as an adult are lessened. Neglect of a child and interrupted parental care are indicators of abusive parents which often results in insecure parent-child attachments (Shah, Dail, & Heinrichs, 1995; Starzyk & Marshall). Insecure parent-child attachment increases the likelihood the child will suffer from depression, withdrawal, low self-esteem, and antisocial behavior.

Parental deviance is another important factor related to increased risk for child sexual abuse and adult offending. Koyabashi et al. (1995) suggests that children of deviant parents are more often placed in situations where nonfamily members have opportunities to sexually abuse them. The study points out a positive relationship between parental deviance and boys who are sexually abused by women (Koyabashi et al.).

Parental substance abuse is often cited as a contributing factor toward child sexual abuse. While most people think it is blatant abuse to drink and drive with a child in an automobile (Bensley et al., 2004), substance abuse is frequently used as an excuse to minimize child sexual offending. In a recent study reported by the National Child Abuse and Neglect Data System (NCANDS), 16% of all male perpetrators use drugs and or alcohol. Eighteen percent of biological fathers and 14% of step fathers were reported to use drugs and/or alcohol. Boyfriends of the mother were most likely to use alcohol at 25% (U. S. Department of Health and Human Services, 2005). Other studies suggest that alcohol may be involved in 30-40% of child sexual abuse incidences (Araji & Finkelhor, 1986).

The traumatic experience of child sexual abuse is thought to be a factor in adult substance abuse. Peugh and Belenko's (2001) analysis of U. S. Department of Justice, Bureau of Justice Statistics Survey of Inmates in State Correctional Facilities, suggested substance abuse is an important issue for incarcerated child sexual abusers. Considering the Four Factor Model by Finkelhor (1984), alcohol may be used to assist the abuser in lowering inhibitions and

subsequently abusing a child. The ACE study (Dube et al., 2003) demonstrated a connection between child sexual abuse and adult substance abuse. Also, Peugh and Belenko report that treating substance abuse problems among incarcerated sexual abusers may decrease recidivism.

Other health related problems associated with child sexual abuse and family of origin issues are cardiovascular disease, lung disease (including allergies and asthma), depression, irritable bowel syndrome or inflammatory bowel disease, obesity, and chronic pain (Batten, Aslan, Maciejewski, & Mazure, 2004; Goodwin, & Stein, 2004; Goodwin, Wamboldt, & Pine, 2003; Walker, Katon, Roy-Byrne, Jemelka, & Russo, 1993; Williamson, Thompson, Anda, Dietz, & Fellitti, 2002). Supported by these studies, childhood sexual abuse carries with it an increased risk for a host of internalized physical disorders. Goodwin et al. and Goodwin and Stein indicated child sexual abuse may be a precursor to asthma due to increased circulating cortisol levels that increase immune responses. Increased immune responses increase the risk of atopy, which has been associated with asthma.

Cardiovascular risk is associated with child sexual abuse via depression in both men and women (Batten et al., 2004). Depression is thought to reduce the body's defense against chronic disease. Research indicates depression increases the risk of cardiovascular disease and worsens prognosis (Batten et al.; Glassman et al., 2003).

Sexual victimization has been associated with both irritable bowel syndrome and inflammatory bowel disease. Walker et al. (1993) found patients with irritable bowel syndrome have a higher rate of sexual victimization than those with inflammatory bowel disease. The study does not dispute an association between inflammatory bowel disease and child sexual victimization, but it does indicate there is a greater association between child sexual abuse and irritable bowel syndrome. Patients diagnosed as having irritable bowel syndrome may benefit from an exploration of their families of origin.

Childhood sexual abuse has been shown to be associated with chronic pain. In a study by Wurtele, Kaplan, and Keairnes, (1990) 28% of the participants with a diagnosis of chronic pain reported child sexual abuse. Patients with chronic pain are often labeled neurotic, histrionic, or drug seekers. Again, patients who suffer from chronic pain may benefit from an in-depth health

history and exploration of family of origin issues.

Worthy questions in the family history of child sexual abusers are questions related to the family of origin's physical home. Fleming et al. (1997) reported a threefold increase in child sexual abuse when the family had relocated houses six or more times. Frequent relocation of the family home is listed as a risk factor for child sexual abuse with highlights of frequent relocation increasing the risk (Fleming et al.).

Psychological and Personalogical Aspects of Abusers

Child sexual offenders do not present in a particular way. In fact, one cannot identify a child sexual abuser in a crowd. They look like everyone else. Generalizations are false or at least wrong at times when considering child sexual abusers. However, there are two generalizations that can be made about child sexual abusers: child sexual abusers are generally inadequate in their interpersonal relationships; and child sexual abusers have a range of multiple psychological problems (Egan et al., 2005). These generalizations have given rise to two systems of thought. One is the psychological and medical perspective and the other is based in correctional justice. The psychiatric medical system concentrates on the pathology or psychological illness of child sexual abusers. The criminal justice system has created typologies that separate the child sexual abuser from the pedophile (Lanning, 2001). The language used to describe child sexual abusers in the criminal justice system pertains to the criminal justice system and does not denote any pathology or health related condition.

Psychological consequences of child sexual abuse are varied and have lifelong effects. Some of the behavioral consequences of child sexual abuse seen in adults are: adjustment problems, developmental problems, distorted cognitions, anxiety, attachment disorder, deviant sexual fantasies, depression, dissociation, divorce, panic disorder, post traumatic stress disorder, low self-esteem, sexual abuse offences, sexual dysfunction, substance abuse, and suicide (Bornstein, 2004; Fondacaro et al., 1999; Johnson, 2004; Murray, 2000; Wolfe et al., 1994).

Adjustment and developmental problems in incarcerated child sexual abusers are similar to those for non-offenders. Most of the literature on developmental problems, adjustment, and

cognitions of child sexual abusers is empirical in nature. One quantitative study of incarcerated sexual offenders found that childhood emotional abuse enhanced the effects of childhood sexual abuse and resulted in increased psychopathology (e.g. paraphilias) (Lee, Jackson, Pattison, & Ward, 2002). The importance of the study is confirmation that impairment of developmental stages by emotional and child sexual abuse are associated with adult child sexual abuse and development of pedophilia. The study does not pose an opinion on adverse experiences or mediating circumstances (e.g. poverty, family criminality, poor parenting, or predisposition to offending). Nonetheless, the study demonstrates a direct link among adjustment, developmental problems and child sexual abuse. Patterson, DeBaryshe, and Ramsey (1989) conducted an earlier study that connected poor parenting, antisocial behavior, academic failure, rejection, and deviant peers and the beginning of sexual offending. These results were supported in Falshaw and Browne's (1997) study on adverse childhood experiences of adolescents incarcerated for violent sexual and physical crimes.

A study by Briere and Elliott (2003) reported that while child sexual abuse may not be the only contributing factor, it was directly related to the development of numerous adult psychological disorders, including phobias, obsessive-compulsive disorder, panic disorder, sexual disorders, depression, PTSD, and suicidal ideation. It did not seem to matter if the abuser was a family member, acquaintance, or stranger in regard to the incidence of the child's psychological symptomology. Also, the sex of the abuser did not appear to make a difference in psychological illness. Psychological problems showed no relationship to sex of the child sexual abuser or familial relationship of child sexual abuser in an earlier study by Calam, Horne, Glasgow, and Cox (1998). Findings from Brier and Elliott related familial relationships of abusers to victims and the sex of the abusers in contrast to studies by Denov, (2004), Finkelhor (1984), Murray, (2000), Fondacaro et al., (1999), and Widom and Ames (1994), which demonstrated a direct relationship between the variables of familial relationship of the abuser and victim, the sex of the abuser, and adult child sexual abusers. Explanations from Fondacaro et al. and Kellogg and Hoffman (1997) indicate inmates may differ from community samples of child sexual abuse because inmates often tolerated abuse from multiple perpetrators that may

have included family members and female abusers; they were more likely to experience the abuse with self-blame and subsequently are at greater risk for psycho-social problems. Also, Fondacaro et al. considered perception of abuse and psychological problems in incarcerated adults. It is noteworthy 40.7 % of 86 inmates did not perceive themselves as having been sexually abused In psychological disturbances such as schizophrenia, schizoaffective disorder, obsessive-compulsive disorder, and alcohol abuse and dependence, the group who did not perceive their victimization as child sexual abuse had higher rates than those who perceived the victimization as abuse. Also, it was pointed out that incarcerated males lacked necessary coping skills and as a result may have been more prone to revictimization which could increase anxiety and affective problems in adulthood.

Other quantitative studies provide strong evidence incarcerated child sexual abusers are more obsessive, have more cognitive distortions (Egan et al., 2005), exhibit more eating disorders (bulimia has been shown to be associated with child sexual abuse) (Blumenthal, Gudjonsson, & Burns, 1999), and they demonstrate more distorted self-descriptions (Horley & Quinsey, 1994). Craissati et al. (2002) reported convicted child sexual abusers showed an increased tendency for self-harm, sexual dysfunction, and distorted offence attitudes.

> My world was split. I was aware of not one but two sexes, neither of which was mine; both would be termed female by the anatomist. But to me, through the prism of my senses, "they were as different as mist and mast." All this I rationalize now. In my twenties and early thirties, I did not understand my throes quite so clearly. While my body knew what it craved for, my mind rejected my body's every plea. One moment I was ashamed and frightened, another recklessly optimistic. Taboos strangulated me….At other times, I would tell myself that it was all a question of attitude, that there was really nothing wrong in being moved to distraction by girl-children. Nabokov, 1955, (p. 21)

Cognitions are viewed as higher order thought processes and are important factors in dealing with child sexual abusers. Segal and Stermac (1990) explained four levels of cognitive thought: cognitive structure, cognitive propositions, cognitive operations, and cognitive products.

Cognitive structure is the way one organizes memories and associates memories with the present; cognitive propositions are beliefs, attitudes, and values; cognitive operations are the processes used to function in daily life, like attention; cognitive products are fantasies and daydreams.

Sexual fantasy, Segal and Stermac's (1990) cognitive products, is an important component in the sexual behavior of child sexual abusers. It is thought that child sexual abusers who themselves have been sexually abused are indoctrinated into sexual behavior at an earlier age than nonabused children. When sexually abused children enter puberty, they begin to have deviant sexual fantasies about children. Usually, they fantasize about children who are close to the age they were when their abuse occurred. Deviant fantasies are the precursors of distorted views concerning adults and children (Abel & Harlow, 2001). Distorted views were examined by Abel, Becker and Cunningham-Rathner (1984). The study focused on seven cognitive distortions of child sexual abusers concerning children and sex:

- children want sex if they don't resist sexual advances;
- children learn about sex through sexual activity and this is an acceptable way of teaching children;
- children like sex if they don't report the activity;
- someday it will be acceptable for adults to have sex with children;
- fondling is acceptable with children since it is not penetration;
- inquisitive children want to have sex;
- a close relationship will result from sexual contact with a child.

Horley and Quinsey (1994) point out that nonincarcerated child sexual abusers probably think differently about themselves than incarcerated child sexual abusers. Incarcerated sexual abusers appear to have low self-esteem, difficulty with empathic responding, deviant fantastical cognitions, and entitlement issues (Abel & Harlow, 2001; Fisher, Beech & Browne, 1999; Garos, Bleckley, Beggan, & Frizzell 2004; Marshall, Barbaree & Fernandez, 1995; Ramano & De Lucca, 1997). It is suggested incarcerated child sexual abusers are in constant intrapersonal

and interpersonal conflict resulting from environmental or internal stimuli triggering sexual fantasies of completing the act of child sexual abuse (Garos et al.). Nonetheless, there is agreement among researchers that deviant sexual fantasy in child sexual abusers is a precursor to the actual event. Also, it is agreed that child sexual abusers, whether incarcerated or not, have distorted cognitions concerning children and sex, and continued distorted thinking is absolutely necessary to maintain child sexual abuse.

Qualitative studies addressing psychological and personalogical issues were fewer in number than quantitative studies. One mixed methods study (Lisak, 1994), identified 15 themes on the psychological impact of child sexual abuse: anger, betrayal, fear, homosexuality issues, helplessness, isolation and alienation, legitimacy, loss, masculinity issues, negative childhood peer relations, negative schemas about people, negative schemas about self, problems with sexuality, self-blame and guilt, and shame and humiliation. Since the Lisak study, other qualitative studies have been conducted identifying similar themes (Gill & Tutty, 1999; Lawson, 2003; Ward, Fon, Hudson, & McCormack, 1998).

Lawson (2003) reviewed qualitative studies of incarcerated men and women to describe how child sexual abusers used cognitive distortions to satisfy their own personal needs and protect themselves from shame and guilt. Her review revealed three dominant concepts in the qualitative studies she examined: isolation, gratification, and justification. In the section on family of origin issues in this paper, it was pointed out that incarcerated abusers often felt their parents were unavailable. The Lawson study took the concept of unavailability in the family of origin a step further, from unavailable parents to the isolation of the child victim from family and peers throughout life. Christiansen and Blake (1990) made a connection between isolation and the approach child sexual abusers use to separate their victims from family and social contacts.

Gratification may be viewed as a blending of Segal and Stermac's (1990) cognitive propositions, cognitive operations, and cognitive products. Child sexual abusers report their main goal in initiating and continuing sexual relationships with children is sexual pleasure (Lawson, 2003). Abusers reported they became like mad men, obsessed with meeting their own sexual needs to the point they ignored the true experience of the victim (Ivey & Simpson, 1998).

Numerous cognitive distortions are given in relation to the child's experience. Some reported they were in a relationship with the child, others claim the child enjoyed the sexual contact, and others saw the sexual activity as entitlement (Lawson; Phelan 1995).

Justification may be compared to cognitive products of the four levels of cognitions (Segal & Stermac, 1990). Child sexual abusers use excuses as justification for their sexual behavior with children. Pollack and Hashmall (1991), in a grounded theory study, described thematically the excuses of child sexual abusers. The themes were mitigating factors, situational; sex with children is not wrong; incident was not sexual; mitigating factors, psychological; blaming the victim; and denial (Pollack & Hashmall).

Hallmarks of child sexual abusers' explanations for sexual abuse of children are denial, fantasy, and manipulation. Child sexual abusers manifest these distortions in numerous ways. Early on Sykes and Matza (1957) listed five ways child sexual abusers distorted reality: denial of responsibility, denial of injury, denial of victim, condemning accusers, and appealing to higher loyalties. Child sexual abusers manipulate their victims, their family, the victims' family, and the correctional system. Qualitative studies indicate parents use manipulation to exploit familial problems as well as their position of power (Lawson, 2003) to reduce negative perceptions of others and decrease the degree of punishment they receive after the abuse is disclosed. Some abusers distort their cognitive beliefs fantasizing society would not allow sexual intercourse with children but would allow other sexual activities with children (Hartley, 2001).

Results of one study related to the extent to which child sexual abusers fantasize about children, reports child sexual abusers create an imagined world for themselves. In this imagined world there is an ideation in which the child sexual abusers believe they are diminishing a sense loss and frustration in the children's lives (Coufal, 1996). Coufal reports child sexual abusers manipulate their own cognitions by interpreting children's reactions to their attentions as a mutual interest in the relationship. Abusers act out their imagined scenes by relating to children as friends and parents, a ploy to recover the losses they suffered in their own childhoods (Coufal). Abel and Rouleau (1990) found similar results in an earlier study, reporting child sexual abusers believe they had developed an intimate, supportive role in children's lives and the

children benefit from the relationship in terms of education and pleasure.

Criminal justice typologies of child sexual abuser have been in the literature since the 1970s (Baxter, Marshall, Barbaree, Davidson & Malcom, 1984; Beech, 1998; Bickley & Beech, 2001; Knight & Prentky, 1990; Knight, Carter, & Prentky, 1989; Lanning, 2001; Marshall et al., 1991; Prentky, Knight, & Lee, 1997b; Simon, Sales, Kaskniak, & Kahn, 1992). Child sexual abuse cases can be hard to prove in a court of law, especially if the only evidence is the word of a child. The goal of most law enforcement officers in child sexual abuse cases is to prove the case without needing the child's testimony in court (Lanning). Testimony of a child against an adult in a sexual abuse case is traumatic for the child. Child sexual abuser typologies assist investigators in evidence collection and bolsters court testimony by using descriptive terms instead of diagnostic terminology (Lanning).

One of the earliest *typologies* was proposed by Groth, Hobson, and Greg (1982), the fixated-regressed continuum for child sexual abusers. The continuum illustrates that fixation is continuous and is not one or the other, fixated or regressed. The researchers characterized fixated child sexual abusers as compulsive with a persistent continual attraction for children. These are the abusers who stalk their victims and are more likely to choose young boys who are not family members (Abel & Rouleau, 1990). It is the fixated child sexual abuser who molests many children because the abuser begins the abuse cycle early in life and the offenses go unreported (Abel & Rouleau; Abel, Lawry, Karlstrom, Osborn, & Gillespie, (1994).

Regressed child sexual abusers are generally people least suspected of wrongdoing. They begin sexually abusing children as adults and they generally choose children who are easily accessed. These offenders are attracted to adults but will victimize a girl or boy who may be a family member. Regressed child sexual abusers may offend only once and suffer from significant feelings of remorse for their actions (Abel & Rouleau, 1990; Abel et al., 1994; Groth, 1979).

The Federal Bureau of Investigation expanded the fixated-regressed *typology* to include situational and preferential child sexual abusers and their seven subgroups respectively: regressed, morally indiscriminate, sexually indiscriminate, and inadequate; and seductive fixated and sadistic (Holmes & Holmes, 2002).

Knight and Prentky (1990) developed the Massachusetts Treatment Center: Child Molester *Typology*, version 3 (MTC: CM3) which places child sexual abusers either in Axis I or Axis II typology (see Table 2). In this classification of child sexual abusers, Axis I assesses where the abuser falls on a continuum indicating the extent to which the abuser is fixated on children and social competence. The Axis II class assesses the degree of contact the abuser has with children, sexual and interpersonal meaning of the contact with children, and the use of threats and force involved in the contact (Knight & Prentky).

Lanning (2001) developed the most inclusive *typology* which is based on a continuum of needs exhibited by the child sexual abuser. The needs areas are: biological and physiological sexual needs, psychosexual and deviant needs, power and anger nonsexual needs, and sexual needs. The situational versus the preferential child sexual abuser differ in intelligence, socioeconomic status, criminal behavior, and modus operandi (MO) patterns of behavior.

According to Lanning (2001), the purpose of *typologies* is not to answer the question "Why do child sexual abusers sexually abuse children?", but to understand child sexual abusers' patterns and motivations in order to "identify, arrest, and convict them" (Lanning, p. 29). The usefulness of typology's descriptive language is apparent considering court testimony where prejudicial and inflammatory terms could result in the release of a dangerous child sexual abuser (Beech, 1998; Lanning).

<u>Motives, Modus Operandi, and Patterns of Abuse</u>

The motives and patterns of abuse by child sexual abusers are best shown by examining the different typologies of abusers. For the purposes of this study, research dealing with the motives and patterns of male situational and preferential child sexual abusers is considered. Also, literature on the motives and patterns of child sexual abusers who have multiple victims is reported. Because study participants are incarcerated child sexual abusers, research dealing with female child sexual abusers motives and patterns of abuse was not considered.

Early life histories of child sexual abusers in which most are physically, emotionally, and sexually abused are not perceived by abusers as contributing factors to their *motives* to sexually

offend as adults (Hartley, 2001). Life stress is cited as a motivational factor in some abusers' decisions to offend. Finkelhor (1984) reported conflict in the marital relationship as a motivation to sexually abuse, yet, most offenders, when asked this question, claimed that they would not have sexually abused a child if their adult relationships had been satisfying. Unfortunately, the abusers described the sexual contact they had with a child as more sexually gratifying than sex with an adult female (Finkelhor, 1984). Other motivational factors described in the Hartley study were a desire for closeness and acceptance they were not receiving from other avenues. Of note is the fact that all the motives described by participants in both studies were aimed at servicing their own sexual desires. Intimacy deficits were cited as motivational factors for child sexual abusers by Connolly (2004) as well. Connolly's study indicated that the abuser's emotional needs are constantly thwarted creating feelings of loneliness and rejection. Sexual relationships with a child are one avenue to relieve intense emotional intimacy needs.

Situational child sexual abusers are more likely to be of lower socioeconomic class and are likely to be less intelligent than preferential child sexual abusers. They exhibit varied criminal behavior, including violent pornography, are impulsive, consider risks, make sloppy mistakes, and their abuse may be spontaneous or planned (Hartley, 2001; Lanning, 2001). For situational abusers, sexual gratification is frequently cited as the major motivator in child sexual abuse. Ward et al. (1998) examined the offence patterns in incarcerated child sexual abusers and found a lack of sex with adult partners, life stressors, lack of affection, and feelings of loneliness as the most frequently cited motives behind child sexual abuse. Other researchers have indicated that sexual gratification is a strong motivator in situational child sexual abuse (McKay, Chapman, & Long, 1996; Phelan, 1995).

The criminal behavior of this type of abuser appears to be their sexual needs or power and anger (Lanning, 2001). The *patterns of sexual abuse* are likely to involve instruments or tools and the child sexual abuser may have a history of many different types of crime (Hartley, 2001; Lanning; Phalen, 1995). These abusers have a sense of entitlement over these victims but do not prefer children over adults. They are as likely to choose other vulnerable victims as they are a child (eg. sick or elderly) and they may be more violent during the sexual abuse (Prentky et

al., 1996b). Because these abusers are impulsive and sloppy in planning their crimes, they are the easier and most often caught child sexual abusers (Lanning).

To live in an environment

that has to be endured or ignored

rather than enjoyed

Is to be diminished as a human being—Sinclair Gauldie (p. 182)

Preferential child sexual abusers are the ones who groom or seduce their victims (Lanning, 2001; Spiegel, 2000).These abusers have a definite preference for children as their sexual partners. *Patterns* of these abusers typify an adult courtship in which they lower the sexual inhibitions of children by showering them with attention, affection, and gifts (Lanning; Spiegel). This *pattern* of behavior is called grooming. The preferential abuser will groom the victim, victim's parents, and members of the community in order to gain access to children (Pryor, 1996). Child sexual abusers are able to obtain insider status with parents and community leaders (church, school, children's' groups, day-care) in an unusually timely manner (Finkelhor, 1984, 1994; van Dam, 2001).

Preferential child sexual abusers are most often extrafamilial abusers generally in their 30s (Smallbone & Wortley, 2004), who position themselves in careers that afford them close and ongoing contact with children (Parton & Day, 2002; Schaefer, Freidlander, Blustein, & Maruna, 2004). Studies indicate these abusers are more likely to perceive their abuse as external and blame their victims (Parton & Day; Webster & Beech, 2001;). Lanning (2001) indicates preferential child sexual abusers are the abusers more likely to have child pornography and they are like "human evidence machines" (p. 117) for correctional justice systems. For this reason it is of the utmost importance for law enforcement, health care professionals, and the legal system to be familiar with and document client\victim and offender patterns of behavior as observed.

While research dealing with child sexual abusers is growing, the phenomenon of child sexual abuses and abuser's *modus operandi* are difficult to study. Generally, the secrecy

surrounding and inadequacy of reporting child sexual abuse contributes to difficulty researches encounter when studying the *modus operandi* of child sexual abusers. Smallbone and Wortley (2004) examined five aspects of abuser's *modus operandi:* victim characteristics; details of the offender's first sexual encounter; behaviors employed by the abuser prior to having sexual contact with a child; the offending behaviors themselves; and behaviors employed by the offender after sexual contact.

Considering victim characteristics, the researchers found that about 74% of their study participants had offended against boys, suggesting that male victimization may be grossly underestimated compared to girls. Most of the abusers reported offending against only one child (47.3%), while 16.4% admitted to offending against two children. The researchers considered ages of the offender's first victims, intrafamalial versus extrafamalial offenders and the number of encounters with first victims when looking at the details of the first sexual contact. About 76% of first victims were between 9 and 16 years of age, with about 23% being between 5 and 8 years of age. Only 6.5 % of offenders reported their first victim being a stranger. Most of the offenders (78%) had more than one sexual experience with the first victims with 28% admitting to more than 10 sexual encounters with first victims.

When examining pre-offense behaviors, the researchers considered locations abusers used to find their first victims, most common places of abuse, strategies directed toward abuse, means of developing victims' trust, and strategies used to get victims to participate in the abuse. It was found that extrafamilial abusers most often find their first child victims in a friends' home (36.5%). About 19 % of first victims' are located through sports associations and scouting. For intrafamilial abusers, the first victim of sexual abuse, by definition, is generally found in the home environment. Mixed abusers usually located victims at a friend's home while babysitting (30.4%). These results suggest that the *modus operandi* of most child sexual abusers is to find their first victims close to home. These results were previously suggested by Ouimet and Proulx (1994).

One common abuse *strategy* directed toward abuse in the Smallbone and Wortley (2004) study for both intrafamilial and extrafamilial abusers was having alone time with children and

watching television with children (57% and 32.2% respectively). Other *strategies* for extrafamilial abusers were car rides (30.5%) and allowing the child to sleep with the family member and the abuser in the same bed (30.5%). Mixed abusers were the ones most likely to sneak into the child's bedroom at night (63.3%). Other *strategies* mentioned were befriending the victim's parents, spending time with the child, and helping the victim's parent with household chores (Smallbone & Wortley).

The two most common *methods* of developing victim trust in the Smallbone and Wortley (2004) study for both intrafamilial and extrafamilial abusers are inversely proportional to one another. Spending time with the victim and non-sexual touching for the intrafamilial abuser were the most common methods of developing trust (70.9% and 67.1%). For extrafamilial abusers the rates were proportionately inversed with non-sexual touching being the most common means of developing trust (64.4% and 59.3%). Bolen, (2001) reported similar findings but claimed the data were biased because offenders supplying the information were those who were caught.

Strategies used by the abusers to coerce the child to take part in the abuse involved a gradual desensitization of the child to sexual advances. The extrafamilial abusers began a regimen of touching the child more and more sexually. Intrafamilial abusers showered gifts on the child, complimented the child frequently, and touched the child more and more in a non-sexual manner, trying to build trust in the child that would later aid in exploitation of the child.

Offense behaviors described in the study were related to the amount of time the abuser knew the child, location where the abuse occurred, types of touching of the child and types of touching the abuser asked the child to do. Most of the abusers knew the victim for an extended period of time and most of the offenses occurred in the abuser's home. Abusers most often began sexual touching children by feeling the children's buttocks, breasts or genitals and advanced this by kissing or licking children's genitals. The types of touching abuser's most often coerced children to do to them included touching the penis, performing oral sex, and having children perform masturbation until ejaculation occurred. Also, the article points out that the *strategy* children used most often to stop the abuse was to tell the abuser they did not want to perform the action.

Other studies have corroborated Smallbone and Wortley's (2004) findings indicating that child sexual abusers tend to use a deliberate gradual approach in which they emotionally manipulate the victim by presenting themselves as trusted guardians or authorities to the victims (Bolen, 2001; Leahy et al., 2004; Kendall-Tackett, Williams, & Finkelhjor 1993). In the Leahy et al. study, one perpetrator/victim described the emotional manipulation of his perpetrator in this way:

> "I still remember I used to brag to my friends and my parents how great this guy was, how lucky I was, and how he was the best coach in the whole world, you know. I remember I used to say that to people, and he just made me believe that he was just absolutely brilliant and I did believe that. Yeah and I still think he's awesome…. And I still feel guilty that I did blow the whistle, and I made him lose his job" (p. 536).

Kendall-Tackett and fellow researchers suggested the examination of abusers through a care-taker role, rather than a familial or acquaintance role in relation to the *modus operandi* used to access their victims.

The described complex *motives and strategies* suggest that children are helpless to prevent or stop the abuse. After the abuser has created a facade of caring, the barriers to both parents and victims are overcome. Parental supervision is decreased and through the process of grooming, the child believes the abuser has been given permission for sexual contact. Unfortunately, this leads to silencing the child and leaves it to the abuser to maintain control over the victim perpetuating the cloud of silence. It is important for the abuser to continue the relationship with child for as long as possible because of the amount of time and work it takes to manipulate the process of child sexual abuse. Also, the abuser may find it difficult to find preferential victims, increasing the pressure to keep current victims in the abuse cycle as long as possible. While few research studies have considered the stability of the *modus operandi (MO)* of child sexual abusers, Sjötedt, Längström, Sturidsson, & Grann (2004), examined the stability of sexual offenders *MO*. The researchers reported that the *MO* of child sexual abusers was stable only in regards to victim preferences.

Apparent in this review is that "child sexual abuse overwhelmingly involves perpetrators who are related or known to the victim" (Smallbone & Whortley, 2004, p. 5). Also, research indicates that the strategies used by child sexual abusers to gain children's compliance usually involved befriending both parents and children (Bolen, 2001; Leahy et al., 2004; Sjötedt et al., 2004; Smallbone & Whortley). Befriending may involve offering to assist parents with child care and spending time with children in activities such as watching TV and game playing. The abuse cycle, which includes the motives, modus operandi, and patterns of abuse, is a dynamic and evolving process allowing the abusers to gain experience and confidence in their offending (Hazelwood & Warren, 2003) Assessment of the abuse cycle may result in identification of combined behaviors that can assist law enforcement and health care providers in identifying those who are approaching or are in the abuse cycle.

<u>Abuser Defenses</u>

The most common defenses used by child sexual abusers upon discovery of their actions are: (1) denial; (2) minimization; (3) justification; (4) fabrication; (5) attack; (6) divulging information (7) and suicide (Lanning, 2001; Salter, 2003; van Dam, 2001).

Denial is used in different ways by abusers. When the actions of an abuser are discovered, the initial action of the abuser is to deny the event occurred (Lanning, 2001; Salter, 2003; van Dam, 2001). Denial mechanisms employed by abusers often parallel the attitudes of male dominated societies (van Dam). Abusers may indicate their actions were innocent, without sexual intent, an accident, and misunderstood (Lanning; Salter). Others may admit to the behavior but use victim blaming indicating that victims were acting provocativly and the abuser could not resist their advances (Salter; van Dam). Furthermore, abusers may use an ailment or disease to *deny* their offense with relatives, friends, or coworkers aiding this denial. Sexual abusers may use ailing backs or chronic illnesses that prevent them from having erections to deny the abuse (Lanning; van Dam). If the evidence is such that abusers cannot deny their offense, they will often use another approach such as *minimization* of the event.

Child sexual abusers often *minimize* the frequency or severity of their actions by

employing terminology that is misleading. Some call the acts they perpetrate on children as "acts of love" or they were simply "making love" to them (Lanning, 2001; Salter, 2003; van Dam, 2001). Moreover, child sexual abusers *minimize* their abuses by referring to the children they abuse as "teenagers" when factually the victims were 11 or 12 years old (Lanning).

According to both Lanning (2001) and van Dam, (2001) preferential child sexual abusers tend to use *justification* and rationalization as a defense to convince others they are not sexual deviants. Some of the justifications abusers use are: they care more for the child than do the parents; or children family members are better off learning about sexual activities from the abuser. Members of organizations like NAMBLA, the Rene Guyon Society, and the Childhood Sexuality Circle use justifications such as it is healthy for children to be sexualized and it is the right of children to have sex if they choose (van Dam). Moreover, abusers may use substance abuse as a justification for their actions, claiming that they were drunk or stoned and did not know what they were doing (Lanning; van Dam).

Fabrication is reported by Lanning (2001) as a defense used frequently by professionals who are child sexual abusers. These abusers use *fabrications* as a defense by using their profession as the basis of the lie, e.g., a physician who claims he is conducting research on male-youth prostitution; or the photographer who uses his First Amendment right as an excuse for pornography.

Another defense used by child sexual abusers is to go on the defensive or *attack.* Both Lanning (2001) and van Dam (2001) indicate that the abuser may threaten, harrass, or bribe both victims and witnesses. Attacking victims or witnesses are examples of failure to honor boundaries just as the sexual abuse of children is a failure to honor societal boundaries. Child sexual abusers who attack as a defense may be capable of physical violence or murder (Lanning).

Divulging information is a defense reaction some abusers use to lessen the sentence they are given by law enforcement. Lanning (2001) reports this defense is not as commonly used as the aforementioned; however, it is one that must be considered. Abusers who use this defense may make claims of having information on other abusers or they may indicate they have knowledge of child sex rings, child pornography, child abduction, or child murder (Lanning).

Suicide is a defense some abusers use because they cannot face either what they have done or their families or communities. Often, abusers who have never been discovered or from middle-class environments where they are well known opt for this defense (Lanning, 2001).

Salter (1995) claims that child sexual abusers are proud of their cleaverness and ability to manipulate parents, children, and law enforcement officials. Researchers indicate that the defenses used by child sexual abusers are similar to those used by salespersons in that the defenses are goal oriented (van Dam, 2001). Furthermore, these defenses have a history of working so well that entire communities have come to the aid of some abusers. An example of this manipulative process used by some abusers is presented in van Dam's book. Mr. Smith was a young looking energetic retired man who was fond of children. He dedicated time to the children in the community, who knew him and liked him. Mr. Smith would first win the trust of the children by playing games then he would talk to the parents. His interest and dedication to the communities' children received ovations from many parents. Mr. Smith used his granted access to the communities' children to molest and abuse most of the children in the grammar school. While some parents expressed doubts about Mr. Smith's interest in the children, most in the community acted as if the complainant was at fault and came to the aid of Mr. Smith.

<center>Treatment</center>

Treatment for child sexual abusers is controversial. There are two extremes of thought in the general population about *treatment* for sexual abusers: (1) child sexual abusers cannot be helped by *treatment* and they should be imprisoned for life; (2) and the other extreme, *treatment* of child sexual abusers can and does work and should be offered to all abusers. Abusers may be treated and kept in their communities or they may be incarcerated, treated, and returned to their communities. At the root of this controversy is whether one believes that behavior is a function of experience and can be treated and changed or is it a function of genetics and cannot be changed.

Court mandated treatment for child sexual abusers is an ethical issue and includes informed consent, confidentiality, and potentially unethical relationships with health practitioners (Adams, 1997; American Medical Association, 1985; Ames & Hovston, 1990; Fontana & Frey, 2000). All persons deserve to be treated ethically. Ethical guidelines by internal review boards of various agencies have three purposes: (1) to protect clients from exploitation; (2) to uphold the rights of clients to make decisions concerning their welfare and own lives; (3) and, to foster professionalism in researchers (Adams, 1997; American Medical Association; Barnard, Fuller et al., 1989). Unfortunately, some methods of treatment for incarcerated child sexual abusers border on violating the rights of the abusers. Nonetheless, some treatment modalities require that the incarcerated offender admit guilt before they are allowed to go into treatment. Thompson (1990) found that some offenders were clearly coerced to undergo treatment. Moreover, informed consent generally involves making a voluntary decision, which is questioned with court mandated treatment. Abusers have a right to weigh the benefits against the risks of treatment. It is important for them to understand the psychological risks, the risks from possible disclosures and the risk of failure to complete the court mandated program. Furthermore, the incarcerated offender, who is not always a voluntary participant, should be informed about the characteristics of an ethical therapeutic relationship. Relationships that are conducive to treatment are not always possible in prison environments (Cooper, 2005).

The goal of *treatment* for incarcerated child sexual abusers is to prevent abusers from perpetrating child sexual abuses when released in the communities. A review of the literature reveals numerous treatment modalities that claim to improve *treatmen*t and resulting recidivism rates of these difficult perpetrators (Marshall, Anderson, & Fernandez, 1999). Reasons for perpetration of sexual abuses against children have been discussed; nonetheless, various predispositions coupled with situational triggers are behind most of these harmful acts (Abel & Harlow, 2001; Ward, 2003; Ward, Louden, Hudson, & Marshall, 1995). *Treatment* modalities must consider both the predispositions to offend and the situational triggers abusers will encounter in order to be effective. These considerations are addressed through one of three treatment paradigms: (1) medical; (2) psychological; (3) or biopsychosocial (Seligman &

Hardenburg, 2000; Winton, 2005).

Risk assessment is another approach used to direct *treatment* and address reoffense issues of child sexual offenders. Risk assessment has grown into a sub-specialty of the psychological and biopsychosocial paradigms and is actually considered by some to be a model or paradigm in its own right (Marshal, Ward et al., 2005). Risk assessment attempts to understand and treat child sexual abusers through risk, needs, and responsivity principles (Abracen & Looman, 2005: Marshal, Ward et al., 2005).

Medical Paradigm

The *medical paradigm* uses pharmacological intervention in which the child sexual abuser is given antiandrogen hormones, antidepressants, or psychotropic compounds (Briken, Nika, & Berner, 2001; Lehne & Money, 2000; Maletzky & Field, 2003) in order to control the abuser's behavior. Testosterone is the male hormone known to affect male sexuality (Briken et al.). The practice of giving medications to reduce sexual desire has been called chemical castration (Miller, 1998) and is controversial. In some European countries, surgical castration has been used to control sexual offending ever since laws were passed in the 1920s legalizing the procedure. However, in the United States, the stigma and permanency of surgical castration has resulted in the belief that the operation is both cruel and unusual punishment as well as barbaric (Becker & Murphy, 1998; Lanyon, 1986; Maletzky, 1997; Maletzky & Field; Miller; Stone, Winslade, & Klugman, 2000). Unfortunately, this is the only method of treatment considered highly effective in controlling the behavior of child sexual abusers (Rösler, & Witztum, 2000).

It was discovered in the 1960s and 1970s that some child sexual abusers had a lower sexual drive when treated with medications commonly used to treat schizophrenia. Among these medications were drugs such as Thorazine, Mellaril, or Haldol, which exhibit serious side effects, such as neuromuscular abnormalities, cognitive deterioration, and over sedation (Maletzky & Field, 2003). Newer antipsychotic medications in today's market such as Risperdol and Zyprexa do not appear to decrease sexual drive, which limits the utility of any of these medications for use with child sexual abusers (Maletzky & Field). Nonetheless, due to

inconsistent results in the research, these medications are considered to be controversial and lacking in their use (Rösler & Witztum, 2000).

Cyproterone acetate (CPA) and medroxyprogesterone acetate (MPA) are progesterone drugs that reduce circulating testosterone thereby decreasing libido. They have been used since the mid-1950s (Briken et al., 2001). CPA is not used in this country because it has not been approved by the food and drug administration and it has serious hepatic side effects (Maletzky & Field, 2003; Miller, 1998; Rösler & Witztum, 2000; Winton, 2005). MPA is used in the United States as it has fewer side effects than CPA. According to some researchers MPA reduces the sexual drive, frequency of erections, frequency of orgasms, and sexual fantasies to levels that allow abusers to control their behavior. The drug can be given by injection in a long-acting dose. Other researchers recommend the use of other antiandrogen drugs such as luteinizing hormone-releasing hormone (LHRH) agonists (Briken et al.). It was reported that LHRH agonists were effective and that other agents such as the selective serotonin uptake inhibitors (SSRIs) failed. It was also reported that LHRH has fewer side effects than other drugs.

The SSRIs are thought to assist child sexual abusers control compulsive behaviors and some studies have advocated for the use of these drugs with child sexual offenders (Briken et al., 2001; Coleman & Miner, 2000). There is evidence the SSRIs may reduce sexual fantasies and sexual drive by the same pathway it treats obsessive-compulsive disorder (Miller, 1998). However, in a study conducted by Kafka and Prentky (1992), it was reported that SSRIs might have slightly decreased deviant behavior. Maletzky & Field (2003) suggest that SSRIs should be used in "milder cases of sexual offending" (p.404). What constitutes cases of mild sexual offending against children is not discussed. Other studies question the value of SSRIs in treatment of child sexual abusers claiming the drugs are not favorable for treatment in this population and more double blind controlled studies are needed (Gijs & Gorren, 1996; Rösler & Witztum, 2000). Furthermore, it is suggested that pharmacological treatment mandated for child sexual abusers may not be appropriate for the treatment of pedophilia and this approach in itself is too imprecise (Stone et al., 2000).

Today, the use of the medication paradigm is generally considered to compliment the therapy of the psychological paradigm and/or psychosocial paradigm. In order for a child sexual offender to be given pharmacological treatment, consent along with a thorough physical and mental assessment including plans for relapse prevention and follow-up should be continued (Stone et al., 2000).

Psychological Paradigm

Psychological treatment varies for child sexual abusers. With disparities in current literature among etiological theories, treatment, and reliable and valid research studies (Kirsch & Becker, 2005; Stone et. al, 2000; Wood, Grossman, & Fichtner, 2000). However, the goal of treatment in the psychological paradigm is to assist child sexual abusers in identifying the needs they inappropriately fulfill by offending against children and then addressing those needs so that they do not repeat their previous behaviors (Marshal et al., 2005). Unfortunately, psycho-pathology is not as common in child sexual offenders as it is in other sexual offenders (e.g., rapists) necessitating psychological treatment to be heterogeneous (Porter, et al., 2000).

Psychological treatments have included humanistic and psychodynamic treatment, behavioral treatment and cognitive-behavioral treatment (Wood et al., 2000). Humanistic and psychodynamic treatment evolved from California's 1937 sexual psychopath statue. This statue authorized the commitment and treatment of sexual offenders including child sexual abusers found guilty of felony sexual offenses against victims less than 14 years of age. However, due to limited availability of professionals, group therapy was employed using peers as group leaders. Due to over-crowding, patients who had been treated by peers were released on probation after 18 months. Harris, Rice, and Qunisey (1998) reported humanistic and psychodynamic treatments did not reduce sexual re-offenses by child sexual abusers; in fact, this treatment could actually increase the likelihood of the crime.

Behavioral treatment is based on the assumption that child sexual abusers offend due to deviant arousal and treatment focuses on reconditioning through aversion therapy (Laws &

Marshall, 2003; Wood et al., 2000). This treatment was influenced by behaviorists John Watson and B. F. Skinnner (Laws & Marshall, 2003). It was thought that by giving a noxious odor or electric shock when deviant sexual thoughts occurred that a conditioned association would result stopping the sexually abusive behaviors among this group (Marshall, Anderson, & Fernandez, 1999). However, little evidence in the literature supports this method of treatment in reducing recidivism (Laws & Marshall, 2003).

Cognitive-behavioral treatment assumes that all behaviors are determined by cognitive and emotional events and that cognitive distortions result (Kirsch & Becker, 2003; Nicholaichuk & Yates, 2002; Wood, et. al., 2000). Cognitive distortions such as preferences toward child victims among child sexual abusers (Dickey, Nussbaum, Chevolleau, & Davidson, 2002), propensity toward childhood victimization, and lack of empathy for victims (Geer, Estupinan, & Manguno-Mire, 2000; Marshall, Hamilton, & Fernandez, 2001; Simons, Wurtele, & Heil, 2002), beliefs about sexual activity with children as non-harmful, and attitudes that blame the victim. (Bickley & Beech, 2001) have been examined. Pathways models to explain offending (Proulx, Perreault, & Quimet, 1999; Ward et al., 1995) and relapse prevention (McGuire, 2000) have been developed from studies of cognitive-behavioral treatment.

Cognitive-behavioral treatment is the principal type used today to modify deviant sexual arousal, improve interpersonal coping, restructure cognitions, and redirect sexual desire in the appropriate direction (Association for the Treatment of Sexual Abusers, 2001; Marshall & Barbaree, 1990). The cognitive-behavioral treatment approach becomes multidimensional through inclusion of relapse prevention and psychopharmacology. This multidimensional approach has reduced recidivism in child sexual abusers (Craig, Browne, & Stringer, 2003; McGrath, Hoke, & Vojtisek, 1998; Wood et al., 2000).

Biopsychosocial Paradigm

The biopsychosocial paradigm includes theories that consider the multi-causal aspects of child sexual offending and incorporates biological, developmental, behavioral, cognitive, and sociocultural explanations (Kirch & Becker, 2005). Sadly, most of the research related to the

paradigm explored characteristics of child sexual abusers and their attributes those characteristics to the motives for sexual abuse of children. Deficit in social skills is one characteristic that has been examined and attributed to child sexual abusers; yet if one examines studies related to other general offenders, they too show a deficit in social skills. Hanson and Bussiere (1998) and Prentky et al. (1997b) report no relationship between social skill deficits and child sexual recidivism.

Shame, a central concept in restorative justice, has been used as a biopsychosocial approach to treatment (McAlinden, 2005). Shaming is done in a variety of ways but is best known as Braithwaite's (1989) dichotomy of the child reintegrative and disintegrative shaming. The premise is that shaming of the sexual offence by the people important to the abuser reinforces the abuser's place in civil society. However, McAlinden reports that this method results in labeling, stigmatization, and ostracism which may actually increase the risk of relapse.

Marshall (1996) hypothesized that child sexual abusers are more similar to other people than different and they should be treated with the same respect as other offenders. Marshall advocates treatment that enhances self-esteem using an approach that challenges offenders' defensiveness yet respects their dignity.

Risk Assessments

When dealing with child sexual abusers, risk assessment is used to make initial decisions regarding to the intensity and duration of treatment, recommendations in civil commitment hearings, and preparations for post-treatment follow-up (Ward, 2003). Numerous approaches to risk assessment are often directed at predicting the rate of recidivism.

A number of tools assess risk of offense or re-offense of child sexual abusers. However, actual validity of assessment tools varies according to the question asked. Well validated risk assessment tools are the Static-99 (Hanson & Thorton, 1999), the Rape and Child Molest Cognitive Distortion Scales (Bumby, 1996), the Rapid Risk Assessment for Sexual Offense Recidivism (Hanson, 1997), the Colorado Sex Offender Risk Assessment (English, Retzlaff, & Kleinsasser, 2002), and the Sex Offender Risk Appraisal Guide (Quinsey, Harris, Rice, &

Cormier, 1998) Other risk assessment tools will be discussed within this review.

Interviews and vignettes are used to assess abusers' perspectives, attitudes, and cognitions. While most studies that use risk assessment tools are quantitative by definition, some using vignettes or interviews can employ qualitative methods of analysis (Drapeau, Körner, Burnet, & Granger, 2004; Ward, 2003; Ward et al., 1995). Drapeau and colleagues used qualitative methods to assess incarcerated child sexual abusers perspectives on treatment. The researchers asked child sexual offenders why they entered treatment and what aspects of the program they considered to be helpful. Twenty-four interviews were done using Van der Maren's method of content analysis where themes are compared vertically (within participant's data) and horizontally (between participants). The most common reasons for entering therapy given by the 24 child sexual abusers were guilt and desire to shorten their sentences. Also, child sexual offenders reported a need to talk about their offenses as most had not been given the opportunity. However, the inmates wanted the rules of the institution clearly outlined. The importance of this interview-based qualitative study was that the offenders acknowledged the importance of a structured program (Drapeau et al.).

Ward et al. (1995) did two separate qualitative studies assessing risk of re-offenses by examining offense chains and developing a model of offending. The first study included 26 incarcerated child sexual abusers who were assessed for admission to the Kia Marama Sex Offender Treatment Program, [New Zeland] specifically for child sexual abusers. In this study participants prepared written vignettes describing their offenses. The abusers then audio-taped the vignette, were placed in a private room, and listened to their own voices describe the crimes they committed. At the end, participants were asked to give a summary of what they experienced while listening to the tapes. Study two was a validation process where the study was repeated by an uninvolved researcher using twelve different participants to validate the coding process in the first study (Ward, Louden et al.). The value of the Ward study is in the hierarchy of lapses outlining proximal and distal risk factors.

The Relapse Prevention Model, developed from an identified hierarchy of lapses created by Pithers, Marques, Gibat, and Mariatt (1983), addressed proximal risk factors. The model has

been revised and expanded by both Laws (1989) and Pithers (1990). Ward et al. (1995) examined the offense chains of child sexual abusers and from their analysis described a sequence of events, both cognitive and behavioral, that allow child sexual abusers to progress through the offense chain. Identified offense chains are the essential features of the nine phase model beginning with the offender's perception of his lifestyle and current circumstances. In stage one two subcategories represent affective states that follow either negative or positive offense pathways. Next, consecutive steps walk the reader through a elaborate description of each step of the offense chain. From this model, Ward and Hudson (1998) developed a self-regulation model of the relapse process that explains the diversity of relapse pathways. Proulx et al. (1999) used this model to look at extra-familial child sexual abusers and found that loneliness and low self-esteem were common among this group of abusers. These problems, dubbed "pre-crime factors", are considered precursors to child sexual abuse. From here, extra-familial abusers are said to begin the offense chain.

A review of the literature related to incarcerated child sexual abusers is not complete without considering risk assessment using penile plethysmograph seemingly the best indicator of sexual deviancy is the penile plethysmograph (Gaither & Plaud, 1997; Howes, 1995; Laws, Hanson, Osborn, & Greenbaum, 2000). The plethysmograph, an instrument that attaches to the penis, measures changes in penile girth in response to sexual stimuli. The predominant use of the penile plethysmograph is to detect and treat sexual deviations (Gaither & Plaud).

However, some who argue that evidence supporting phallometry for an assessment and intervention tool for child sexual abusers is scant and lacking in criterion validity (Fernandez & Marshall, 2003). The researchers reported that reliability of phallometric risk assessments had not been established. Howes (1995) reported great variances in the stimuli used in phallometric risk assessments. Fernandez and Marshall reported additional variances in instructions given to participants. Gaither and Plaud examined stimuli and reported a need for stimulus standardization. Regardless of the indicated need for standardization of stimuli, standardization presentation modalities for phallometric risk assessment must be considered as well (Fernandez & Marshall).

The debate surrounding risk assessments of child sexual abusers continues. Society desires risk assessments effective in abolishing recidivism. Unfortunately, no one approach can accomplish this goal. Nevertheless, when child sexual abusers are assessed and treated, researchers should examine which assessments and treatments are effective for specific abuser types to reduce recidivism (Bickley & Beech, 2001; Geer et al., 2000; Marshall, 1996).

Recidivism

Recidivism is generally considered to be a "relapse into former patterns of behavior" (Furby, Weinrott, & Blackshaw, 1989. p.7). Regrettably with child sexual abusers, the former patterns of behavior are often known only to the abuser and the victim. Also, recidivism may be defined from different viewpoints. For example, is recidivism the reconviction of a child sexual abuser for the same type of sexual abuse, or for any type of sexual abuse, or for any criminal or sexual offense? The answer to this question is recidivism for the child sexual abuser has no single definition (Furby et al.). Because of multiple recidivism definitions, research studies have used different methods to evaluate treatment efficacy in sexual offenders. The most common ways in which researchers have evaluated treatment efficacy is to concentrate on risk and recidivism rates for treated versus untreated offenders (Kirsch & Becker, 2005).

Sadly, studies from the 1960s and 1970s exhibited wide variances in recidivism rates due to differences in definitions of recidivism, duration of follow-up periods, sample size, and local criminal justice practices (Hanson & Bussière, 1998; Prentky et al., 1997b). Reported variances in risk of recidivism have caused the research community to eye these studies with skepticism (Furby et al., 1989). Christiansen et al.(1965) as well as Gibbons, Soothill, and Way (1978) found recidivism rates to range from 10 to 20 percent, considered low today. Other reported recidivism rates were from 0% (Maletzky, 1980) to 50% (Frisbie, 1969) Moreover, Gibbons et al. reported that recidivism was most likely to occur in the first years after release but that recidivism did occur up to and beyond 10 years after release. This study was one of the first to follow-up offenders for 10 years. Additionally, most of the risk prediction research done during this time focused on historical characteristics of the abuser, such as history of prior convictions

for child sexual abuse, numbers of prior nonsexual offenses, and the lack of lasting relationship or marriage (Fitch, 1962; Hanson, Steffy, & Gauthier, 1993). The Furby et al. meta-analytic review was undertaken to identify variables that accounted for the differences in reported recidivism rates. This study demonstrated the shortcomings in previous research related to recidivism. The opening remark in the conclusion section of Furby and colleagues states "Despite the relatively large number of studies on sex offender recidivism, we know very little about it" (Furby et al., p. 27).

Before 1990, examiners had little valid empirical evidence to guide them in defining issues that were or were not connected to recidivism risks. Researchers looked at the gender of the victim as a risk predictor as it was that male sexual abusers who abused boys had higher recidivism rates than those who chose girls (Frisbie & Dondis, 1965; Grunfeld & Noriek, 1986). Other researchers reported no differences among child sexual abusers who chose boys or girls as victims (Abel, Becker, Murphy, & Flanagan, 1981; Abel et al., 1987; Marshall & Barbaree, 1988). Prentky et al. (1997b) reported similar results finding that victim gender did not predict recidivism.

The 1990s saw extensive research on reliable static (historical) and dynamic (changeable) risk factors. Most of this research indicated that while child sexual abusers were different from other offenders they were not necessarily unique (Andrews & Bonta, 2003; Hanson & Bussière, 1998; Harris et al., 2003). Hanson and Bussiére pointed out that most risk prediction research had focused on "fixed" (p. 646) variables. History of prior convictions for child sexual abusers had been examined and continued to be one of the most consistent fixed/historical or actuarial assessments used to predict recidivisms (Beech & Ward, 2003; Furby et al., 1989).

Today, sexual recidivism is related to two general factors: antisocial personality and deviant sexual orientations (Hanson & Bussière, 1998; Hanson et al., 1993; Prentky et al., 1997b; Soothill, Harman, Francis, & Kirby, 2005; Swaffer, Hollin, Beech, Beckett, & Fisher, 2000). It has been pointed out that all child sexual abuses are socially deviant but not all child sexual abusers have enduring deviant interests in children. Nevertheless, if the abuser has deviant interests the recidivism against children increases (Hanson & Bussière). Furthermore, child

sexual abusers are reported to be more likely to have come from homes exhibiting hostility and lifestyle instability which are both associated with increased child sexual recidivism (Firestone, Nunes, Moulden, Broom, & Bradford. 2005; Hanson & Morton, 2003; Prentky, Knight, Lee, & Cerce, 1995).

Over the last two decades prediction of recidivism has improved considerably in response to public safety issues regarding child sexual abusers. One of the reasons for improved recidivism prediction is the quality of actuarial risk methods used to predict recidivism (Harris et al., 2003; Prentky et al., 1997b; Seto, 2005). Actuarial risk assessments specify factors consider with explicit directions on combining items to obtain a predictive overall risk score (Quinsey, Rice, & Harris, 1995). Actuarial risk measures can be consistently scored from demographic and criminal history and have an acknowledged moderate level of accuracy in predicting child sexual abusers' recidivism (Beech, Fisher, & Thornton, 2003; Hanson & Morton-Bourgon, 2004). Most actuarial risk factors rely on stable dynamic components such as age, offense history, and childhood family factors (unchangeable factors). Bonta (1996) introduced dynamic factors (changeable factors of risk). Hanson and Harris (2001) introduced stable dynamic factors and acute dynamic factors. Stable dynamic factors, such as deviant sexual preferences or alcohol or drug abuse, are those that therapists may use to impact and elicit a change. Acute dynamic factors, such as sexual arousal or intoxication, indicate that offenders will likely recidivate in the near future (Beech et al.; Hanson & Harris).

The psychological and criminal justice communities have embraced actuarial risk assessments. In fact, in an age of evidence based and best practice research, actuarial measures are a recommended component of best practices (Beech et al., 2003). Numerous actuarial assessment tools are available to examiners. However, results of recent studies indicate that two actuarial measures are extensively supported. Accepted actuarial measures are the Psychopathy Checklist-Revised (PCL-R) (Hare, 1998) and the Level of Supervision Inventory (LSI) (Bonta & Andrews, 1993). Actuarial risk predictions are the most accurate risk measures available to predict recidivism among child sexual abusers (Beech et al.).

Supports of relapse prevention suggest that low self-esteem and ineffective coping

strategies may result in sexual offenders unable to cope with difficult situations so they learn to cope with stress in dysfunctional ways (Marshall, Cripps, Anderson, & Cortoni, 1999). Today, the framework used by most sex offender programs is relapse prevention plus the cognitive behavioral approach (Frost, 2004). Key treatment components from this framework are:

- confronting denial,
- identifying risk factors,
- decreasing cognitive distortions,
- increasing victim empathy,
- increasing social competency,
- decreasing deviant arousal,
- treating psychiatric disorders,
- treating alcohol or drug abuse,
- addressing the offender's victimization issues,
- and, family and marital issues

(Abracen et al., 2004; Adams, 2003; Firestone et al., 2005; Marques, Wiederanders, Day, Nelson, & van Ommeren, 2005; Marshall & Laws, 2003; McGuire, 2000; Ward & Hudson, 1998).

The relapse prevention models may be used to plan treatment for child sexual abusers who are trying to control their maladaptive behavior toward children. From this model, individual treatment plans are processed that include the formation of positive peer relationships, substance avoidance, stable employment, depression prevention, reduction of sexual arousal, and more appropriate relationships (Marshall et al., 1999).

In spite of the claimed predictive accuracy of actuarial assessments, these assessments have been criticized. Complaints concerning actuarial measurements center on the representative nature of the sample, the specificity of the tool, and the reliance on static risk factors (Craig et al., 2003). Nevertheless, these measures are increasingly used to impact offender's treatment needs and predict individual recidivism.

From the overall review of recidivism research, a difference in the recidivism rates of treated versus non-treated sexual offenders was discovered. Recidivism rates of treated child sexual offenders are lower than the recidivism rates of untreated sex offenders. Hanson et al. (2002) in an analysis that included 9,000 offenders and more than 43 studies reported that the results could not be disputed. The researchers did question the effects of research designs and decided that the balance of evidence was in favor of recidivism reduction through appropriate treatment. Also, research demonstrated that treatment dropouts had higher recidivism rates than treatment completers. When the authors combined random and incidental studies, they found sexual recidivism was reduced 17.3 % to 9.9%, not the result society wants but a statistically reliable and large enough change to be of practical use (Hanson, Gordon, et al.). In this study, the single most important predictor of sexual recidivism against children was deviant sexual interest measured by penile phallometry. Other studies report similar results. Maletzky and Steinhauser (2002) indicated that treatment using the cognitive/behavioral paradigm generated long-lasting, positive results by decreasing recidivism and subsequently decreasing community risk.

Hanson and Morton-Bourgon (2004) completed updated meta-analysis using newer treatment modalities for sexual offenders and in this review deviant sexual interest measured by penile phallometry was found to have a smaller effect than in the previous meta-analysis on recidivism. The researchers reported considerable variability across studies but research studies reported progress in identifying the premises that account for recidivism by child sexual abusers (Hanson & Morton-Bourgon). Kruttschnitt, Uggen, and Shelton (2000) reported reduced recidivism among child sexual abusers on probation was due to a combination of sex offender treatment and stable employment.

Recidivism studies have been both criticized and regarded for their predictive precision. Two findings that all studies seem to agree on is that longer follow-up periods are indicative of higher recidivism rates because reconvictions have occurred up to 31 years after prison release (Grossman, Martis, & Fichtner, 1999), suggesting a need for follow-up treatment. Also, more research is needed in psychopathology, intimacy deficits in child sexual abusers, and theory development.

<u>Sexual Predator Laws</u>

Sexual predator laws are applied to incarcerated child sexual abusers before they are released from prison. Theoretical perspectives on child sexual abuses have previously been discussed. However, there are two theoretical perspectives that underlie the interpretation and incarceration of child sexual abusers: (1) the first perspective focuses on socialization outcomes and the origin of such behavior being character and self-control of the abuser acquired during the developmental stages, (2) and, the second reverses the perspective emphasis and focuses on childhood and sociopersonal development, and abusive and emotional experiences of childhood that result in inappropriate adult behaviors (Mercado, Schopp, & Bornstein, 2005). Nonetheless, it is from these theoretical underpinnings that society has developed a consensus that child sexual offenders are the moral pollutants of society.

In Western society children are considered to be sacred and child sexual abusers are considered profane irredeemable monsters motivated solely to steal the innocence of children (Logan, 1999; Petrunik, 2003). It is the sexual abuser who kills or maims his victims that have caused the common child sexual abuser to be considered as profane and highly dangerous. Moreover, according to Petrunik and Quinn et al. (2004) misconceptions surround motives and the exact identity of sex offenders giving rise to iconic influences on the public's opinion of all child sexual offenders and how they should be handled by the justice system. It is the need to identify dangerous child sexual abusers that is the focus of most recent legislation (LaFond, 2003; Montgomery et al., 2000). Nonetheless, some researchers (Freeman-Longo, 1996) argue that child sexual abusers are targeted with invasive and nonconventional laws that are generally upheld by the U. S. Supreme Court (Logan, 1999). Even so, according to Montgomery and fellow researchers in a document prepared for the United States Sentencing Commission, 45 % of child sexual victims are under 10 years of age and it is the young ages of victims that frequently make the burden of proof regarding child sexual abuses difficult (Montgomery et al.). Due to public punitive measures and society-driven fear of offenses, laws that may or may not affect the rate of recidivism are upheld.

Child sexual abuses are reported 250,000 times per year with 150,000 of those cases

referred for forensic child sexual abuse evaluations (FCSAEs) (Department of Health and Human Services [DHHS], 2004). According to Herman (2005) FCSAEs are instituted and completed by Child Protective Services (CPS) caseworkers. Most of these caseworkers have little to no training in FCSAEs. When an allegation is insufficiently investigated the results can be severely damaging for the child who may be left in an abusive environment with the child sexual abuser (Herman). Inasmuch as insufficient investigation can be dangerous to the child, grave consequences may result for the accused abuser and his family if the investigation is upheld but the allegations are unfounded. Due to the seriousness of the crime of child sexual abuse and the possible misplaced allegation, it is agreed that those conducting FCSAEs must be well trained mental health practitioners or practitioners with doctoral level forensic training (Herman). Mental health and forensic practitioners must be proficient in preparation, data collection, data interpretation, and communication of results (Heilbrun, 2003; Herman; Rogers, 2000).

Rogers (2000) argues that uncritical acceptance of risk assessment by forensic examiners is unfortunate because risk probabilities can be easily misunderstood. Moreover, it is argued that risk assessments using static factors are biased and unfair and can have grave consequences for the child sexual abuser. Rogers calls for research that explores not only risks but protective factors as well. Protective factors are those that reduce the chances of maladaptive behaviors (Rogers; Sheldrick, 1999). Other researchers have agreed that in establishing both mental health and legal contexts, a balanced approach examining both risk factors and protective factors is needed when assessing risks (Laub & Lauritsen, 1994).

Freeman-Longo (1996) examined notification laws and claimed that most of the legislation related to child sexual offenders is the result of public emotion and outcry and not based on research that substantiates effectiveness of such laws. Public notification of the release of a child sexual offender into the community is required so parents can advise their children of "who is dangerous and who to avoid" (Freeman-Longo, p. 96). Because everyone will know the offender, this will somehow decrease his ability to gain access to children (Freeman-Longo). According to Zevitz and Farkas (2000), Farkas and Stichman (2002), Edwards and Hensley

(2001), and Freeman-Longo little evidence exists that notification laws work and social reactions often serve to merely aggravate behavioral problems. Also, notification laws are not only unfair to offenders, they are unfair to victims because these laws identify offenders and victims a like.

The judicial system has granted individual state lawmakers extensive liberties when dealing with child sexual abusers. While the intent is to limit the behavior and give the community control over access to children in the community, the result less resembles treatment and more resembles continued punishment (LaFond, 2003; Pratt, 2000; Zevitz & Farkas, 2000). Some community notification statutes are ineffective and may actually exacerbate the problem (Edwards & Hensley, 2001; Logan, 1999) because the child sexual abuser, trying to reintegrate into the community, may be limited to the degree that basic life essentials are not available (Zevitz & Farkas).

The ethnographic study by Zevitz and Farkas (2000) focused on the social and psychological consequences of community notification among 30 convicted sex offenders who were reintegrated into their communities. Information was collected through face-to-face interviews that lasted about 60-90 minutes with the sex offenders. The offenders were asked about mandatory reporting of their presence in the community to law enforcement and about the community notification and how this affected them and their loved ones. The sexual abusers reported difficulty gaining employment, loss of jobs, and denial of housing (Zevitz & Farkas). It was reported in the study that some sex offenders were relocated seven or more times in a short period of time and that others were angry that in some communities there was no housing available. Having gainful employment and adequate housing is necessary for self-esteem. According to Fruehwald, Eher, Frottier, Aigner, Gutierrez, & Dwyer (1998), self-esteem plays a role in the risk of reoffense (Fruehwald et al.). This is consistent with recidivism research that demonstrates steady employment and adequate housing increases self-esteem and may reduce the risk for recidivism (Fruehwald et al.; Hanson & Morton-Bourgon, 2004; Uggen & Staff, 2001).

The same study (Zevitz & Farkas, 2000) described ways community notification can affect family members. Participants in the study talked about the teasing their children had to

endure and how ridicule from community members alienated their family members from other people. The stories demonstrated how others in addition to the offenders are hurt by the community notification process (Zevitz & Farkas). What has been realized is that while notification may sooth public fears, stress, isolation, feelings of rejection, shame, and low self-esteem resulting from the notification process may be a precursor of recidivism. In addition, if the child sexual abuser decides to reoffend, he may go to a neighboring community where he is not known to gain access to a victim (Edwards & Hensley). Public humiliation and harassment of child sexual abusers has resulted in abusers moving away and not reporting their whereabouts. Notification appears to do nothing more than lull the immediate community into a false sense of security (Edwards & Hensley; Farkas & Stichman, 2002; Freeman-Longo, 1996).

Other considerations when dealing with public notification laws are the cost and needed resources. Increased supervision strains the resources of law enforcement by increasing the numbers of parole and probation officers (Zevitz & Farkas, 2000). Teams of professional people are needed to monitor the current locations and phone numbers of child sexual abusers. Furthermore, the same parole or probation officers should inform the public when abusers change their addresses (Edwards & Hensley, 2001; Freeman-Longo, 1996).

Another consideration addressed by Winick (1998) is that notification laws may be a disincentive for child sexual abusers to seek treatment. The abuser may feel that he has been shunned by society and, regardless of his success in treatment, community notification will increase punishment from community members. This effect could undermine not only treatment but disclosure of prior sexual offenses necessary for the treatment effectiveness (Edwards & Hensley, 2001; Winick). Winick recommends the use of the therapeutic jurisprudence model that considers both current risk assessment and community notification approaches. Instead of offering the child sexual abuser nothing but hopelessness, the model offers incentives that may assist the abuser in maintaining control of his behavior (Edwards & Hensley).

Many aspects of community notification should receive consideration and careful thought. One consideration mentioned by Freeman-Longo (1996) not found in other research studies is that community notifications puts the onus of behavior and the safety of the

community on the community instead of on the back of the abuser. Other studies have confirmed that for treatment to be effective abusers must take responsibility for their behavior (Cooper, 2005).

Civil Commitment

Another aspect of sexual predator law found in current literature is civil commitment, the placement of an individual diagnosed with psychopathologic personality or mental disorder that cause the offender to commit sexual acts of violence in a long-term mental health facility Civil commitment has origin in laws from the 1930s and 1940s (Farkas & Stichman, 2002). The laws were called psychopath laws and allowed for the confinement of sexual abusers for indeterminate periods until the abuser was considered healed or cured (Morris, 2000).

According to Morris (2000) civil commitment laws are inadequate because of the belief that child sexual abusers do not necessarily suffer from mental illness. In two U. S. Supreme Court cases, Kansas v. Hendricks and Kansas v. Crane, civil commitment was upheld. However, vague definitions of terms such as volitional impairment (absolute lack of control) in the Kansas v. Hendricks case affected the proceedings (Mercado et al., 2005). Fortunately, Hendricks, who had a 40-year history of sexual abuse against children, admitted he was a pedophile and the only way to prevent him from reoffending was for him to be put to death. The Court relied on the testimony of Hendricks and his prior criminal history to support the civil commitment of the defendant. In Kansas v. Crane, the question of volitional impairment was answered. In this case, it was recognized that the all or nothing approach of self-control in Hendricks was not feasible. So the Court decided that in order to civilly commit an offender their behavior had to be particularly difficult to control (Mercado et al.). Unfortunately, the court did not clearly define what is "particularly difficult to control" behavior. However, the case did broaden civil commitment placing sex abusers in mental health facilities for indefinite confinement. Nonetheless, civil commitment laws punish the abuser for crimes that might be committed instead of the ones actually committed. According to Farkas and Stichman (2002) these laws have

not been tested for "analysis or evaluation of their intended outcome" (Farkas & Stichman, p.279).

Summary

In this chapter, relevant literature of childhood experiences and risk factors, family of origin characteristics, psychological and personological aspects of child sexual abusers including distorted cognitions, motives, and patterns of abuse, abuser defenses, treatment recidivism, and sexual predator laws including civil commitment was examined. While recent literature is extensive most of the research comes from an empirical paradigm. Qualitative research is limited but was included when found. Child sexual abusers are a heterogeneous group. However, researchers in the area are gaining valuable insights about these offenders that may lead to more effective treatment and intervention methods. Childhood experiences and family of origin issues are important aspects of child sexual abusers' lives that are frequently overlooked. No qualitative studies were found that examined the childhood experiences of incarcerated male child sexual abusers. Therefore, this study was designed to address the gap in the literature dealing with child sexual abusers.

CHAPTER 3

METHODOLOGY

The experience of secrecy is
The Experience of self
in
The presence of others—Max van Manen
and Bas Levering

Introduction

A brief history of qualitative research and the assumptions of the paradigm are presented to clarify the choice methodology for this study. Terms are defined as necessary to understand the study method and topic. The author's experience with child sexual abuse and interest in child sexual abusers is discussed in order to expose and account for assumptions and biases. Participant selection, limitations, and delimitations of the study are described, as well as the methods used to establish rigor and validity.

Qualitative Inquiry

To understand child sexual abusers' childhood from the abusers' perspective, the researcher chose an approach that encourages individuals to reflect on the experiences. This exploratory research study used a qualitative research paradigm, from a phenomenological approach, to examine the childhood experiences of incarcerated male child sexual abusers. Qualitative research is intended to elucidate the understanding of a particular social situation, event, role, group, or interaction (Creswell, 2003). Qualitative methods allow the researcher to study issues in detail and depth from the perspective of the participant (Patton, 2002).

In the qualitative paradigm, the researcher attempts to make sense of a social phenomenon by contrasting, comparing, replicating, cataloguing, and classifying the phenomenon of study (Miles & Huberman, 1994). Qualitative methods typically produce an abundance of

detailed information. However, qualitative studies are limited in generalizability due to the small numbers of chosen participants employed in the method (Patton, 2002).

Qualitative research makes use of the researcher as the instrument or tool in the data collection process. It is an emergent design where outcomes are negotiated with the participants. Objectivity and truthfulness are critical to both qualitative and phenomenological research traditions.

Phenomenological Methods of Research

Phenomenological approaches are used to explore how human beings make sense of experiences and transform them into consciousness, both individually and as shared meaning (Patton, 2002). Phenomenology aims to acquire a deeper understanding of the nature or meaning of individuals' everyday experiences. A phenomenological study is defined as a study that investigates a phenomenon in terms of both lived experience and lived meaning (Creswell, 2003).

Phenomenology emerged at the end of the 19th century to solve a crisis in the sciences based on inability of positivism to answer questions asked of human sciences (Sadala & Adorno, 2001). Immanuel Kant was the first to use the term phenomenology, which comes from the Greek word *phainein* meaning "to appear" (Priest, 2002).

Phenomenology's origins are generally attributed to Edmund Husserl (Moran, 2000) whose central insight was that objectivity is central to consciousness and consciousness is central to experience. Husserl (1859-1938) believed that individuals access the material world through intentional consciousness, and that knowledge comes from individuals' experiences (Paley, 1997; Priest, 2002; Sadala & Adorno, 2001). In other words, when one experiences a phenomenon, he is conscious of the experience and in this way learns to relate to the world. Some of Husserl's key concepts are "bracketing, essence, and returning to the things themselves" (Paley, p. 188). Bracketing is the setting aside of personal beliefs and assumptions that may bias the conscious experience of the phenomenon of interest.

Bracketing is what Husserls' philosophy referred to as phenomenological reduction (Paley, 1997). In Husserl's reduction, all judgments concerning the world must be suspended (bracketed), including beliefs about people, conscious states and mental events. Nurse researchers approach bracketing from the standpoint, "preconceptions about a phenomenon being investigated are bracketed, by being identified and put aside" [sic] (Paley, p. 188). Phenomenological reduction is fundamental for a reliable description of a phenomenon of interest (Sadala & Adorno, 2001).

Once reduction has been achieved, the essential structure of a phenomenon may be uncovered; however, the reductive process continues throughout the research study (Priest, 2002). Working through the description of the phenomenon, themes and categories emerge that ultimately lead the researcher to the essence or meaning of the phenomenon, "The essence is the very nature of what is being questioned," (Sadala & Adorno, 2001, p. 283). Essence, the move from individual intuition to the universal, Husserl termed eidetic intuition (Moran, 2000) because it is the grasp of a form (Sokolowski, 2000). When considering analysis of Husserls' eidetic intuition, Sokolowski claimed that "like all intentionalities, eidetic intuition is an identity of synthesis" (Sokolowski, p. 177). Eidetic intuition illuminates essences for the observer. Modern philosophers who subscribe to Husserl's phenomenology are Giorgi, Colaizzi, and van Kaam. These philosophers, from the Duquesne school, used Husserl's phenomenological premises to conduct modern research studies (Polit, Beck, & Hungler, 2001).

To determine the essence of a phenomenon, the researcher returns to the things themselves, or the lived experience. The "things themselves" according to Jasper (1994) are the phenomena, and the phenomena do not have to be things, but they do exist as part of the external world. However, this description by Jasper of the "things themselves" does not agree with Husserl's philosophy that suggested that the experience of a phenomenon is the experience of perception, which is both internal and external (Davidson, 2002).

Merleau-Ponty, a French philosopher born in 1908, put forth a phenomenological philosophy encompassing holism, embodiment, and culture, which he called existential

phenomenology (Sadala & Adorno, 2001; Thomas & Pollio, 2002). The aim of Merleau-Ponty's phenomenology was to stir the researcher to question their knowledge and look at the meaning that real life experience reveals. Merleau-Ponty's paradigm aimed to describe human experiences on their own terms, from the perceptions of the participants. Merleau-Ponty described perceptions individuals' references and intentionality as the way they deal with objects, events, and phenomena in the world (Thomas & Pollio).

Both Husserl and Merleau-Ponty (1945) spoke of intentionality as the direct awareness of an object or event; an active relationship in which individuals experience things and events, and the meaning attached to those things and events (Drew, 2001). Intentionality is central to phenomenology, an active process of viewing the things of this world from different vantage points of which the viewer may or not be aware. Sokolowski (2000) stated "the term most closely associated with phenomenology is intentionality" (Sokolowski, p. 8). In preparation for this study, a concept analysis of intentionality was undertaken.

van Manen's Method

The phenomenological approach, reflecting both Husserl's and Merleau-Ponty's philosophy was used in this research to explore the childhood experiences of incarcerated male child sexual abusers and was accomplished using van Manen's method of phenomenological research. van Manen's (1990) method of phenomenology is described as descriptive-interpretative phenomenology. van Manen says of his method that "the phenomenological inquiry is not unlike an artistic endeavor, a creative attempt to somehow capture a certain phenomenon of life in a linguistic description that is both holistic and analytical, evocative and precise, unique and universal, powerful and sensitive" (van Manen, 1990 p. 39).

Some texts have outlined and published 11 steps with four concurrent processes in the van Manen method (Lauterbach, 1992; Streubert & Carpenter, 1999). Nevertheless, van Manen (1990) recommends a relaxed approach that allows the life world existentials to be used as guides for reflection. According to van Manen hermeneutic-phenomenological research is achieved through dynamic interaction among six steps:

- studying a phenomenon which genuinely interests researchers and commits them to the world;

- exploring experience as lived rather than as conceptualized;

- reflecting on the essential themes that display the phenomenon;

- engaging in phenomenological writing, including the spoken language, varying the examples, writing and rewriting;

- maintaining a relation to the phenomenon;

- and, balancing the research by considering the parts and the whole of the phenomenon.

The existentials of spatiality, corporeality, temporality, and relationality were used to pose questions to participants, in analysis and reflection, and in the writing process. van Manen (1990) describes spatiality as lived or felt space, corporeality as lived body or always bodily in the world, temporality as lived time or subjective time, and relationality as lived other or the interpersonal space we share with others.

Rationale for the Method

The phenomenological method from a descriptive-interpretative stance as described by van Manen (1990) was chosen as the method for this study because it represents the author's beliefs in using not only what the researcher hears but what the researcher does not hear to interpret and elevate the phenomenon of childhood experiences of incarcerated male child sexual abusers to abstraction. To accomplish the goal of descriptive-interpretive phenomenology, the researcher must dwell with the data and use the concepts of sameness and differentness (parts and whole) to write and rewrite the interpretive discoveries of phenomenological research.

For the purpose of this study, childhood is defined as the prepubescent years of earliest memory to 12 years. In this study, child sexual abuses are defined as males, 18 years or older, who have been convicted of and not deny having sexual relations with a child 13 years or

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younger. Sexual relations include any form of touching, kissing, licking, or fondling of a child's genitals with any part of the abusers body.

Phenomenology Applied

The aim of this study was to explore the childhood experiences of incarcerated male child sexual abusers. I focused on the childhood experiences of incarcerated male child sexual abusers in a southern prison facility. As the victim of a child sexual abuser, I believe that abusers are a product of early family and social experiences during formative stages of development that may not cause, but is related to, future maladaptive behaviors. As a family nurse practitioner who works part time in a rural acute care and family practice clinic, I am aware of the vast numbers of children who are sexually abused and have the potential to become abusers themselves. I am convinced that early intervention is the answer to preventing this frequent devastating societal problem. Because of my experiences, literature review and personal beliefs, I know that the phenomenon of child sexual abuse is not well understood and warrants study that explores the childhood experiences of this population.

Researcher's Experiences

In my own childhood experiences I was the victim of child sexual abuses. As statistics confirm, my abusers were well known to me. Also, as statistics confirm I never revealed my abuses until I became an adult, and I have never reported the abuses to the authorities. In early adulthood, bad choices were the telling events of my life. It was not until a devastating divorce that I began to take steps to heal the wounds that had been inflicted in childhood. Today, I know that I am the person I am because of the abuse, the healing, and this study process.

Today, in my practice as a family nurse practitioner and a pediatric forensic examiner, I frequently deal with families and children who have been harmed by a child sexual abuser. I have learned from these experiences that child sexual abuse is common in most families across the nation. My experiences have led me to the conclusions that the public is very poorly versed in the identity of those responsible for most of the cases of child sexual abuse.

<u>Preconceived Biases and Bracketing</u>

Because of my own childhood experiences, I brought preconceived biases concerning child sexual abusers to this study. In order to remain objective, I bracketed my biases and preconceptions of child sexual abusers in a number of ways. I began the bracketing process by spending1 or 2 days a week in the study facility and meeting with key informants over a period of 16 weeks. My presence in the facility assisted me in becoming familiar with prison culture and how it felt to be in a locked environment. In addition, I became familiar with the safety precautions demanded by the prison environment. Finally, presence at the prison served to desensitize me to incarceration in order to reduce my bias and preconceived notions of prison life. Marshall and Rossman (1989) call this "setting immersion", which means to placing oneself in the everyday life of the setting chosen for the study.

Additionally, I participated in a bracketing interview to understand my presuppositions and prepare for emotional feelings and reactions that could occur during immersion in the culture and during face-to-face interviews with the participants. The bracketing interview was conducted by a fellow nurse researcher who has experience in the area of child abuse and interviewing. It was the first time I had disclosed the identity of my abusers and it caused uncomfortable memories, feelings, and emotions. One particular revelation resulted in a flood of anxiety and tears. Fortunately, the interviewer was skilled in directing me through the process and it was a healing and insightful experience. Also, the interviewer used the time to relate some of her own feelings and thoughts, giving me insight into how to develop trusting and caring relationships with the participants I interviewed. To further bracket my biases, I conducted three practice interviews at the correctional facility in maximum-security under the guidance of the psychological examiner. The interviews served as partial fulfillment of my doctoral practicum as well as assisting in the bracketing process. I also attended mental health interviews in order to observe the interview techniques used by the psychological examiner.

<u>Participant Selection</u>

Participants for the study were located using a purposive convenience sampling design. The goal of the study was to select participants who could give rich information about their childhood experiences. The prison was a convenient place to access this population. The psychological examiner at the prison accessed to inmate information through medical charts and prison rosters. In order to protect all prisoners at the facility, the investigator did not directly access these documents for this study. From prison records the psychological examiner selected 10 potential participants who met all inclusion/exclusion criteria. The sampling remained purposeful as the psychological examiner was aware of the inclusion\exclusion criteria and was able to access this information form these files. The inclusion and exclusion criteria were:

- the abuser had not murdered his victim/victims,
- the abuser was arrested for sexual abuse of a child less than 12 years of age,
- the abuser did not deny the charges against him,
- the inmate had an IQ of greater than 80
- and, the abuser was at least 18 years of age at the time of the crime.
- Race, gender, or culture of the victims was not considered.
- Sexual offenders whose offenses were statutory rape were not considered.
- A child sexual abuser who had killed his victim was not considered.

The logic and power of purposeful sampling is in selecting information-rich participants from whom the researcher one can learn about the phenomenon of study (Streubert & Carpenter, 1999).

The psychological examiner contacted potential participants, informed them a research study was being conducted at the facility, and asked if they would be interested in participating. If the participant expressed interest, the psychological examiner informed the inmate of the nature of the study. The inmates were given a week to consider their decision to participate. The psychological examiner then set appointment times according to the interview schedules with extra time allotted for arrivals and departures from the facility medical building. This manner of

participant selection and the entry process protected both the identity and the privacy of the child sexual abuser as well as other inmates. Also, if an inmate chose not to participate in the study he would not come for the interview. This procedure ensured no inmate was pressured to participate. Ten volunteered initially and 8 of the 10 reported for the interview at their scheduled time. Neither the researcher nor the psychological examiner had knowledge of the identity of the two individuals who chose not to participate.

Setting

This study was conducted at a maximum-security facility located in the southeast. The institution houses some 1500 inmates of whom approximately 52% are sexual offenders, and 27% are child sexual abusers (Tennessee Department of Corrections, retrieved June, 2004). All of the inmates in the facility are male. The interviews were conducted in a private conference room in the medical building. This setting was chosen because many inmates are called to the medical building on a daily basis. This procedure served to protect the participants from fellow inmates gaining knowledge of the nature of the study. The conference room had one door with a glass window and was located just off the entrance to the psychological examiner's office. A large wooden conference table with grey cushioned chairs furnished the room. The interviewer was positioned at the head of the table with nothing between the investigator and the door as a safety precaution. The participants were positioned to the right of the investigator on the side of the table. At the end of the hallway adjacent to the conference a correction officers' station staffed with two corrections officers was located.

Gaining Access

The primary gatekeeper in this study was the warden at the facility. It was through a professional relationship with the warden and the psychological examiner at the institution that I gained access to participants. Other gatekeepers were the nurses, the nurse practitioner, the corrections officers, and the psychiatric examiner for the facility. The investigator was in a participant observer during several visits to the prison prior to data collection allowing her the

opportunity to observe inmates in their own environment. The researcher observed interviews conducted by the psychological examiner and participated in inmate visits with the nurse practitioner in the medical building. According to Glesne and Peshkin (1992), immersion in the field is a gift in that everything the researcher may read, see, and hear can be considered in connection with their phenomenon.

Participants

Eight adult men, ages 27 to 64, who met the inclusion criteria, participated in this study. Two participants, who were contacted, chose not to participate. Seven of the participants were Caucasian and one was Native American. One participant reported he had graduated from college and another participant reported he had completed two and one half years of college. Two participants had received their high school graduate equivalent diplomas. The other participants had not completed high school with two having completed the 11th grade, one completed the 9th grade and one reported having completed the 7th grade. Four participants reported they had lived with a step-parent growing up. One participant reported living with both parents. One participant reported he had no father, only a mother, and the other reported being adopted at the age of 7 years. All but one of the participants reported having been married. Six participants reported either having children or having step-children; two participants reported having no children.

Human Subject Considerations

Protection of participants' rights in this study was closely scrutinized at each step of the study. Participants were apprised of the nature of the study and exactly how data were to be collected. The entry and exit process to the study interview was designed to protect the identity and confidentiality of each participant. They were given 1 week to consider the nature of the study and to decide whether to participate. The focus of the study was the childhood experiences of incarcerated male child sexual abusers. IRB approval both at the University and through the Department of Corrections (DOC) was acquired (Appendix A). After having a week to consider

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participating, the informed consent was presented to the participant on the day of the interview (Appendix A). Each page of the informed consent was reviewed with or read to the participant. The participant initialed each page of the consent form indicating it had been reviewed and explained. Participants' signatures were required on the last page of the informed consent along with the date of the interview and the signature of the primary investigator.

Participants were informed of procedures to protect their identities using data coding. Each participant was assigned a three-digit number according to DOC protocol and guidelines. The rights, needs, and values of the participants were considered at all times. Research objectives were articulated verbally and in writing to clarify them for the participants. A copy of the research objectives and the consent form (Appendix A) were offered to each participant. The researcher described how the data would be synthesized and included this information in the consent form. Medical and psychiatric care were available should any participant need those services due to the interview process.

Data Generation

Participants were informed of all data collection devices and activities. Two digital recording devices were used in each interview to capture all data. Data were collected on 2 separate days. Each semi-structured interview began by establishing rapport with the participant in order to fulfill the phenomenological goal of gaining understanding of their childhood experiences (van Manen, 1990; Sokolowski, 2001).

Gaining trust is an essential part of the interview process (Fontana & Frey, 2000). Interview success depended on trust. The researcher encouraged participants to tell their stories as they wanted them to be heard. She treated the participants with respect and attempted to share their hurts and concerns, even crying with two participants because of the circumstances these men endured as children. She expressed her sorrow that they had lived through such cruel circumstances. Because of her interest and willingness to experience with them the recollections of their childhoods, the participants seemed more willing to share their childhood experiences with her. Face-to-face interviews with the informants were digitally recorded with 2 audio

digital recorders in 45-minute to 60-minute intervals. Some of the interviews lasted longer than sixty minutes. Each interview that exceeded the sixty minutes required permission of the participant for the extended time. More than half of the interviews lasted 90 minutes.

The last 10 to 15 minutes of the interviews were used to recap what had been said and to ask the participants if their stories had been accurately captured verbally reviewing the context of the interview. Participants were allowed to expand their answers and correct the researcher's interpretations that did not represent inmates intended meanings. This method of data confirmation (member checking) from participants was chosen due to the frequent movement of the inmates among correctional facilities and potential loss of participants for validation at a later date.

The interviews were erased when the written transcripts were completed and reviewed. Digital recordings were used as no tapes had to be destroyed at the end of the study. Unstructured open-ended questions allowed participants the opportunity to fully explore their childhood experiences. Guiding questions used the four existential concepts of lived space, lived other (relationship), lived body, and lived time to keep the interviews on target. The researcher was interested in the physical home, the family of origin, significant others, how abusers perceived their bodily presence in the world, and lived time experiences of special days or events.

In addition to the above collection measures, the researcher kept a field log, accounting for the time spent at the facility and any observations or details chronicled by the researchers' thinking, feelings, experiences, and perceptions throughout the immersion, interview and research process. It was anticipated that eight interviews would be sufficient to reach data saturation (Polit et al., 2001). Also, numerous books and articles were examined on the phenomenon of childhood, existentialism, child sexual abusers, and child sexual abuse.

Data Management

A professional transcriptionist transcribed the digital recordings, numbering each line of text. The data were entered into NVivo data management program and coded. The coding

process was accomplished through line-by-line evaluation of the transcripts and through attribute searches of the transcripts. As nodes were developed, the data were searched through NVivo search tools and further edited and coded as necessary. After an exhaustive coding process, themes emerged from the data. Data reduction was achieved by collapsing thematic concepts into emergent categories relevant to the research. The results were organized into essential textural themes, essential structural themes, and essential categorical themes. This was done in order to contribute to the establishment of rigor of the study.

Observations

To add to and enrich data obtained through the interviews, the researcher verbally recorded her impressions and interpretations of the participants' behaviors and attitudes after the interviews. She did not want to take notes during the interview that the participant might construe as disinterest in him as a person. If during the interviews the participant was describing an experience where an anecdote was appropriate the researcher tried to stimulate the participant to tell a story so the researcher would have an anecdote in context on the recording. Sometimes the participants offered their own anecdotes and the researcher made a mental note to remember the context in which these stories were told. The stories were edited of all irrelevant aspects. Nonverbal communication was also important during the interviews. The way the participant moved, held himself, or reacted to existential questions was observed. The researcher constantly noted voice inflections and hand movements. Also, according to van Manen (1990) the researcher employed the "experimental anecdote" (p. 68) of close observation. She made note of her own body language and constantly tried to be in the interview as well as step back and look at the situation and its meaning.

Field Notes

Data collection was enhanced by field notes. The researcher kept a written journal from the first time she entered the prison until after the data were gathered. She used a digital recorder after each interview to record her thoughts, impressions, and observations experienced during the

interviews. These recordings were transcribed along with the interview data, imported into NVivo, and used to assist and enhance her analysis of the findings.

During one or two of the interviews she had recollections of some of the research information she had read and was vigilant to not allow this knowledge to bias her interactions during the interview and ultimately affect the stories the participants shared. Her field notes were both descriptive and reflective of the interviews and the process.

Guided Existential Reflection

As mentioned to gain deeper reflection on the data the researcher asked questions and examined the transcripts in terms of van Manen's (1990) four life world existentials: lived time, lived space, lived body, and lived other (relationships). These existentials helped to describe and interpret how everyday events, places, situations, and relationships are experienced. Lived time is a temporal way of being in the present, past, or future. It is subjective and may best be remembered by the recollection of events. Lived space is how the space in which the individual lived shaped the way he feels. Lived space in childhood is a reflection of how children achieve individuality within their lived space. Lived body is the way individuals are always bodily in the world indicating that the lived body is always part of the lived experience. Relationality is the lived relationships individuals have with others. People share interpersonal space with others not intrapersonal space. These existentials are preverbal and in general are not a part of the reflection process (van, Manen, 1990). However, they were instrumental in examining the childhood experiences of incarcerated male child sexual abusers and how those experiences may have contributed to adult behavior.

Rigor

Trustworthiness ensures that study findings are credible and valid (Lincoln & Guba, 1985; Sandelowski, 1986). Trustworthiness and rigor were established by ensuring quality, applicability, dependability, confirmability, legitimation, and representation.

<u>Quality</u>

Quality of a qualitative study may be assessed by the criteria outlined by Lincoln (2002). Lincoln employs six criteria to assess the quality of a study: (1) positionality; (2) community; (3) voice; (4) reciprocity; (5) sacredness; and (6) critical subjectivity. Positionality was achieved when the researcher was open and honest about her own childhood victimization. In her research report she honestly represented her biases and indicated the motivations that led her to study perpetrators. She showed the steps she took to bracket her biases and the stance she assumed as researcher.

Community demands the researcher be accountable, not only to those who read this dissertation but to all who may be affected by research. The researcher wanted to give her participants a chance to tell their stories and be treated with respect and caring. From this research, her intent was to benefit participants as well as community members, especially children. In order to achieve community, her desire to benefit participants and community members, her text must be credible and clear regarding the strategies used and the manner in which she represents the stories told by participants.

The participants must be given a voice allowing them to tell their life experiences as they want them told. The men in this study were allowed to tell their stories in the amount of detail they desired. A copy of the study will be sent to the prison so the participants have access to their stories. Also, a copy of the research will be sent to the DOC as required by the DOC IRB.

Reciprocity was achieved by developing rapport, establishing trust, and respecting the participants. The participants were assured that their stories would be valuable to the research endeavor and that their confidentiality would be respected. The process of recruitment was explained in order for the participants to be comfortable with being identified by a number and the researcher would be the only person who would know their identities. The investigator explained that the participants would be co-investigators in this study. The goal was for both the researcher and the participants to come to a deeper understanding of incarcerated child sexual abusers childhood experiences.

Sacredness was achieved through the caring, respectful and dignified manner in which the researcher related to the participants. According to Lincoln (2002), sacredness is the concern the researcher has for the research participants. Participants should be treated with dignity, justice, and respect. The researcher demonstrated respect for these men as human beings who made bad choices in their lives. One bias not previously discussed that came to light during the interviewing process was the investigator's belief that people are not born immoral. She believes that although people may act immorally for different reasons, individuals' need someone interested in them because they have worth as human beings.

Critical subjectivity refers to the researcher's awareness of the participants' psychological and emotional states. It also refers to the researcher's awareness of her own psychological and emotional states addressed through bracketing. She was aware that emotional feelings could surface in either the participants or her during the interviews. During one of the interviews, one participant began crying. The researcher paused and expressed her sorrow that he had lived through the events of his childhood. When he was ready to continue, the researcher continued the interview although the investigator offered to stop the interview. Through this show of concern the participant decided to continue. The researcher resumed the interview after the participant had collected himself and he began relating his story again.

Dependability and Confirmability

Dependability is acknowledging the steps taken throughout the research process and accurately editing the transcribed text. Keeping the findings grounded in the data assures confirmability (Lincoln & Guba, 1985). The findings should represent contextual structures apparent in the interviews without researcher bias. Both confirmability and dependability are established via the audit trail (Kahn, 2000).

Applicability

In order for a study to have applicability it must fit into context with what others have experienced. If the study has *fittingness* (Guba & Lincoln, 1981), the thick descriptions of the

text will be recognized. Applicability was strengthened by peer discussion and consensus of the researcher interpretations.

Legitimation

Legitimation refers to truth of the representations. It is the reliability of the study (Lincoln, 2002; Sandelowski, 1986). The researcher ensured legitimation by noting text that was grouped for clarification or words added to make reading easier and more understandable by the use of brackets and asterisks.

Representation

Representation refers to the style in which the investigator represented the research participants' stories in their voices (Palys, 1997). The participants were given the opportunity to relate their experiences and thoughts as they felt appropriate. Inmates represent a vulnerable population and they need protection from backlash. Protection was accomplished by having the participant report to the medical building for the interview as they normally do for health care. The researcher was accountable not only to present the findings in a credible manner but was also accountable to participants. Credibility is established by presenting the findings in a believable, authentic, and accurate manner. All participants indicated they hoped this research study would help others in similar situations. A common statement from the participants was "I wish someone had helped me". Another way establishing credibility was by engaging in phenomenological reduction. In order to accomplish this, the researcher insured her interpretations were representative of the data and not her own interpretations and assumptions (van Manen, 2002a).

Another method of establishing representation is through member checking or what van Manen (1990) calls collaborative hermeneutic conversation. The researcher achieved this by recapping the interview and asking the participants if she had captured what they were saying. She did this in an interpretative manner to allow the participants to correct and add to any

comments they had made during the interview. Often the participants added to or corrected her interpretations. Also, during the phenomenological reduction process, she conferred with colleagues, other researchers, and her dissertation committee to ensure that she had established credibility during the analysis process. In this manner she avoided assumed meanings from the transcripts and allowed the meanings to emerge into themes and later categories.

<u>Data Analysis</u>

Analysis and interpretation of the data were achieved using van Manen's (1990) guidelines. This method was a good fit with the researcher's objectives. Significant statements were extracted from the original transcripts. Meanings of each significant statement were explored. The aggregate's formalized or structural meanings were organized into clusters or themes using NVivo data management software to facilitate the process. The researcher read the transcripts in their entirety several times to become familiar with the data. While reading each section, the researcher examined the text as a whole and as parts of the whole. She wrote stories for each or the participants using text excerpts, anecdotes, and phrases from their interviews.

 Nvivo is a Windows-based computer software tool used to explore and manage text data to assist in the analysis of fine details. Accuracy is achieved with Nvivo through the search tool that facilitates interrogation of the data searching the data in terms of attributes particular to the data (Welsh, 2002). The searching facilities in Nvivo add rigor to the analysis process by assisting the researcher to complete quick, accurate, and comprehensive searches and adds to the validity of the results by ensuring that all instances of a usage are found. All of the source data were coded. Field data were entered and coded in order to identify meaningful data chunks.

To insure internal validity, the following strategies were used. (1) Member checking: participants served as a check at the end of the interview process. (2) Ongoing dialogue with colleagues and fellow researchers: data were reviewed by others to validate the researcher's interpretations and the rich descriptions of the participant's reality and meanings to ensure the "truth" of the data. Peer examination by the committee members and colleagues was used to clarify codes and themes. Nvivo software also added to the validity of the data management.

Findings are presented in descriptive, narrative form. Thick descriptions of the participants' experiences and the meanings they attached to those experiences are expressed. By leaving an audit trail to illustrate as clearly as possible the evidence and thought processes that led to the conclusions, the researcher demonstrated confirmability. An audit trail is a recording of activities that can be replicated by another individual.

Data collection and analysis lasted 6 to 8 months. Analysis of the data began during the interview process. Throughout each stage of exploration, the researcher sought the support and guidance of the dissertation committee members and colleagues. Studying the childhood experiences of child sexual abusers revealed rich data that may contribute to an understanding of childhoods of incarcerated male child sexual abusers. Throughout the data collection and coding process, the investigator kept focused on the original question of the researcher: what are the childhood experiences of incarcerated male child sexual abusers. At times this proved difficult as the participants wanted to talk about why they had ended up in their current position and what they had done to cope with the situation. The researcher drew on her experiences as a nurse practitioner taking patient interviews and on her practice interviews to guide the interviews without diminishing the voices of the participants.

Summary

A holistic perspective for the study of the childhood experiences of child sexual abusers serves as the foundation for this phenomenological study. The phenomenological research method was chosen because the childhoods of child sexual abusers have not been studied from the perspective of the abuser. In this method the participants' experiences were transformed into language.

Eight incarcerated male child sexual abusers were interviewed to identify and explore their recollected lived childhood experiences. The researcher transformed what was seen and heard into an understandable account of the childhood experiences of child sexual abusers. Three practice interviews were completed before data collection began. A bracketing interview was completed so that the researcher could achieve openness to the experiences of the participants

and be the instrument of the research. Colleagues, mentors, and committee members provided member checking. An audit trail contributed to the dependability and confirmability. Field notes and journaling enhanced confirmability of the study. After the analysis process, emergent findings were shared with outside researchers and colleagues to boost the rigor of the study. Knowledge of the childhood experiences of child sexual abusers was generated and avenues of future research were identified.

CHAPTER 4

RESULTS

No one ever keeps a secret
So well as a
          Child—Victor Hugo, *Les Misérables*

<u>Introduction</u>

The phenomenological method, as interpreted by Max van Manen, was employed in this study. The researcher explored the reflections of childhood experiences of incarcerated male child sexual abusers to uncover the meaning of those experiences for these individuals. van Manen's (1990) analytical method was used to analyze individual transcripts for meaningful statements. The four existentials of lived space, lived time, lived body, and lived relations were used to guide the formulation of open-ended questions as well as the interview process. These four existentials served to clarify the meaning of the childhood experiences of the eight child sexual abusers interviewed. The transcripts were imported into NVivo software and categories were created. Themes were established by sitting with, examining, and dwelling in the data for more than 6 months. Essential categorical themes were formulated that describe, bring dimension to, and impart understanding of the lived childhood experiences of the men who participated in this study. No theoretical framework other than phenomenology was used because experiential meaning is rooted in everyday life. Contemplating the lived experience was reflective for these men. However, in order to reflect, one must experience.

The men who participated in this study must be identified by number only according to the TDOC IRB. The researcher gave the numbered participants aliases related to their assigned numbers to protect their anonymity and to improve ease of reading. Aliases chosen are biblical names representing Christ's disciples. These aliases were chosen because these men were followers of their lived experiences. However, they are seen in this study as pioneers in research that may assist others to provide better interventions to prevent child sexual abuse. The courage they displayed by participating in this study cannot be underestimated.

The transcripts were edited as are the quotes used in the dissertation. In order to be respectful and for ease of reading and understanding, some words were edited out. Also, some of the verbatim annunciations have been edited for understanding. Brackets denote where the researcher has added words for clarification of meaning. An asterisk indicates combinations of passages from the same transcript. A brief summary of the chapter will underscore the results.

In order to highlight important themes and in concordance with van Manen's method an archetypal narrative, Adam's story, was created by the researcher. This story was written in part to capture the meanings of the childhood experiences of the eight incarcerated male participants and in part to protect the identities of those participants.

Merging Eight Stories

Adam's Story

My name is Adam and I am 10 years old. Since I was 6 years old my step-father has hurt me. He blames me for everything, even if I wasn't around and something happened he always puts it on me. He says 'you're the oldest, you should know better or you're the oldest, you shoulda done something'. He says mean things to me and my brother and sister all the time. Sometimes he hits us and one time I had to go to the hospital because he squeezed my arm so tight he broke my arm. When I was in the hospital I kept thinking they will find out, and he is going to get in trouble. But, momma said I fell. My momma told me not to tell what happened and that he felt real bad that he broke my arm. She said he promised not to ever hurt me any more. But, she is not at home much 'cause she works a lot. She doesn't even know all the stuff he does to me.

My brother and sister are younger than me and I feel so bad when he gets after them. Sometimes I tell him," you let her alone or I am going to kill you." It just makes him madder and madder, especially if he is drinking that beer or that brown liquor stuff. He really likes to get after my sister. She would always come out of that room crying because he hurt her so bad. But, she didn't like to talk about what he did. She is 8 years old and says when she gets big she is

going to leave here so he won't hurt her anymore. She really hates him. I wish I could do something to make him leave her alone.

One time, my sister Gracie, she was out with my mom and he didn't know it. He was drinking that liquor and he started hollering for her. I knew he wanted to take her in that bedroom and do stuff to her. When he found out she wasn't at home he said 'ok boy git in there'. I was scared. I know he does sex things to Gracie but I didn't think he would do anything to me like that. I mean I am a boy and I ain't no queer. I thought he is going to beat me up. But, that wasn't all he did. How could he do those things to me? He told me 'if you ever tell I will kill your mother, your brother, and sister'. When I get older I am going to get so far away. I am going to go to someplace good. Why did she have to marry him anyway? We were doing ok before he came along. I mean it was better when she was married to my real dad but after he left we did ok by ourselves. I sure wish my dad was here. He would show him. But, he has this whole other family now. I think he has forgot about us.

We move a lot from house to house. It wasn't like that before she married him. When we lived with my dad we had a house close to my grandparents and everybody had their own room. There were all kinds of places to build forts and hide. Now, me and my brother have to sleep in the attic because there are only two bedrooms in this ole house. Gracie gets the bedroom because she is a girl. I think the reason we move so much is because he drinks booze all the time and can't get a job. If he does get a job he don't do it long, says he has a hurt back and can't stand up all day. My mom does all the working. She has two jobs just to pay the bills. I wish she didn't have to work all the time. Maybe if she was home more she could keep him off of us

My younger brother is Jake. Me and Jake stay outside as much as possible. Sometimes we go up on the hill behind the house to wait until my mom comes home from work. I know momma must know something, cause he hits her and calls her names too. I mean she's gotta know something is going on because we all hate him so much. She's always saying 'we can't

make it without him, where would we go'? I know she worries about us all and the fact she can't get us outta here. She tries to keep the peace around here, but sometimes I think she is going to turn out like him because she is drinking that liquor now. It is really scary when him and her both are drinking. Momma really loves us, but here lately she's been mean too.

Last year after he broke my arm, I went and stayed with my grandmamma and granddaddy for a long time. It was nice there. They live on a farm and I could get out in the fields with granddad and we did stuff. My granddad asked me if that 'son- of- a-bitch' did this to me. Momma told him I fell out of a tree. I wish she had told him the truth. I wanted to scream that he had done it and that wasn't all he was doing either. But, Jake and Gracie and momma were back there. If I told my granddad and he told him he knew what was going on, he would just tell them I made it up. Then he would be really mad so I didn't say anything. Anyway, I went back home and decided I was gonna get me a job so I could get us out of there. I had a bicycle, so I got me a paper route. I really liked it because I could get out of that house and someplace better for a while. I would take Jake with me a lot and say he had to throw the papers for me. I worried about Gracie though.

I saved all my money. I put it in a jar out in the shed. One time he was out there and he found my money. He took all the money and said, "It's about time you worthless stupid assholes did something to help out". I knew I had to find someplace else to hide the money. But, he always seemed to find it no matter where I put it. He would hunt and hunt and when he found it he would say "you thought you could hide it, well I found it, now go get me some beer". The guy at the store knew my step-dad, so when I went in to get beer, he would put it in a bag. One time I decided to see what it was like and he caught me. After that he would get in one of his moods and say "ok, get a beer and come on out to the shed. He would force me to drink the beer and do things I didn't wanna do. The things he did to me were awful. He would always say 'You know you like it, don't act like you don't'. I tried so hard not to cry. Boys just don't cry. Every time it happened I would decide that I was going to get out of there somehow someday.

When I go to school sometimes I look at some kids and think, 'I am not like you, I am dirty and no good.' When the guys would talk about sex and how people did it, I didn't say nothing; I didn't want them to know. They might think I'm gay or they may tell somebody and then it would be worse. I wonder if I am gay. Every now and then one of the guys would ask me to hang after school and play football. That would be so cool, but I can't. I have to make sure that whatever is going on at home that Jake and Gracie are ok. One of the things I have noticed is that when he's after me, he lets Gracie alone some. I am worried about her. She don't talk much anymore.

When I get some older I am going to get me a car and I am going to take Jake and Gracie outta here. I wish we didn't live so far away from everybody. If we didn't live so far away maybe somebody would find out. There's nobody that can do anything anyway. Who's gonna believe us?

It's just the way it is.

Meeting Eight Brave Participants

Introductions to the eight participants in this study are brief. Brevity and general statements describe the participants to protect their identities. These men are considered a vulnerable population and must be protected from retribution for their participation in this study.

Pone

Pone is a well-educated, articulate, middle aged, friendly man. He is divorced and has no children of his own. Pone was excited about participating in this research study. At the beginning of the interview he said, "If I can do anything, if this helps one kid to come forward, to talk to somebody. I thought about myself and what I went through and hope maybe [my participation in this study] will help someone". Pone grew up with his natural parents.

Ptwo

Ptwo is an elderly Caucasian man who is well-educated and articulate. He grew up with a blended family. At age seven Ptwo was introduced to alcohol by his abuser. When asked if he had anyone in the home he could relate to his response was, 'No, someone to relate to was non-existent'. He is divorced and has two children.

Pthree

Pthree is a younger Caucasian man who did not finish high school. He grew up in a rural area. He is divorced and has three children. Pthree grew up in a home with a step-parent. From an early age he was exposed to violence and alcohol. He has three children of his own.

Pfour

Pfour is a middle-aged Caucasian man. He is married but in the process of a divorce. Pfour has two children of his own. And, while he denies his own sexual abuse he was mentally and physically abused from an early age. Pfour remembers violent arguments and fighting among family members. He was exposed to both drugs and alcohol at an early age. He did not finish high school.

Pfive

Pfive is a late middle-aged man who completed the seventh grade. From the time he was young, he was exposed to alcohol. He quit school due to frustration and lack of familial support. Pfive remembers his parents fighting and physical abuse. Also, he remembers smoking and drinking at an early age. He is divorced and has three children.

Psix

Psix is a pleasant, young middle-aged Caucasian man who grew up in a one-parent home. Psix has his Graduate Equivalent Degree (GED) and some college. He has never been married

and has no children.

Pseven

        Pseven is a middle-aged male from a rural area. He was raised in a two-parent family. Pseven was physically and mentally abused from his earliest memories. He began drinking at an early age. By age 12 he was staying out all night. Pseven is married and has three or four children by different women. He was unsure of the actual number of children he had.

Peight

        Peight is a middle-aged Caucasian male from a rural area who completed the 11th grade. He lived in a middle class family with two parents. He recalls spending most of the time with his father. He remembers drinking at an early age. He is divorced and has no children.

        While these descriptions are brief and general, they portray life situations from which these individuals grew and developed. The participants represent a variety of socioeconomic backgrounds. Although a number of similarities in the participants' histories also emerged. All came from dysfunctional families and all suffered from abuses. Most of the participants are from divorced or single-parent households. All were exposed to alcohol at an early age and most began drinking regularly before 13 years of age.

        All participants were convicted of at least one offense against a child. As adults, all of these men have suffered from alcohol and/or substance abuse. Of the men who have been married, all reported failing or failed marriages. Most either have children of their own or they have had step-children. These men were not asked about the crimes they perpetrated. However, in some instances participants' volunteered information about the crimes for which they were convicted. Of those who volunteered information related to their crimes, all claimed to have been drinking when the crime was committed.

        Treatment for this population is controversial. Only one of the men interviewed reported receiving formal treatment since he has been incarcerated. In order to receive treatment he had to be transferred to another TDOC facility. One participant reported seeing the psychological provider at the prison where he talks about his problems. However, he is not receiving formal

treatment. Most of these men have lengthy sentences. Two participants will probably not live long enough to be released from prison. One participant received over 50 years for his crimes. None of the participants will have served less than ten years by sentence completion. According to Friedland (1999), rehabilitation may be in the mind of those who incarcerate, but the primary goal is to provide deter and punish. Unfortunately, upon release, those who have not received treatment are no longer deterred and problems stemming from their previous lives remain unresolved.

For these participants, phenomenological analysis indicated their childhood experiences were arranged primarily on two core existential themes of lived space and lived relations, which are expressed categorically as *failure to root* and *what you see is what you learn.* Essential structural themes of *failure to root* are expressed as *no place like home* and *actions, mood,s and perceptions*. The essential structural themes of *what you see is what you learn* are *looking through the window* and *being in the world.* The existentials of corporeality and temporality were expressed in structural themes of *moments of your life* and *stupid is as stupid does*. However, these structural themes were secondary to *failure to root* and *what you see is what you learn*.

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Experiences of *'Failure to Root'*

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No Place Like Home

'***My father was a lifer. So we moved around every three years, so there was never really any home.* Every three years we would pack up and move [new house], new friends, new school'.***

One of the four existential concepts van Manen used to reach ones' lived experience is lived space. Questions used to understand the childhood experiences of lived space of the participants related to their childhood homes. Lived space or the lack of space was a prevailing theme in the eight participants' reflections. This was called *no place like home* because most of the participants did not have the usual house or home. Participants were asked to describe their

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physical childhood home, the kind of house, the size, personal room space, and if they had a secret place. Interestingly, only one of the participants could describe a childhood home and that description was a vague narrative that it was "a three bedroom brick".

The beginning statement is an example of the riposte from a participant called John. At one point in the interview, John recalled he was given his own room because he was the oldest. However, when asked if he used his room as a retreat he began describing expectations of his father and his relationships to his siblings.

> No [I didn't use the room as a retreat] because* I had a lot of responsibility being the oldest. My dad expected me to take care of my siblings while my mom worked. My responsibility was to make sure the kids got to school on time. I had to stay around the house until about 4:00 when my mom got home and then I would bug out. *We always lived in isolated places.

John was unable to recall any of the homes where he lived until he was asked about his sexual abusers. This recollection occurred when John was discussing a guided interview question dealing with lived time not lived space. Discussing the lived space of the perpetrator of John's sexual abuse at age 10 he recalled the location of his own house in relation to the perpetrator's residence.

> We had two main houses, two bit two story houses built back in the 1800s. There were two different water systems in the back in case we ran out of water. The driveway down to our house had a trailer path. And the family lived in the 3rd trailer on the trailer path.

One participant, called by the alias Matthew, began his description of his childhood home by describing family interactions. While he used the word 'home' to describe the place where the family was located, he did not describe that place. In fact, Matthew did not speak in a manner reflective of a bond to his childhood residence. His description reflects home as a place to be avoided.

> Well, I would say that my family created the word dysfunctional. I don't want to get anybody into any trouble. My step-father was very abusive physically, mentally, and sexually. None of the siblings worried about each other. None of us worried about the other. We were all left on our own. You fended for yourself. I basically grew up on the streets. I stayed out of the house as much as possible.

Matthew grew up in a home where he constantly felt threatened and he was abused. Instead of home being a retreat from the rest of the world, it was a place of fear, hurt, and abuse. Matthew did not have his own room nor did he have a place to go in his home that was safe. He used the streets as his refuge, a place where he was never alone and he had to be constantly on alert for the dangers lurking on every street corner. Matthew had no time to consider the childhood questions of life. Life's mystery is discovering the secret of one's own self and Matthew was never given the opportunity to discover the mystery of his own life. Life in Matthew's home lived space was full of constant turmoil and fear. His mother was abused in the home space and retaliated by being abusive toward her children, removing any hope for Matthew that his home space would provide the needed experiences of privacy and secrecy. Privacy and secrecy in ones' lived space or home is necessary in a child's life because they contribute to the formation of personal identity (van Manen & Levering, 1996).

> She was always getting beat up.*She was probably as aggressive as anybody else, constantly telling us that none of us were any good. I am not sure she really meant it. It was her way of getting her own anger out. I think she had a lot of anger to deal with. She just had to deal with it [and the way she chose was to abuse us].

When Luke, another participant, was asked about his childhood home he too answered by describing his family situation. Luke's parents separated when he was in pre-adolescence and his mother abandoned him. Luke was left with grandparents and was shuffled between the maternal and paternal grandparents. His father was living alone and would make an occasional appearance when Luke was with the paternal grandparents. He spent most of his time with the paternal grandparents.

> We didn't have a specific house. No, cause momma and daddy separated when I was [young] and my grandparents took over then. [I] didn't really see' em [my parents] that much.*But now, momma kept my younger brother and sister. She kept them two. * Granddaddy got in touch with her some way or another and said I can't take care of these young ones no more. He said you are going to have take them and tend to them. So she came and got us and we went to live with my other granddad for a long time.

Luke was shifted from one home to another. He never had the experience of his own lived space.

When Luke was moved to his maternal grandparents' house, he had to sleep in a bed with his younger brother.

> So, I moved back with my brothers and sisters at my other granddads. My baby sister, I thought she was [someone else's child] when she was little. I cherished her. My little brother, we used to have a room. We used to sleep together. He had some kind of nightmare or something and he kicked the window out and I jumped on the floor. That scared me worse than anything that ever happened. But I didn't stay with them that long. I went back to my other Granddaddy's. That is the way they pushed me back and forth.

Luke was prompted numerous times to talk about his physical home or lived space. Each time his responses revolved around what was going on within the family structure or what was happening to him at that time.

> Well, if [they thought] you were trying to get something over on them, they would take you in your room and I mean they would spank you good. I mean, if they caught you not doing that [respecting others] they would stripe you, I mean they would strip you. That was just one of their things to teach kids. See, they believed in the Bible, you spare the rod, you spoil the child.

Luke, as with Matthew, was not given the experience of secrecy and privacy which are part of the process of personal growth and identity formation. His life was filled with uncertainty and the constant awareness of what was happening within the family structure. While he mentions being taken to his room to be disciplined, he did not speak of his room as a place of privacy or retreat. Not given an opportunity to develop self consciousness, Luke's identity was formed by what those around him did or said.

Judas reported a similar background to Matthew and Luke. Judas moved frequently from coast to coast after his parents separated. When asked to describe his childhood home, Judas tried to remember the houses in which he had lived. Street numbers and names of cities have been left out of the passage to protect the participant.

> Well, we moved around a lot. I don't even know what the roads were like. As far back as I can remember we lived in two houses. One was next to a Catholic church and the other one was located on _____ and _____ something in *city, state*. And that was where my sister got raped when she was about 6. Then we moved [to the other coast]. Let's see, about three years later, let's see was it three years? Yeah, I was almost ten. We were from all over the place.

Judas had a hard time recalling his lived space before his sister was victimized. And, at times, Judas's timelines did not agree with the descriptions he gave. Nevertheless, when asked about his home, Judas repeatedly gave vague descriptions of his lived space, ye, he described events and family interactions in depth. In the next reflection, Judas was asked if he had a special place in the childhood home where he could retreat to be himself.

> Yea, what it was, yea, from what I can remember, I was only 7. We lived on this other street and in a bunch of apartments. She [my sister, who is 4 years younger than me] went to spend the night with a little girl, like a slumber party or something. I guess the mom and everybody else was upstairs playing cards or what ever they was doing back in the 70s and he [the neighbor] went to check on them and then they went to check on him and they found her with her head split open cause he slashed her head on a rock. Trying to kill her I guess. Raped her and then my dad was after him with a pistol. [Then] the cops got after dad. Dad was going to kill him.

Judas felt like his lived space was what went on in his family not the physical space in which he lived. When asked if he had safe places in his different homes, Judas again began describing family events.

> Well, everything was all right until my mom married my step dad. And uh, you really had to protect yourself. He would get physical. As I got older, then he [would] more or less cuss you and stuff like that. I think when we moved to _____, he tried to stab my mom or stab my sister. Something like that went on. I forgot. [Anyway], he got on cocaine. * I love my mom. She would protect us. She writes every once and a while.

Judas felt like his childhood homes were good homes. He did not mention his room nor did he mention personal lived space.

Mark, another participant, described his childhood home as being upper middle class. When asked specifically what his childhood home looked like, he talked about moving numerous times in his early childhood.

> Uh, well we moved around a lot when I was growing up from about 2years old till eight years old and then from there a different set of circumstances. Our home was always upper middle class, always had anything I wanted. Mom always took care of me and loved me. She always had to work so I was usually home alone with my brother or just alone period. As far as establishing friends, comfort zone as friends go in neighborhoods,

it was hard to do because we always moved around a lot.

When asked if he had his own room or a place where he could go to think, Mark gave this description.

> Uh, yea, my home was always good; no I never had a place I really went to. Once I became sexually minded, wondering and being curious about things like that…A silent quiet place, a place where I had sexual fantasies or went off to my room and got in my closet and read pornographic stuff like that. That's what I called weird, a weird thing like that. No, I never had any kind of weird fetish or anything like that. I didn't have a strange place I had to go or anything. I have always had my own room. I always felt comfortable anywhere in the house. I always did. My mom and I were really open and there was never really any big deal as far as privacy.

Mark stated his home space was good and the openness he shared with his mother was positive.

Peter was asked about his home and if he had a secret place or a place he went to think. He began by explaining he was from a large family. 'Usually [my place] was a bathroom. [I] had a lot of brothers and sisters'. When asked how his house made him feel Peter told a story of how he felt about the way he lived.

> I didn't like it [my home] very much, especially on Friday and Saturday nights. There was just a lot of drinking going on, between my mom and dad. That is basically what went on. As I got older it got better. See, they quit drinking. I was one of the lucky ones. My brothers and sisters were not so lucky, a lot of beating going on. *[there was a lot of name calling [and] moonshine, just a part of living.

Peter believed he was lucky because his parents physically abused the older siblings and, because there were so many of them, by the time they got to him they were either too tired or too drunk so he missed some physical abuse. It appears Peter's lived space revolved around his parent's drinking and physical abuse. Peter's parents drank a lot and they would often call the children names and shout harsh, biting words. He was frequently told he was worthless by the people closest to him. Peter began drinking before the age of 10. Frequently Peter spoke of his sisters physically abusing him when they babysat for him.

As the researcher was recapping what Peter had disclosed during the interview, the statement was made 'you don't remember a lot about your house, what it looked like'. Peter

replied 'when I was young it was a shack'. Peter did not have his own room but shared a room with his brothers. There was little space for privacy or secrecy.

James was the only participant who recalled his childhood house. However, James had no recollections of a life before he was 7 years old. He lived in foster homes until 7 years old when he was adopted. He could neither describe the foster home, nor his lived space before 7 years. After his adoption James remembers his house and how lucky he felt that someone believed in him enough to give him a home. James was asked what his home looked like and if he had his own room.

> It was pretty nice. It was a three bedroom house. I had my own bedroom, my own TV, my own everything. I stayed in my room most of the time, mostly reading and stuff like that. *We lived by the woods and [I would go out back] in the woods for a secret place, there by the creek. I would go up there and drink a few beers. Sit there and pet my dog and I would think about what I was going to do. I could come and go pretty much the way I wanted to. I had the run of the place. [I felt safe.]

James could not remember anything about the houses he lived in during the first 7 years of his life. James was very reluctant to talk about that period of his life. When prompted concerning his early years he would simply say, 'I don't remember anything'. Nevertheless, James felt he was lucky to have had his adoptive home. James spent little time around his adopted mother but states, 'my dad taught me everything'.

The last participant was reluctant to talk about his childhood home. Thomas did disclose that he grew up in a troubled home. When asked if he could describe his childhood home he began just as other participants describing his home perceptions.

> I had a big old home. I had a big old home and I had, uh three dogs myself. My momma hated them dogs 'cause every time she'd come in my room to holler at me to tell me to get up for school, oh God, them dogs tried their best to eat her up and I had to get on to them. See I lived, me and my mom lived up at the top of the hill, and then my grandmother and grandfather lived [at the bottom of the hill about 100 yards away]. *I had a big old, uh I had dogs in the house and [two big ole] dogs outside. They made sure that nobody was going to bother me. * Anyway, I mainly stayed up at my grandmother's is what I did.

In general Thomas had a hard time reflecting on his childhood years. Often, he reflected on specific conversations with his mother or grandparents in his teenage years. One fact Thomas revealed through his conversational reflection was his exposure to alcohol from an early age. Not only his mother but the grandparents to whom he looked to provide a safe haven were constantly drinking and fighting in front of Thomas.

When considering lived space, van Manen's phenomenological method defines space as the space of bodily presence. In bodily presence as in intuition of oneself the "here" is implicit. The difference between intuitive space and the expanse of space is the difference between inner and outer space. It may be likened to a ring system in which the inner circle is centered space with environments representing layers around the center. The next three essential themes are representations of the layers around the center or the self. The three are discussed together due to the difficulty experienced in separating textural descriptions of the participants.

Actions, Moods, and Perceptions

"I had been pushed around for 7 years. Didn't have nobody that cared"

From the study of phenomenology, it is apparent that words uttered are definitively derived from images in one's mind, indicating the genesis of the reflections. Actions, moods and perceptions are considered mediums of representations of lived space. Space of action in relation to bodily space is part of experience (Böhme, n.d.). The way people move or act in their lived space is related to their experiences and the results of those experiences. Bodily space or space of actions is the scope from within which the environment is experienced. Moreover, one's space of action is centered and is expressed by physical direction depending on the situation (Böhme).

Rich descriptions of the participants' reflections on their childhood space reveal actions, moods and perceptions of lived space representing experiences of fear, abuse, anger, aggression, abandonment, failure to live up to expectations, responsibility, uncertainty, violence, and punishment. These representations are the essential textural descriptions of actions, moods, and perceptions. Alcohol was unique in that it represented all three essential themes of actions, moods and perceptions. Alcohol was a part of the participants' actions, moods of the

environment, and the perceptions the participants formed. Participants described a space of mood where they were threatened with violence and abandonment, leading to a self consciousness of being unloved and unwanted. Moreover, essential textural themes of lived space of action and mood were represented as the desire of participants to leave their lived place.

Matthew described the space of action of his lived place as a place of punishment from which he removed himself much as possible.

> [If my parents went out or one of the siblings was asked to baby sit you], you might as well walk over to the closet and shut the door, cause that is where you were going to end up. They would lock you in the closet so they could go out.

> *We were all left on our own. I basically grew up on the streets of _____ [The places I had were] parks and alleys. I would rather sit in the street as to go home. I just wouldn't go home. It is that simple. * I couldn't wait to get out for good.

Also, another threatening mood of space in Matthew's lived place was anger and aggression. He talked about his stepfather's abuses and his mother's aggression. Matthew not only felt abused at the hands of his stepfather, he suffered abuse and rejection and was not protected even by his mother.

> Oh, I know my mother [knew about the sexual and physical abuse]. It was with all of us not just me. All the signs were there. I don't see how she can not of seen it. There was no way she could not seen the signs.

The space of moods deals with the physical breadth to which something involves the self directly. The space of moods represents the intentionality one has with the emotive or permeating tone of an environment (Böhme, Retrieved 11/2/05). For example, the more one participates with the mood or emotive tone of an environment, the more the space of mood influences ones actions and perceptions. The metaphor of "you could cut the tension in the room with a knife" is a metaphor for the space of mood. The participants in this study were constantly affected by the space of moods in their environment.

John described the mood of his lived place as one of fear and uncertainty.

He would jerk me up in a minute. That [fear and uncertainty] was always in the back of

my mind at a young age. There were two sides to my dad. There was the rough side, gung-ho, get it done, no excuses, then there was the other side of him too *[which was a sometimes coach and dad].

John described a space of mood in which responsibility for family and family tragedy was placed on his shoulders. It was a space of mood in which John felt like he was not the person he should be.

> I had a lot of responsibility being the oldest. My dad expected me to be responsible for my brothers and sisters. I had to make sure the kids got to school on time. *I felt like I lived in two different worlds.

The space of perceptions is the way individuals relate or perceive the "outer layers" of lived space. It is the way they are outside themselves (Böhme, Retrieved 11/2/05). John felt like his father blamed him for things that had gone wrong in their lives. John had an older brother who died when they were young. John shouldered his fathers hurt and resentment for the loss of his brother.

> Whenever _____ [was killed], my dad always blamed me, even though he was older than me. He was my older brother, [but dad] he always blamed me, and I was the only one there. He took that hurt and that resentment out on me. When I was molested at 10, uh, I remember confiding in my mom. It had been going on for a month or two and she told him. His response to her was that I knew better. I knew what I was doing. I was jeopardizing his [job] if it had gotten out. Not that I had done right or wrong but if it had gotten out, it could have been bad against his [job]. [He said] and the whole family pays. That was his problem. So, he put that blame on me. * I will never forget him standing over me, hollering at me, 'Have you lost your mind? What were you thinking'?

John's perceptions were that his father thought he could somehow have prevented the death of his brother and that the sexual abuse was something John caused out of a self centered lack of consideration for his family and his father's career. John's father's blame made it appear to John as if John was doing these things to him, not that they were being done to John.

Luke, abandoned by his mother after his parents' divorce, spent a great deal of his life with his grandparents. Occasionally, his father would "pop in" as Luke said. Luke felt abandoned and not a "good enough". The fact that his mother kept two of his siblings added to Luke's

perceptions that he was not what he should be. Reflections of his lived place included abuse by his during one of his fathers' "pop in" visits. Moreover, Luke talked about the mood of space in his grandfathers' house as being harshly violent.

> [I was with] my granddad a lot of the time. He was a sweet ole man but he was strict. *Momma and daddy separated when I was 9 and [momma left] then I was with my grandparents. But now, momma kept my younger brother and my younger sister. She kept them two. *I wanted to see them when I was little. It bothered me about being [left with my grandparents]. * Boy, I tell you what now, my grandaddy or my momma either one would beat your brains out, they would beat you.
> * My daddy wanted to beat me one time. He wanted to smack me in the head. He hit me in the head with a flashlight right there. [Luke pointed to his temple area where there is a scar and an indention]. *Well, after he done that I was scared of him. * It made me nervous, it bothered me a lot. He beat me when he was drunk and after that [I was always scared].

Peter's reflections suggested a lived space of moods, actions and perceptions similar to Luke's experiences. Peter's parents were both alcoholics. Peter lived within a space of moods and perceptions reflecting fear, anger and abuse.

> She [mom] would knock your brains out with whatever she had in her hand. * Oh yea, she was angry at the world for some reason. Her mother died in childbirth and it stuck with her. Her father stuck her in a boarding school in _____. I guess she did have a right to be angry but she still should not have taken it out on her children. She was really mad, just mad at the world.

Another description of Peter's space of perception was of an event when he accidentally broke a window while playing ball. When Peter described incidences of violence in his lived space of perception, alcohol was always a factor. Frequently, in participant's descriptions of lived mood and perceptions alcohol made the experience even scarier.

> At the time she had, let's see, what did she have in her hand? She had one of these big ole wooden limbs and she beat the shit out of me. [It was hard growing up like that]. She was mean, totally mean. The madder she got, the meaner she got. [When she got mad I would leave and go] up behind the house on the hill. I would sit and watch the house waiting on daddy to come home. *Yea, mom had a friend that lived there in the neighborhood. She would come down. She [his mother] started drinking and would drink, like 9 am to 5 pm [every day].

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Looking Through the Window

'I am a good person. But I can also be a bad person. I believe it was [because of the way I was raised]. ***What you see is what you learn.*** **But a lot of people don't see it that way. If they are seeing it everyday that is what they are going to do. It is what you learn'.**

What you see is what you learn is the essential categorical theme of the essential structural themes of *looking through the window* and b*eing in the world*. The essential textural themes of *looking through the window* are abuse, rejection, isolation, aggression, and alcohol. The essential textural themes of *being in the world* are responsibility, aggression, perpetrator, and surrogate. Aggression occurs in both looking through the window and being in the world because in looking through the window aggression is aggression towards the participant, and in being in the world aggression is aggression by the participant toward others. Abstraction of the category *what you see is what you learn*, provides an understanding of the essence of the participants' ways of viewing the world and being in the world.

Most of the participants lived in environments where they had to be vigilant as to what was going on around them in order to know how to move and act within their lived space. The introductory statement made by Peter during his interview reflected on relationships he had as a child with parents and grandparents. Peter, who was physically, sexually and mentally, abused as a child, learned to distrust the "other". His childhood relationships represent a universal discourse with these participants regarding the "Other".

> No, I didn't trust anyone. I didn't trust them [mom and dad and my uncles]. *Even after she quit drinking, the anger part didn't change. No, I didn't trust people. Never have. I can get these vibes from people that I know are bad people. I can tell they are bad people.
>
> I have just always had that gift. [I used to go out in the woods alone and wait on dad to come home] I liked being alone. Yea, I did. I would sit there and think about things, how it might be if she quit drinking.

While Peter frequently waited on his father to get home to protect him from his mother, Peter felt resentment toward his father for not protecting him. As and adult, Peter continues to feel resentment toward his father for allowing him to be beaten.

> When I was little and my mom would be drunk and beating me I remember hating my father. I hated him for him letting my mom beat the shit out of me. It was like, why didn't he rescue me? Why didn't he protect me? Researcher: So basically when you are little you don't have anyone to protect you. Participant: No, there was no one to keep her off me.

Peter and other of the participants coped with their childhood relationships by isolating as much as possible and imitating their parents' use of alcohol.

> Yea, now mom was bad. She would hit you with a iron skillet or tobacco stick. She'd even hit you with a beer bottle. But, I believe I was [sexually abused], I believe it was by a woman. But, I can't remember who it was. I was about 11 or 12 but I can't remember who it was. I would be drunk [when it happened]

From these rich descriptions Peter's life is portrayed as one in which alcohol was viewed as a means of relating to others. In other words, alcohol was relationship to others. Peter began drinking at an early age and at 12 or 13 his father allowed him to drink 'as long as I stayed home'. Peter's childhood relationships were relationships of physical abuse, sexual abuse, and drinking. Also, it is noteworthy that Peter could not remember who the woman was who sexually abused him but he could remember being drunk.

The description below represents aspects of relationships in Peter's life that carried over into adulthood.

> I always tried to hide the way my parents acted. You know what I mean? *As I got older, after I was married, me and my wife separated because she drinks more than I ever did. She would turn into mom after about 12 beers. So, I would leave, I would just say bye.

It is through lived relationships that one develops a sense of purpose. Lived relationality is how one discovers one's meaning in life (van Manen, 1990). The parental relationship is a

special relation to the other for the child. From this relationship, "the child experiences the adult's confidence and trust without which it is difficult to make something of oneself" (van Manen, 1990, p. 106). A parent who does not act like a parent or who is not physically present in the child's life threatens the developmental task to develop an appropriate sense of purpose and way of being in the world.

John's situation was paradoxically different, yet similar. Alcohol was part of his sexual abuse and blame and shame were the reactions from his parents. These reactions served to isolate John from his siblings and from his father. John's mother tried to lessen the blow by explaining that John's father was thinking of the family as a whole. Nevertheless, John was left with feelings of rejection and isolation and later this was exhibited as aggression in his peer relationships. John was sexually abused at 10 years old by family acquaintances. Alcohol was used to coerce John into cooperating.

> My abuser? It was abusers. They were husband and wife, my father's _____. I mean I will never forget their names or what they look like. *You wouldn't believe the things these two took me though and what they did to me. *It went on for about 2 months. [My mother] she was hot when I told her when I cam back from baby sitting. *But what this was about [with my dad] was that I went along with it. They used my natural curiosity and alcohol to get me to cooperate with their sexual abuse. [Mom] thought I had snuck the alcohol. It didn't take her but a few minutes to figure it out. You know how moms are. She asked me why I was crying and I told her. It was not nice in the house, everyone walking around on eggshells for about a week after that. My brothers and sisters never knew.

James described his relationships in a manner reflecting isolation and rejection. James was adopted and denies remembering anything from his foster homes. During the interview, James appeared anxious when asked about his relationships during his first 7 years of life. His answers throughout the interview were 'I don't remember anything, no names, nothing'.

> Me and my mom didn't talk that much. But, me and my dad talked all the time. I was with him all the time. But most things I kept to myself. In order to become a friend, you had to earn yourself. I just didn't trust nobody. I stayed in foster homes until I was 7 and when I was 7 mom and dad adopted me. I don't' remember any of them [foster parents]. *I know who [my natural parents] were but I never seen a picture of them. [I didn't try to find out about my natural parents] no, I figured hell, if they weren't good enough to keep

me, they are not good enough for me to find out about them.

Judas' relationships were ones of isolation and aggression. The adults in his life frequently cursed at him and physically abused him. Judas was left feeling he had no place to turn. He often wished his natural father was back in the picture. Unfortunately, his natural father had remarried a woman with children of her own, which contributed to Judas' feelings of rejection.

> [I didn't see him hit my mother] but he would, well, I don't know how you would put it. He would cuss and do this and that and try to whip you. He wasn't much older than me. I think mom was in her 30s and he was in his 20s. You know how women are; they go after the younger guys. *I pretty much kept to myself, pretty much a loner.

Matthew's reflections indicated that none of his parental or adult relationships taught him to be anything but abusive and isolated and to use alcohol as a means of relating to others.

> [We never] talked about the abuse at home. *No, someone to relate to was non-existent. Nobody talked to nobody. No, I couldn't talk to no one. [There was no one in the family to go to for comfort for me] except friends and the bottle. [I was] seven when I started drinking. Getting it was never a problem. My step father [gave it to me].

Mark described his family relationships as non-existent. Mark described himself as having no family but with further exploration it was discovered he had and older brother who left home when he was about 10 years old. The brother was 7 or 8 years older than Mark.

> No, no family, my brother left when I was 10 years old. Nobody was every really there. My older brother was never around. He was 18 grew up and moved out. I never felt really comfortable going to him. Our family was, well, I am not sure what a definition of a dysfunctional family is but they, well, weren't around. They just weren't there. There wasn't anybody you could turn to or talk to or ask advice. I could never go to them and say I have done this and what do you think about that? It was always I heard something on TV.

Mark was isolated from his family. Subsequently, he was sexually abused and he began using alcohol and marijuana at an early age.

The above descriptions are rich exemplars of the ways these participants learned to relate

to others in their lived places. They represent a life of uncertainty where abuse, rejection, isolation, aggression, responsibility, and alcohol became their way of life. As Peter so fittingly put it 'What you see is what you learn'. What children learn they carry with them and it becomes their world view. The next theme of *what you see is what you learn* is *being in the world*. This structural theme embodies how the participants' transferred what they learned from observation of those in their lived space to being in the world or being in relationships with peers.

<u>Being in the World</u>

'Yea, I was aggressive. That was a way of life then. Well, either you get picked on or you do the picking. Those are the two choices you got. You either let people pick on you or you pick on people. You just jumped in there and started it first and you still might be on the losing end of it. At least you stepped in. You didn't wait for them to come after you'.

Being in the world represents an essential structural theme of '*What you see is what you learn*'. From Matthew's above description of how he related to peers, it is evident he learned to be aggressive in his relationships. While *being in the world* is closely related to lived body it is an essential theme of lived relations. The four life existentials and their overlapping nature are discussed later in this chapter. While being in the world is not an existential life world it is a structural theme that blends into both existentials of lived body and lived relations.

John felt rejected, isolated, and abused through his relationships with his sexual perpetrators. His parental relationships were also marked by rejection and blame. John's father blamed John for John's sexual abuse and subsequently placed more adult responsibilities on him. John learned to function in his childhood as a surrogate parent and mate.

> She [my mother] tried to explain to me that he [my father] was the bread winner of the whole family. I could see his point but I had to carry that around. Sure I understood it. But you got to remember at that period in my life I had a lot of responsibility. I was doing things at that age that my siblings depended on me everyday. I was part parent. *Being the oldest I wasn't allowed the freedom that my brothers and sisters had. I was part parent and part big brother. I resented it sometimes. I had a lot of responsibility on me and there were some things that I wanted to go do.

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From then on, John felt that he could use the surrogate responsibilities placed on him to show he was still loveable and had value as a person. John's purpose in the world was to care for his parents by taking on the responsibility of meeting their needs.

> My father being [in the job he had] would go out for three or four days, a week sometimes, one time he [was gone] a year. And I would step up and be the one in charge. I was the dad when dad was gone. My mother would not have been able to do what she had to do had I not stepped up. I made the kids go to bed at 7:30 or 8:00 and I would get to stay up. I was her company, because there weren't many married couples. The [places we lived were small and I would end up being her company when my dad was gone. We would spend hours talking and reading.

John was never allowed to be a child. John's father expected him to relieve him of his responsibility as a parent. Moreover, while John loved his mother and felt she returned his love, John's mother placed him in the role of surrogate mate increasing John's relational feelings of responsibilities and isolation. John felt he had to act like the father isolating him from his siblings and his peers. Also, John was not only responsible for his siblings; he took on the responsibility of his own sexual abuse. John tried to make up to his father for the sexual abuse he suffered at the hands of a male and female pair of predators.

> Yea, even after that happened [the sexual abuse] I felt responsible, I would work even harder, to get things back right to the way they were. * Dad treated me like one of his men. I had responsibilities I had to do. If I did it good then fine, but if I did it wrong then I was chastised. We didn't even speak for a long time even if we passed each other in the hallway. He was a tough cookie.

John's feelings of responsibility and isolation affected his relationships. Every time the family moved and John attended a new school, he used what he had learned in his home relationships to cope.

> Every [new place] had a new bully to deal with and if they got through me they bothered my brothers and sisters. As soon as we got [to a new place], I would have to let them know real quick you don't mess with me or mine. And, they always did. You were the new kid and you had the new kid syndrome which is what I call it. They try you. They try to put you in a certain place. * You would tend not to [develop close relationships], relationships would be tight and loose at the same time. * It put you in a situation that you had to explain yourself or stand toe to toe with someone. You get [friends] but you keep a certain distance.

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Mark spent a lot of his time alone in his lived space. It was mostly Mark and his mother in the home. Mark had a half brother much older that had moved out of the home when Mark was very young. From Mark's memories, the half-brother's father was there for him. Mark's father was not in the picture. Mark's mother worked long hours to provide them a place to live and food to eat. Because of the lack of adult relationships, Mark says he was always seeking a male role model. This isolation contributed to Mark's sexual abuse by a male at a young age.

> Yea, all I had was my mom. My dad was never around so whenever there was a man around, I clung to him. I didn't know what was going on that [I] automatically ran to them.

Mark felt isolated and rejected by the males in his life. He sought a relationship with any male who would pay attention to him. Unfortunately, Mark was sexually abused at 8 years old.

> I was 8 years old when I got abused. It wasn't like a malicious raping type of abuse. It was more experimental. It feels good. I was 8 years old at the time and they were 15 and very much into puberty or past puberty, already experienced in sex and he showed me a lot of different things. He used me. I was used the whole time.* We were best friends or so I thought. *Anyway, not long after that I wanted to pursue having a friend.

Mark was isolated and lonely. He felt rejected by his father and after his sexual abuse, he felt rejected by his abuser. After the sexual abuse, Mark became aggressive and this aggression led to him becoming a perpetrator at age ten. However, Mark did not see that he was aggressive or seeking a surrogate for a parent. The behavioral line was crossed.

> There was this kid about 10 or 11 and I was always attracted to certain clothes he wore, the way he looked, his blond hair and everything. I had blonde hair at the time and thought it was cool No, I didn't know what I was doing but I sat and watched for him. I remember sitting there and watching for him. I was 10 years old. Now I understand what I was doing. I was stalking him. *I was seeking attention and friendship. Anyway, I would go out and play with him and ask him to come back into the house. Then we started talking about stuff like [sex] and then we started messing around. It went on from there, same thing, different friends. * So it is all sexual. Hardly any of them said no. They want to experiment. We were smoking a lot of pot and I drank. I don't think I was abusive. * The fact my dad was never around drew me towards the male image and when I was drawn to it I was overly affectionate to that person. They took to it and abused me, kept on and on and I ended up [here].

The things Mark saw and endured are how he learned to relate or be in the world. He was alone, lonely, and without the guidance of a father or adult role model. Because he was so drawn to males , he placed himself in positions where he could easily be taken advantage of and he was. In turn, he sexualized his relationships and he became the predator. And yet, he considers his relationship with his mother to be one of love and devotion.

> Ummmmmm, how did my relationship make me feel? Well, I always remember loving her [his mom] and her always being there for me. Basically, that's it. I know as I grew I started rebelling against her. I wanted to do what I wanted to do and she wasn't going to tell me what I could do. I disrespected her. I wanted things to be the way I wanted them to be. It was my agenda. I still loved her but I remember being disrespectful to her. *My mom always gave me a lot of advice, but I don't remember going to her. She was always like, if you ever need to talk, come to me. I think she felt like, something was going on with me, and it was just private. And I did keep myself private. I would usually talk to my friends. I was usually home alone or just alone period. But, my home was always good. Mom always took care of me and loved me. *But she was never really there.

Mark's aloneness as a child pervaded his relationship with his mother. Even though he recalls being told he could come to his mother with problems, he was accustomed to dealing with life on his own. While Mark recalls rebelling against his mother as he grew older, his rebellion started much earlier as he began repeating the process of isolation by isolating his outside behaviors from his mother. Mark hid his sexual abuse and he hid the fact that he was abusing other children.

James remembered he made friends quickly but had to fight a lot in school because he was small. He was aggressive and even though he felt he made friends easily he said he didn't remember having too many friends.

> Yea, I used to fight a lot when I was growing up. I made friends real fast. I don't know why I fought so much. I was little in school and I had to fight. * I didn't have any close friends from 7 to about 11. I don't know why, I just didn't. I didn't have too
>
> many friends when I was growing up. I didn't hang around with a lot of people. I don't hang around a lot of people over here.

The next two categories and their essential structural themes and essential textural themes are generally discussed. While both categories are important and lend understanding to the phenomenon, the reflections of the participants tend to overlap with *failure to root* and *what you see is what you learn*. In the study, it was discovered that the participants related their childhood experiences as if they were the observer and not necessarily the participant in their experiences. Self reflection does not appear to be a part of their childhood experiences. This conclusion is supported by the information gained from analysis of *these are the moments of your life* and *stupid is as stupid does.* However, *failure to root* and *what you see is what you learn* were the more dominate categories.

<u>Experiences of *These are the moments of your life*</u>

<u>That was Then</u>

These are the moments of your life is the abstraction or category of the essential structural theme of *that was then*. These participants were at the mercy of their environments as children and most described lives filled with uncertainty, loneliness, fear, and loss. While each of these participants' stories is unique and personal, aspects of their stories were shared as each man spoke of lived experiences and the meanings of those experiences. These shared aspects were collected in the essential structural theme *that was then.* The essential textural themes found in *that was then* are avoidance*,* survival and loss.

Using the existential of lived time as a guide, the participants were asked about the most remembered moments of their childhoods. What was their project in life as a child? When did time appear to pass quickly or slowly? For the most part, the participants did not recall special occasions; what they remembered were the events related to others' actions or how others related to them. When asked to recall their hopes and dreams as a child, most of the participants reported they just tried to get by or survive.

When Matthew was asked what he hoped or desired for himself as a child, he responded his biggest desire was to survive.

> Well, no I don't think I had any desire other than to get by. I never had any goals. I just tried to get by day by day. I know it sounds crazy, but I never really knew what I wanted. Just to be able to get through the day. * I stayed out of the house as much as possible

While Matthew had recollections of being abused, his main goal was to survive the abuse and get out of the house. Survival is a full-time endeavor for these participants with most of their time consumed by outside occurrences. If one is struggling to survive, there is little time for normal growth and development. It is impossible to develop a sense of self if one's intentions are always directed outside of oneself. Unfortunately, essential pieces of self-development and discovery are left underdeveloped in those whose lives are preoccupied with survival.

Matthew had lost one friend in his early life when the friend was murdered. As an adult, Matthew still suffers from this loss. This friend was the only person to communicate to Matthew his worth in the world. Other participants described loss as well. John described the loss resulting from natural curiosity and abuse and he felt he had lost his father's love and respect. He said he tried as hard as he could to take on more and more responsibilities in order to make things right with his father, but it didn't work. The relationship was never the same again. He lost the father he had known before he was abused.

James and others reported that their hopes and desires were centered on leaving their lived place and traveling. Avoidance of the home was a common textural theme in all of the participants' recollections.

> [My hopes and dreams were] to travel. I wanted to go anyplace. [It seemed like time dragged by] until I got 18. I couldn't wait to get 18 so I could move on out. I couldn't wait to get out of the house.

While most children dream of far away places and fantasize about exotic animals and people, most of these participants saw travel as a way to relieve the abuse. Since most of the participants experienced isolation from their families both emotionally and often physically, travel was an action that could end the abuse. In effect, travel or getting out represented getting

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out of their lived space. Exploring the category of *the moments of your life clarified* that there was an overlap of space and time in the reflections of the participants.

Disclosure/Be a Man

The second structural theme of the category *these are the moments of your life* is *disclosure/be a man*. As young children, some of the participants felt responsible for their abuse and they felt they should have been able to handle the situation. Because of this perceived responsibility, most of the participants did not disclose their abuse. Some continue to consider their families good families. It was found that the participants who endured family abuse did not disclose. The participants abused by acquaintances or strangers did disclose but were not protected. Comments by the participants demonstrated their belief that they were responsible for their own abuse.

Matthew reports that he tried to disclose his abuse on more than one occasion but was met with disbelief and told not to continue discussing the subject.

> Nobody wants to hear that. I might have tried a couple of times [to disclose the sexual abuse], but everybody goes through things in life. So you just, after a while you learn how to stand up. [My mother didn't do anything because] she was having her own problems. She was always getting beat up, and working taking care of five kids, she had enough problems of her own. * We as human beings are suppose to be responsible for what we do.

Matthew kept the secret from others and he tried to minimize his sexual abuse just as it was minimized by his mother. Minimization of abuse by a parent or significant adult may contribute to offenses committed by the adult victim.

After his abuse, John recalled his father standing over him screaming at him 'What were you thinking? Have you lost your mind'? Luke said, 'I am a man and I needed to stand up' when the abuse was going on. Some of the most telling reflections were from Judas and Luke concerning abuse. Luke made the comment he just wanted to be normal and that he was not a monster. It was a descriptive moment of how his childhood experiences have carried over into

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adult life. As a child he wanted to be normal, not lost, alone, abused, and aggressive. As an adult he does not want others to see him as a monster. He is still crying out for someone to focus attention on him and truly see him. Luke has a prison sentence without eligibility for parole for a long time.

<p style="text-align:center;">Experiences of *'Stupid is as Stupid Does'*</p>

Slow Learner/Stupid

The category of *stupid is as stupid does* is an abstraction of lived body. This abstraction was conceived from the film, *Forest Gump.* In the movie, as Forrest was growing up, he was told he was stupid, a slow learner, and an idiot by everyone in his life except his mother. When Forrest complained that others called him stupid, his mother replied 'stupid is as stupid does'. Forrest's mother taught Forrest that if he did not react or act in accordance with those who taunted him, he was not the one being stupid. Some of the participants in this study were dubbed with similar names like stupid, slow learner, and others. Unlike Forrest, the participant's lived body experiences involved perceptions of self according to how they were taunted and what they were told. Most of the participants remembered being called names such as stupid and idiot and being told they had no worth.

James recalls being told he was stupid and that he had hyperactivity disorder diagnosed by a psychiatrist.

> Well, out in _____, I was supposed to be stupid. You know how kids do. They are always looking at you and saying stuff. I was always bigger than the other kids and I would just stay away from other people. I mean I had friends, I guess you would call them friends. See, when I was smaller I went to a psychiatrist for hyperactivity. I guess that is what they call you. What I can remember is he gave me a lot of pills and let me eat all the sugar I wanted. He said that would slow him down. I guess that is what I was there for anyways, I mean, I don't remember much of it. I remember drawing a family of worms (Appendix B). I can't remember all of that. Mostly what I remember is that they used to call me "Stinky" because I was bigger than them. I wouldn't fight back.

Matthew recalled his mother telling him and his siblings that none of them would amount

<p style="text-align:center;">133</p>

to anything. He recalled making good grades in school but he was never praised or rewarded. Other participants recalled similar memories. James recalled that he did not go to school until he was 7. He did not do well in school and he did not like an environment where he felt dumb. Another participant was told he was a slow learner and he quit school before he graduated from high school. These participants internalized the names they were called and for them it became a self fulfilling prophesy. Two of the eight participants in this study finished traditional high school. One participant earned his GED and has taken some online college courses while in prison. The other five did not finish high school. However, for all eight of the participants their past lived experiences foretold their current life experiences.

After each of the interviews the participants thanked me for interviewing them. Each of the participants expressed a desire to give something to the study that might assist child sexual abusers and those trying to assist them in understanding their childhood experiences. All of the participants expressed a desire to help prevent the abuse of children.

<u>Four Existentials from Eight Merged Stories</u>

The reflections of the participants in this study related to *failure to root* and *what you see is what you learn* are supported by the literature (Araji & Finkelhor, 1986; Dong et al., 2004; Lee et al., 2002; Shah et al., 1995; Starzyk & Marshall, 2003). Most of the participants' childhoods involved violence, abuse, isolation and loneliness, rejection, alcohol use and abuse, aggression both towards them and their aggression toward others, being a surrogate, and responsibilities beyond their years. Some of the participants became predators and grew up feeling they were not good enough or they were not what others expected them to be. Some felt they could do nothing about their situation. They had neither the time nor the stability for rooting which would have assisted them in developing the self-consciousness and sense of self-worth to be successful in relationships both at home and with their peers. They experienced failure to root.

Lived Space

van Manen (1990) describes lived space as space felt by the individual. It is a commonly accepted phenomenon that occupied space affects the way people become aware of and feel about their environments. Metaphors such as "tensions were running high in the room" or "you could feel the negativity when you walked in the room" represent this phenomenon well. Participants in this study described their childhood experiences of lived space in terms of their relationships or situations. Toombs (1995) described lived space as a space of situation. The participants referred most often to felt space when asked about their lived space. Most of the participants felt their spaces embodied threat and physical, emotional, or sexual abuse.

The essences of the participants' descriptions of lived space suggest they were not given the opportunity to develop a sense of self-awareness or place in the world. Participants' sense of self was based on various external conditions that stifled exploration of the inner self. This category was called *failure to root* because of the researcher's postulation that the participants were deprived of environments where they could have developed a positive sense of self and a sense of being rooted that would have given them opportunities for better life choices. In Piagetian stages of development, this lack of development or *failure to root* would be represented by the preoperational stage where children's mental processes are governed by their own perceptions and linkage of events; children in this stage do not separate internal and external reality (Dixon & Stein, 1992). Thus, inappropriate learned behavior is carried over to adult life. To some extent, all of these participants lacked the ability to separate internal and external reality as evidenced by the crimes they committed.

Moreover, whereas house and home imply having roots somewhere, house and home mean particular places where one is protected and cared for in a manner reflective of one's worth in life. For this reason, the essential structural theme of *no place like home* was used, indicating the lack of a house or home where one can "root". It is the place where children discover what they look like when dancing alone. Being rooted means being able to go on a dangerous journey while still being in the safety of the home space, where one is unconditionally loved and nurtured. Being rooted is having the childhood secrets of hidden spaces. Rooting is the

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experience of lived space in that children discover their own selves, consisting of "more mystery than clarity and more fluidity than form" (van Manen and Levering, 1996. p. 24).

van Manen (1990) expressed the idea of being rooted in one's lived space as, "lived space is a category for inquiring into the ways we experience the affairs of our day to day existence; in addition it helps us uncover more fundamental meaning dimensions of lived life" (van Manen, 1990, p. 103). For example, if children perceive their lived space as "scary" then the fearful impression is the very presentation of the fear. Moreover, as survivors, children continue to experience the fear in both their bodies and their memories. Nevertheless, lived space becomes the embodiment of fear. Furthermore, this is true of other childhood perceptions of lived space. However, if children perceive the mood of their lived spaces as a place of safety and protection, the task of rooting or discovering their true self will follow.

Childhood experiences of lived space have not been examined as closely as lived body and lived other in current qualitative literature. Yet in this study, it was glaringly apparent that the absence of a place to root had left a void in the lives of these eight participants. Different experiences require different space experiences. Phenomenologically, the experience of rooting requires a space experience that is a precursor to the phenomenon of developing a sense of self.

Lived Other or Lived Relationships

Lived other is the relationship individuals have with those that occupy their lived space and with those outside of their lived space. While the life existentials can be studied individually, what one discovers is that one life world of lived space, lived relationship, lived time or lived body always calls forth the experience of another (van Manen, 1990). When the connection between the parent the child is broken, this break carries over into every relationship the child will ever have. The lived experiences of relationships for these participants resulted in *what you see is what you learn.* The participants in this study experienced early relationships marked by abuse, rejection, and aggression resulting in aggression, perpetration and surrogate parental or companion roles in childhood.

Parents are the most important others to the child's ongoing concept of self. Mijuskovic

(1979) wrote that "Should the mother suddenly disappear for an extended length of time, the resulting disruption in the process of structuring the self and the consequent loneliness can be so severe as to endanger the very existence of the ego and its will for consciousness, it's desire to live" (Mijuskovic, p. 63). van Manen (2002, p. 164) stated in regards to parental relationship and presence, "Their presence provides a context of reflection and recognition for the self". In other words, the parent is a reflection of who the child will learn he is.

Most of the participants in this study did not have the parental relationships that allowed them to learn who they were. Their lives were surrounded by dysfunctional adult relationships that caused an increase in their "awareness and sensitivity towards the world, others, and themselves" (van Manen, 2002. p. 164). Their self-worth did not come from relationships that indicated their worth to someone else. The result was a deceptive concept of self identity.

Lived Time

van Manen (1990) described lived time as subjective not objective. Objective time is best described as clock time whereas subjective time consists of dimensions of past, present, and future. van Manen (1990) explained lived time as "Whatever I have encountered in my past now sticks to me as memories or as (near) forgotten experiences that somehow leave their traces on my being" (van Manen, p. 104). Lived time appears to have gone by quickly when the present is enjoyed and drag when life leaves the child scared, anxious, or with a sense of dread.

Some participants experienced lives of uncertainty and abuse to the point that day-to-day survival became their life's work. "You never knew what was going to happen in my house, so the best thing to do was not to go home", Matthew recalled. He was concerned about avoiding the abusive home life that threatened his very survival. However, can one ever escape an abusive past? Even when John's father was not abusive, he would place enormous expectations on John with more and more responsibilities. John tried to live up to those expectations by struggling to be ever more responsible for himself, his mother and his siblings. John was under pressure to be the best as defined by his father. John attributes his "get it done" attitude and desire to "be the best" to his father.

For most of the participants, time was experienced as a sense of dread. Peter said he dreaded Friday and Saturday nights because of his parents' drinking. He reflected on feeling shamed by the way his parents acted. To escape the shame, violence, and drinking, Peter would leave his home and seek out other family members. Few of the participants remembered holidays or going on trips with their families. The participants' memories were mostly centered on avoidance of the home environment. Most of the participants recalled time with their parents as stressful.

For all eight participants, their past experiences shaped their way of being in the world. And, because their childhoods were filled with avoidance and survival, their intentionality was turned outward instead of inward. The result of this outward intention was a lack of self-worth and a deceptive concept of self identity. The participants carried with them a past of abuse, violence, and aggression. Some have found they have perpetrated some of the same behaviors as adults.

According to van Manen (1990), the past changes under the demands of the present. One of the participants in this study has received treatment. John is trying to learn how to relate to those around him in a non-angry non-abusive manner. John is taking responsibility for his crimes and blames no one but himself for his conviction. But then, John always took responsibility to do better or make it right. At this juncture, time is different in that John is in survivor mode. For other participants, present time continues to be a quest for survival until they can get out of prison. The participants are either waiting for release or their next trials. Nonetheless, they have not escaped the experiences of survival and avoidance that have continued from childhood.

Lived Body

Lived body or corporeality from a phenomenological perspective reveals certain things about us, whether or not those revelations are intentional. Lived body and being in the world encompass embodiment. It means that individuals "are" their bodies not that they are in their bodies. Human beings have access to the world through their bodies. Bodily intentionality means the attentiveness individuals have to the world (Tombs, 1995). While this category is important

and is closely related to the existential of lived space, it was not as discernible in this study as lived space. This is attributed to the lack of internal intentionality demonstrated by the participants. Participants in this study turned their bodily intentionality outward toward what others did to them or told them.

When the participants first came in the room for the interview, most would not make eye contact with the researcher and if they did, it was for brief periods of time. Each of the participants looked down at his hands and played with his fingers. At times, they would gaze off into the distance as if gazing into space. When asked if he had ever been abused, Thomas looked wide-eyed and scared. He denied any abuse. All participants appeared nervous at the beginning of the interview. After 10 to 15 minutes some relaxed, but certain questions triggered a guarded position. James spoke so softly at the beginning of his interview, the researcher was afraid the recorder would not pick up his voice. Most participants appeared as if the abuse and rejection they endured in their childhood lives were part of their bodily presence.

All of the participants tried to numb the hurt they experienced through the use of alcohol or by allowing their anger to lead to aggression and later perpetration of child sexual abuse. Each of the participants cited reflections of early alcohol use and some cited adult problems due to alcohol consumption. Some participants stated that alcohol was part of their family lives. Some participants used other substances such as marijuana and cocaine. These habits continued into adult life. Participants stated they were trying to get over the anger and hurt. Aggression for some was a way life with peers. The participants began bullying others to prevent being bullied. One participant stated that the abuse he perpetrated as an adult was from pure anger and resentment.

Munhall (2001) demonstrated that the existential life worlds represent one's being (Appendix C). Examination of Munhall's figure shows the generality of the temporal life world as representing the largest factor in the life world. All of Munhall's existentials overlap, in this particular study the life world of lived space represented the largest dynamic for these participants. According to the results of the study, the importance of the life worlds of temporality and spaciality are reversed (Appendix C). In this study, it was discovered that these

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participants did not have lived space where they were allowed to discover themselves. Had they been able to develop a sense of self-worth, temporal events may not have caused such a complete turning of their intentionality outwards and without a sense of self, one does live by *what you see is what you learn.*

What you see is what you learn is the category representing the life world of lived other or lived relationships. In this study, relational life world proved to be just as important for the participants' life world as demonstrated by Munhall's diagram (Figure 2). However, intension is not represented, and for the participants relationships or lived other received greater intention. Their day-to-day life revolved around comments and actions from other relationships. What the participants learned from these relationships was to become aggressive, be a perpetrator, perform as a surrogate, and take responsibility for the behavior and needs of inadequate and dysfunctional role models. Children have an innate relationship drive (Stern, 1992); they need to relate to other people. Nonetheless, as Stern points out "Every parent needs to avoid inflicting fear and pain on their child through angry touch" (Stern, p.53). It is pointed out in the literature that the child who is sexually, physically, or emotionally abused has an increased risk of committing those same abuses as an adult (Abel & Harlow, 2001; Stern). Moreover, parents who have difficult adult relationships should not project surrogate like responsibilities onto their children. Children who do not turn their intentions toward themselves in order to develop self-esteem are not well children (Stern).

From the diagram (Appendix C) and representations of the analyzed results of this study, a working model (Appendix D) was developed. While all four life existentials are represented, the model illustrates more completely the dominant categories of lived space and lived others or relationships as demonstrated in the study. Abstraction titles of the respective categories are *failure to root* and *what you see is what you learn.* The model demonstrates the interrelated nature of the life existentials of lived space and lived relationality combined with the results of the study. The model (Figure 4) is titled the *Childhood Experiential Model of Incarcerated Adult Male Child Sexual Abusers.* Discussion of the model is included in the following chapter.

Summary

In this phenomenological study, the narratives contained the lived experiences of eight incarcerated child sexual abusers. Using the four existential life worlds as a guide, four thematically described categories were discovered. They were *"failure to root", "what you see is what you learn", "these are the moments of your life"* and *"stupid is as stupid does"*. For the purposes of this study, *failure to root* and *what you see is what you learn* were the more dominant thematical categories. The structural themes of *failure to root* were presented. They were *no place like home* and *actions, moods, and perceptions*. Textural themes representing *no place like home* were expectations, avoidance, threats, frequent moves, and lack of recollections. The second essential structural theme of *actions, mood,s and perceptions* was represented by essential textural themes of fear, anger, abandonment, failure to live up to expectations, responsibility, uncertainty, violence, and punishment.

What you see is what you learn was represented by the structural themes of *looking through the window* and *being in the world.* Essential textural themes of *looking through the window* were abuse, rejection, isolation, aggression toward them, and alcohol. For *being in the world,* the textural themes were responsibility, aggression toward others, perpetrator, and surrogate. Narratives of this essential thematic category indicate to readers that childhood experiences of abuse and violence permeated every aspect of the participants' lives.

Two other essential thematic categories were uncovered. *These are the moments of your life* and *stupid is as stupid does* represent the life worlds of lived time and lived body. While these categories are representative of important aspects of the participants' lives, they were not as revealing as *failure to root* and *what you see is what you learn.* Nevertheless, the essential structural themes were represented as *that was then* and *be a man*. It was clear when examining these essential thematic structures that life worlds are fluid and not only define themselves but at times define other of the life worlds. Textural themes of *that was then* was survival and travel. Essential textural themes of *be a man* were 'not a monster' and 'be normal.'

The thematic category *stupid is as stupid does* was depicted in three textural themes; slow learner, stupid, and something others used. The participants believed the hurtful remarks and

name calling they were subjected to and they internalized these abuses as lack of self-worth.

These participants did not recognize they were abused. They were not aware there was another way of being in the world. Their childhoods were characterized by trying to survive and experiencing low self-esteem; yet it was accepted that this was life. Unfortunately, for all of the participants their experiences led to maladaptive adult behaviors with some of them perpetrating the same abuses they endured. They all considered their abusive and dysfunctional families of origin to be good families. John said his family was a good family with close ties.

> I had a good family. I had a good childhood. I had brothers and sisters to play with but I didn't have close friends because we moved so much. I was close to my mother and my brothers and sisters.

Beliefs such as these may be a contributing factor to intergenerational abuse because it is hard to value others if one feels he is worthless and unloved.

CHAPTER 5

DISCUSSION AND RECOMMENDATIONS

The real voyage of discovery
consists not in seeking
new landscapes but in
having new eyes—Marcel Proust

This qualitative phenomenological study was undertaken to understand the lived childhood experiences of incarcerated adult male child sexual abusers. Eight men participated in one-on-one semi-structured interviews revealing their personal and sometimes painful memories of childhood. Interviews were transcribed and reviewed by the researcher. The verbatim transcripts were imported into NVivo management software. From essential thematic texts, essential structural themes and essential thematic categories were developed. Results from the study were integrated with an archetypical narrative and other existing literature. No existing phenomenological studies of childhood experiences of adult incarcerated child sexual abusers were found. Existing studies have considered the childhood experiences of child sexual abuse from victims' perspectives. A beginning approach that considers the existential life experiences of incarcerated child sexual abusers was needed. According to Toombs (1995) disturbance of any of the existential live worlds is of utmost importance. This chapter summarizes and discusses the main findings and derived model from this study. Implications for nursing practice, education and research are presented. Inherent limitations of the study, as well as strengths are considered. The ending poem, written and published by the researcher, describes a societal problem that must be addressed to protect all children.

Summary of Findings and Integration into the Literature

Childhood experiences of incarcerated child sexual abusers have had a profound effect on how these individuals developed and related to others in adulthood. The eight participants who reflected on their childhood experiences described living with parents who were controlling,

angry, belittling, and abusive, and who used alcohol to deal with their own situations and relationships. The participants were in a constant state of dread and threat both physically and mentally. Their developing sense of worth and self-identity were fashioned from what happened externally. As children, these men were not given a space of loving acceptance and safety where they could thrive and develop an internal sense of self and self-worth others are given. As children, they believed the misrepresentations and cruel names they were called. Without question they accepted their way of life and what they were told about themselves. Some of the participants lived with such cruel abuse that their early lives centered on survival with a resulting desire to hide from or leave the abusive atmosphere. Yet, some of the participants did not consider they came from abusive homes.

Many of the participants began drinking alcohol at an early age as they saw their parents do. Other participants' abusers introduced them to alcohol in order to coerce them into sexual activities. The results of these childhood lifestyles are adults who abuse substance, suffer from depression, and exhibit anger and feelings of worthlessness. The manifestation of the lack of self-consciousness has resulted in each of the participants committing acts of child sexual abuse. The abuse these individuals suffered as children and the subsequent perpetration of child sexual abuse are life lasting. van Dam (2001) pointed out that once child abuse and especially child sexual abuse, children are left forever changed. All of these participants described a desire to change and to help others. For these participants, this dissertation is one step toward learning about themselves and contributing to the development of preventative strategies aimed at eliminating abusive treatment of children..

The four life world existentials of lived space, lived relations, lived time, and lived body are an organizational tool to achieve a deeper understanding of the childhood experiences of incarcerated adult male child sexual abusers. Space was nonexistent for the participants and as a result their relationships continue to suffer. Space, where the participants lived, was experienced as unrealistic expectations, avoidance, and threat or intimidation. The participants were not safe in their lived space and their intentions had to constantly be turned outward. Failure to be vigilant could mean the difference between being in or out of harms way. They were in a

constant state of chaos as they moved frequently. All of the participants spoke of being afraid; fears of abandonment and not living up to expectations. Their homes were cauldrons of violence, uncertainty, and punishment. Alcohol permeated their lived spaces and was involved in their abuses whether physical, sexual, or mental. From an early age, most of the participants learned to deal with the anger they felt by numbing the anger with alcohol. Later in life, some of the participants used other substances. These men were not given any choices but understood their own abuse as something that they should stand up to or tolerate. John talked about how his father had to be in control. He treated John much like he treated the men he was over in the military. The responsibilities John's father placed on his shoulders were those his father could not meet himself. John was constantly told he had to be the man of the house and care for the family as if he were the father or the marital companion. John described his father as 'one tough cookie' who treated him 'like one of his men'. John was consistently left with feelings of inadequacy and inability to meet his father's expectations.

A metaphor for *failure to root* was constructed from the results of the study. This metaphor demonstrated the need for appropriate lived space for one to grow up possessing the foundations that contribute toward a healthy, well adjusted adult. Merleau-Ponty (1945) described the importance of lived space as "We have said that space is existential; we could just as well have said that existence is spatial" (Merleau-Ponty, p. 339). The spatial sense of lived space represents the most complex parameter of the existential worlds (Etlin, 1998). The sense of lived space is the most invisible of the existential worlds because it is the closest to our everyday self; yet this is where the deep sense of self is developed.

Metaphor of Failure to Root

The concept and theme of *failure to root* was compared to poplar trees in a densely canopied forest. The young poplar tree that is fortunate enough to germinate or develop from the parent root needs nurturing to grow. The young tree needs rich soil, sufficient water, and an abundance of sunshine. Unfortunately, when the young tree has its beginnings in the darkness of

the densely covered forest, it must grow fast to reach the bright heavens where the sun can impart healthful light. Because of the need to reach the nutrient benefits of the sun, the tree grows tall and straight but does not develop the root system that can sustain it over the years. While the tree appears tall and healthy, it takes but the slightest storm or wind to topple the tree.

The men in this study could not turn their intention inward for their own relational development but tried to meet the demands of their abusive parents. As a result, the men have been affected in their adult relationships. Most of the men chose women who exhibited similar characteristics to those who abused them in their early lives. All of the men were either divorced or in the process of divorcing. The participants chose mates who abused them. One participant who had gone through two different treatment programs was trying to develop a healthy adult relationship with an acquaintance from the outside. He was honest and forthwith with her regarding his abusive childhood, his offense and what he had accomplished in treatment. One of the participants said of his wife 'After about 12 beers, she became my mother'.

Existing literature supports the theme of *failure to root*. *Failure to root* contributes to characteristics that may lead the male victim of childhood abuse in adulthood by the criminal justice system (Holmes, Offen, & Waller, 1997). Characteristics of *failure to root can* result from the inadequate development of a sense of self and worth in the world. These characteristics are feelings of anger, betrayal, fear, isolation, and alienation, angry outbursts, feelings of inadequacy and aggression. Childhood abuse of males in any form needs to gain legitimacy as a societal problem (Holmes et al.). These individuals need for treatment cannot be underestimated. The criminal justice system that inflicts punishment only is reinforcing the childhood experiences of lived space. The place one lives (lived space) should encourage competence, comfort and accept individuality (Greenman, 2005; Haurin, 1992), but instead incarcerates.

Another study supporting the essential theme of *failure to root* described the patterns of childhood residence and the relationship to young adult outcomes (Haurin, 1992). It was found that nonparent living arrangements significantly affect adult outcomes. Frequent relocation to different environments does have an impact on the development of the child. This is especially true for the child living in families with step-parents, other relatives, or foster parents. Children

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not residing with natural parents were often found to reside with grandparents (Haurin) Later impact on children who were frequently relocated and did not reside with a parent, were not finishing high school, substance abuse, and divorce (Haurin). If the child was abused, the risk for adult problems was compounded.

A metaphor was constructed representing dynamics of the relationships in the participants' early lives. This metaphor characterized the researcher's impression of *what you see is what you learn* in the participants' lives.

Metaphor of What You See Is What You Learn

What you see is what you learn was envisioned as a child who engages life as if he were gazing through a window. Observation from the window is how the child learns to interpret himself. Instead of his intention being turned inward toward self-discovery, the child's intention is turned outward toward what others tell him or how others act toward him. Also, relationships are based on what the child witnesses in relation to family members and their engagement with others. The child's being centers on observation of what is going on, what dangers are present or possible, and how others participate in their lived relationships. Those who grow up placing their intentions on life outside the window do not develop a sense of self or knowledge of social boundaries. What they see is what they learn. Regrettably, what they see and learn are deceptive concepts related to self-identity and being in the world.

What you see is what you learn is the way these eight participants learned to cope with the lived other. Sadly, these individuals developed negative childhood peer relations, negative schemas about selves, and negative schemas about other people. According to Lisak (1994) the damage caused by childhood abuse affects victims' ability to connect to other people. A link exists between the inability of these men to connect and the vision through the window that people would not help nor care. In other words, *what you see is what you lea*rn. This inability to connect has been called dissociation and the strong correlation between dissociation and abuse potential has been documented (Hetzel & McCanne, 2005). The degree of dissociation may depend on the family relationships in which the abuse occurred. According to Narang and

Contreras (2005) dissociation is defined by the lack of or decreased integration of emotion, behavior, identity and memory. Child abuse has the power to fundamentally damage a person's relationship to self and to the lived other. The damage often results in a lifelong isolation and separation from others (Lisak). Unhealthy family relationships predict poor coping strategies for children into adulthood (Narang & Contreras).

Moments of Your Life and Stupid is as Stupid Does

Participants in this study described childhood lived time as something they survived, it was over, end of story. One participant said 'It's over and I survived it'. Aristotle regarded children as property of the father reasoning that a father cannot be unjust to his own child (Ackrill, 1961). The abuse suffered by these eight participants makes this line of reasoning difficult to understand. When asked to describe a time in their childhoods when time appeared to fly by or when they had fun with their families, none of the eight participants identified a special event or period of time from their childhood recollections. Some of the participants identified abusive events when asked about time dragging by. However, these events were so closely related to their lived space and the daily atmosphere in which they lived, that the recollections were considered part of the participants lived space. It was significant that most of the participants remembered wanting to grow up and leave their homes. Moreover, it is significant that those participants who chose to disclose their abuses remember their entreaties being ignored or diminished by explanations that implied the child was at fault. Furthermore, recollections of lived time centered on survival and having the world view of being normal. Most of these men thought they had an obligation to stand up, be a man, and tolerate the abuses heaped upon them because this would somehow help the world understand they were like everyone else. One participant expressed this as "I am not a monster, I am just a man".

For this group of men, the overlap of the existential life worlds of lived body, lived space, and lived other made it difficult to separate the experiences during analysis. For this reason lived body was considered part of lived relationality. Some have called the lived body the "disembodied body" because human experience creates an incomplete portrait of the body during

suffering (Turner, 1994). These participants certainly suffered from a disembodied body because they relied on what others told them about themselves, bestowing a misrepresentation of the participants' sense of self. Due to their belief in this misrepresentation, these participants continued to experience their disembodied bodies in both their bodies and their memories. Violence and suffering from their childhood cannot be escaped, they are embodied (Green, 1998). The results of these participants' suffering are evidenced by the crimes they committed as well as their apparent physical and mental illnesses. Most of the participants turned to drugs and alcohol. One participant needs a liver transplant to survive. He hopes he lives long enough to receive the transplant because without it he fears he will not live until release. Others are mentally challenged. Some of the participants exhibit signs of mental illness that goes untreated.

<u>The Childhood Experiential Model of Incarcerated Male Child Sexual Abusers</u>

The model that resulted from this study encompasses the four existential life worlds but relies heavily on *failure to root* and *what you see is what you learn*. The model begins with the act of childhood abuse and the occurrence in ones lived place. The reason for using lived place is that the individuals in this study could not identify an actual childhood home or lived space. The lack of lived space as a home is associated with the concept of *failure to root.* These participants lived in environments where actions, moods, and perceptions were considered the mediums of representations of their lived space. These representations are considered fluid with lived body and lived time being interrelated. From the representations of lived space, one's consciousness of self emerges. Self-consciousness is different from one's concept of self. Self- consciousness is related to the process of discovering one's sense of self and worth in the world. This process is necessary for one to develop a sense of right and wrong and compassion for others. It is what encourages the individual to develop a sense of intuitive identity. In Erickson's stages of development, this period is called identity versus alienation. In the model, it is represented as rooting success or failure. From this stage, the person becomes an individual and learns to be social in the world. For these participants, their concept of self is a disembodied concept of self because it relies on what they were told and came to believe about themselves as children. This

notion of a disembodied concept of self has been discussed as mental dissociation and is supported in the literature (Hetzel & McCanne, 2005).

For this study these participants learned self-expression from a disembodied self and from *what you see is what you learn.* The outside parameter of the model represents the concept of *what you see is what you learn* and how the participants learned to be in the world. Lived relationality is forever changed by childhood abuse (van Dam, 2001). It is the abuse itself that changes individuals because it results in isolation and aggression, part of the way the participants were in the world. These participants were isolated because of the abuse and later isolated due to their feelings of loss and betrayal. Most of the participants became aggressive as a way of being in the world. Regrettably, these participants learned to be in the world through the later self expression of child sexual abuse perpetrator. Alas, the *failure to root* and living *what you see is what you learn* resulted in childhood abuse leaving the victim open to the same path, especially if their lived space and family relations resembled the perpetrators. A link among abusive experiences and subsequent experiences in adult relationships has been well correlated (Rich, Gidyca, Warkentin, Loh, & Weiland, 2005).

This model suggests there is a cycle of abuse. While this concept has been suggested previously by research, this model considers the environment and whether the child is given the opportunity to develop an embodied concept of self with relationships that reinforce that concept or not. The participants in this study were not afforded environments where they could develop an embodied self-concept and the results were ruinous. This finding brings forth the question, Are we, as a society, perpetuating the problem of childhood abuse by revictimizing these individuals? Is incarceration of these individuals without treatment effective in ending the cycle of abuse? It has been well documented in the literature that early childhood abuse, regardless of the kind of abuse, thwarts the development of self-esteem and feelings of belonging (Davis & Petretic-Jackson, 2000; Kendall-Tackett et al., 1993; Rich et al.). This study substantiates the findings of previous ones. Experiences of childhood abuses throughout developmental stages are predictive of later abusive relationships. The co-occurrence of

childhood abuses place victims at an even greater risk of either perpetrating abuses or becoming victims of further abuses (Dong et al., 2004).

<center>Implications for Nursing Practice, Education and Research</center>

This qualitative study was conducted to better understand the childhood experiences of incarcerated male child sexual abusers. Findings from this study emphasize the importance of childhood experiences in the adult life of incarcerated child sexual abusers. Because of the continuum of suffering from childhood into adult life, there are implications for nursing practice, education and research.

<u>Nursing Practice</u>

Because the narrated events in this study refer to the child's past experiences as they re-created them in the present, implications for nursing practice were demonstrated across the lifespan. Child maltreatment is a common factor affecting the health of children. Statistics report that one in five male children have been sexually abused in childhood (Bensley, Van Fenwyk, & Simmons, 2000). In 2003, 78, 488 children were sexually abuse rate of 1.2 per 1000 children (U. S. Department of Health and Human Services, 2005). Johnson et al. (2006) found that 59 % of incarcerated males in a county jail had been sexually abused. Childhood sexual abuse is more prevalent in inmates than in the general population (Johnson et al.).

As in child sexual abuse, the number of physically or emotionally abused children can only be estimated due to the differences in the definitions of what constitutes physical or mental abuse. Nonetheless, it is estimated that 171,570 children were physically abused in 2001 and this represents only substantiated cases (U. S. Department of Health and Human Services, 2005). Just as sexual abuse has lasting effects on the child, physical abuse affects the child both physically and psychologically for life.

 Identifying abuse is the first step in addressing childhood abuse. Nurses need to be skilled in interview techniques that encourage disclosure when dealing with abused children, especially male children (Cronch, Viljoen, & Hanson, 2005). Results from this study indicated

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that male children often do not disclose their abuse and frequently take responsibility for the abuses they are suffer, Because of these beliefs and the stigma associated with child sexual abuse against males, nurses should be well prepared for interviewing clients. Nurses must be prepared, through forensic training, in interview techniques of abused children. A nurse interviewer's influence is a function of interviewing skill. Nurses at all levels need to become adept at using open-ended questions and truth-lie discussions (Cronch et al.). Nurses are in key positions to establish therapeutic relationships with children that impart trust and openness. However, for these relationships to exist, the nurse must realize that most cases of child sexual, physical, and emotional abuse are perpetrated by a family member or a well-known acquaintance. Children often protect their abusers. So, the nurse must ask the right questions and follow up where necessary. Follow up may involve interaction with the Department of Child Services and, because of the need for interactions, nurses should be familiar with the department and their practices.

Nurses need to examine their own belief systems to report child abuse when needed. It is hard for nurses and society to believe that the perpetrators of most child sexual abuse are family members known to the child. Beliefs of the care provider surrounding perpetrators may result in the continued abuse of a child. Accepting that most child sexual and physical abusers are not recognizable because they are everyday people is absolutely necessary for nurses to properly address the problem. Accepting that a large number of perpetrators are often abused children in adult form is essential. Nurses must recognize manifested behaviors of anger, isolation, and aggression that may indicate a problem. Establishing trust with an abuser is difficult. It is even more difficult to secure assistance for the suspected abuser due to mandatory reporting laws. Understanding reporting laws and working as an advocate for treatment is crucial to addressing the problem.

Nurses must learn to discuss these sensitive issues with their clients and be willing to ask not only children but adults about their home environments and how individual family members relate to one another. Are their relationships conducive to an atmosphere where children can root and develop an embodied self concept? Are there adults in the home who abuse others and in

what manner does this occur? These are sensitive questions but ones that nurses must ask. Questions must be clear and nonjudgmental. Awareness of and genuine offers of available assistance should be presented with sensitivity and directness.

Last, nurses must become advocates for treating incarcerated for child sexual and physical abusers. The media have created an atmosphere of fear and hysteria surrounding child sexual abuse. Most abusers do not murder and most are not pedophiles. Most abusers are fathers, mothers, step-parents, aunts, uncles, cousins, grandparents, and acquaintances. These are the abusers who need mandatory treatment programs. Children who are abused by family members or acquaintances are usually coerced and forced into secrecy. These cases happen every day and in the majority of families. Children cannot be expected to shoulder the onus of their abuse. Treatment for abusers that addresses their unresolved issues and teaches them to modify their behavior toward children is the most appropriate approach. Nurses must realize that these abusers do benefit from treatment and they must advocate for mandatory treatment during incarceration. The resulting argument is that treatment for all is too expensive; however, it is too expensive in the long run not to treat perpetrators. Practicing nurses must be willing to face the difficult challenges of combating child sexual and physical abuse or change will not occur.

Nursing Education

Nurses, both at the entry level and in primary care have the responsibility to educate families and policy makers on what constitutes child physical and sexual abuse. In order for this education to take place nurse educators must include the necessary tools to deal with child sexual abuse and child physical abuse in the curriculum. Nurse educators must be sensitive to students who have personal experience with child sexual or physical abuse because the topic can not be avoided in the classroom. It has been found that nursing students who choose elective courses dealing with child abuse and family violence frequently use the opportunity to deal with their own experiences of abuse (Campbell & Humphreys, 1984).

Nursing has long proclaimed holistic education and nursing care. In order to combat the phenomenon of child abuse, nurses must be educated in all aspects of child abuse. Nursing

education should include opportunities for forensic education that guides the student in interview and examination techniques unique to child sexual abuse, child physical abuse and perpetrator behavior. The reductionist approach of treating abuse after it has occurred has failed to deter child abuse. It is essential for nurses to understand the influence of environmental factors whether it is behavior that indicates failure to root or learning to interact by what one sees.

The intergenerational transmission of child abuse may result from the development of normative beliefs regarding what constitutes child sexual and physical abuse (Bensley et al., 2004). Nurses must be educated to assess the normative beliefs of their clients and become adept at identifying the need for change. Nurses must not only be educated about family violence, child abuse, and perpetrators of child sexual abuse, they must be willing to educate their clients. Practitioners should be willing to establishment parenting programs that address *failure to root* and *what you see is what you learn*. This process of education must begin with nursing students in order for meaningful changes in the professional practice (Campbell & Humphreys, 1993).

Nursing Research

In the last 2 decades, an abundance of research related to child sexual abuse has been published. However, child sexual abuse in the male population has received considerably less attention. Child sexual abuse of males is not frequently entertained and as a result is often ignored or grossly underestimated contributing to the stigmatization of abuse (Johnson et al., 2006). Also, a paucity of nursing literature dealing with the perpetrator of child sexual or physical abuse exists. This study has added to nursing science and to the understanding of the perpetrators of child sexual abuse by examining the childhood experiences of eight incarcerated child sexual abusers. Discovery and exploration of *failure to root* and *what you see is what you learn* have given new insights into the childhoods of incarcerated child sexual abusers.

Further qualitative and quantitative research is needed examining the childhoods of incarcerated child sexual abusers, normative beliefs, and the existentials of lived space and lived relationality. The childhood experiential model of incarcerated child sexual abusers may be used as a blueprint to test the various aspects of the existentials, lived space and lived relationality, as

they relate to child sexual abuse. While phenomenology does not solve problems, it does impart meaning (van Manen, 1990). Understanding more about the meaning of childhood experiences of incarcerated child sexual abusers and their relationship to health status may lead to the development of assessment tools that increase not only scientific knowledge but improved screening and identification of both those abused and potential abusers.

Preparation of nurse researchers in the fields of family and community functioning is absolutely necessary. Enlarging the lens of nursing research into areas previously considered difficult areas of concentration, such as research with prisoners who have committed child sexual abuse will broaden the scope of nursing practice. Fawcett (1984) expressed this viewpoint as "Nursing is the study of caring in the human health experience" (Fawcett, p.3). It is the domain of nursing to examine and explore all aspects of childhood experiences of incarcerated child sexual abusers. Abusive relationships occur secretly and nursing has traditionally understood this world from the victim's perspective. More research that examines the childhoods of perpetrators needs to be undertaken. From such research, nurses may better understand how child victims perceive abuse and then act the way they do and develop better intervention strategies.

Nurse practitioners must be aware of the effects of frequent relocation, living without a parent in the home, and the need to focus future research on residence patterns. A research focus that addresses alternative family forms and the effects of these on young adults needs to be considered. The "home" or "residence" of a child can be a refuge or it can be a place hidden from the world where abuse is allowed. Nurses need to develop research that allows accurate assessment of the family lived space.

Nurses need to advocate treatment for victims of child sexual abuse and abusers. However, research needs to focus on the abused child at the time of the abuse and on the same child again at puberty. The Abel and Harlow (2001) study supports the need for early and ongoing treatment. Nurse practitioners are in key positions to educate parents as to the need for present and future treatment for their abused children. Nurse practitioners can monitor the child's progress as well as collect longitudinal data on those who follow through.

Treatment and the effect it has on recidivism must be considered progress and not as an

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all or nothing proposition as it has been shown to contribute to decreased recidivism. Research studies by Mander, Atrops, Barnes, & Munafo (1996) and Kennedy and Hume (1998) support treatment having a positive effect on recidivism. However, more research on cognitive behavioral and relapse preventive treatments is needed in nursing and other related health fields. Research that clearly defines what constitutes child sexual abuse and uses rigorous research method to prevent recidivism is needed (Frost, 2004). It is obvious that treatment and incarceration frequently overlap. Because most child sexual abusers will return to society, the need for this avenue of research is underscored.

Nurse practitioners could lead the way in establishing new community treatment programs for both treated and untreated perpetrators released from prison. This program could be a collaborative effort with the criminal justice system to address parole issues as well as treatment and preventative strategies. Programs such as these would provide ongoing relapse prevention treatment, monitoring the whereabouts of released perpetrators, and a forum for nursing research from the perpetrator's perspective. Also, programs could provide a broadened scope of nursing practice in the forensic and criminal justice fields. Nurses could contribute toward shorter sentencing, saving state tax dollars, providing broader, more appealing treatment options, and giving the public what they desire, constant knowledge of the location of sexual abusers within the community. This program would establish nurses as team members of the criminal justice team and as community service providers, as well as, educators and researchers. The Childhood Experiential Model of Incarcerated Child Sexual Abusers (Appendix D) could provide a structural model for treatment strategies.

<u>Conclusion</u>

Childhood experiences have a profound impact on the behavior and physiology of a person. This phenomenological study examined the childhood reflections of incarcerated male child sexual abusers. Eight participants recounted their experiences of identified categorical themes of *failure to root*, *what you see is what you learn*, *moments of your life,* and *stupid is as stupid does*. These categorical themes are congruent with other research literature that has

associated childhood experiences of child physical and sexual abuse with future behaviors. These men's lives were shaped by their childhood environments which denied them the space and the relationships they needed to develop an embodied sense of sense of self and self-worth. The consequences of their childhood experiences ended in the perpetuation of child sexual and physical abuse. Both the consequences of their own abuse and the abuse they perpetrated will be with them forever. As adults, some child sexual abusers do not realize that they lived in an abusive home. Time has been colored by the abusive childhood environments of these participants. The emotional and psychological pain is evident in the health status of some of the participants.

The existential life worlds of lived space and lived relationships were most important to the childhood experiences of the participants. These existentials allowed for a deeper sense of illumination and understanding of the childhood reflections of incarcerated male child sexual abusers. Children who are not provided the space to develop a sense of self become intent on the relationships in their lives. The lack of a developed sense of self leads to a disembodied self concept. The importance of lived space in the participants' childhood experiences was an unanticipated finding.

The Childhood Experiential Model of Incarcerated Child Sexual Abusers was developed from the results of this study. This model will serve as a research trajectory for future research studies. Given the prevalence of child sexual and physical abuse, nurses are in contact with perpetrators on a daily basis through practice. Recent literature indicates a lack of understanding in dealing with the perpetrators of child sexual abuse and the contribution of child sexual abuse to the future abuse of children. At present, there is no clear agreement on what constitutes treatment for child sexual abusers nor is there an agreed upon definition of child sexual abuse. Furthermore, there are no clear ways to identify abused children or potential child abusers. In order to reduce the prevalence of child sexual abuse future nursing practice, education, and research must address the issues of the child's lived space and relationships. Further research is needed in the areas of childhood experiences and the effects those experiences have on adult lives; assessment strategies for child sexual abuse and potential perpetrators; family educational

programs; treatment of incarcerated perpetrators of child sexual abuse; and intervention strategies that allow the potential child abuser to access assistance.

Children

Children laughing
Dark person
Children not laughing
Take away the hurt

Protection of children
Children laughing
More must be done
Children not laughing
Should not happen
Anywhere under our sun

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APPENDICES
Appendix A

Protection of Human Subjects

ETSU

East Tennessee State University
Office for the Protection of Human Research Subjects • Box 70565 • Johnson City, Tennessee 37614-1707 • (423) 439-6053
Fax: (423) 439-6060

TO: Linda Garrett

FROM: Andrea Clements, Ph.D., Chair
ETSU Campus Institutional Review Board

SUBJECT: Childhood Experiences of Incarcerated Child Sexual Abusers

IRB No: c04-253f

Protocol Reference:

DATE: Wednesday, February 9, 2005

FULL BOARD REVIEW DATE: January 6, 2005

Project Status at Review: Initial Review

Approved Consent Date
(consent date referenced by
principal investigator): 01/06/2005

This is an acknowledgement that the above research protocol was reviewed by the full board of the IRB.

Andrea Clements, Ph.D.
Chair – Campus ETSU
Institutional Review Board

March 11, 2005

Linda H. Garrett, MSN, FNP
1909 Woodland Avenue
Johnson City, Tennessee 37601

Ms. Garrett:

I am pleased to inform you that Commissioner White has approved the research project Childhood Experiences of Incarcerated Child Sexual Abusers, with you as principal investigator.

You are free to begin your research immediately. Your contacts (or their designee) are as follows:

Warden Howard Carlton   Northeast Correctional Complex
David Dobbins, Psychological Examiner   Northeast Correctional Complex

Qualifications to this approval are attached. No stipend is to be paid to any inmate for participating in this study. Please make corrections as indicated by Dr. Miller and send me an amendment to your original copy.

If you have any questions, you may contact Mrs. Holt-Cooper at Lois.Cooper@state.tn.us or at 615/741-1000 ext. 4026.

Please remember to provide this office with a copy of the completed research. I wish you luck in your efforts and look forward to seeing the results.

Sincerely,

Gabrielle L. Chapman
Director of Planning and Research

/LEC

pc: Debbie Inglis, General Counsel, TDOC
        Roland Colson, Assistant Commissioner, Operations
        Dr. Jeanine C. Miller, Director of Mental Health Services

PRINCIPAL INVESTIGATOR: Linda Hughes Garrett

TITLE OF PROJECT: Childhood Experiences of Incarcerated Child Sexual Abusers

INTRODUCTION
This Informed Consent will explain the role of a research participant in a research project. It is important that you read this material carefully and then decide if you wish to be a part of this project.

PURPOSE
The purpose of this research project is to explore the childhood experiences of known child sexual abusers and to offer abusers a voice that will be heard. Also, abusers will be offered the opportunity to explore their childhoods in an open, honest, and non judgmental manner. Results of this study will be used to develop preventive strategies for primary care providers (e.g. nurse practitioners and physicians) to use in identifying and referring potential child sexual abusers. There will be no investigational drugs or devices used in this study.

DURATION
The duration of your involvement will consist of being part of a one-on-one interview with Linda H. Garrett, the primary investigator. The interview session will last one hour. This will be a one time session. This facility is the only site where the project will be conducted. The last 10-20 minutes of the session will be used to summarize the interview for further comment or to make clear something you said. A completed copy of the study will be made available to the prison library for members of the project to examine. The process will require 6-8 months to complete.

PROCEDURES
The procedures which will involve you as a research participant include conversation between you and the primary investigator. The interview will take place in the prison medical building. The interview will be conducted in a private room. The interview will be audio recorded. You may use your real name or an alias during the interview. A number assignment will be given to each participant (e.g. 1,2,3 etc.) to identify the data on the tape. There will be no way to identify you by name when the interview is finished. Linda H. Garrett will be the moderator and she will ask questions related to your childhood experiences to which you may or may not respond. During the interview, the primary investigator may use a note pad to take notes. Each interview will end with a summary of what was said ,what was discussed, and you will be given a chance to clarify or comment on any statement or information.

POSSIBLE RISKS/DISCOMFORTS
You may experience some discomfort from the recollection of certain childhood memories. Should you feel any discomfort from revisiting childhood memories, David Dobbins and the health care providers will be on hand for any emergency. Emergencies will be handled per prison procedure. Should you want to talk with a counselor after the session, you may request a visit with David Dobbins, Psychological Examiner. This session will be set up according to prison procedure. Other risks include possible

PRINCIPAL INVESTIGATOR: <u>Linda Hughes Garrett</u>

TITLE OF PROJECT: <u>Childhood Experiences of Incarcerated Child Sexual Abusers</u>
backlash from other inmates for participation in a research project. All possible
precautions will be taken to keep your information confidential. However, you must
know that if you confess a crime for which you are not incarcerated, I am obligated to
report that confession to the authorities.

POSSIBLE BENEFITS
The potential benefits for you which may result from this project include addressing
issues from your childhood that have not previously been talked about or considered.
Participation may help you in developing ways for dealing with issues concerning your
past and the results of that past. This is your chance to tell the story of your life. The
results of your being a part of this project will add to the body of knowledge that science
has related to the childhood of child sexual abusers. You will be giving your knowledge
that may result in better understanding of the childhood experiences of child sexual
abusers. Your part in this project may help primary care practitioners to develop ways to
identify potential child sexual abusers before they harm children. These new ways could
prevent possible imprisonment of potential child sexual abusers, as well as protect
children from this threat. There will be no payment of any kind for taking part in this
project.

ALTERNATIVE PROCEDURES/TREATMENTS
There are no other treatments offered for this project.

CONFIDENTIALITY
Every attempt will be made to see that your taking part in this project is kept confidential.
When the data are transcribed, each person will be assigned a new identification that will
be coded as 1, 2, and 3 and so on. This number will be assigned at the beginning of the
interview by stating on the recording that this is person 1,2, etc. If you have an alias that
you wish to be called you may state that at the beginning of the interview. Linda Garrett
the Principle Investigator will be the only person who knows the identity of the
participant after the tapes have been coded. All tapes will be destroyed after the study is
completed. Warden Carlton and David Dobbins will know you took part in the study, but
the information you give will not be traceable to you. The typed data will be stored in the
Research Center in the College of Nursing at East Tennessee State University for at least
10 years after the end of this project. The results of this project may be published and/or
presented at meetings without naming you as a participant. Your rights and privacy will
be maintained. However, the Secretary of the Department of Health and Human
Services, the East Tennessee State University Internal Review Board and Linda H.
Garrett has access to the study records. Your study records will be kept totally
confidential according to current legal requirements. They will not be given up unless
required by law, or as noted above.

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PRINCIPAL INVESTIGATOR: Linda Hughes Garrett

TITLE OF PROJECT: Childhood Experiences of Incarcerated Child Sexual Abusers

CONTACT FOR QUESTIONS

If you have any questions, problems or project-related problems at any time, you may call and tell the Chairman of the Institutional Review Board. You may call the Chairman of the Institutional Review Board at 423-439-6134 for any questions you may have about your rights as a research participant.

VOLUNTARY PARTICIPATION

Participation in this research project is voluntary. You may refuse to participate without impact or penalty. You can quit at any time during the process without impact or penalty. **In signing this consent form, you have not waived any of your legal rights, nor have you released this institution/agency from liability for negligence. Should the results of this project be published, you will be referred to only by number. YOU ARE FREE TO WITHDRAW THIS CONSENT AND TO DISCONTINUE PARTICIPATION IN THIS PROJECT OR ACTIVITY AT ANY TIME.** Linda Garrett will be available before the study interview to answer any questions you have about this form. You may quit the study before the interview date by calling David Dobbins, Psychological Examiner, Ext 315 in the medic building. Also, you may quit by calling Linda H. Garrett at 423-439-4084.

SIGNATURE OF VOLUNTEER   DATE
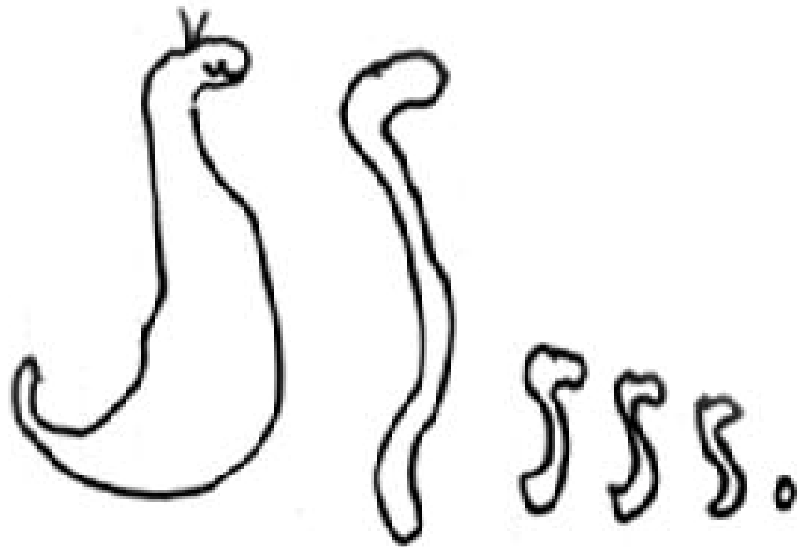
PRINCIPAL INVESTIGATOR: LINDA H. GARRETT

TITLE OF PROJECT: Childhood Experiences of Incarcerated Child Sexual Abusers

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SIGNATURE OF INVESTIGATOR   DATE
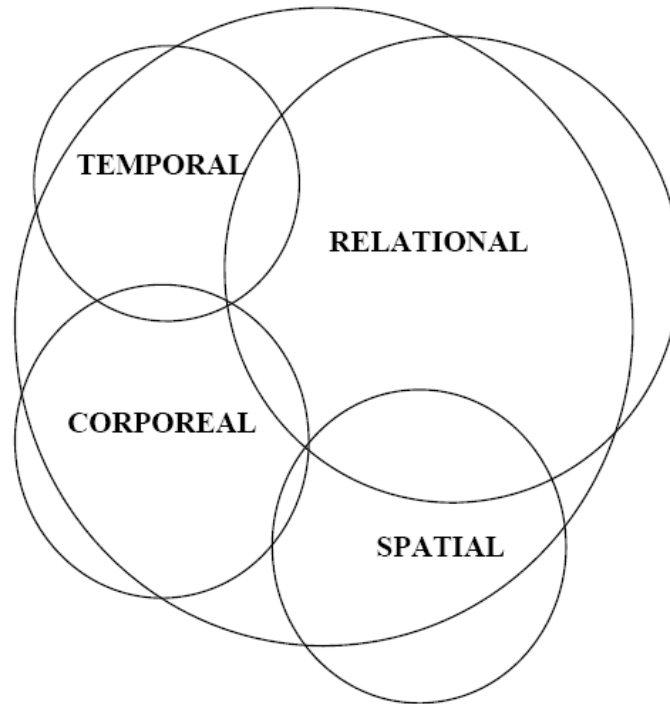
Family of Worms Family of Worms
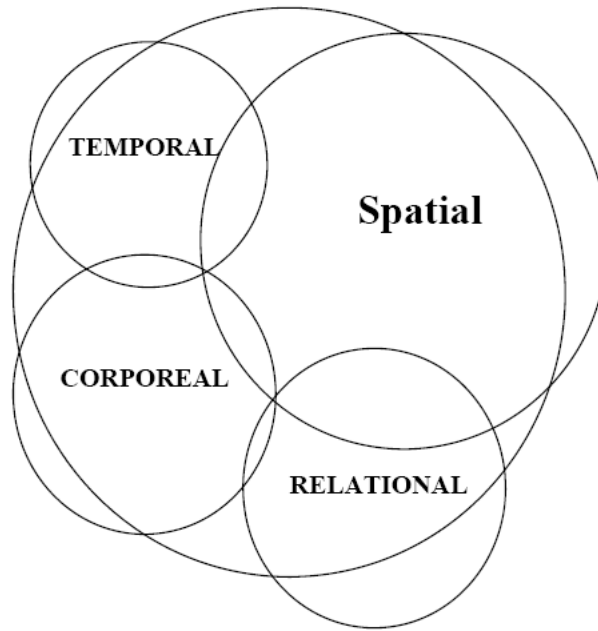
Appendix C

Four Existential Life Worlds, Munhall

Four Existential Life Worlds, Garrett

# FOUR EXISTENTIAL LIFE WORLDS,* Munhall
Appendix C

TEMPORAL

RELATIONAL

CORPOREAL

SPATIAL

*Used by permission of Patricia Munhal and Jones and Bartlett Publishers

FOUR EXISTENTIAL LIFE WORLDS,* Garrett
Appendix C

TEMPORAL

Spatial

CORPOREAL

RELATIONAL

*Used by permission of Patricia Munhal and Jones and Bartlett Publishers

Appendix E
Permission for Use of Diagram
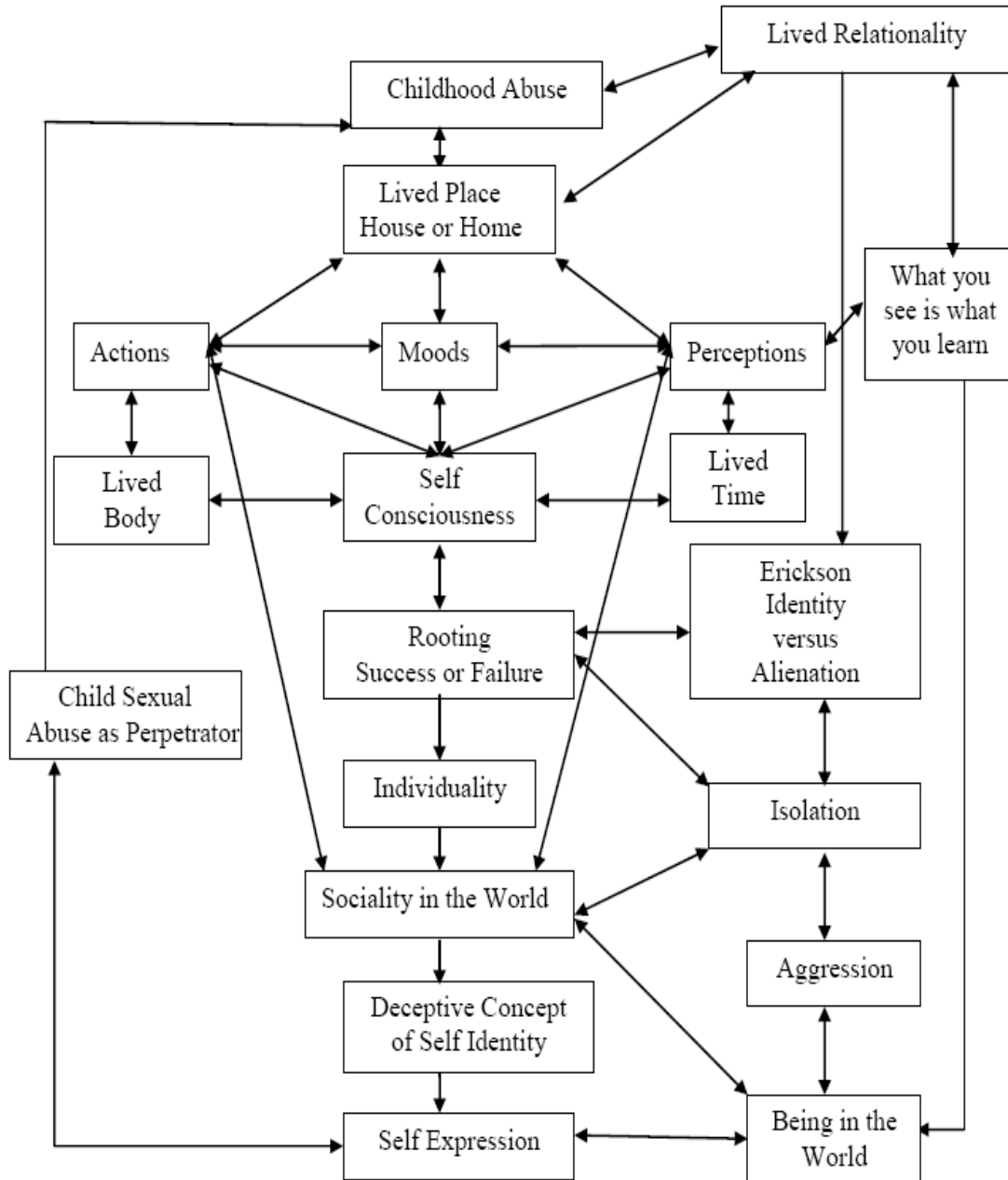
VITA

LINDA H. GARRETT

Personal Data: Date of Birth: December 12, 1952

Place of Birth: Harriman, Tennessee Marital Status: Married

Education: Kingston City Schools, Kingston, Tennessee East Tennessee State University, Johnson City, Tennessee; Nursing, B.S.N., 1986 East Tennessee State University, Johnson City, Tennessee; M.S.N., 1999 East Tennessee State University, Johnson City, Tennessee; D.S. N., May 2006.

Professional Experience: Primary Care Nurse, Mountain States Health Alliance; Johnson City, Tennessee, 1986-1997 Nurse Practitioner, Norton, Virginia 1999-2001; Faculty, East Tennessee State University, College of Nursing, 2001-2006

Publications: Garrett, Linda H. (2005). "Interdisciplinary Practice, Education, and Research: The Expanding Role of the Occupational Health Nurse." Journal of American Association of Occupational Health Nurses. 53, pp.159-165.

Honors and Awards: Sigma Theta Tau Honor Society, Epsilon Chapter